

# Barriers to Oral Healthcare for Transgender and Gender Nonbinary Populations

<sup>1</sup> Raisin JA, <sup>1,2</sup> Keels MA, <sup>1</sup> Roberts MW, <sup>1,3</sup> Divaris K, <sup>4</sup> Jain N, <sup>5</sup> Adkins DW

<sup>1</sup>Division of Pediatric and Public Health, Adams School of Dentistry, University of North Carolina at Chapel Hill, University of North Carolina at Chapel Hill, <sup>2</sup> Department of Pediatrics, Duke University, Durham, NC, <sup>3</sup>Department of Epidemiology, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, <sup>4</sup>Department of Pediatrics, Division of Endocrinology, School of Medicine, University of North Carolina at Chapel Hill, <sup>5</sup>Duke Child and Adolescent Gender Care, Duke Children's Hospital and Health Center, Durham, NC



## ABSTRACT

**Background:** Despite health disparities and barriers to medical care being well documented in the literature, the oral health status and access to dental care for transgender and gender nonbinary (TGNB) individuals remain understudied. This study sought out to examine their perceived oral health and gender identity-related factors influencing acceptance or avoidance of dental care.

**Methods:** One-hundred eighteen TGNB participants (age range: 13-70 years old) completed a 32-item questionnaire designed for this study. Data analysis relied on descriptive methods and bivariate comparisons using conventional statistical significance criterion. Our open-ended question relied on a qualitative description approach to identify emerging themes.

**Results.** Participants' avoidance due to gender identity was significantly associated with measures of self-reported sub-optimal oral health. One-third reported being addressed by their incorrect name and pronouns, and over half felt their dental home was not equipped to provide gender appropriate care. Thematic analysis of our open-ended question revealed instances of (1) gender insensitivity, (2) awkward interactions, (3) avoidance of care, and (4) lack of gender-affirming providers.

**Conclusions:** Discrepancies between TGNB patients' expectations and their actual experiences suggest their needs are often not met in the dental setting. This may contribute to the increased likelihood for them to avoid the dentist because of their gender identity.

## INTRODUCTION

There are approximately 1.4 million transgender adults living in the United States.<sup>1</sup>

Poor physical and mental health is common amongst transgender and gender nonbinary (TGNB) people because of:

1. financial barriers to health care;
2. trouble finding gender affirming providers;
3. lack of social network and support; and
4. lifetime victimization.<sup>2-4</sup>

Transgender individuals experience these events in the healthcare setting:

1. Insensitivity to gender identity
2. Awkwardness related to gender identity
3. Refusal of care
4. Substandard care
5. Verbal abuse
6. Forced psychiatric treatment<sup>5</sup>

According to the 2015 U.S. Transgender Survey, 24% of respondents reported having to teach their provider about trans people in order to receive appropriate care.<sup>6</sup>

There is minimal literature pertaining to the oral health status of trans and nonbinary populations. Gender expansive individuals visit the dentist less frequently<sup>7</sup> and exhibit higher levels of dental fear.<sup>8</sup>

**This study was aimed to assess TGNB individuals' oral health status, as well as their experiences and expectations related to dental care.**

## METHODS & MATERIALS

**Participants:** 118 TGNB individuals 13 years of age or older.

Recruitment – electronically administered questionnaire.

- Online postings, listservs, and word of mouth between December 2020 and July 2021.
- Sources: TRANSnetwork of the South, UNC Transgender Health Program, and the Duke Child and Adolescent Clinic.

**Procedures:** 32-item questionnaire developed to address study's research questions.

- Gender-related themes: (1) gender sensitivity/consideration, (2) knowledge of gender affirming care, (3) refusal of dental care, (4) substandard care, (5) verbal abuse, and (6) avoidance.
- Self-reporting of oral health status (i.e., excellent, very good, good, fair, or poor)
- Frequency of oral health-related problems in their daily life.
- Open-ended question - space to express additional comments and concerns.

**Analysis:**

Descriptive and bivariate methods.

Fisher's Exact test - differences between age groups (i.e., 25 and younger versus 26 and older).

Non-parametric rank-based trend test<sup>9</sup> - dentist avoidance vs. measures of subjective oral health.

