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Pointing out the Gaps: Inclusivity and Experiences of LGBTQ+ Pediatric Dentists

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Pointing out the Gaps: Inclusivity and Experiences of LGBTQ+ Pediatric Dentists

by
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Pointing out the Gaps: Inclusivity and Experiences of LGBTQ+ Pediatric Dentists

Tanner Olson

ABSTRACT

Up until the last two decades, the LGBTQ+ population was rarely recognized as a marginalized population within dentistry. Despite the oral health disparities of this patient population, dental schools lack sufficient LGBTQ+ content and most dental school leaders agree LGBTQ+ dental students do not need special academic support provided to them. While demographic information within dentistry is lacking, the United States population who openly identifies as LGBTQ+ is increasing, especially younger generations. It is imperative to both adequately prepare dentists to treat the needs of this community as well as diversify our dental workforce to include more LGBTQ+-identifying dentists. In order to better understand the training and work climate for current LGBTQ+ dental providers, nine LGBTQ+ pediatric dentists were recruited and participated in this study. Semi-structured interviews were conducted with the participants focusing on the inclusiveness of their training and work experiences, instances of harassment or negative experiences, and value of LGBT mentorship within dentistry. Compared with younger participants, older pediatric dentists all encountered negative personal or second hand experiences related to their sexual orientation. LGBTQ+ mentorship, although not a resource available to all participants, was identified as valuable. During dental school and residency, mentors serve as guides and symbols of what they can achieve; in work and early career experiences, mentors serve as outlets of community and networking. Most participants agreed that the collection of sexual orientation demographic information would be a valuable tool, allowing for more focused recruitment efforts for the profession as well as policy changes and improving dental care for LGBTQ+ patients.

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ABBREVIATIONS

LGBTQ+: lesbian, gay, bisexual, transgender, queer

INTRODUCTION

In healthcare environments, LGBTQ+ patients (lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual identities) often encounter discriminatory attitudes from healthcare providers, whether overt or subtle.[1, 2, 3] A study by the Center for American Progress in 2018 highlighted that discrimination experienced by LGBTQ+ patients in healthcare settings can significantly hinder their willingness and ability to seek necessary care.[4] Biases, whether explicit or implicit, in oral healthcare settings can exacerbate dental anxiety among LGBTQ+ patients, deterring them from seeking regular dental care and leading to negative oral health outcomes.

Numerous studies point to disparities in overall health, including oral health, within LGBTQ+ communities.[5, 6] A recent scoping review found that compared with cisgender populations, the transgender community faces poorer oral health, specifically a higher prevalence of oral malignancies and ulcers. Additionally, the transgender community experiences high rates of periodontal disease assessed by bleeding on probing and periodontal pocket depth.[7] Research also indicates that lesbian, gay, and bisexual (LGB) individuals face a heightened risk of mental health issues, smoking, and substance abuse compared to their heterosexual counterparts.[8, 9] Factors such as depression, medication side effects, and harmful eating habits contribute to an increased risk of oral diseases among LGBTQ+ populations.[10] Moreover, certain oral health implications, such as Human Papillomavirus-related oropharyngeal cancers and Human Immunodeficiency Virus infections, are more prevalent within LGBTQ+ communities.[11] Limited evidence also suggests a potential link between hormone replacement therapy (HRT) and periodontal disease in the transgender community, yet stigma often prevents transitioning individuals from discussing these concerns with oral health providers.[12, 13]

The provider-patient interaction is a complex relationship influenced by many factors including patient preferences, cultural beliefs, and past experiences of discrimination among others. Having provider concordance, or a provider who represents the individuals they are caring for, leads to higher patient satisfaction as well as improved health outcomes.[14, 15, 16] For LGBTQ+ patients, the demand for sexual minority dental providers may far surpass the supply. According to the most recently published Gallup poll, the United States (US) LGBTQ+ people constitute 7.2% of the population.[17] This is double what it was when Gallup began measuring this statistic over a decade ago. LGBTQ+ identification is highest in younger age groups. Nearly 1 in 5 members (19.7%) of Generation Z, those born between 1997 and 2004 identify as a sexual minority.[17] Given these trends, dentistry will need to ensure they are recruiting and educating enough LGBTQ+-identifying dentists to optimally care for these patients.

