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Introduction

Many members of the LGBTQ+ community do not seek healthcare due to the fear of being mistreated, harassed, or denied services because of their sexual orientation or gender identity (Kates, 2018). One in four transgender individuals avoid healthcare in fear of being mistreated because of their identities (U.S. Transgender Survey, 2015). Oral health is one of the most visible signs of poverty and it contributes to the overall health and wellness of people (Dye, 2010). Gender, age, and number of medical visits per year are major predictors of dental health disparities (Zautra, 2018). Other influencing factors of poor oral health include education level, income, race and ethnicity, health insurance status, and location (Patrick et al., 2016).

In healthcare, gender is often assumed a binary variable and is not inclusive of non-binary and gender non-conforming individuals in research (Frohard-Dourlent, 2017). Sexual orientation and gender identity (SOGI) data is essential to collect in all medical facilities to ensure the patient gets the most adequate care. In a study conducted in 2019 to collect SOGI data from US health centers, SOGI data was missing from 77.1% of all patients (Grasso, 2019). This study shows that few healthcare organizations have developed a routine to collect SOGI data, even though it has been connected to decreasing health disparities for the LGBTQ+ community (Grasso, 2019).

Having an inclusive intake form that collects SOGI data has allowed for collection of more honest answers based on the individual's sexuality or gender identity (Guss, 2020). In a similar study, transgender and gender non-conforming individuals felt more comfortable in a healthcare setting when inclusive terminology, identities, and services were listed on intake forms (Holt, 2019).

Most of the existing research related to inclusive LGBTQ+ healthcare is in the field of medicine, unlike dentistry. The purpose of this study is to analyze how dental school clinics utilize SOGI data, as well as analyze the barriers to including SOGI questions on intake forms. We hypothesize that leadership believes SOGI data collection is important, but they have yet to include it on intake forms because they do not connect this with important clinical outcomes. Additionally, this study aims to raise awareness of how SOGI data can impact the overall clinical dental care LGBTQ+ patients receive.

