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

RESEARCH BRIEF

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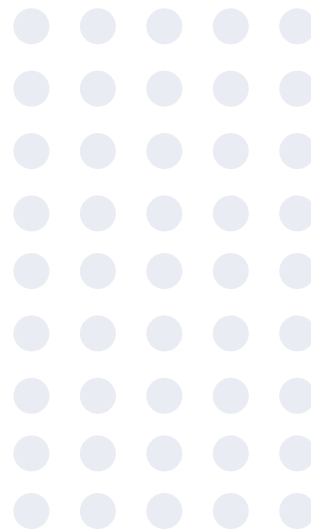
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Improving Knowledge, Comfort, and Attitudes for LGBTQIA+ Clinical Care and Dental Education

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Background

Oral health does not exist in a silo. The mouth-body connection is a biological aspect of physical wellbeing that exists alongside the social and political drivers of whole-person health.¹ Lesbian, gay, bisexual, transgender, queer, intersex, and agender/asexual people, and people of other marginalized gender or sexual identities (LGBTQIA+), have experienced historical exclusion from healthcare systems perpetuated by chronic stigma. Ongoing discrimination, cultural insensitivity, and blatant homophobia/transphobia among healthcare staff results in poor health outcomes, including oral health.²

Historically, LGBTQIA+ people have experienced stigma and discrimination when accessing health care services, creating significant disparities such as feeling self-conscious or embarrassed about their dental status, anticipating difficulty finding dental care if needed, and being more likely to visit an emergency department for dental care.³ These negative lived experiences generate poor health and oral health outcomes that may not always be addressed in clinical treatment planning, but should be considered throughout the care delivery process. Ultimately, while LGBTQIA+ people may have health needs similar to those of other vulnerable communities or even the general population, oral health professionals should prioritize nuanced approaches and practices that center inclusive and culturally responsive care.⁴ Improving oral health professionals' knowledge about, attitudes toward, and comfort in investing in clinical care for LGBTQIA+ people remains a critical aspect of advancing oral health equity for this community.

Dental education institutions play a key role in ensuring effective dental care delivery by future oral health clinicians. Most formal education settings in both dental schools and dental hygiene programs cover LGBTQIA+ topics in their curricula.⁵ However, faculty and students often report differing perspectives as to the level of investment and comprehensive curriculum integration that results from this institutional focus.⁶



Authentic investment in LGBTQIA+ equity during the formal education of the future oral health workforce increases the likelihood that clinical providers will be oriented toward effective care delivery after graduation and during practice.

Although a demonstrated need exists to explore drivers of disparity and develop evidence-based solutions that address the oral health and wellbeing of LGBTQIA+ people, little research focuses on the intersection of oral health and LGBTQIA+ healthcare.

The American Institute of Dental Public Health (AIDPH) surveyed oral health professionals to capture responses in three 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?

Our goal was to assess knowledge, attitudes, and practices among a broad range of oral health professionals regarding LGBTQIA+ oral health. Topics addressed included perceived barriers to care and best practices.



Methods

Survey Development

In the summer of 2022, the [American Institute of Dental Public Health \(AIDPH\) LGBTQIA+ Learning Collaborative](#) created and disseminated a 26-item electronic survey to over 180 oral health professionals assessing their knowledge, experience, attitudes, and comfort level surrounding LGBTQIA+ people. The survey was reviewed and determined exempt by the WCG Internal Review Board. Survey questions were piloted and refined prior to dissemination. Requests for responses were disseminated via association listservs where respondents voluntarily participated.

Limitations

This survey was disseminated via association listservs targeting a broad range of oral health professionals. The survey recruitment language requested responses on a range of subjects relating to LGBTQIA+ oral health. Those who are unsupportive of or otherwise uninterested in this topic were less likely to respond, resulting in possible nonresponse and sampling bias.

Data Analysis

Data were analyzed to produce descriptive and inferential analyses. Missing and unknown responses were removed during analysis. Demographic variables included age, race, gender, LGBTQIA+ affiliation, professional role, and years working in the dental field. Four core thematic areas were assessed: comfort, attitudes, educational environment, and resource development. Scale scores were developed to assess results and make comparisons in key areas: LGBTQIA+-friendly curriculum, inclusive school environment, LGBTQIA+ oral health attitudes, inclusive professional practices, and personal/professional comfort (see Appendix 3). Lastly, a qualitative assessment of the open-ended questions from 60 respondents was performed to evaluate perception of clinical care resources and LGBTQIA+ cultural responsiveness.





