CareQuest Institute for Oral Health®

Inequities Among LGBTQIA+ People of Color

How Race and Identity Shape Oral Health Outcomes

Many individuals in the United States (US) have unique lived experiences that affect how they receive and experience the health care system.

For individuals who are part of the LGBTQIA+ community, there can be significant barriers when trying to access dental care, with some members of this community experiencing discrimination, mistreatment, or uncomfortable interactions with their dental providers.

Individuals who identify as people of color (POC) can have their own set of challenges with the oral health care system. Structural barriers such as racism, income status, dental insurance status, and lack of access to dental providers can contribute to oral health inequities for some individuals who identify as POC. Oral health disparities continue to persist for individuals from racial and ethnic minority communities. The prevalence of tooth decay is higher among American Indian, Alaska Native, Native Hawaiian, Hispanic, and Black children compared to their white counterparts.

QTPOC is an acronym that stands for queer and transgender people of color, who are individuals that identify both as LGBTQIA+ and people of color. The term QTPOC originated as a self-identifying term by racial justice movements and community-based activists who were both LGBTQIA+ and POC to describe the experiences of people who are marginalized by mainstream white LGBTQIA+ spaces. The significance of how QTPOC developed as a term is influenced by the importance of intersectionality, a concept coined by scholar and civil rights activist Kimberlé Crenshaw.

For individuals who identify as QTPOC, the effects of oral inequities may be compounded, and the oral health disparities this population experiences can be greater than their counterparts who are not people of color (i.e., LGBTQIA+ and white). Members of the QTPOC community experience discrimination at the intersection of both their racial/ethnic identities and their sexual and gender identities. As such, the experiences that QTPOC individuals face navigating the oral health care system may be more nuanced than those of white LGBTQIA+ adults. For example, symptoms of depression and anxiety are generally higher in members of the LGBTQIA+ community who also identify as POC.

Utilizing three years of data (2022–2024) from the State of Oral Health Equity in America (SOHEA) survey, this report examines self-reported oral health outcomes and experiences within the oral health care system among adults (18 and above) who identify as both members of the LGBTQIA+ community and as POC. In this report, the term QTPOC will be used to describe individuals who are LGBTQIA+ and POC. QTPOC adults' responses were compared to those of adults who reported they are a member of the LGBTQIA+ community but are not POC (i.e., identify their race/ethnicity as white). This report examines the unique contribution of race/ethnicity to oral health outcomes among adults identifying as LGBTQIA+ by examining the experiences of QTPOC and white LGBTQIA+ adults in accessing dental care and oral health outcomes.

2022–2024 Demographics

Of all adults (N=20,229) who responded to the SOHEA survey from 2022–2024, more than 13% of adults (n=2,612) identified as LGBTQIA+, while 87% did not identify as LGBTQIA+ (i.e., heterosexual). Of those who were LGBTQIA+, 57% identified as white (n=1,508), 13% identified as Black (n=349), 21% identified as Hispanic (n=544), 4% identified as Asian (n=97), and 5% identified as another race or ethnicity (n=132). Of those who identified as LGBTQIA+, 43% also identified as POC (n=1,122).