While there's a growing trend in the acceptance and visibility of transgender and nonconforming adolescents seeking oral health services, substantial efforts are still needed to enhance their patient experience within the healthcare system and to mitigate disparities in accessing oral health services.[18] A recent interdisciplinary study revealed that dental students exhibit notably less favorable views of their formal training in LGBTQ+ health and harbor more stereotypical attitudes toward LGBTQ+ populations compared to their counterparts in medical and nursing fields.[19] Additionally, a 2015 study found that dental school leaders widely disagreed that it was important to provide support services for LGBTQ+ dental students.[20] In a subsequent study (2016) that asked deans of U.S. dental schools to disclose how much LGBTQ+ content was taught in their respective dental schools, it was discovered that 29% of dental schools did not cover LGBTQ+ content.[21] On average, dental schools dedicated less than four hours of LGBTQ+ content. One of the most frequently endorsed strategies the respondents had

for increasing the content of sexual minorities is having trained faculty able to teach LGBTQ+ content.[21] One approach would be ensuring adequate LGBTQ+ representation in dental school and residency program faculty members. The recent ADEA climate survey on dental schools and U.S. allied dental health education programs concluded that "diversification of faculty moves the needle toward achieving an inclusive and humanistic climate environment in higher and post-secondary education." The climate survey also found a general lack of safe spaces for students, faculty, and staff who fall vulnerable to microaggressions and discrimination.[22] These findings demonstrate the need for a more in-depth exploration of the experiences of sexual minority dental professionals.

Through this project, our goal is to assess LGBTQ+ dentist's experiences in educational and work settings, mentorship relationships, and to examine the perceptions and attitudes of this community in regards to the organized collection of sexual orientation demographic information for dental professionals. Furthermore, we aim to explore current inclusive oral healthcare practices in dental offices. Pediatric dentistry is used as a pilot population due to the nature of the principal investigator's educational network and thesis requirements.

MATERIALS/METHODS

This study is an observational study using quantitative and qualitative mixed methods research design. This study consists of two components. The first component is analysis of current dental organization's collection of demographic information. The second component consists of interviews with participants regarding their lived training and work experiences as well as recommendations for educational programs and workplaces to improve inclusivity for sexual minority learners. This study was approved by University of California, San Francisco's Institutional Review Board as study #22-37279.

Demographic Information

The American Dental Association (ADA) and every official dental specialty organization: Academy of General Dentistry (AGD), American Academy of Periodontology (AAP), American Association of Endodontists (AAE), American Association of Oral and Maxillofacial Surgeons (AAOMS), American Association of Orthodontists (AAO), American Academy of Pediatric Dentistry (AAPD), American College of Prosthodontists (ACP), American Society of Dental Anesthesiologists (ASDA), Academy of Oral and Maxillofacial Pathology (AAOMP), American Academy of Oral and Maxillofacial Radiology (AAOMR), American Academy of Oral Medicine (AAOM), American Academy of Orofacial Pain (AAOP), American Academy of Public Health Dentistry (AAPHD), was contacted via the membership email listed on their respective websites. Emails informed the organizations that as part of a research study, we are asking whether or not the organization asks for or collects the sexual orientation demographic information of its members. Responses were collected on an encrypted data sheet.

Interviews

LGBTQ+ pediatric dentists will be identified by using the social network from the principal investigator and snowball sampling. The inclusion criteria included LGBTQ+-identifying pediatric dentists or pediatric dental residents, English speaking, and able and willing to consent to the interview. Exclusion criteria include individuals who do not identify as part of the LGBTQ+-community, are not pediatric dentists or pediatric dental residents, non-English speaking, and unable to complete the interview. Individuals were initially contacted via email or phone and asked if they would be willing to participate in a research study involving interviews regarding their training and experiences in the field. Verbal consent forms were reviewed and consent was obtained prior to starting the interviews. Following attainment of informed consent,

a semi-structured face-to-face interview on zoom was conducted with participants. Audio recordings of the zoom interviews were recorded and collected. Each recording was transcribed professionally using the platform, Rev. All identities of the participants were classified and de-identified. The original interview script consisted of 17 questions. Questions were primarily open-ended and designed to encourage further discussion and depth if interviewee wanted and allowed. The content of the questions sought to explore each participant's experience of dental school, residency, and their early career through the lens of their LGBTQ+-identify. Additional questions focused on experiences of mentorship, barriers faced, and recommendations for dental schools and residency training programs on improving the culture for sexual minority learners. Upon finishing the interview, participants were provided a final opportunity to ask questions they find relevant to the study as well as dive deeper into the topic. Please see Figure 1 in the appendix for a full list of interview questions.