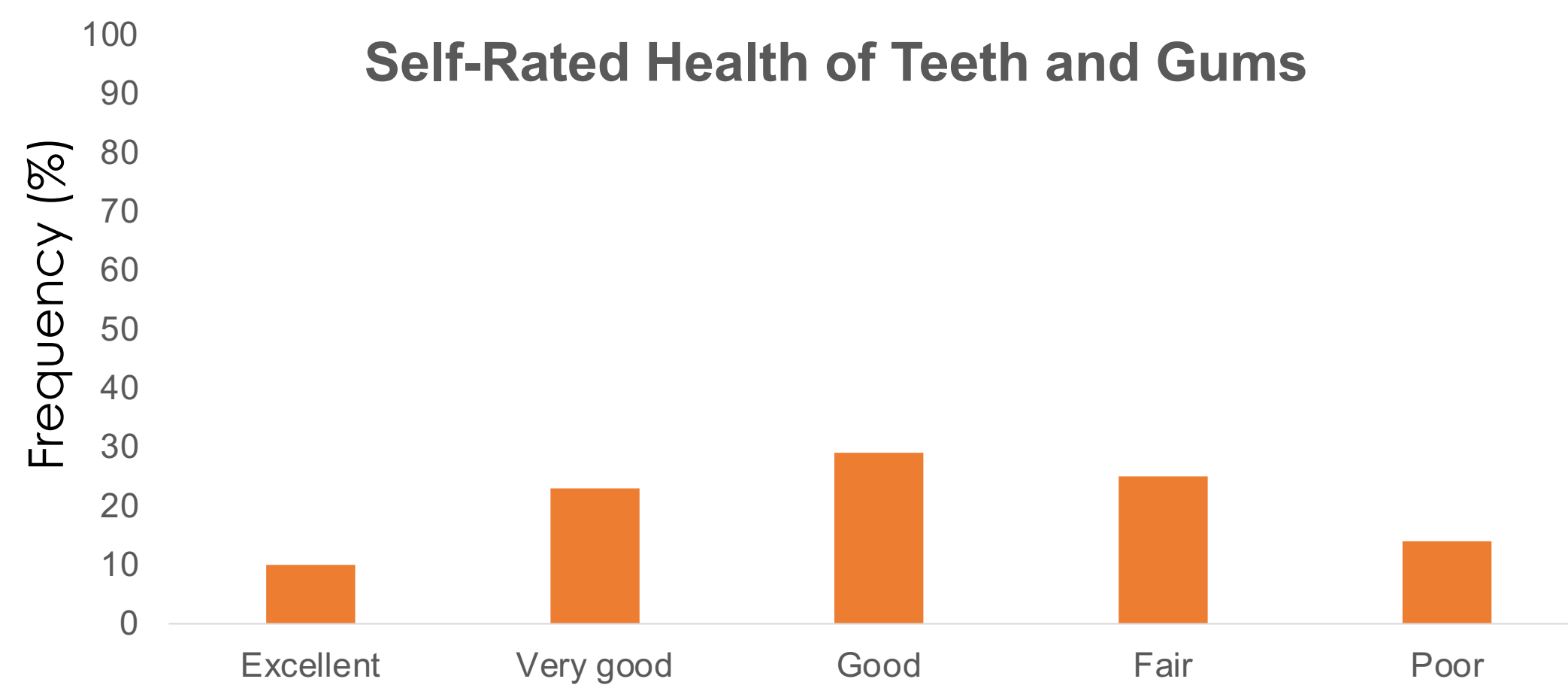
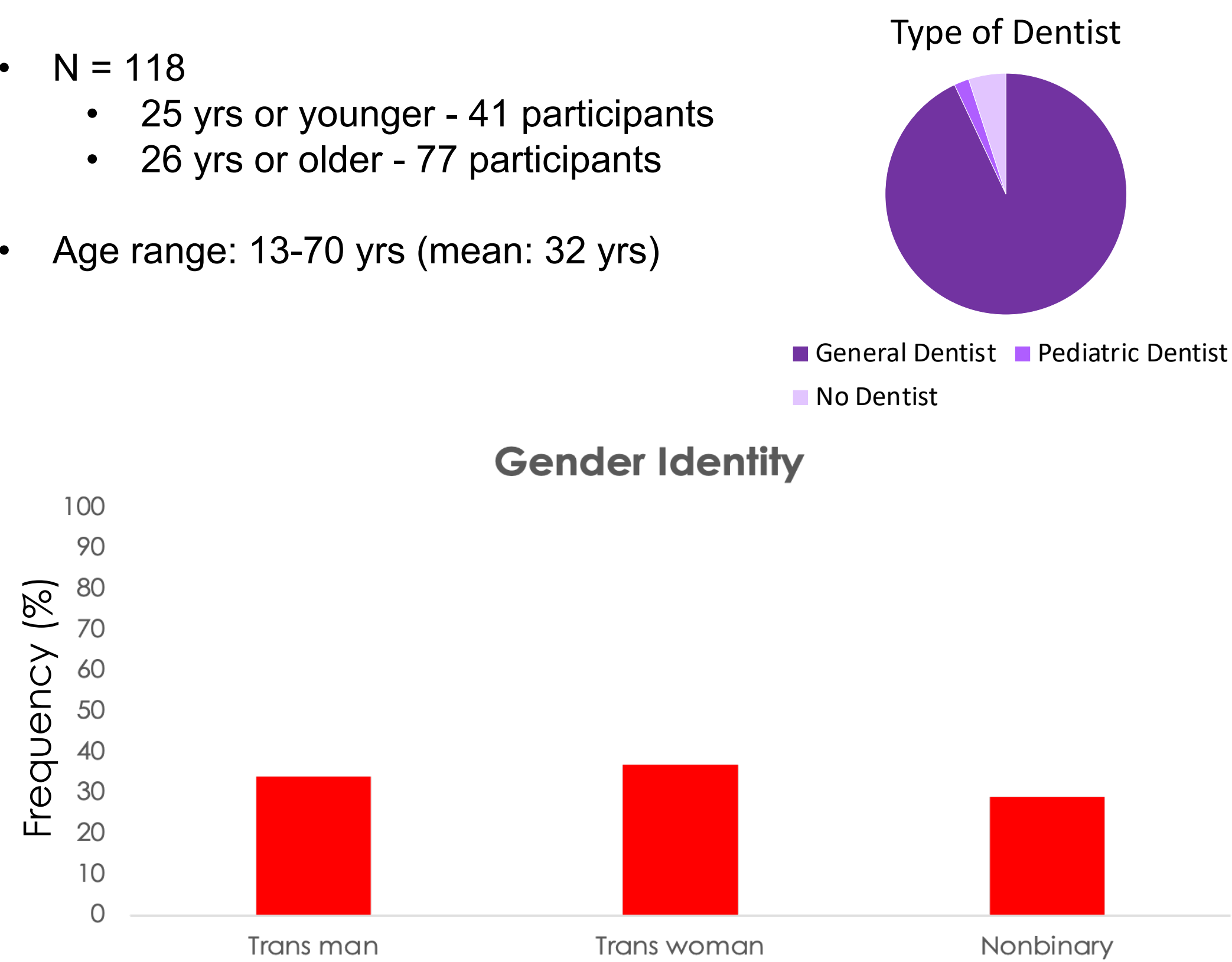
Qualitative description analysis<sup>10</sup> – themes from open-ended question responses.



