

SOGI Data Collection in Dental Practice: Patient Perceptions, Clinical Utility, and Best Practices for Gender-Affirming Oral Healthcare

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ABSTRACT

Sexual orientation and gender identity (SOGI) data collection has become an increasingly important component of patient-centered healthcare. While medical organizations have progressively adopted SOGI-inclusive practices, dentistry has lagged in integrating these measures into routine patient care. Lesbian, gay, bisexual, transgender, queer/questioning, and other sexual and gender minority (LGBTQ+) individuals frequently encounter healthcare disparities, including discrimination, stigma, and reduced access to preventive services. Within oral healthcare settings, these challenges may contribute to delayed treatment, avoidance of care, and poorer oral health outcomes. Studies have demonstrated that LGBTQ+ patients often report discomfort, unfair treatment, and inadequate cultural competency among dental providers, while many clinicians acknowledge limited preparation in addressing the needs of these populations.

This narrative review examines the role of SOGI data collection in contemporary dental practice, explores patient perceptions regarding disclosure of sexual orientation and gender identity information, and discusses the clinical significance of SOGI-inclusive care. Additionally, the review highlights strategies for creating gender-affirming dental environments and addresses ethical considerations associated with SOGI documentation. By implementing thoughtful and respectful approaches to SOGI collection, dental professionals can contribute to improved trust, communication, access to care, and oral health equity for LGBTQ+ populations.

Keywords: sexual orientation, gender identity, SOGI, LGBTQ+, dentistry, oral health disparities, gender-affirming care, patient perceptions

INTRODUCTION

The increasing emphasis on patient-centered care has highlighted the importance of understanding the diverse identities and experiences that influence health outcomes. Among the social determinants of health, sexual orientation and gender identity have emerged as important factors that affect access to healthcare services, quality of care received, and overall health status. Sexual and gender minority populations continue to experience disparities across multiple healthcare domains despite significant advancements in awareness and advocacy.

Within medicine, healthcare organizations increasingly recognize the value of collecting SOGI data as part of routine demographic information. Such data assist providers in identifying disparities, tailoring care to individual needs, and fostering inclusive healthcare environments. However, the implementation of similar practices in dentistry remains relatively limited. Historically, dental care has focused primarily on clinical treatment and disease management, often overlooking broader psychosocial and demographic factors that may influence patient experiences and health outcomes.

Emerging evidence suggests that LGBTQ+ individuals encounter unique barriers when seeking oral healthcare. Experiences of discrimination, fear of disclosure, and concerns regarding provider bias may result in delayed treatment and reduced utilization of preventive dental services. In one survey of LGBTQ+ patients, nearly half reported discomfort during dental visits, while more than one-third reported unfair treatment related to their sexual orientation.¹ These findings underscore the need for greater attention to inclusivity within oral healthcare settings.

As dentistry continues to embrace principles of equity, diversity, and inclusion, SOGI data collection represents an opportunity to better understand patient populations and improve healthcare delivery. This review examines existing evidence regarding SOGI data collection in dental settings, explores patient perceptions of disclosure, discusses clinical applications, and proposes strategies for implementing gender-affirming oral healthcare practices.

REVIEW METHODOLOGY

This narrative review was conducted using literature identified through searches of PubMed, Google Scholar, Scopus, and relevant professional organization reports. Keywords included sexual orientation and gender identity, SOGI, LGBTQ+ oral health, dental care, gender-affirming care, oral health disparities, and patient perceptions. Articles, policy reports, and position statements published in English and relevant to oral healthcare and LGBTQ+ populations were reviewed and synthesized narratively. Because this is a narrative review, a formal systematic review protocol, risk-of-bias assessment, and meta-analysis were not performed.

Understanding Sexual Orientation and Gender Identity Data

Sexual orientation and gender identity are distinct but related aspects of an individual's identity. Sexual orientation refers to a person's emotional, romantic, or sexual attraction to others, while gender identity reflects an individual's internal understanding and experience of their gender. Gender identity may or may not align with the sex assigned at birth.

Modern healthcare systems increasingly recognize that collecting demographic information beyond traditional categories of age, race, and ethnicity can improve health outcomes. SOGI data provide valuable insights into population health trends, healthcare utilization patterns, and disparities affecting sexual and gender minority communities.^{2,3}

The collection of SOGI information typically includes questions regarding sexual orientation, current gender identity, sex assigned at birth, preferred name, and pronoun preferences. Such data enable clinicians to communicate respectfully and accurately with patients while supporting individualized healthcare planning.

