

Quality Resource Guide

Caring for LGBTQ+ Individuals in Dental Practice

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Educational Objectives

Following this unit of instruction, the practitioner should be able to:

1. Discuss the challenges of the LGBTQ+ community accessing health care.
2. Explain our responsibilities as oral healthcare professionals to the LGBTQ+ community.
3. List ways to provide a welcoming environment and experience in the dental office for the LGBTQ+ community.
4. Use culturally competent language when communicating with LGBTQ+ patients.

MetLife designates this activity for **1.0 continuing education credits** for the review of this Quality Resource Guide and successful completion of the post test.

The following commentary highlights fundamental and commonly accepted practices on the subject matter. The information is intended as a general overview and is for educational purposes only. This information does not constitute legal advice, which can only be provided by an attorney.

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Introduction

LGBTQ+ is an umbrella term representing the lesbian, gay, bisexual, transgender, and queer community. The (+) is added to include identities left out of the acronym, including intersexed individuals, two-spirited individuals, those who identify as asexual, and allies of the community. In an attempt to be more inclusive, this is sometimes represented as LGBTQIA+. For this Quality Resource Guide, LGBTQ+ is used in line with GLAAD glossary of terms, though its recognized this the term may not fully represent

the richness in diversity of the community. For more information, please refer to the “vocabulary and communication” section.

Members of the LGBTQ+ community have historically faced discrimination, prejudice, and stigma, resulting in significant health disparities. In healthcare settings, these biases may further an unwelcome social environment or perception, both of which are barriers to care. A culturally competent and inclusive provider can provide

effective care to a diverse patient population while integrating essential elements of their culture, vocabulary, values, attitudes, and norms (CDC Cultural Competence, 2021). In the journey to becoming culturally competent providers, oral healthcare professionals may be required to challenge their beliefs and assumptions about the LGBTQ+ community and educate themselves on the needs of LGBTQ+ patients. Oral healthcare professionals have a duty to provide culturally competent and equitable care to all patients.

Challenges Faced by Members of the LGBTQ+ Community

To support LGBTQ+ patients, oral healthcare providers must understand the years of societal stigma, discrimination, and oppression this community faces. In addition, it is essential that they identify and understand health issues and health risk behaviors prevalent in the LGBTQ+ community. The most recognized medical and mental risks are:

- Mental Health Issues (Including Anxiety, Depression, and Suicidal Ideation and Behavioral issues)
- Harassment, Victimization, and Violence
- Alcohol and Substance Abuse
- Sexually transmitted infections including HIV/AIDS
- Homelessness
- Heart Disease
- Eating Disorders, Body Image, and Obesity
- Increased Cancer Risks
- Access to Quality Healthcare

(*Institute of Medicine, 2011; Substance Abuse and Mental Health Services Administration*)

Historically, LGBTQ+ individuals have faced barriers to accessing health care services. Many of those barriers continue today (Stall *et al.*, 2016). As a result, there are pronounced health disparities in this population. The LGBTQ+ community has the highest rates of tobacco, alcohol, and drug use (HealthyPeople.gov, 2020). It is important to note that these disparities are not inherent to an individual's LGBTQ+ identity but often a result of stress from stigma and bias. Moreover, stigma has been identified as a negative determinant of health (Hatzenbuehler *et al.*, 2013).

LGBTQ+ youth are two to three times more likely to attempt suicide (Garofalo *et al.*, 1999) and significantly more likely to experience housing instability or homelessness (Conron *et al.*, 2010). Lesbian adults are less likely to receive preventive cancer screenings (Dilley, 2010). Gay men are at higher risk for sexually transmitted infections and HIV, with the highest number of new HIV cases in populations of color (CDC Fact Sheet, 2021). Transgender adults are at an increased risk for HIV, experience higher rates of suicidality,

are more likely to be victims of violence and less likely to have health insurance compared to other members of the LGBTQ+ community (HealthyPeople.gov, 2020). Elderly members of the LGBTQ+ community face barriers due to a lack of social services and culturally competent practitioners (Cahill & South, 2002).

The U.S. Surgeon General recognized that more research must assess oral health disparities in the LGBTQ+ community (Satcher, 2000). Schwartz *et al.* (2019) evaluated National Health and Nutrition Examination Survey data to identify that bisexuals are more likely to rate their oral health unfavorably than their heterosexual counterparts. Additionally, the study showed that gay men are more likely to have bone loss around their teeth. In another study, transgender and gender non-conforming individuals reported higher levels of dental fears and anxieties (Heima, 2017). Another challenge comes from the paucity of research in this area. Additional research is needed to support effective strategies promoting LGBTQ+ oral health.