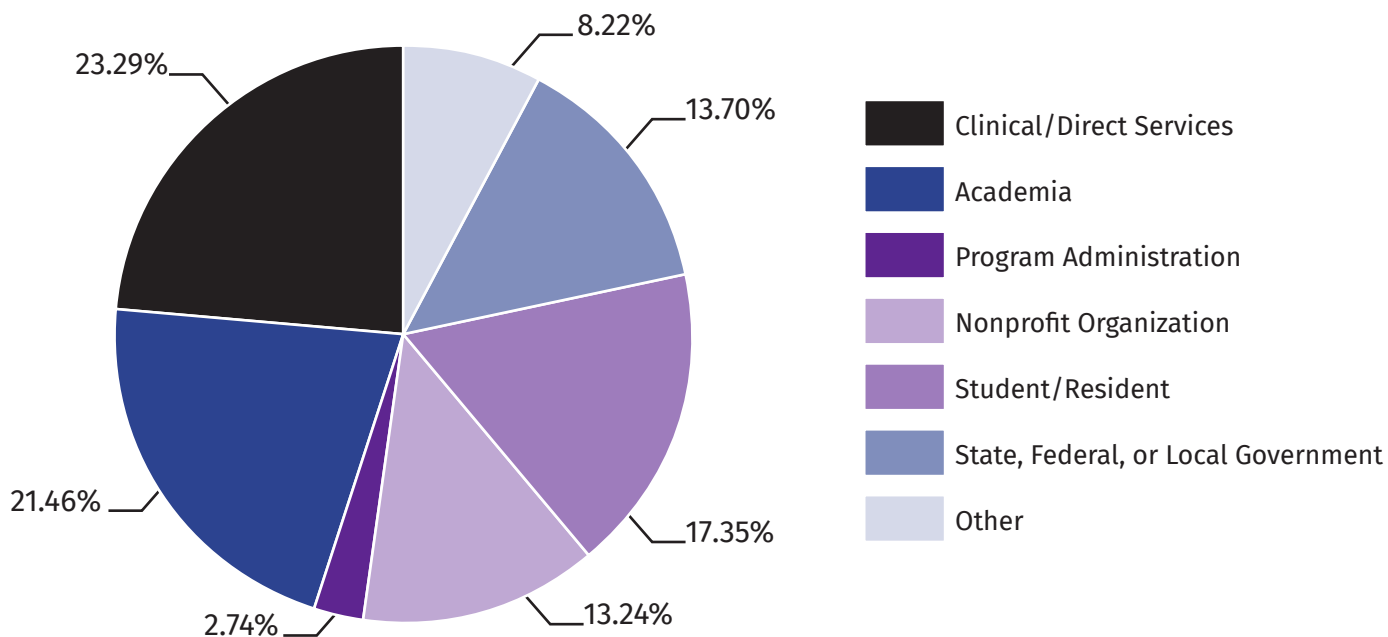
Results

Demographics

Among the 187 respondents, 21% self-identified as members of the LGBTQIA+ community, 44% self-identified as advocates/allies of the LGBTQIA+ community, and 27% reported no affiliation with the LGBTQIA+ community. Seventy percent of respondents identified as female, 26% identified as male,

and 4% identified as gender diverse. Just under half (44%) of oral health professionals surveyed indicated they were working or learning in a dental education environment. Figure 1 details the various sectors and roles of survey respondents. See Appendices 1 and 2 for additional detail.

Figure 1: Respondent Work Sector





Focus 1: Comfort with LGBTQIA+ People and Clinical Care

Respondents were asked to rate their level of personal and professional comfort with straight adults/straight youth and queer adults/queer youth (Figures 2 and 3). In general, responses were similar comparing personal and professional comfort levels, although marginal differences were observed in participants' ratings of personal comfort around LGBTQIA+ people. Most respondents felt extremely or very comfortable interacting professionally with straight/cisgender adults (95.6%) and gay/bisexual/sexually fluid adults (92.7%). Professional comfort levels were lower around transgender adults (81.4%) and transgender youth (76.5%). This trend was similar for personal comfort levels, with respondents indicating the lowest comfort

levels for transgender youth. While there were no statistically significant differences among subgroups, one notable trend related to years working in the public health profession and age of respondent. Those who indicated they had worked in public health for over 10 years had lower levels of comfort with transgender adults and the lowest comfort with transgender youth compared to those who had worked fewer than 10 years. This trend was similar among age groups: Respondents who were 55 years of age and older had the lowest comfort levels compared to younger respondents working with transgender youth and adults (see Appendix 4).