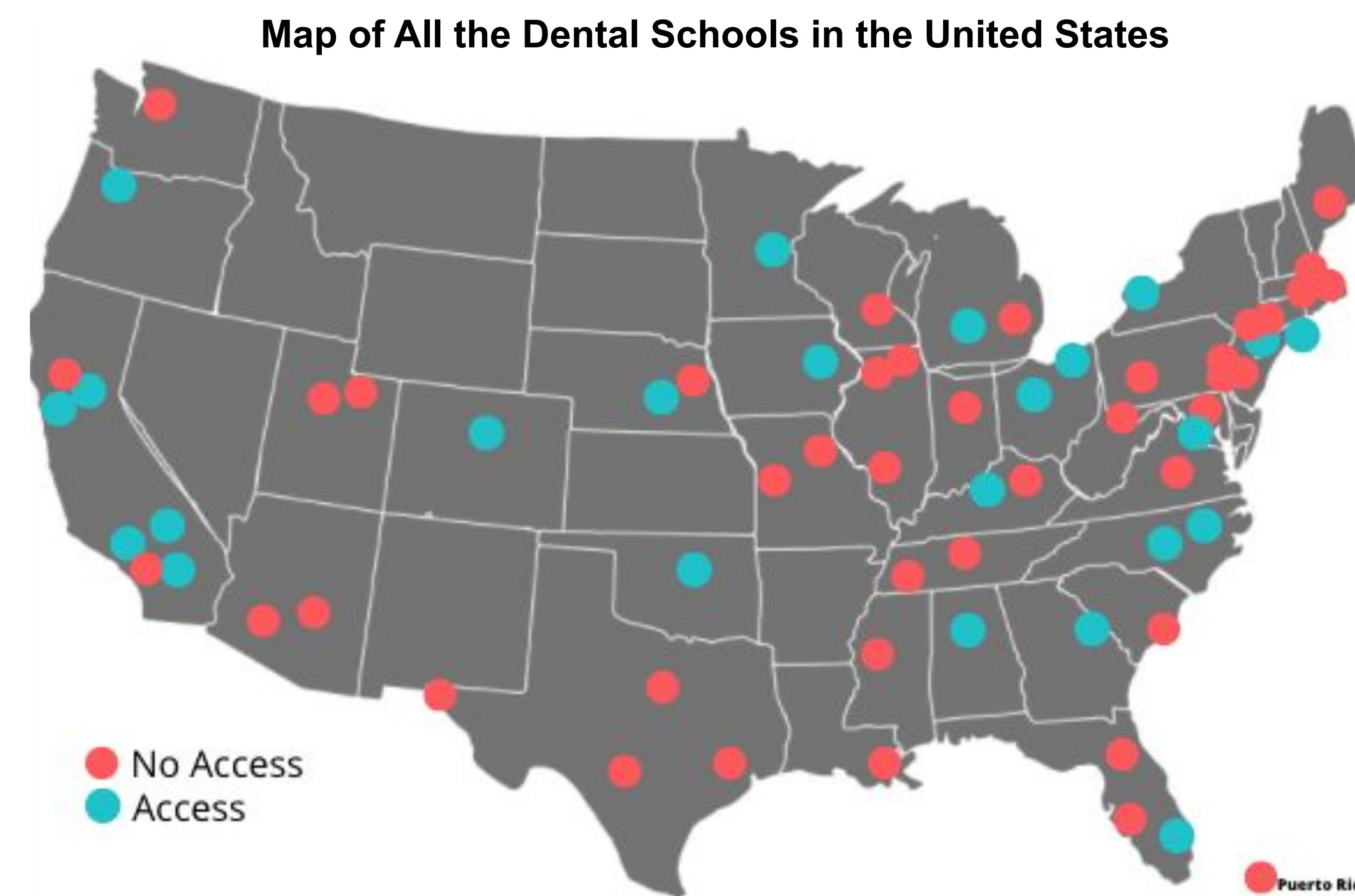
Materials & Methods

We reviewed every dental school's website in the United States and Puerto Rico for access to their intake form. If the school did not have the intake form as publicly available, we asked for permission to access the form. We analyzed each intake form for any questions that relate to collecting SOGI data.

After this, the dean of the dental schools who administer the clinic were asked to participate in survey answering the following questions:

1. When creating your intake form did you consider collecting SOGI data? Why / Why not?
2. Have you considered changing your form to collect SOGI data? Why / Why not?
3. If you do not collect SOGI data, do you ensure LGBTQ+ comfortability and inclusion? If yes, how?