Data Collection

Through the social network of the principal investigator, five individuals were identified as LGBTQ+ pediatric dentists. An additional 13 individuals were identified by use of snowball sampling. All identified and eligible individuals were contacted by email and asked if they were interested and willing to participate in the research interview. A total of nine individuals consented to participate in the research study.

Data Analysis

For the qualitative analysis, after the interviews were transcribed by Rev.com, all documents were uploaded into Dedoose. The transcripts were coded based on themes and various codes such as dental school and residency training experiences, mentorship, ideal

education and training environments, value of collecting demographic information on sexual orientation. Key themes and codes were compiled, analyzed, and summarized.

RESULTS

Demographic Information

No dental specialty organization is currently collecting the sexual orientation demographic information of its members. Only the American Academy of Orthodontics (AAO) stated that they are planning to expand the gender options on new membership forms to be more inclusive of gender minorities.

Interviews

Dental School and Residency Program Experiences

Dental school and residency experiences varied widely based on the location and year of training. Participants who went to dental school and residency in the 1990s and 2000s had vastly different experiences, overwhelmingly negative, than participants who went to school after 2010. All participants who went to school prior to 2000 were not "out" in their LGBT identity. They often cited instances of harassment or adverse events that led them to remain closeted and fearful. The events cited didn't always involve the participant, regardless the visibility and nature of the harassment left an impact.

"It was very different from what it is now. It was very secretive. You couldn't confide in anyone. If you demonstrated any feminine attributes or if there was any show of gayness, you would be bullied and marked forever."

Younger participants frequently cited visibly "out" faculty members as instrumental in making them feel included and welcome. One participant who had an "out" group practice leader at a large dental school in New York stated it made him feel more comfortable, attributing this to seeing people in leadership proud of their identity. Conversely, participants who have been

practicing for less than 10 years cited far fewer negative instances and had more positive school and training experiences. Younger participants frequently mentioned their dental school's liberal culture and LGBT-student groups. One participant mentioned they had few LGBT classmates, but the student groups allowed them a space to "have their own little club, hangout, and congregate." The theme of the inclusivity of metropolitan cities resounded through some of the interviews with one younger participant stating the "because of the microcosm of living in New York City, I never felt isolated because what I couldn't find in the dental school setting, I was able to find outside of it in terms of a support system." Another participant mentioned finding a community in Chicago, offering a respite and sense of home, he wasn't able to find elsewhere.

"It was actually really awesome for an LGBT experience. Upon entering dental school I joined an organization called Alliance for Inclusion. It helped me feel more supported by students, but also there were staff and faculty members a part of this group, which helped us feel support from the administrators as well."

Harassment or Negative Experiences

Instances of harassment and negative experiences were reported by all older participants, but not by younger participants. These negative events were not limited to school and residency programs, but involved work and early career experiences as well. Several participants reported instances of personal harassment. One participant described a time when he was showing a lot of empathy for a family. His attending in the clinic that day was his program director, who started mocking his voice, "trying to sound effeminate and lisping." The mockery felt hurtful and condescending, an interaction he still reflects on today. The same participant commented how during residency, the dental assistants would make quiet comments to each other about the LGBTQ+ residents. While in dental school, one participant was encouraged to choose another specialty, his mentor at the time asked him to think about what he will say when families ask him why he doesn't have a wife or children in pediatrics. This made him fearful. He stated it caused

him to start "*creating all of these ways I was going to have all of these pictures and create this whole closeted lifestyle professionally*." Participants also cited events they witnessed that involved classmates or peers. One participant reflected on a peer junior faculty member who, after bringing his partner to work events, quickly lost his job. Another participant shared how his dental school faculty members reacted to one of their own contracting HIV and mocking him after he died.

"It was pretty horrific in terms of seeing how the faculty reacted when one of the periodontal faculty members contracted HIV and died. I heard a lot of slurs like fag and he deserved it. I got to see and hear firsthand the bigotry and dark side of our faculty. A lot of our faculty left actually."