Figure 2: Percentages of Respondents Who Feel Very Comfortable in a Professional Capacity

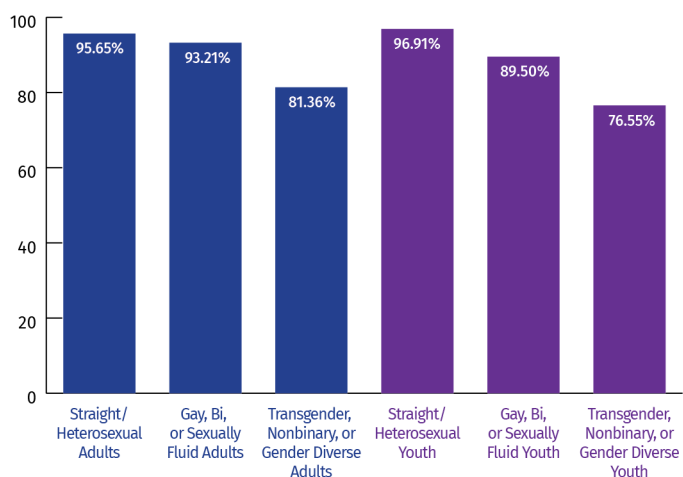
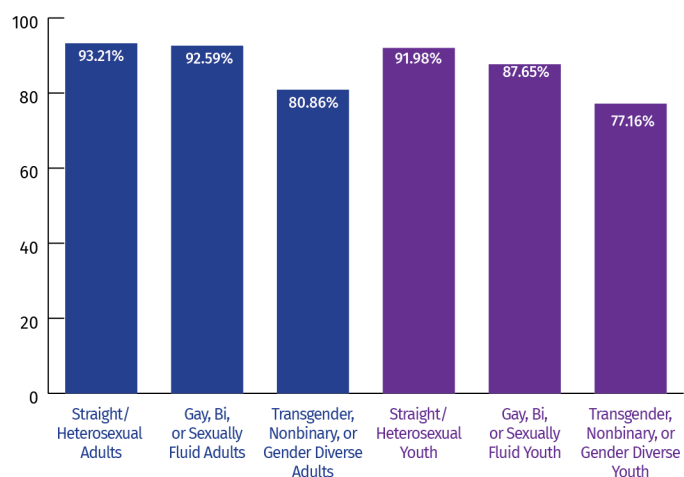


Figure 3: Percentages of Respondents Who Feel Very Comfortable in a Personal Capacity



Key Takeaways

- In general, oral health professionals feel comfortable working with LGBTQIA+ people in both a personal and professional capacity.
- Oral health professionals are least comfortable both personally and professionally around transgender youth.
- Older respondents with the most established experience in dental public health are the least comfortable with transgender youth and adults out of any group discussed in our survey.





Focus 2: Knowledge and Attitudes Toward LGBTQIA+ Patient Care

Oral health professionals indicated varying but generally high understanding of differing outcomes and healthcare experiences for LGBTQIA+ patients seeking dental care. Most respondents (86.6%) either agreed or strongly agreed that discrimination contributes to oral health disparities in the LGBTQIA+ community. Similarly, most respondents (84.7%) agreed or strongly agreed that education specific to LGBTQIA+ people should be required for all oral health professionals. More variance occurred when respondents were asked whether LGBTQIA+ people face the same oral health concerns as non-LGBTQIA+ people—over 40% disagreed or strongly disagreed, 15.2% were uncertain, and 43.7% agreed or strongly agreed.

Oral health professionals were also asked to rate their perceived knowledge of the unique needs of LGBTQIA+ people and their oral health. Overall, respondents rated their knowledge as strongest around social determinants of health and community terminology. Nearly half (50.5%) of respondents rated their knowledge of clinical terminology as basic or weak, while 44.2% rated their knowledge of clinical care needs as basic or weak. Responses to these questions were also stratified by LGBTQIA+ identify. Unsurprisingly, compared to nonmembers, members of the LGBTQIA+ community reported having better LGBTQIA+ oral health understanding and using more inclusive practices.