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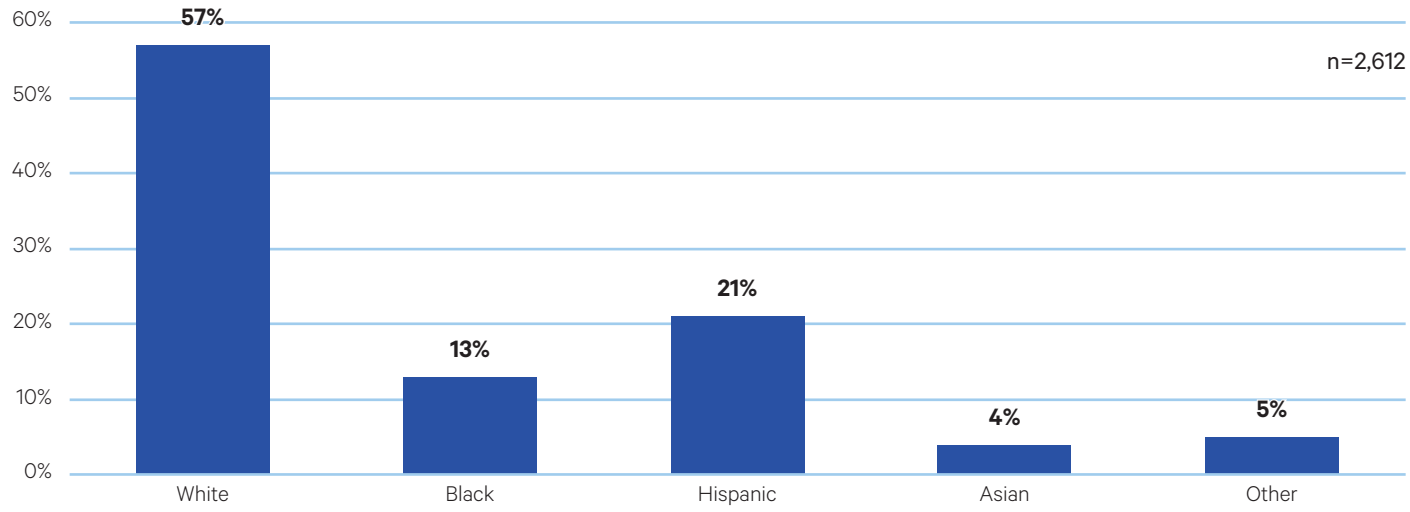
Demographic Characteristics of LGBTQIA+ Adults

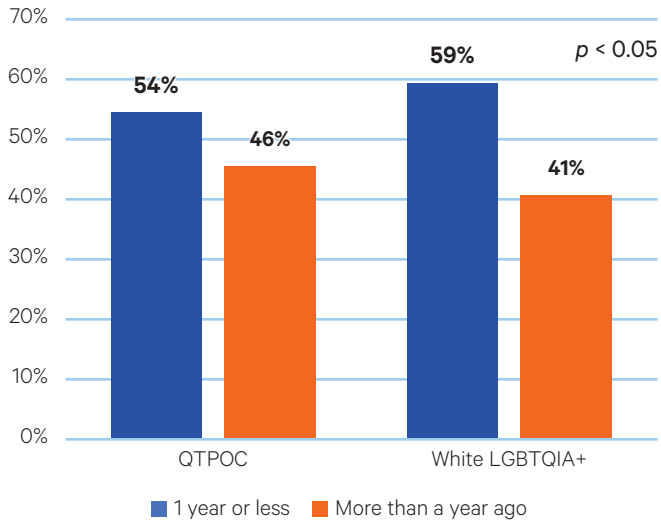


Access to Dental Care

Last Dental Visit and Presence of a Dental Home

White LGBTQIA+ adults report having a dental visit in the last year in a larger percentage (59%) than adults identifying as QTPOC (54%). Relatedly, white LGBTQIA+ adults reported having a dental home (i.e., a single dentist or dental office that is their usual source of dental care) in a larger percentage (75%) than adults identifying as QTPOC (67%).

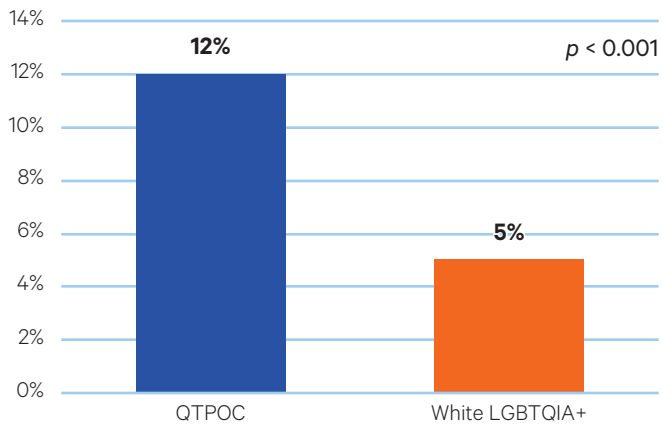
Last Dental Visit by QTPOC Status



Emergency Department Visit for Dental Care

Adults identifying as QTPOC report utilizing the emergency department for dental-related care at a higher percentage (12%) than white LGBTQIA+ adults (5%). As previously noted, adults identifying as QTPOC may be less likely to have an established dental home than white LGBTQIA+ adults and consequently may be seeking dental care more sporadically and in nontraditional dental settings, such as the emergency department.