## RESULTS

- N = 118
  - 25 yrs or younger - 41 participants
  - 26 yrs or older - 77 participants

- Age range: 13-70 yrs (mean: 32 yrs)



**Results of association testing between avoidance (i.e., responses to the question "How often do you avoid the dentist because of your gender identity?") and measures of subjective oral health.**

	Subjective oral health measure	P*	trend
Avoidance vs.	Self-reported poor oral health status	0.0012	+
	Self-reported oral pain last 12 mo.	0.0053	+
	Difficulty w/jobs or school due to oral problems	0.0040	+
	Uncomfortable eating due to oral problems	0.0743	=
	Self-conscious or embarrassed due to oral problems	0.0030	+

\*obtained with a non-parametric rank-based (Cuzick) trend test

**Themes from open-ended question (i.e., "Do you have any additional thoughts or experiences you would like to share from your experiences at the dentist related to your gender identity?")**

Insensitivity	"My dental hygienist wanted to know how much my voice would change and asked detailed questions, which I did not think were relevant to dental hygiene."
Awkward interactions	"... this includes small talk with the hygienists: they're often very sweet people, but they don't often know what to say to a queer/trans person."
Avoidance	"I haven't been to dentist since I began transitioning about 6 years ago and I've been too scared to since even though I finally have good insurance."
Lack of Affirming Provider	"... If I had access to affirming dental care here it would literally change my life in much the same ways access to hormones has affected my life..."

## CONCLUSIONS

1. Although TGNB individuals reported few instances of refusal of care, receiving unfair care and being bullied, **many expressed avoiding the dentist for reasons related to their gender identity.**

2. **Avoidance** of dental care due to gender identity was found to be significantly associated with multiple **measures of poor self-reported oral health.**

3. A **gap** existed between TGNB individuals' reported values/**expectations** and their actual **experiences** in the dental setting.

4. Additional research with more diverse groups of TGNB people is needed to better address **barriers to oral healthcare for this community.**

## REFERENCES

1. Flores AR, Herman JL, et al. How many adults identify as transgender in the United States? The Williams Institute, 2016.
2. Dahlhamer JM, Galinsky AM, Joestl SS, Ward BW. Barrier to health care among adults identifying as sexual minorities: A US national study. *Am J Public Health.* 2016; 106(6): 1116-1122.
3. Fredriksen-Goldsen KI, Emlet CA, Kim HJ, et al. The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: The role of key health indicators and risk and protective factors. *Gerontologist.* 2012; 53(4): 664-675.
4. Gahagan J, Subirana-Malaret M. Improving pathways to primary health care among LGBTQ populations and health care providers: Key findings from Nova Scotia, Canada. *Int J Equity Health.* 2018; 17(76): 1-9.
5. Kosenko, K, Rintamaki L, et al. Transgender patient perceptions of stigma in health care context. *Med Care* 2013; 51(9): 819-822.
6. Standards of care for the health of transsexual, transgender, and gender-nonconforming people. World Professional Association for Transgender Health (WPATH) 2012.
7. Meyer IH, Brown TNT, Herman JL, Reisner SL, Bockting WO. Demographic characteristics and health status of transgender adults in select US regions: Behavioral risk factor surveillance system, 2014. *Am J Public Health.* 2017; 107(4): 582-589.
8. Heima M, Heaton LJ, Ng HH, Roccoforte MA. Dental fear among transgender individuals – a cross-sectional survey. *Spec Care Dentist.* 2017; 37(5):212-222.
9. Cuzick J. A Wilcoxon-type test for trend. *Stat Med.* 1985; 4(1):87-90.
10. Bradshaw C, Atkinson S, Doody O. Employing a qualitative description approach in health care research. *Glob Qual Nurs Res.* 2017. 4:1-8.