Providing a Welcoming Environment

Health profession oaths, including those of dental professionals, contain the themes of beneficence and justice (Rancich et al., 2005). These themes are reflected in the ADA Principles of Ethics and Code of Professional Conduct (ADA Code of Ethics, 2020). Beneficence expresses the concept that professionals must act for the benefit of others with a responsibility to the community at large. Furthermore, oral healthcare providers are tasked with providing care equitably and justly under the principle of justice. These core values apply to all oral healthcare providers. To honor the oath and code of ethics, oral healthcare providers must provide a safe, culturally competent, and welcoming environment to patients regardless of their social status, race, gender, and sexual orientation.

There are various ways to support the LGBTQ+ community in the oral healthcare setting. For example:

Develop intake/registration forms considering LGBTQ+ patients.

- o Sex at birth and gender identity. Both questions provide relevant health information and support the patient's identity.
- o Pronouns. One may need to prepare to converse with a patient using accurate language without asking.
- o Text boxes allow patients to self-report their identities which may best represent their identities.
- o Utilization of chosen names.
 - Some transgender patients' insurance information may include outdated names and sex, so it is essential to note chosen names on all forms.
- o Fenway Health has an example of an inclusive patient registration form, which may be found at <https://fenwayhealth.org/wp-content/uploads/English-New-Client-Registration-Form-Update-May-2021.pdf>.

Have associates and staff participate in training on cultural competence, including LGBTQ+ issues, at regular intervals to reinforce the cultural competence of the entire team.

Train associates and staff on HIPAA and protected health information related to the LGBTQ+ community.

- o HIPAA protects a person's transgender status and gender-affirming care.
- o HIPAA protects a person's HIV status.
- o HIPAA protects a person's sexual orientation as it is relevant to the provision of healthcare (Lambda Legal, 2003).

Do not make assumptions about a patient's gender identity and sexual orientation.

- o Avoid questions like, "Do you have a wife?" Replace them with, "Do you have a partner?"
- o Avoid questions like, "Who is your mom and dad?" Instead use, "Who is your parent or guardian?"

Use appropriate, updated language when giving care. If you are unsure of using the pronoun of a patient, ask. They will appreciate the effort.

Provide visual support in the reception room.

- o Educational brochures pertinent to the LGBTQ+ community are a great way to show welcoming support.
- o Inclusive bathroom facilities welcome this population into a space where they previously may have not felt represented or safe.
- o Pronouns on staff ID badges/nametags identify support and may prompt disclosure of pronouns.
- o Visibility on the practice website and social media reflect a welcoming environment.

Vocabulary and Communication

Part of providing culturally competent care is utilizing language that supports the LGBTQ+ community. It is important to note that language evolves. Formerly accepted terms may become outdated or be seen as overly clinical. The terms included in this QRG are adapted from the organization formerly known as the Gay & Lesbian Alliance Against Defamation. In their attempt to be inclusive to the greater LGBTQ+ community, they are now known by the acronym GLAAD. These are essential selections, but by no means are all the terms people use to describe their sexual attraction, romantic attraction, or gender identity.

Asexual: An adjective used to describe a person who does not experience sexual attraction (e.g., asexual person).

Bisexual, Bi, Bi+: An adjective used to describe a person who has the potential to be physically, romantically, or emotionally attracted to people of more than one gender, not necessarily at the same time, in the same way, or to the same degree. People may experience this attraction in differing ways and degrees over their lifetime. Note: do not use a hyphen in the word bisexual.

Cisgender: An adjective used to describe people who are not transgender. A cisgender person is someone whose gender identity is aligned with the sex they were assigned at birth.

Coming Out: A lifelong process of self-acceptance. People understand their own sexual orientation and gender identity first, and then they may reveal it to others. This is not a one-time event, as an LGBTQ+ person must come out to people whenever they reveal their identity.

Gay: An adjective used to describe a person whose enduring physical, romantic, or emotional attractions are to people of the same sex (e.g., gay man, gay people). Avoid "homosexual, as it is seen as overly clinical and possibly derogatory.