Emergency Department Visit for Dental Care by QTPOC Status



Discriminatory Experiences in the Dental Setting

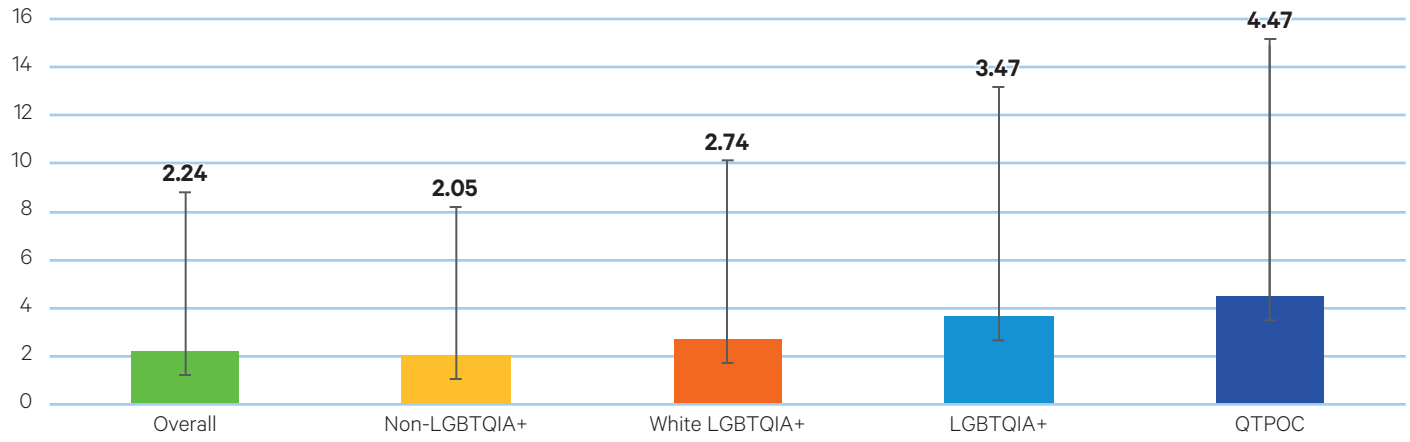
Each person completing the survey was asked how frequently in the past year (never, rarely, sometimes, most of the time, always) they felt they experienced the following seven discriminatory behaviors in the dental setting:

- You received poorer oral health care than others.
- A dentist or oral health team member acted as if they thought you were not smart.
- A dentist or oral health team member acted as if they were afraid of you.
- A dentist or oral health team member acted as if they were better than you.
- A dentist or oral health team was not listening to what you were saying.
- A dentist or oral health team member called you names or insulted you.
- A dentist or oral health team member threatened or harassed you.

The frequency of each discriminatory behavior was added together to create a score, so that a person not experiencing any of these behaviors in the past year would score a zero and someone experiencing all these behaviors every time they visited a dentist in the past year would score a 28.

The overall average (mean) score for all survey participants was 2.24 (standard deviation [sd] = 4.31) out of 28 possible points. Individuals not identifying as LGBTQIA+ scored slightly lower than the overall sample (mean = 2.05 [sd = 4.08]), while the mean score for LGBTQIA+ adults who are white was slightly higher (mean = 2.74 [sd = 4.63]). Mean scores for individuals identifying as LGBTQIA+ were higher still (mean = 3.47 [sd = 5.820]), and individuals identifying as QTPOC had the highest mean score of all groups (mean = 4.47 [sd = 6.22]).