Key Takeaways

- Oral health professionals understand that discrimination plays a role in the oral health and wellbeing of LGBTQIA+ patients.
- Responses were mixed around knowledge of the unique oral healthcare needs of LGBTQIA+ patients.
- Oral health professionals self-rated their understanding of clinical terminology and clinical care needs as the lowest compared to knowledge of social determinants, social/emotional needs, and community terminology.

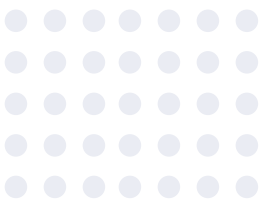
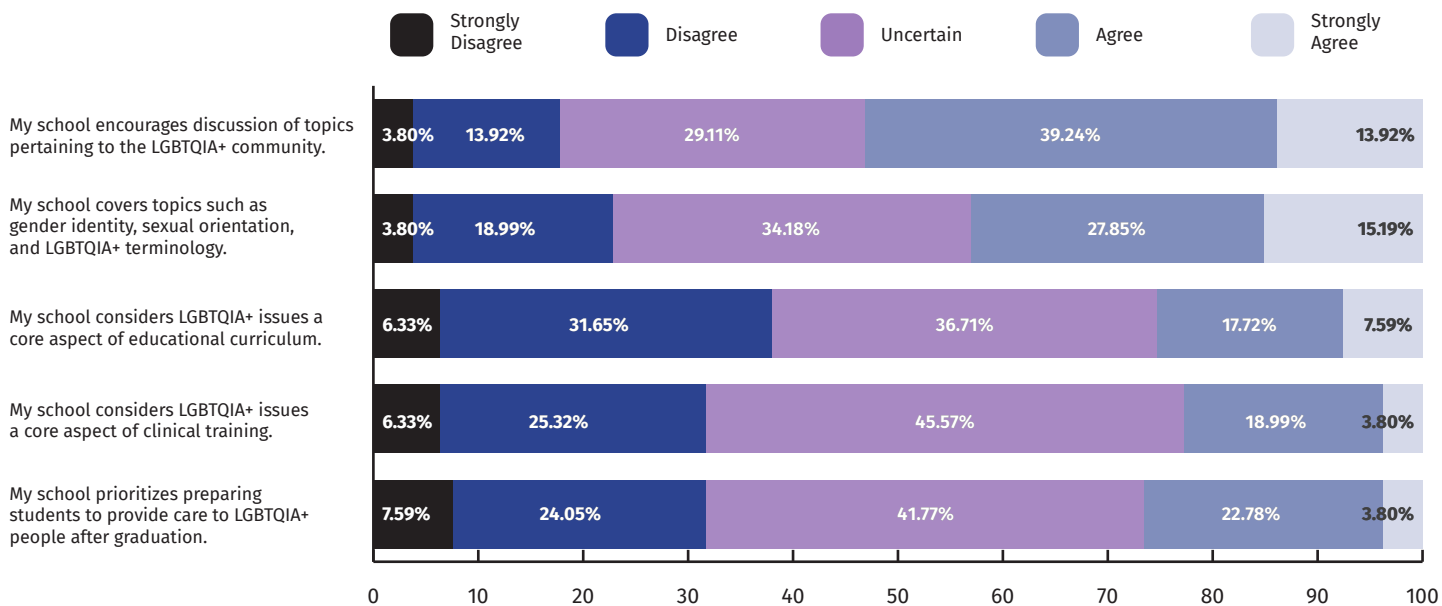




Focus 3: Educational Support for LGBTQIA+ People

Many dental educators and students who participated in our survey indicated that there is a lack of training or formal education around LGBTQIA+ oral health. Roughly half of these respondents either agreed or strongly agreed that their institution encourages discussion of LGBTQIA+ health and wellbeing. As seen in Figure 4, over half (57.0%) indicated they were uncertain or disagreed that their school effectively covered topics related to LGBTQIA+ oral health. Most notably, 77.2% of respondents were uncertain or disagreed that their institution considered LGBTQIA+ issues a core aspect of clinical training.