Two participants commented on how the only times sexual minorities were a topic in dental school and residency, it was centered around pathology, specifically HIV or sexually transmitted infections. When HIV was discussed in the curriculum it was sometimes referred to as "gay cancer."

"At the time my school did not have a pride-related organization. The only time we talked about it in dental school was in relation to HIV or other sexually transmitted diseases."

Negative experiences also happened outside of professional settings. Several mentioned family and societal pressures. One participant disclosed the fear of his parents committing suicide should they find out about his identify, disclosing it was "unheard of" to be out and supported by family members.

"They were not harassed in front of themselves, but there were carvings students made in the elevator walls talking about faggots and stuff like that."

Mentorship

Irrespective of whether the mentor was a member of the LGBTQ+ community, the value of mentorship was significant for all participants. Mentors played a large role in all phases of

professional life including school, residency training, as well as early career experiences. Most participants stated they had a sexual minority mentor. For dental students and residents, LGBTQ+ mentors served as signs of hope in seeing someone like them in leadership positions or workplaces they aspire to in the future.

"I think the faculty that are out have been kind of instrumental in allowing me to see myself in leadership positions as well."

"Just seeing them and hearing them, and having them welcome me. It made such a positive impact on me. And it made me feel proud to be a gay man."

One participant also mentioned how he relied on his minority mentor in dental school both for professional advice, but also financially stating, "I come from a very humble background, and through her connections, she always found ways to help make my ends meet." For early career pediatric dentists, LGBTQ+ mentors served more as a place of respite and community. Rather than relying on them for professional help, the role shifted to more of a social network, an outlet from their professional roles as friends and colleagues.

"My mentor gave me social support and was just a great co-faculty mentor."

Every participant whose mentors were not LGBTQ+ expressed the value it would have brought to their life, both personally and professionally. Primarily, participants noted how it would make them feel included and welcomed in a profession that is historically "conservative, white, cisgender, and heterosexual." One participant also shared that it would have helped him with the anxiety that comes from navigating the doctor/patient relationship as an LGBTQ+ pediatric dentist.

"It certainly would have been great to have someone out there leading the fight saying, 'this was my experience, these are the hoops you may encounter, here are the scenarios you may want to consider or strategies for success.' ''

Ideal Education and Training Environments for LGBTQ+ Learners

Participants universally believe that it is the responsibility of the school and program to be "visibly and audibly supportive" to LGBTQ+ learners. Institutional support is vital in ensuring a welcoming, inclusive learning environment. For some participants, they stressed the importance of having "out" visible faculty members or school administrators.

"There should be representation in terms of LGBTQ+ faculty and administration. There needs to be institutional support which involves being visibly and audibly supportive. The faculty, staff, and administration should be trained on a yearly basis on what the LGBTQ+ community is, their needs, and how to support them."

Not only does this offer a source of mentorship, but it allows for an outlet of support and institutional backing should any adverse events occur. Additionally, participants mentioned the need for LGBTQ+ patients and families to belong in the curriculum. Historically, this has been limited to pathologizing the community when discussing HIV or sexually transmitted infections.

"The curriculum has to be open to all kinds of patients and families."

"There should be curricular exposure to LGBTQ+ populations from youth to adulthood and their unique oral health care struggles and social determinants of health. Most of what is discussed is pathologizing which is really unfortunate."

Participants suggested that including diverse family and sexual backgrounds into the curriculum or situation-based learning modules normalizes these family systems, leading to a more welcoming, inclusive space for LGBTQ+ learners. Changes to the patient level of care also lead to student and resident feelings of inclusion. In some dental schools, community-specific questionnaires are filled out by students prior to entering the clinic in an effort to streamline certain languages or social groups to providers matching the patient pool. This step is not only beneficial for patients in helping them achieve provider concordance, but it made the participant feel seen and valued for their unique identity. Lastly, participants agreed on the importance of

annual institution-led training focused on educating and working with the LGBTQ+ community, including proper use of pronouns. Formal mandated training ensures the school or program is up-to-date in their understanding of this community and how to improve the climate for both patients and learners.

"The same way that we train people on cultural sensitivity, there should be sensitivity about people's identification and sexual orientation. To me that would be ideal."

Value of Collection of Sexual Orientation Demographic Information

Overwhelmingly, the participants agreed that the collection of sexual orientation demographic information in professional organizations is important and should be considered in the future. The primary reason cited is for ease of collaboration and research. Participants highlighted that organized work and policy are challenging without data and, as shown, there is no current data available.