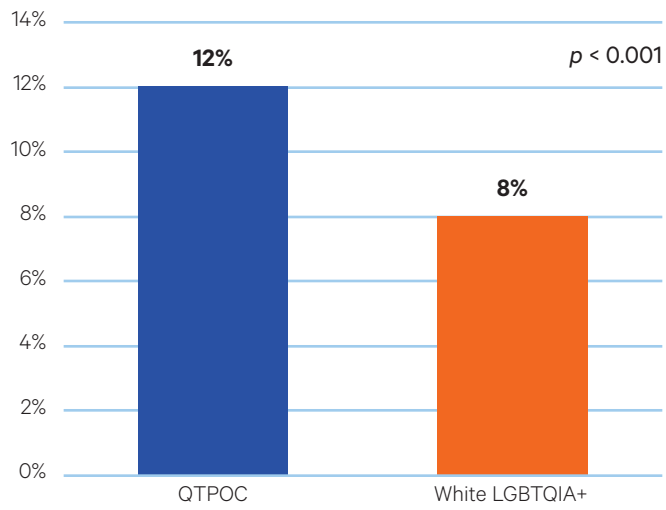
Mean Discriminatory Behaviors Scores by QTPOC Status



Denied Oral Health Care

Adults in the survey were asked to self-report if they had "ever been denied dental care or oral health care due to discrimination." Adults identifying as QTPOC experienced being denied oral health care in significantly higher percentages (12%) than white LGBTQIA+ adults (8%).

Denied Oral Health Care Due to Discrimination by QTPOC Status



Oral Health Outcomes

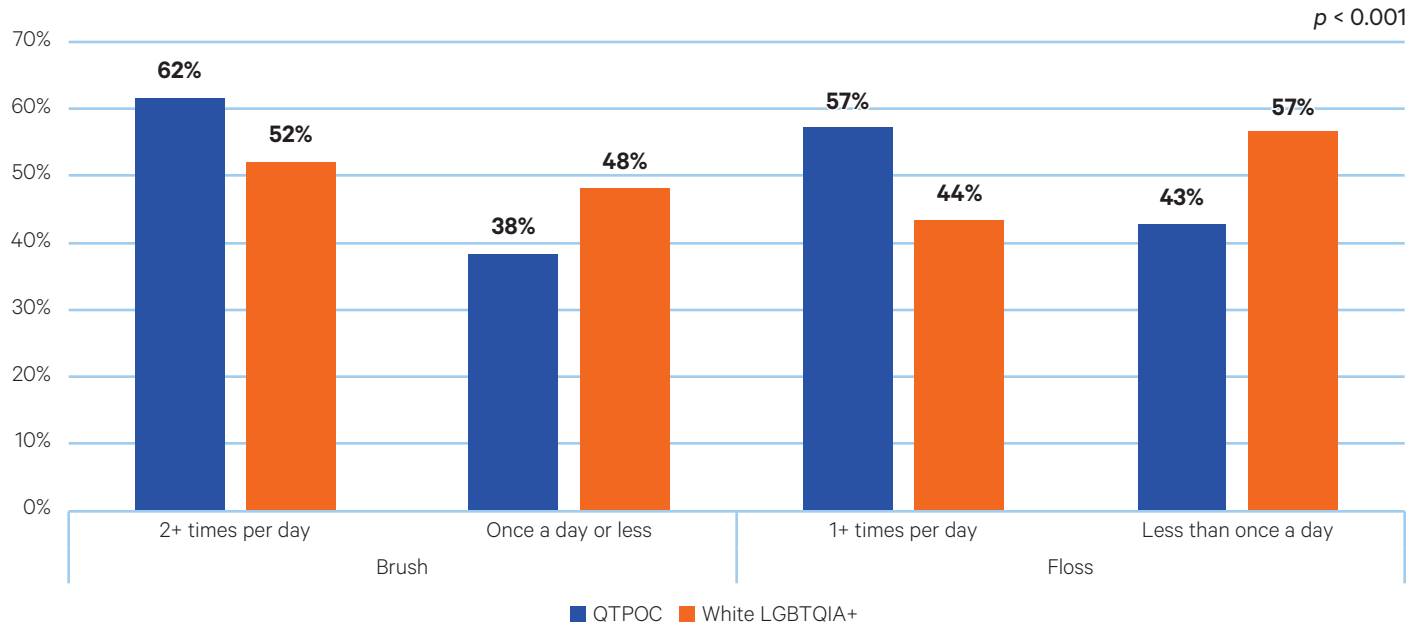
Brushing and Flossing

QTPOC adults report brushing (62%) and flossing (57%) more frequently in a day compared to white LGBTQIA+ adults (52% and 44%, respectively). Conversely, white LGBTQIA+ adults report brushing once a day or less (48%) and flossing less often than once a day (57%) in larger percentages than QTPOC adults (38% and 43%, respectively).