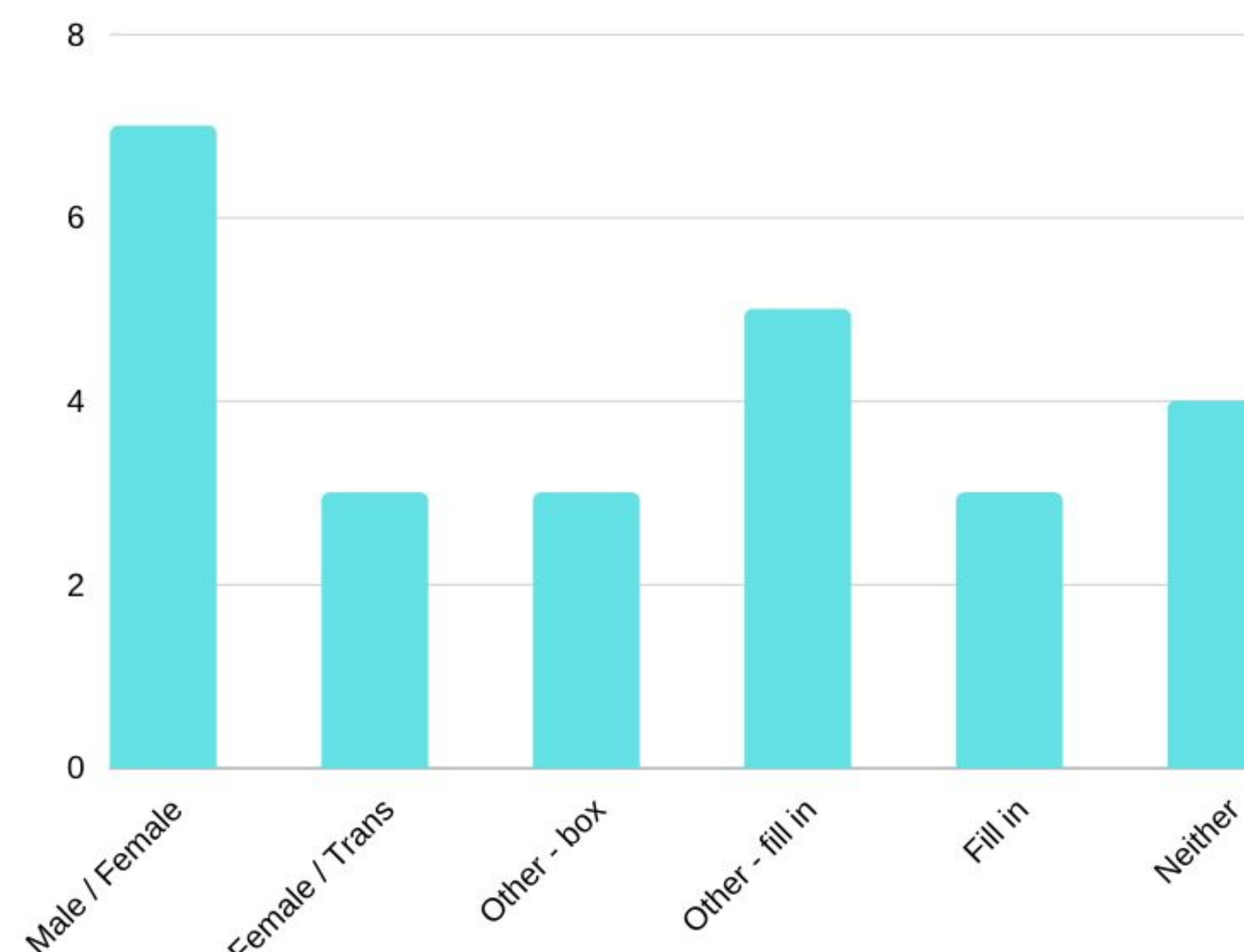
We also collected the dean's sexual orientation, gender identity, sex at birth, race, pronouns, and geographical location.



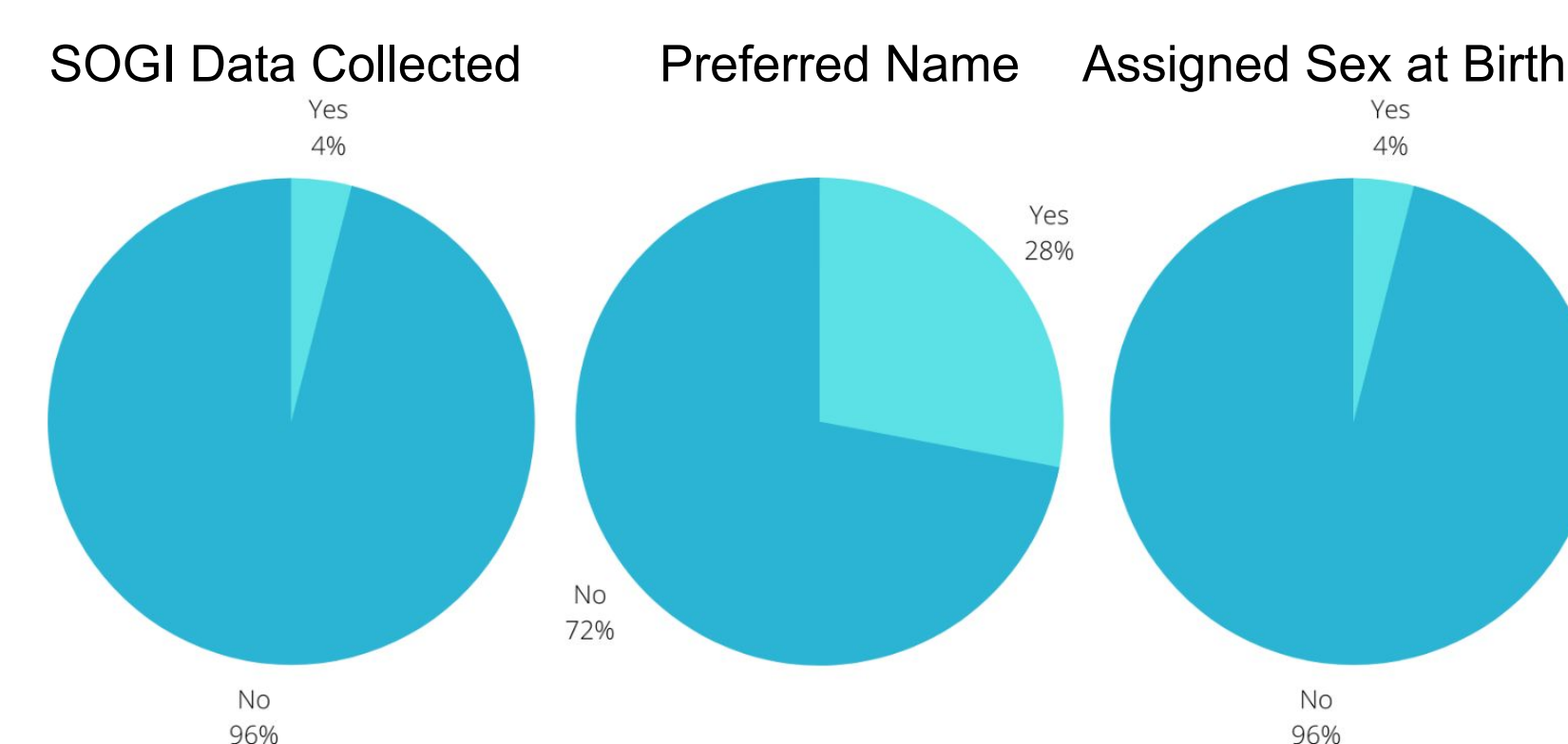
There are 68 total dental schools in the United States. We had access to 25 dental school clinic intake forms.