Figure 4: Perception of Support of LGBTQIA+ Content





Focus 3: Educational Support for LGBTQIA+ People, *cont'd.*

We asked about inclusive training and environments for students and educators currently in a dental education setting. Among those who responded, over 30% were uncertain or disagreed with the statement *“LGBTQIA+ students and faculty are able to present authentically in my school environment.”* Similarly, nearly 30% were uncertain or disagreed with the statement *“My school provides an inclusive environment for LGBTQIA+ students and faculty.”* Responses were stratified by faculty/students’ status as LGBTQIA+ or non-LGBTQIA+. Members of the LGBTQIA+ community generally rated curricula to be less LGBTQIA+ friendly than did nonmembers of the community.

Results indicated significant positive correlations between an inclusive school environment and LGBTQIA+-friendly curriculum, and between inclusive professional practices and LGBTQIA+ oral health understanding. Lastly, engaging in activities to increase LGBTQIA+ oral health understanding was significantly positively correlated with LGBTQIA+-friendly curriculum, LGBTQIA+ oral health understanding, and inclusive professional practices.

Key Takeaways

- Dental institutions struggle to prioritize LGBTQIA+ oral health as a core aspect of clinical training among future dental clinicians.
- A perceived inclusive educational environment created an increased positive perception of curricula and training supporting LGBTQIA+ patients in dental education.
- Some respondents indicated that LGBTQIA+ faculty and students cannot present authentically in the school environment, which creates concerns for educational culture and ultimately patient care.
- An investment in inclusive educational curricula creates a ripple effect toward increasing inclusive institutional environments, professional practices, and overall support for LGBTQIA+ people.





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

Respondents were asked about professional practices, frequently used resources, and topics about which they consider themselves to lack understanding or awareness. Roughly 20% of respondents indicated they rarely or never used trauma-informed approaches in their professional work. Oral healthcare considerations of transgender people was the topic about which oral health professionals indicated they knew the least in relation to the LGBTQIA+ community. When oral health professionals were asked about professional development and resources they use to educate themselves about LGBTQIA+ oral health, over

80% said that talking to LGBTQIA+ patients was the most common form of self-education. Fewer than 30% of respondents routinely participated in professional development, sought continuing education, read scholarly articles, attended workshops, or reviewed case studies about LGBTQIA+ oral health. When asked what types of resources would be most helpful to support LGBTQIA+ oral health equity, the top responses were: clinical oral health educational materials (76.4%), oral health professional education materials (74.5%), dental practice guidelines (63.7%), and student education materials (61.8%).

Key Takeaways

- Trauma-informed care is underused among oral health professionals and in connection with LGBTQIA+ people.
- Oral health professionals need additional resources to support clinical care delivery and cultural considerations for transgender people and their oral health.
- Talking to LGBTQIA+ people is the most common form of self-education, compared to formal professional development such as scholarly articles and research.





Focus 5: Qualitative Insights

The qualitative assessment highlighted three recurrent themes—exposure to community, clinical guidelines and training, and addressing bias and discrimination—as the best strategies for improving clinical care and cultural awareness of the LGBTQIA+ community (see Appendix 5). Out of the 60 qualitative survey respondents, 19.1% expressed the idea that increased **exposure of dental professionals to the LGBTQIA+ community** will help improve understanding of the unique needs and challenges that they face.

Another 35% of the respondents felt that improved **clinical guidelines or training** would help improve clinical care and cultural awareness of the LGBTQIA+ community.

Lastly, 30% of the respondents indicated that addressing bias or discrimination was among the best strategies to help improve care for the LGBTQIA+ community. **Clinical oral health educational materials, oral health professional educational materials, dental clinic practice guidelines and student educational materials** were the top four resources perceived by the respondents to be most helpful in supporting LGBTQIA+ oral health equity (see Appendix 6).

How can the understanding of the unique needs and challenges that the LGBTQIA+ community faces be improved?

“Interprofessional exposure to learn what resources other medical colleagues have to offer this patient population that may be different from [those we offer] heterosexual individuals.”

How can clinical and cultural awareness of the LGBTQIA+ community be improved?

“[The creation of] how-to guides e.g., how to incorporate inclusive, non-gendered language, trauma-informed care, [and] promising practices when treating LGBTQIA+ community members.

How can care for the LGBTQIA+ community be improved?