Self-Reported Oral Health

Adults were asked to rate their overall oral health, including state of their teeth, mouth, and gums (excellent, very good, good, poor). While adults identifying as QTPOC rated their oral health as excellent, very good, or good more often (71%) compared to white LGBTQIA+ (69%), this difference was not statistically significant (p = 0.353).

Brushing and Flossing Frequency by QTPOC Status

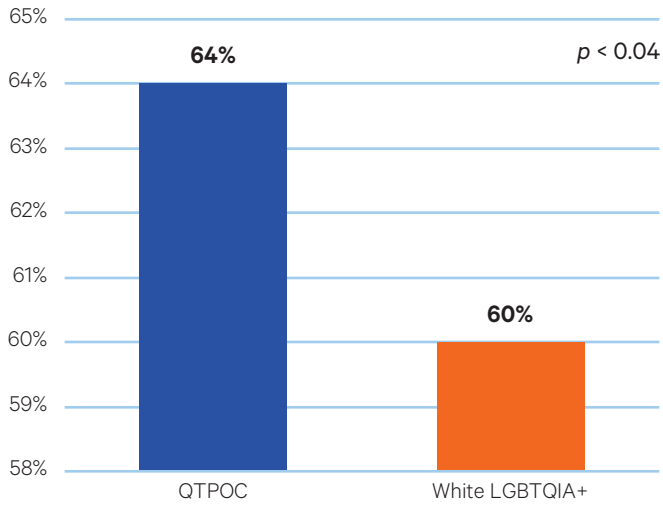


Oral Health Symptoms

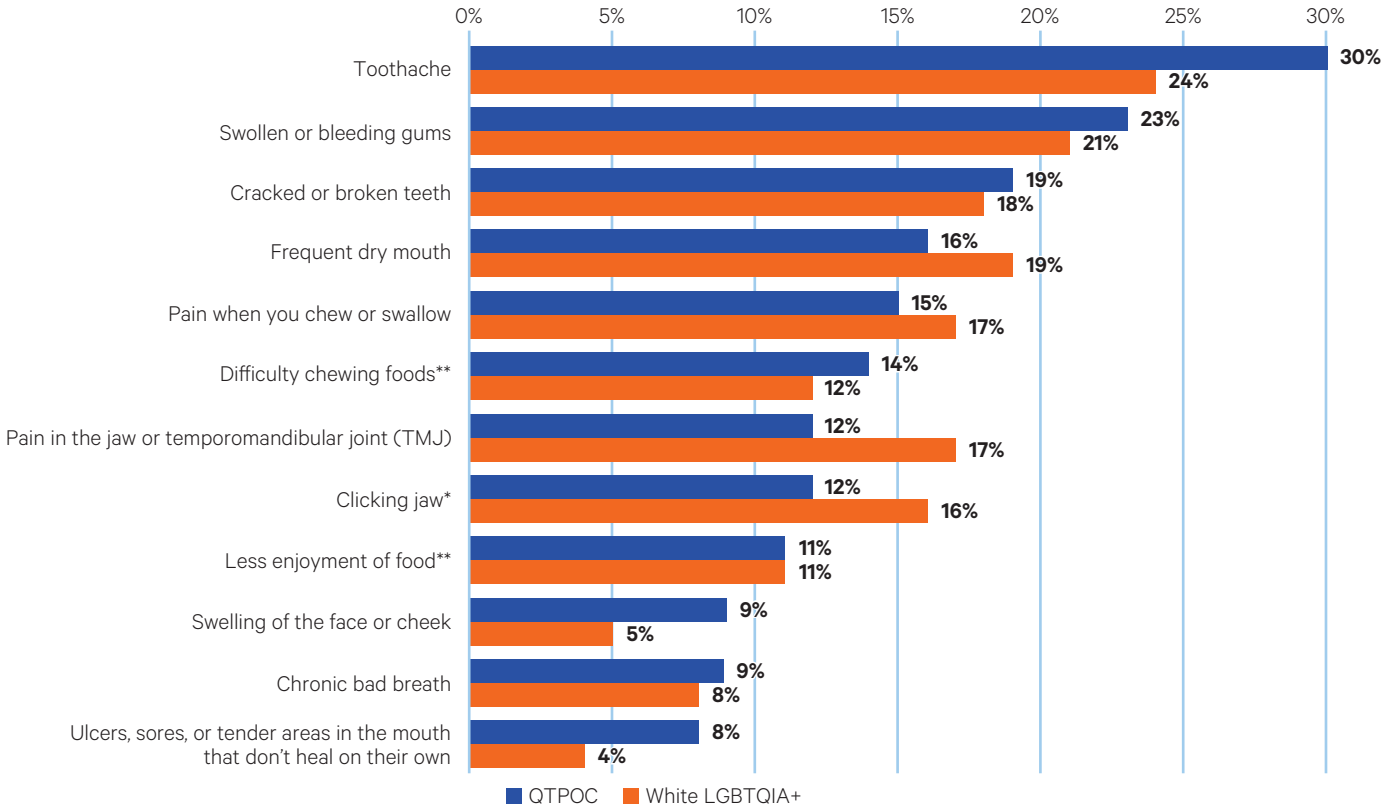
When asked "In the last twelve months, have you ever had any of the following symptoms?" respondents were able to choose one or more of the following options: swollen or bleeding gums; pain when you chew or swallow; chronic bad breath; toothache; cracked or broken teeth; swelling of the face or cheek; pain in the jaw or temporomandibular joint (TMJ); frequent dry mouth; ulcers, sores, or tender areas in the mouth that don't heal on their own; less enjoyment of food; and/or difficulty chewing foods. QTPOC adults (64%) were significantly more likely to experience one or more oral health symptoms in the last year compared to white LGBTQIA+ adults (60%).