Results

Graph 1: Gender Options on Dental School Clinic Intake Forms



Seven schools asked new patients their gender by giving them a Male or Female option. Three schools asked patients their gender by having a male, female, or transgender option. Three schools asked patient's gender by having a male, female, and other box. Five schools had a male, female, or other write in option. Three schools had a blank fill in gender option. Four schools did not collect gender identity at all in their intake form.



Graph 1: This chart represents the amount of SOGI data that is collected by dental schools. One school asked for the patient's pronouns. The rest of the schools did not ask any SOGI data in their intake forms.
 Graph 2: This chart shows the amount of schools that ask for the patient's preferred name and the rest of the schools did not ask.
 Graph 3: This chart represents the amount of schools that asked for sex assigned at birth. One school asked the patient's for their sex assigned at birth. The rest of the schools either asked for gender or did not ask at all.

Discussion

Transgender and gender non-conforming individuals felt more comfortable in a healthcare setting when inclusive terminology, identities, and services were listed on intake forms (Holt, 2019). Additionally, it has shown that intake forms are a critical aspect to analyze when looking at LGBTQ+ health because patient flow and the administrative work is a major factor in continuing to seek healthcare (Eckstrand, 2016).

In a study conducted in 2017 and 2018, Haider (2017) found that healthcare providers who collected SOGI data had a more open relationship with their patients. Although patients often tell their identities to their doctors verbally, it was found that most sexual or gender minority patients are more comfortable with putting this information on forms through nonverbal self-report (Nguyen, 2018). "Othering", a way to label individuals as different outside of the norms, has been shown to decrease LGBTQ+ patients from seeking additional care (Rothmann, 2015).

Removing the binary language and collecting SOGI data on intake forms is essential to ensure LGBTQ+ comfortability, increase the possibility of returning for more care, and provide the clinic with important information to give the best care. From the data we have gathered, it is apparent that dental schools need to make changes to their intake forms to include SOGI data questions, provide more options for gender, and add a place for preferred names and pronouns.

Future Directions

The future direction of this study is to collect the intake forms from the other dental schools in the nation. By doing this, we will be able to identify any schools who are collecting SOGI data. Additionally, we will be able to ask the dental school clinic deans to complete a survey asking questions pertaining to their intake forms. This will allow us to understand the processes of why they do or do not include the questions and how they ensure LGBTQ+ comfortability and adequate treatment.

By determining what data the schools collect, this will allow future studies to occur surrounding LGBTQ+ dental care. Future research could create an intake form, analyze the effectiveness of the form, and seek LGBTQ+ opinions on how to increase dental care within the LGBTQ+ community.

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