“Cultural training, communication/ vocabulary, overall education regarding access to care and care outcomes for the groups.

Key Takeaways

- Respondents indicated that they lack awareness of several LGBTQIA+ issues, but also expressed eagerness to access resources for self-education.
- Clinical awareness and training emerged as a commonly expressed desire in order to close existing gaps.
- Interprofessional training that includes medical, social, and policy considerations was highlighted among responses.





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.

RECOMMENDATION



Increase Comfort

Health caregivers' level of comfort around LGBTQIA+ people generally and transgender people specifically can be increased through repeated exposure alongside a mix of formal and informal training. Many respondents expressed a desire to support LGBTQIA+ people but felt scared to say or do the wrong thing during patient interactions. Discomfort may also come from lack of awareness around LGBTQIA+ culture and terminology.



Increase Knowledge

While respondents understood that LGBTQIA+ people experience discrimination, they were unsure of the direct effect this lived experience has on oral health. Oral health professionals acknowledged this lack of understanding and also strongly supported required training in LGBTQIA+ oral health for dental clinicians.

STRATEGIES

- **Practice.** In cultural awareness training from leaders such as Fenway Health Institute and their [LGBTQIA+ Health Education Center](#). Modules include case-based learning with videos and scripts for providers to practice using affirming terminology.
- **Representation.** 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. Having LGBTQIA+ representatives in clinical spaces who can serve as dedicated resources may increase access to resources that improve provider comfort.
- **Communication.** Oral health professionals indicated that patient conversations are the most used method of self-education. Organizations providing continuing education, leadership training, and clinical development can lean in to this preference by centering patient stories in discussion-based frameworks.
- **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.





Strategic Recommendations

RECOMMENDATION



Increase Educational Support

Among oral health professionals who were dental students or educators, respondents indicated that their institutions vary in how much support they provide. Most did not agree that their institution's curriculum prioritized LGBTQIA+ patient care. As a result, future oral health clinicians will not be adequately prepared to support the unique needs of LGBTQIA+ people.



Increase Resources

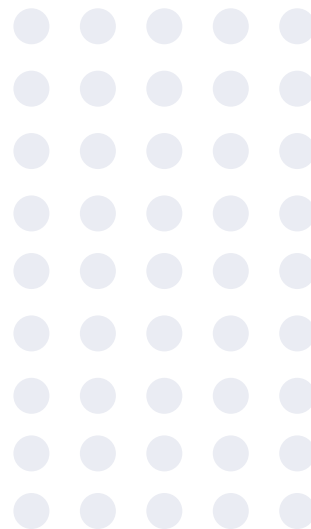
Lack of resources remained a common theme across all focus areas. Many resources exist outside of oral health to support adequate clinical care for LGBTQIA+ people, but clinical care resources, particularly for transgender people, are lacking.

STRATEGIES

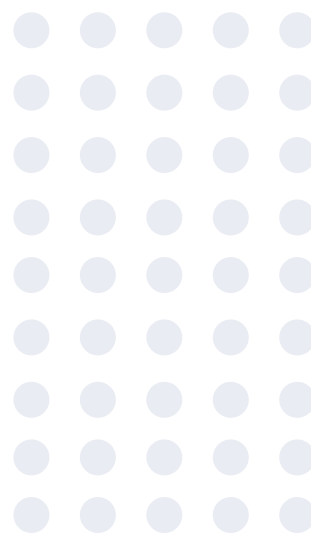
- **Create Policy.** Institutions should have explicit policies outlining inclusive and affirming environments for LGBTQIA+ dental educators and students, including nondiscrimination policies, gender and pronoun affirmation policies, curriculum inclusion policies, dedicated student support services, safe space designations, and connections to external resource networks to manage reporting and grievances.
- **Expand Curricula.** Dental schools should create comprehensive and extensive required curricula that support LGBTQIA+ clinical patient care. Dental education should prioritize person-focused care that accounts for lived experiences determined by social, political, and environmental drivers of healthcare for LGBTQIA+ people and other vulnerable populations.
- **Expand Knowledge.** While many resources currently exist to support LGBTQIA+ healthcare, fewer resources exist specifically addressing the oral health of LGBTQIA+ people. Developing evidence-based resources starts with producing more research around the oral health outcomes of queer people generally and transgender people specifically.
- **Establish Standards.** Oral health clinicians should create standards, guidance, and recommendations for LGBTQIA+ dental care, particularly relating to transgender oral healthcare. Clinical dental care should be included in standards set through other allied health organizations, such as the American Medical Association and the U.S. Professional Association for Transgender Health, to truly facilitate an integrated care model by social, political, and environmental drivers of healthcare for LGBTQIA+ people and other vulnerable populations.