When asked if they had experienced each oral health symptom listed above, individuals identifying as QTPOC reported experiencing most symptoms at equal or higher percentages compared to white LGBTQIA+ adults. The most commonly reported oral health symptom for both groups was toothache (30% of QTPOC respondents vs. 24% of white LGBTQIA+ respondents). Oral health symptoms reported in higher percentages by white LGBTQIA+ adults were frequent dry mouth (19% white LGBTQIA+ vs. 16% QTPOC), pain when chewing or swallowing (17% white LGBTQIA+ vs. 15% QTPOC), pain in the temporomandibular joint (TMJ) (17% white LGBTQIA+ vs. 12% QTPOC), and clicking jaw (16% white LGBTQIA+ vs. 12% QTPOC).

1+ Oral Health Symptoms in the Prior Year by QTPOC Status



Frequency of Specific Oral Health Symptoms by QTPOC Status

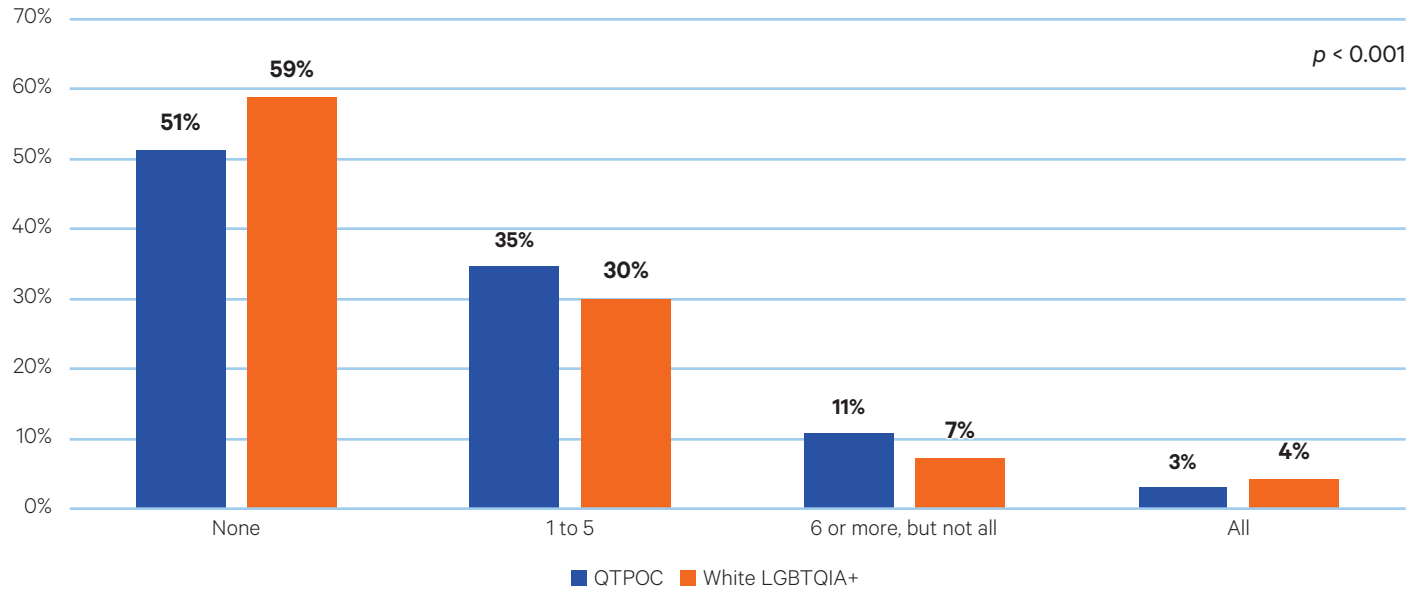


*Item appeared only in 2022 data; **Item appeared only in 2023/24 data

Tooth Loss

Fifty-one percent (51%) of adults who identify as QTPOC report having lost no teeth, which is less than white LGBTQIA+ adults (59%). However, a higher percentage of adults identifying as QTPOC reported losing between one and five teeth (35%) or six or more teeth, but not all (11%), compared to white LGBTQIA+ adults (30% and 7%, respectively). The inverse was true for those who lost all their teeth, with non-QTPOC adults (4%) losing all their teeth in a slightly higher percentage than QTPOC adults (3%).