Gender Identity: A person's internal, deeply held knowledge of their own gender. Most people's gender identity matches the sex they were assigned at birth. Transgender people's gender identity does not align with the sex they were assigned at birth.

Gender Non-Conforming: A term used to describe people whose gender expression differs from conventional expectations of masculinity and femininity. Similar terms include Gender Fluid, Gender Neutral, Nonbinary, and Agender.

Intersex: a term that represents a variety of conditions in which a person has anatomy or genetics that do not fit the typical definitions of female or male. Avoid the term "hermaphrodite" as it is overly clinical.

Lesbian: A woman whose enduring physical, romantic, or emotional attraction is to other women. Some prefer to identify as gay or as gay women.

LGBTQ: Acronym for lesbian, gay, bisexual, transgender, and queer. The Q stands for queer when LGBTQ organizations, leaders, and media use the acronym. In settings offering support for youth, it can also stand for questioning. LGBT and LGBTQ+ are also used, with the + added to recognize all non-straight, non-cisgender identities. Avoid "gay community," as it does not reflect the community's diversity.

Nonbinary: An adjective used by people who experience their gender identity and/or gender expression as falling outside the binary gender categories of man and woman.

Pronouns: Some in the LGBTQ+ community, including gender non-conforming and nonbinary individuals, may choose pronouns outside of the binary, meaning they choose not to be referred to as "he/him/his" or "she/her/hers." These individuals may request pronouns such as "ze/zim/zers;" however, the most commonly requested nonbinary pronoun is "they/theirs." Using "they/them" pronouns is a natural form of speech when referring to an individual whose gender is yet to be determined. (e.g., This will be the new coworker's cubicle). All attempts should be made to use pronouns identified by the patient. Avoid the term "preferred pronouns," as pronouns are not a preference. Simply use the term pronouns.

Queer/Genderqueer: This formerly derogatory term has been reclaimed by some people whose sexual orientation is not exclusively heterosexual (queer person, queer woman).

Sex at Birth: Infants are assigned a sex at birth, “male” or “female,” based on the appearance of their external anatomy. Note: As many as 1.7% of people are born with an intersex trait.

Sexual Orientation: The scientifically accurate term for a person's enduring physical, romantic or emotional attraction to another person. Sexual orientations can include heterosexual (straight), lesbian, gay, bisexual, queer, asexual, and other orientations. Avoid "sexual preference", which implies choice and does not respect enduring attractions and relationships.

SOGIESC, SOGI, or SOGIE: Acronym for sexual orientation, gender identity and gender expression, and sex characteristics, more commonly used in countries outside the United States.

Transgender: An adjective to describe people whose gender identity differs from the sex they were assigned at birth. People who are transgender may also use other terms, in addition to transgender, to describe their gender more precisely (e.g., transgender man, transgender woman).

Transition: The process a person undertakes to bring their gender expression and/or body into alignment with their gender identity. It is a complex process that occurs over a long period, and the exact steps involved in transition will vary from person to person. Transition can be a social, legal, and medical transition, though every individual's journey is unique. Not all transgender individuals medically transition. Note: steps taken for this alignment should be referred to as gender-affirming care or gender-affirming surgeries. Avoid the term "sex change." Also, avoid "pre-operative" and "post-operative" as they overemphasize surgery in the transition process.

Two-Spirit: An adjective with varied cultural implications that some Indigenous and First Nations people use to describe individuals who are not straight or cisgender. Some indigenous and first nations cultures hold space for more than two genders.

**Terms adopted from GLAAD Media Reference Guide on LGBT Terms and Transgender Terms, 2022. The terms included in this QRG are commonly used. For more information see Resources.*

Conclusion

The **LGBTQ+** community is a diverse group of individuals who experience disparities in health care which is also reflected in their oral health. These disparities are not inherent to the LGBTQ+ identity but are often related to stigma and bias against this community. A culturally competent oral healthcare provider's role is to provide a supportive environment for all patients, including LGBTQ+ patients. Creating this environment includes comprehensive intake forms, training on inclusive language, and visible support. An LGBTQ+ person entering a dental setting for the first time would be unaware of the environment unless there is visible support for the community.

NOTE: MetLife is aware that this subject and its accepted terminology is constantly evolving and plans to have this QRG updated frequently.

Appendix 1 - Build the Team's LGBTQ+ Competency

The following are resources to help the office team be LGBTQ+ culturally competent.