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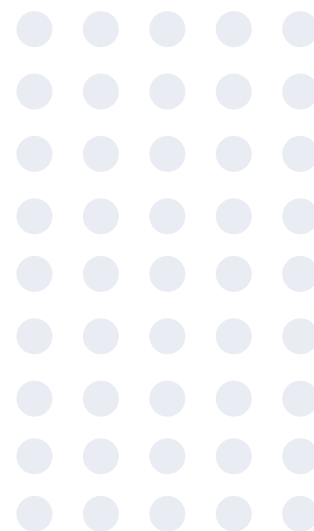
Appendices



Appendix 1

Professional Roles (n=187)

		Count	%
In which sector do you primarily work?	Other	6	3.21%
	Clinical/Direct Services	45	24.06%
	Academia	43	22.99%
	Program administration	4	2.14%
	Nonprofit organization	27	14.44%
	Student/resident	22	11.76%
	Advocacy/policy	8	4.28%
	Research	3	1.60%
	State, federal, or local government	29	15.51%



Appendix 2

Association Between LGBTQIA+ Community Affiliation and Knowledge/Attitude/Practices Relating to the LGBTQIA+ Community

	How would you describe your affiliation with the LGBTQIA+ Community					
	I consider myself a member of the LGBTQIA+ community (gay, trans, queer, etc.)	I consider myself an advocate of the LGBTQIA+ community	I don't have an affiliation with the LGBTQIA+ community	Significance Testing		
Scale Scores	Mean	Mean	Mean	Valid N	F	p value
LGBTQIA+ friendly curriculum (score)	12.06	17.38	15.81	174	15.116	<.001
Inclusive school environment (score)	11.65	11.62	11.19	174	23.625	<.001
LGBTQIA+ oral health attitudes (score)	19.80	18.11	15.29	174	17.642	<.001
Inclusive professional practices (score)	16.18	15.04	12.12	174	9.771	<.001
LGBTQIA+ oral health clinical understanding (score)	22.75	22.19	16.49	174	0.376	.688

Appendix 3

Correlations Between LGBTQIA+-Friendly Curriculum, Inclusive School Environment, LGBTQIA+ Oral Health Understanding, Inclusive Professional Practices, and LGBTQIA+ Oral Health Understanding Activities

		LGBTQIA+ Friendly Curriculum	Inclusive School Environment	LGBTQIA+ Oral Health Understanding	Inclusive Professional Practices	LGBTQIA+ Oral Health Understanding Activities
LGBTQIA+ Friendly Curriculum	Pearson Correlation	-				
	p value					
	N	72				
Inclusive School Environment	Pearson Correlation	0.480**				
	p value	<.001				
	N	72	72			
LGBTQIA+ Oral Health Understanding	Pearson Correlation	0.068	-0.004			
	p value	.569	.974			
	N	72	72	187		
Inclusive Professional Practices	Pearson Correlation	0.017	0.082	0.682*		
	p value	.89	.492	<.001		
	N	72	72	187	187	
LGBTQIA+ Oral Health Understanding Activities	Pearson Correlation	.284*	0.213	0.586*	0.593*	
	p value	.015	.073	<.001	<.001	
	N	72	72	187	187	187
Notes. *Correlation is significant at alpha level of 0.05 (2-tailed).						

Appendix 4

Comfort Analysis: Comfort Working Professionally or Personally with People of Different Gender Identities and Sexual Orientations