"It could help with things like gaining research funding. It helps to be taken seriously if there's more of us. Numbers never hurt."

"I think it's important for them to know that we are here. And we need to be supported the same way as any other group that has been sidelined, historically, needs to be supported. I think it's very important for that information to be collected, acknowledged, and researched. I really believe that."

Many participants also noted that collecting this information would allow for the LGBTQ+ community within dentistry a means of networking and gathering in community.

"It would be nice to collect this so people can see who's there. To make the profession more open and accepting. It'd just be nice to connect with people because it's another community you can make. And communities are all about connections and networking."

Having a database or reservoir of LGBTQ+ dentists and specialists would also make it easier for patients who are seeking provider concordance. Patients and families would easily be able to

search for and find providers who identify as part of this community and may have experience in cultural sensitivity.

"I think it would only help when aiding patients checking to find a provider like them. In general, it would also help us find other dentists to collaborate with for things like research."

Some participants also stated some families may seek an LGBTQ+ pediatric dentist if their child is struggling with their identity or the parents are in a same-sex relationship. Living in an era of transparency, some families "want to be able to look and search for providers who are like minded where they feel they are going to get quality service." One participant did not think this information should be asked or collected, citing this as personal information that does not affect his clinical care.

Good Practices for Inclusivity in Pediatric Dental Offices

Many participants shared patient sector measures they take in their dental offices centered around inclusion. Both in academic settings and in private practices, pediatric dentists reported placing themed stickers on name badges and on the front door. The participants in private practice emphasized changes they have made to the patient intake forms. Rather than assuming a cisgender, heterosexual couple as parents and asking for mother and father, they ask for names of guardian's and/or parent's. Additionally, they ask for the patient's preferred pronouns and input it into the electronic health record. One participant described his morning huddle with his team and how they make a point to discuss when a patient is coming in with pronouns the team should be aware of and consistently use.

"It is key for our team to use the right pronouns. It's actually on our intake form now. We ask what are the patient's preferred pronouns? We also discuss all patients in our morning huddle to ensure the whole team knows when certain patients are coming in. We make it a point to remind everyone."

Private practice participants also achieve visibility by sponsoring or attending local pride events. This serves to be visible to families and allow them a safe, inclusive dental office for their children.

"Our office tries to sponsor or be part of pride events in our area. We have found a niche where a lot of same sex couples feel more comfortable bringing their kids to an inclusive office, or if they know there's an LGBTQ+ provider there. It lets them breathe a little sigh of relief."

Visibility is also important in the form of living authentically. By living openly and sharing parts of his personal life, one participant described the impact it may have on his developing patients, serving as an example of an LGBTQ+ healthcare professional, something they may see and aspire to.

"I think it's very important for us to be out and talking about ourselves and showing our lives and our families, because it makes a huge impact on the patient's that are growing up. Because you could be the one who really inspires them to not be stressed out about being gay."

DISCUSSION

Previous studies have revealed the lack of curriculum content focused on sexual minorities in dental school as well the negative leadership attitude towards providing support for sexual minority learners.[20, 21] But no study has explored the inclusiveness of training and work experiences for LGBTQ+ pediatric dentists and the roles mentorship serves within this community. Additionally, this study is the first to explore the possibility of organized collection of sexual orientation demographic information and the possible benefits this effort could provide to the LGBTQ+ dental workforce.

Participants's dental school and residency training experiences varied widely. Decade of schooling and participant's age seemed to play a large factor in determining their educational experience. Older participants shared far more negative experiences and cited specific instances of harassment that left an impact. Contrastly, younger participants did not recall any harassment