A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children

A guide from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services. This guide helps practitioners “understand the critical role of family acceptance and rejection in contributing to the health and well-being of adolescents who identify as lesbian, gay, bisexual and transgender ... [and] implement best practices in engaging and helping families and caregivers to support their LGBT children.”

CDC Lesbian Gay Bisexual and Transgender Health

People who are lesbian, gay, bisexual, and transgender have a variety of health needs. Find networks, services, and health clinics by state available to address those needs.

The Family Acceptance Project

A research, intervention, education, and policy initiative to prevent health and mental health risks and promote well-being for lesbian, gay, bisexual, transgender, and queer-identified (LGBTQ) children and youth, including suicide, homelessness, drug use, and HIV — in the context of their families, cultures, and faith communities.

The Fenway Institute

This institute advocates for and delivers innovative, equitable, accessible health care, supportive services, and transformative research and education. They center LGBTQIA+ people, BIPOC individuals, and other underserved communities to enable our local, national, and global neighbors to flourish.

GLAAD

For over 30 years, it has been at the forefront of cultural change, accelerating acceptance for the LGBTQ community.

GLMA

A national organization committed to ensuring health equity for lesbian, gay, bisexual, transgender, queer (LGBTQ), and all sexual and gender minority (SGM) individuals and equality for LGBTQ/SGM health professionals in their work and learning environments.

Lambda Legal

The oldest and largest national legal organization's mission is to fully recognize the civil rights of lesbians, gay men, bisexuals, transgender people, and everyone living with HIV through impact litigation, education, and public policy work.

The National LGBTQIA+ Health Education Center

The center provides programs, resources, and consultations to healthcare organizations to optimize quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

The National Resource Center on LGBTQ+ Aging

The country's first and only technical assistance resource center focused on improving the quality of services and supports offered to lesbian, gay, bisexual, and transgender older adults, their families, and caregivers.

Gender Revolution: A Journey with Katie Couric

This documentary explores, through the eyes of scientists, physicians, and experts, the challenges and treatments of gender. The documentary was broadcasted in 2017.

Resources

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POST-TEST

Internet Users: This page is intended to assist you in fast and accurate testing when completing the “Online Exam.” We suggest reviewing the questions and then circling your answers on this page prior to completing the online exam.

(1.0 CE Credit Contact Hour) Please circle the correct answer. 70% equals passing grade.

1. In the LGBTQ+ acronym, the (+) was added to include identities left out of the acronym.
 - a. True
 - b. False
2. Members of the LGBTQ+ community have historically faced multiple challenges, such as:
 - a. Discrimination
 - b. Prejudice
 - c. Stigma
 - d. All of the above
3. Becoming culturally competent requires the healthcare provider to:
 - a. Challenge their beliefs about the LGBTQ+ community.
 - b. Challenge assumptions about the LGBTQ+ community.
 - c. Educate themselves as to the needs of the LGBTQ+ patient.
 - d. All of the above
4. Oral healthcare professionals have a duty to provide culturally competent care to all patients.
 - a. True
 - b. False
5. _____ is a term that reflects the diversity of the community.
 - a. Gay community
 - b. LGBTQ+
 - c. Gender Non-conforming
 - d. Nonbinary
6. Ways to support the LGBTQ+ community in the oral healthcare setting include:
 - a. Have associates and staff participate in training on cultural competence.
 - b. Avoid treating patients from the LGBT+ community.
 - c. Develop intake forms considering LGBTQ+ patients.
 - d. A and C are correct
7. In 2000, the U.S. Surgeon General recognized that more _____ is required to assess oral health disparities in the LGBTQ+ community.
 - a. Medication
 - b. Facilities
 - c. Research
 - d. Oral healthcare providers
8. Despite continuing evolving LGBTQ+ terms, providing culturally competent care is utilizing language that supports the LGBTQ+ community.
 - a. True
 - b. False
9. The process a person undertakes to bring their gender expression and/or their body into alignment with their gender identity is complex; a culturally competent provider should use the term gender-affirming or gender confirmation surgery instead of _____.
 - a. Sex change
 - b. Pre-operative
 - c. Post-operative
 - d. Sex reassignment
 - e. All of the above
10. A culturally competent provider should not make assumptions about a patient's gender identity and sexual orientation. Which one of the following questions is more supportive?
 - a. Do you have a wife?
 - b. Are you dating someone?
 - c. Do you have a boyfriend/girlfriend?
 - d. Who is your mom and dad?