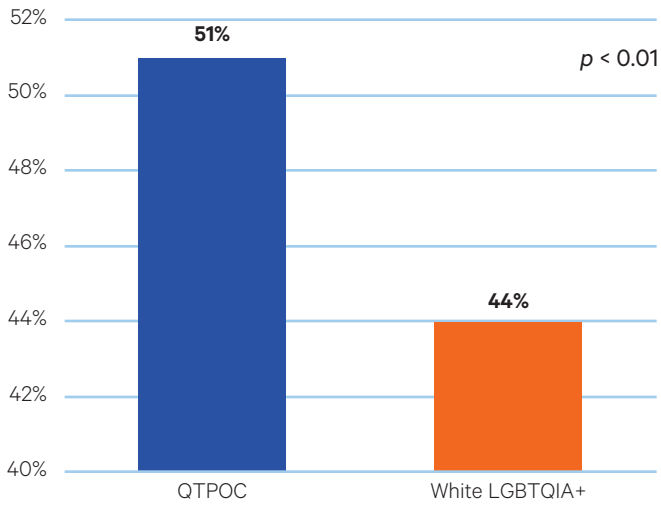
Tooth Loss by QTPOC Status



Feeling Self-Conscious or Embarrassed by One's Oral Health

Adults were asked, "How often in the last year were you self-conscious or embarrassed about your teeth, mouth, or dentures?" Fifty-one percent (51%) of adults who identified as QTPOC responded that they were self-conscious of their oral health very often, fairly often, or occasionally, which is significantly higher than adults who identify as white LGBTQIA+ (44%).

Very Often, Fairly Often, or Occasionally Self-Conscious Due to Oral Health by QTPOC Status



Depression

Adults were asked to self-report from a scale of 0–3 (0 = not at all, 1 = several days, 2 = more than half the days, 3 = nearly every day) to the nine questions in the Patient Health Questionnaire-9 (PHQ-9), which is used to screen for major depressive disorder. The questions asked if they were bothered by any of the following problems — including poor appetite or overeating, feeling tired or having little energy, and little interest or pleasure in doing things — over the last two weeks. There was no significant difference (p = 0.453) between adults identifying as QTPOC and adults who are white LGBTQIA+ in having no, minimal, mild, or moderate to severe depression.