	Not at all comfortable		Not so comfortable		Somewhat comfortable		Very comfortable		Extremely comfortable	
How comfortable are you working <i>professionally</i> with...										
Straight/heterosexual adults	1	0.62%	0	0.00%	6	3.73%	45	27.95%	109	67.70%
Gay, bi, or sexually fluid adults	1	0.62%	0	0.00%	10	6.17%	48	29.63%	103	63.58%
Transgender, nonbinary, or gender diverse adults	1	0.62%	2	1.24%	27	16.77%	47	29.19%	84	52.17%
Straight/heterosexual youth	0	0.00%	0	0.00%	5	3.09%	59	36.42%	98	60.49%
Gay, bi, or sexually fluid youth	0	0.00%	1	0.62%	16	9.88%	54	33.33%	91	56.17%
Transgender, nonbinary, or gender diverse youth	0	0.00%	3	1.85%	35	21.60%	42	25.93%	82	50.62%
How comfortable are you working <i>personally</i> with...										
Straight/heterosexual adults	1	0.62%	1	0.62%	9	5.56%	44	27.16%	107	66.05%
Gay, bi, or sexually fluid adults	1	0.62%	0	0.00%	11	6.79%	48	29.63%	102	62.96%
Transgender, nonbinary, or gender diverse adults	1	0.62%	1	0.62%	29	17.90%	44	27.16%	87	53.70%
Straight/heterosexual youth	0	0.00%	1	0.62%	12	7.41%	52	32.10%	97	59.88%
Gay, bi, or sexually fluid youth	0	0.00%	2	1.23%	18	11.11%	51	31.48%	91	56.17%
Transgender, nonbinary, or gender diverse youth	0	0.00%	4	2.47%	33	20.37%	42	25.93%	83	51.23%

Appendix 5

Qualitative Assessment of the Types of Training That Would Be Helpful for Improving the Clinical Care or Cultural Awareness of the LGBTQIA+ Community

<p align="center">“What types of training—either topics or tools—would be helpful for improving the clinical care or cultural awareness of the LGBTQIA+ community?”</p>	
<p align="center">Codes (Frequency Used)</p>	<p align="center">Exemplary Quotes</p>
<p align="center">Exposure to community (19.3%, n=21)</p>	<ul style="list-style-type: none"> ● “Interprofessional exposure to learn what resources other medical colleagues have to offer this patient population that may be different from heterosexual individuals.” ● “Interviews/case studies of LGBTQIA+ individuals that highlight the challenges and methods of overcoming those challenges.” ● “Listening to stories from members of the LGBTQIA+ community about their personal experience with oral care.” ● “Maybe live or recorded interviews with people who are LGBTQIA+ who can describe things they experience... the subtle things like someone innocently asking a teen girl if she’s got a boyfriend yet (she may not like boys! don’t assume!). We all need to be aware of our seemingly innocent assumptions. Also, develop comfort with asking someone their pronouns (and how to gracefully apologize and redeem themselves if they make a mistake).”
<p align="center">Clinical guidelines or trainings (19.3%, n = 21)</p>	<ul style="list-style-type: none"> ● “Hormone replacement therapy and how it impacts the oral cavity (is there inflammation associated with higher levels of different hormones? How does the body respond? How do we see this in the mouth since we see so many side effects from other therapies/medicaments in general).” ● “How-to guides e.g., how to incorporate inclusive, non-gendered language, trauma-informed care, promising practices when treating LGBTQIA+ community members.” ● “Pop-up clinics, university and school outreach, and resources specifically related to hormonal impacts on oral health—and the importance of treating the patient; listening and respecting personal experience and knowledge.” ● “Role playing seems to be something my students have been interested in. They want to hear from their faculty/attendings about their own experiences. They want to know when their faculty/attendings have made mistakes and how they corrected those mistakes.”
<p align="center">Addressing bias or discrimination (16.5%, n = 18)</p>	<ul style="list-style-type: none"> ● “Cultural training, communication/vocabulary, overall education regarding access to care and care outcomes for the groups.” ● “Embed cultural sensitivity into curriculum.” ● “How to incorporate inclusive policies, how to use gender neutral language, how to address barriers.” ● “More knowledge with respect to culture, need to be more aware of how not to offend them without meaning to.” ● “Training on use of pronouns, how to start conversations about LGBTQIA+ needs/wants in the clinical setting. Shared information on their perceived barriers.”

Appendix 6

Types of Resources Perceived to Be Helpful in Supporting LGBTQIA+ Oral Health Equity

Clinical oral health educational materials	120	64.17%
Organizational policies	61	32.62%
Dental clinic practice guidelines	99	52.94%
Patient recruitment and retention	54	28.88%
Student educational materials	96	51.34%
Oral health professional educational materials	117	62.57%
Advocacy materials	89	47.59%
State/local policy guidelines	72	38.50%

