

# Addressing Health Disparities via Coordination of Care and Interprofessional Education

## Lesbian, Gay, Bisexual, and Transgender Health and Oral Health Care



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### KEYWORDS

- Interprofessional relations • Sexual behavior • Oral health • Health status disparities
- Health care disparities • Homosexuality • Transgender persons • Gender identity

### KEY POINTS

- Lesbian, gay, bisexual, and transgender (LGBT) people share a common need for competent, accessible health care, dispensed without intolerance, and with an understanding of the unique but diverse health needs of the members of this group.
- Dental practitioners should recognize that, as a group, LGBT persons face greater health risks and have different health needs than heterosexual persons.
- However, data are sparse in the dental literature regarding the oral health needs of members of the LGBT community. Dental practitioners can learn much from their medical and nursing colleagues regarding the provision of culturally competent care for LGBT persons. It is likely that the best care for this group can only be achieved through interprofessional care among dental, medical, nursing, and other health care practitioners.

### INTRODUCTION

LGBT stands for lesbian, gay, bisexual, and transgender. Some add the letter Q to LGBT, meaning either queer or questioning, and still others add the letters I and A for intersex and asexual, respectively. Members of this group (LGBT, LGBTQ, LGBTQIA) are also sometimes grouped together as sexual minorities. LGBT persons are a diverse group, but they share a common need for competent, accessible health

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care, dispensed without intolerance, and with an understanding of the unique health needs of the members of this group. Dental practitioners, like other medical providers, need to recognize the heterogeneity of this group, and understand that, as a group, LGBT persons face greater health risks than heterosexual persons, largely because of how they are often regarded by society in general and by some health care workers.<sup>1</sup>

However, within the last several years, great progress in the acceptance of LGBT persons has occurred, as shown by the support of most Americans for same-sex unions, culminating in the Supreme Court's 2015 ruling that the 14th Amendment does not allow states to ban same-sex marriage<sup>2</sup>; however, many people argue that social gains (and the health care gains that are likely to follow) for LGBT people have not occurred equally for each LGBT subgroup. For example, bisexual men and women report worse health than gay men and lesbians, which may be partially attributable to their heightened economic, behavioral, and social disadvantages.<sup>3</sup> It has been also reported that lesbian and bisexual women, for example, may be less likely than gay men to adhere to some cancer-screening guidelines.<sup>4</sup> In addition, it should be recognized that within the LGBT group profound differences are evident with respect to race, ethnicity, and gender.<sup>5</sup> For example, LGBT women are more likely to experience stigma and discrimination than their male LGBT counterparts, which can make health care more costly for them because of discriminatory laws, discrimination by providers, insurance exclusions for transgender people, and inadequate reproductive health coverage.<sup>6</sup> In addition, LGBT persons of color are more likely to be poor than their white LGBT counterparts.<sup>5,7</sup>

Over the past 2 decades the medical and nursing academic communities have begun to address disparities in LGBT health by recognizing that more attention needs to be paid to understanding the health of those persons who comprise this vulnerable group.<sup>5,8,9</sup> An increasing number of studies investigating disparities in health and disease, and in those demographic, social, behavioral, and other factors related to these disparities, have been reported, and the literature has grown.<sup>5</sup> Physicians and nurses have recognized that reducing disparities also requires coordination of care and of education among providers and trainees, and have introduced curricula that respond to this need.<sup>10–12</sup>

Although some oral health care practitioners and academics have documented similar issues, the dental literature is less robust, and is limited to a few studies of attitudes and behaviors.<sup>13–16</sup> The oral health community, therefore, may learn from what medicine and nursing has already discovered; namely, that this population deserves special attention, given their increased risk for disease, and, more importantly, that through a coordinated effort of care and training, disparities in health (which are likely to extend to oral health) for this group can be minimized and/or eradicated.

The purposes of this article are:

1. To review the literature on oral health and overall health of LGBT persons in the United States and Canada, including data related to clinical findings and health care use.
2. To discuss ways in which dentists can improve the health care they provide to this vulnerable population, including how interprofessional education and collaborative practice may help to reduce oral health disparities within this group.

### **LESBIAN, GAY, BISEXUAL, TRANSGENDER: WHAT'S IN A NAME?**

When speaking of, to, or about persons in the LGBT community there are several terms that dental practitioners should be aware of. In addition, practitioners must realize that although the acronym LGBT may be useful as an umbrella term (ie, the

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