during their dental school or residency training years. This cultural shift mirrors the emphasis recently placed on LGBTQ+ patient populations. Until recently, the LGBTQ+ population was not considered a marginalized population within medicine and dentistry. Specific efforts in treating this community and the emphasis on cultural sensitivity rippled through educational institutions. Younger participants specified the different ways their dental schools made them feel supported. Participants cited organized school groups that helped them find a social community and sense of belonging. These student groups were not restricted to members of the LGBTQ+ community, but included allies and friends as well as staff and faculty members. In and out of the student groups, the positive impact of seeing "out" faculty members was shared amongst all of the younger participants. Participants described how the visibility of "out" faculty members enabled them to envision a similar leadership role for themselves, something the older generations of dentists did not have. The ADEA climate survey highlights instilling hiring practices that enable the recruitment of diverse faculty as an important recommendation across every dental educational institution.[22] More focused diversity, equity, and inclusion practices during the hiring process can help recruit faculty from sexual minority backgrounds, enabling more students to feel represented and welcomed. Smith et al., explains that hiring racially and ethnically diverse faculty starts with: (1) job descriptions that engage the diversity of the department, (2) an institutional special hire strategy, and (3) search committees are composed of racially/ethnically and gender diverse faculty.[23] Similar strategies could be employed in hiring faculty from sexually diverse backgrounds.

For participants who finished their training prior to 2010, all of them recounted negative experiences or harassment during their dental school and residency training years. The instances described varied from personal experiences of mockery and aggression, job loss, to slandering of

HIV-afflicted faculty post-mortem. Regardless of the level of the transgression, they left marks and the participants could recount the stories like they happened yesterday. Interestingly, the trauma and harassment impacted the participants whether the experience directly happened to them, or it happened to a colleague or faculty member. The ADEA climate survey parallels this finding. Microaggressions continue to be commonplace in dental schools, specifically by "faculty who make up the majority."[22] Having serious implications for a student's sense of inclusion, microaggressions often go unreported. The climate survey found a general lack of safe spaces or places students can voice their concerns or seek help.[22] While the interviews in this study found LGBTQ+ student groups to be impactful and support their sense of belonging, the ADEA survey suggests they do not exist at all of the dental schools or allied dental professional programs. While not frequently discussed in the curriculum, sexual orientation also appears in reference to pathology. The LGBTQ+ communities shared the burden of sexually transmitted diseases and drug use in course content and didactic education. Participants who work in academia call for course directors and dental schools to shift the rhetoric around the LGBTQ+ population to more of a normalized family style and less focus on pathologizing them. While the interviews and positive experiences of younger generations are markedly better than older generations, these instances demonstrate it's crucial for institutions and educational leaders to protect and support LGBTQ+ learners.

Mentorship within dentistry and pediatric dentistry played a large role in helping the participants navigate training and early career opportunities. Not all of the participants had an LGBTQ+ mentor within pediatric dentistry, but all of the mentors expressed having some form of professional mentorship during their life. Participants' experiences with LGBTQ+ mentors in dental school and residency served as a guide and enabled them to see themselves in future

leadership positions. In their early career, both in academic and private practice settings, the mentorship role shifted to a relationship of community and social networking. The roles described mirror those found by Sarna et al. (2021).[24] In performing interviews with LGBTQ+ undergraduate students, Sarna et al., found that 72% of future LGBTQ+ health professionals reported that having an LGBTQ+ mentor was important for their personal development, and 59% stated it helped their career development.[24] But currently, there is no organized pathway or system for LGBTQ+ mentorship within dentistry. Students and residents find their mentors through school groups and often "out" faculty members. This may be easier at large institutions or schools and programs located in metropolitan areas. Some participants noted their decision-making process for even choosing schools and residency programs hindered on institutions that were located in large metropolitan areas such as New York City, Chicago, and San Francisco. Mentorship pipelines could be useful for LGBTQ+ learners and early-career dentists in finding a place of community and professional guidance in more rural or underserved areas.

More people in the United States are identifying as LGBTQ+ than ever before. Compared to a decade ago when Gallup started measuring this, LGBTQ+ identification has more than doubled, currently sitting at 7.2% (2022).[17] While this has steadily increased in recent years, the largest uptick has been in younger generations, specifically Generation Z, those born between 1997 and 2004, with 19.7% identifying as LGBTQ+.[17] As trends continue to show an increase in the percentage of the population who identify in this community, it's imperative to both educate dentists who are equipped to treat the needs of this population as well as ensure an adequate workforce of LGBTQ+ dentists. Professional dental and specialty organization membership directories would be a starting point to collect this information. Most participants agreed that the collection of demographic information of sexual orientation should be considered due to the