Conclusions

The results of this report found that, from 2022–2024, adults who identify as QTPOC generally report more negative oral health experiences and outcomes than white LGBTQIA+ adults. Adults who are QTPOC have lower percentages of having a dental home and having dental insurance than their white LGBTQIA+ counterparts. Additionally, QTPOC adults are more likely to seek dental care at the emergency department, and have less frequent dental visits at a dental office while also reporting they experience a higher rate of denied dental care due to discrimination than white LGBTQIA+ adults. Despite QTPOC adults reporting higher rates of brushing twice a day and flossing at least once a day, they reported higher rates of being self-conscious or embarrassed of their teeth, mouth, or dentures, and are also more likely to have lost either one to five or six or more (but not all) of their teeth compared to white LGBTQIA+ adults.

These findings suggest that although there are oral health disparities faced by the LGBTQIA+ community, there are perhaps more inequities that occur for those who are QTPOC, who identify as both LGBTQIA+ and as people of color. While QTPOC adults report brushing and flossing more often than white LGBTQIA+ adults, the absence of a dental home, higher likelihood of being uninsured, and less frequent and regular dental visits for QTPOC adults may suggest that barriers to access care make it more difficult for QTPOC adults to seek regular care from oral health providers as inequities faced from belonging to a sexual/gender minority and a racial/ethnic minority are compounded. The research on oral health outcomes in QTPOC adults is scarce; however, individuals who are part of the transgender POC community reported receiving inferior health care compared to other patients, citing transphobia and racism as factors impacting their care. The SOHEA survey findings suggest the importance of oral health providers delivering culturally sensitive treatment for patients from diverse communities, paying particular attention to how intersecting identities — such as race, ethnicity, sexual orientation, and gender identity — can place individuals at increased risk for poor oral health outcomes.

In this study, 43% of adults who identify as LGBTQIA+ also identified as QTPOC; about 11% of QTPOC adults sought dental care at the emergency department. When combined with the higher percentages of being uninsured, not having a dental home, and being denied care, this is an alarming window into the lack of positive oral health outcomes for those in the QTPOC community. Access to quality oral health care is vital for maintaining both oral health and overall health in all populations. Disparities in the oral health care system disproportionately affect underserved populations, such as the QTPOC community, presenting significant barriers to care and contributing to enduring health inequities. The higher percentage of QTPOC adults who report being denied oral health care due to discrimination suggests the need for the oral health workforce to be more diverse and be more competent in providing care that is more sensitive to patients' intersecting identities.

Methodology

The State of Oral Health Equity Survey (SOHEA) is the largest nationally representative survey of United States (US) adults' attitudes, experiences, and beliefs related to oral health. The study was designed by CareQuest Institute for Oral Health®, and results were collected by NORC at the University of Chicago in January–February 2022 and 2023 and in March–May 2024 from adults 18 and older (N=20,229) on the AmeriSpeak panel. AmeriSpeak is a probability-based panel designed to be representative of the US household population. Randomly selected US households were sampled using area probability and address-based sampling, with a known, non zero probability of selection from the NORC National Sample Frame. Sampled households were contacted by US mail, telephone, and field interviewers. All data presented account for appropriate sample weights. All results presented are statistically significant at the $p < 0.05$ level unless otherwise noted. The Wilcoxon Rank Sum test was used to calculate discriminatory behavior scores; the internal consistency of the summed items was found to be high (Cronbach's alpha=0.91).

Respondents to survey were identified as LGBTQIA+, in part, if they answered the question "Which of the following best represents how you think of yourself?" with "gay," "lesbian," "bisexual," "something else," or "I don't know the answer." Additionally, for the purposes of this survey, respondents were also identified as LGBTQIA+ if they answered the question "How do you describe yourself?" with "transgender" or "[I] do not identify as male, female, or transgender." When individuals were asked about their race/ethnicity, those who selected one of the following were considered as people of color (POC): Asian, non-Hispanic; Black, non-Hispanic; Hispanic; Other, non-Hispanic; and two or more races, non-Hispanic. For this survey, races/ethnicities were not further stratified to compare rates among specific racial/ethnic groups. Further research should focus on examining differences in rates among POC groups to better understand the disparities experienced by individual racial/ethnic groups. Adults were identified as QTPOC if they identified as both LGBTQIA+ and POC. While the cross-sectional nature of these data does not allow for causal conclusions to be drawn, future research should focus on examining underlying factors (e.g., stigma, discrimination, insurance coverage, other socioeconomic factors) that may help further explain these findings.

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