numerous benefits this would provide. Without data, it's impossible to know how many LGBTQ+ dentists exist and practice in the United States, and whether efforts should focus more on recruiting members from diverse sexual backgrounds. Additionally, membership databases would allow for mentorship pipelines within dentistry and each specialty, something that may be harder to find in rural or more underserved areas. It's important to note that coming out in professional dental organizations would be voluntary in nature. While transparency when filling out demographic information could lead to all of the benefits already mentioned, it may not be safe for everyone in the political climate. Politics varies widely state by state. A slew of recent laws in Florida strip LGBTQ+ people from protections in schools, restrooms, and healthcare. SB 1580, Protections of Medical Conscience, enables healthcare providers and insurers to deny a patient care based on the basis of their personal beliefs. It also allows for discriminatory hiring practices for healthcare employers.[25] Regardless of the future political climate or improvements in protections for LGBTQ+ communities, the decision to self-disclose one's identity should always remain voluntary and respected.

While the focus of the interviews was the educational and training experiences of pediatric dentists and mentorship, many participants shared their best practices and ideas for ensuring their office or clinic is inclusive to LGBTQ+ patients. In healthcare, but especially in pediatrics, its vital providers and offices make their clinics welcoming to all patients and families. Proper use of pronouns play a large role in private practice pediatric dental offices. Participants include a patient's preferred pronouns on the patient intake form, and ensure their office team is calibrated during the morning huddle when the patient comes in. Rather than assuming cis-gender partnered parents for each patient, the intake form used by the participants asks for either parent 1 or parent 2, or guardian 1 or guardian 2. Other measures included putting

inclusive stickers on the front door or in the operatories, spaces visible to patients. Relationship building is a huge part of pediatric dentistry, and some participants reported parents thanking them for being open and for providing a positive role model for their child who identifies as LGBTQ+. One participant was even asked for advice on how the parent should navigate their child's coming out process and how best to support them. While the primary focus is often teeth and one's oral health, it's easy to lose sight of the larger picture. LGBTQ+ pediatric dentists have the potential to impact and enrich their patient's lives in more ways than simply tackling caries. During dental appointments, this may be serving as visible role models and sources of hope.

CONCLUSION

This study aimed to assess the inclusivity and training experiences for LGBTQ+ pediatric dentists as well explore the value of collecting sexual orientation demographic information in dentistry. As related to their sexual identity, training experiences varied widely with age and decade of education. Older participants all reported negative instances or situations of harassment, both to themselves as well as colleagues. Younger participants did not report similar negative experiences, but reflected on the positive impact their dental school's diversity organizations and "out" faculty members had on the overall culture. For both older and younger participants, mentorship played a large role in early professional development as well as a source of community and friendship. Reflecting on the value of having an LGBTQ+ mentor during dental school and residency, participants emphasized the role they play in allowing them to picture themselves in pediatric dentistry and in leadership positions. The majority of participants detailed the impact of an organized collection of sexual orientation demographic information from professional dental or specialty organizations. Such information would allow for more focused recruitment efforts, policy changes around diversity, and a reservoir to create a

mentorship pipeline for sexual minority learners. This study initiated the first course of dialogue with LGBTQ+ pediatric dentists and demonstrates a need for further research surrounding sexual minorities in pediatric dentistry as well as more focused recruitment and mentorship efforts within this community.

APPENDIX

Interview Questions

1. Tell me about yourself?
2. In terms of sexual orientation, how do you identify?
3. Tell me about your educational background?
4. What influenced you to pursue pediatric dentistry as a career?
5. As a member of the LGBTQ+ community, how was your dental school experience?
6. As a member of the LGBTQ+ community, how was your residency training experience?
7. As a member of the LGBTQ+ community, how is your work experience?
8. How is the experience in terms of relations with staff, patients, and the community in which you work?
9. What impact did your sexual orientation have for you throughout the application process to dental school, residency, and your career as a pediatric dentist?
10. What specific barriers have you faced as a member of the LGBTQ+ community in your pursuit of pediatric dentistry as a career?
11. How did you deal with and overcome the barriers?
12. Did you have a mentor, underrepresented minority (URM) or not, through your education and training?
13. What impact would having an LGBTQ+ mentor have had on your dental education and training?
14. If you could describe an ideal education and training experience for LGBTQ+ dental students and residents, what would it look like?
15. If you could describe an ideal work environment for LGBTQ+ pediatric dentists, what would it look like?

16. What value would having sexual orientation demographic information on professional organizations membership forms have?

17. Are there any questions that I did not ask that you would like me to ask?

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