Importantly, SOGI data collection should never be viewed merely as an administrative exercise. Rather, it serves as a tool for building trusting relationships, recognizing diverse patient experiences, and ensuring that healthcare systems address the needs of historically underserved populations. When implemented thoughtfully, SOGI documentation can contribute to a more welcoming and affirming clinical environment.

SOGI Collection Standards in Healthcare

Over the past decade, collection of sexual orientation and gender identity (SOGI) data has emerged as a recognized best practice across healthcare systems. National health organizations increasingly acknowledge that demographic data extending beyond traditional categories of age, race, and ethnicity are essential for identifying disparities and advancing health equity. The routine collection of SOGI information enables healthcare organizations to monitor outcomes among sexual and gender minority populations, assess access to care, and design interventions that address inequities.^{2,3}

The movement toward standardized SOGI collection has been driven largely by growing recognition that LGBTQ+ individuals are frequently invisible within healthcare datasets. Without accurate demographic information, disparities often remain undetected, limiting the ability of healthcare systems to implement targeted

quality improvement initiatives. National recommendations have emphasized the inclusion of sexual orientation, current gender identity, sex assigned at birth, preferred name, and pronoun documentation within electronic health records. Such measures allow clinicians to provide respectful communication while generating population-level data necessary for equitable healthcare planning.⁵

Patient acceptance of SOGI data collection is generally favorable when information is requested respectfully, confidentiality is maintained, and the rationale for collection is clearly explained. Research conducted in diverse healthcare settings has found that many patients, including LGBTQ+ individuals, support routine SOGI documentation when it is integrated into standard intake procedures rather than presented as exceptional or intrusive questioning. Consequently, healthcare organizations increasingly view SOGI documentation as an important component of patient-centered care and health equity initiatives.^{4, 6}

Despite progress in medicine, adoption within dentistry remains inconsistent. Many dental records continue to rely upon binary gender classifications or lack mechanisms for documenting patient pronouns and preferred names. As oral healthcare moves toward integrated and equity-focused models, alignment with broader healthcare standards regarding SOGI data collection represents an important opportunity for professional advancement.

LGBTQ+ Oral Health Disparities

The oral health needs of LGBTQ+ populations have historically received limited attention in research, policy, and clinical practice. Emerging evidence suggests that sexual and gender minority individuals experience significant oral health disparities arising from social, economic, behavioral, and structural factors. These inequities are not solely attributable to biological determinants but are strongly influenced by stigma, discrimination, healthcare avoidance, and barriers to accessing preventive dental services. Studies increasingly demonstrate that LGBTQ+ populations face unique challenges that contribute to poorer oral health outcomes and reduced engagement with oral healthcare systems.⁷

Multiple investigations have documented higher rates of unmet dental needs among LGBTQ+ individuals compared with their heterosexual and cisgender counterparts. Financial barriers, inadequate insurance coverage, lack of culturally responsive providers, and concerns regarding discrimination often contribute to delayed or forgone dental treatment. National survey data have shown that LGBTQ+ individuals are more likely to report difficulty obtaining dental care when needed, rely on emergency departments for dental conditions, and experience unmet oral health needs.^{8, 9}

Discrimination within healthcare environments remains a significant contributor to these disparities. In a cross-sectional study examining oral healthcare experiences among LGBTQ+ individuals, 43% of participants reported feeling uncomfortable attending dental appointments, and 34% reported experiencing unfair treatment because of their sexual orientation. Such negative experiences may erode trust in healthcare providers, discourage routine preventive visits, and contribute to worsening oral health outcomes over time.¹

Transgender and gender-diverse populations often encounter additional barriers in oral healthcare settings. Studies have reported that more than one-third of transgender and gender nonbinary patients experienced misgendering during dental visits, while more than half perceived that their dental providers were inadequately prepared to provide gender-appropriate care. Many patients reported delaying or avoiding care because of concerns related to their gender identity, highlighting the importance of creating affirming and inclusive clinical environments.¹⁰

The consequences of these barriers extend beyond patient satisfaction alone. Avoidance of dental care can result in delayed diagnosis of oral disease, increased treatment complexity, higher healthcare costs, and greater reliance on urgent or emergency services. Furthermore, chronic stress associated with discrimination and social marginalization may indirectly influence oral health through behavioral pathways, including increased tobacco use, substance use, psychological distress, and reduced engagement in preventive health behaviors. These factors collectively contribute to the persistence of oral health disparities among LGBTQ+ populations.^{12, 13}

Importantly, LGBTQ+ oral health disparities do not occur in isolation. Sexual orientation and gender identity frequently intersect with other social determinants of health, including race, ethnicity, socioeconomic status, geographic location, disability status, and healthcare access. An intersectional perspective therefore provides a more comprehensive understanding of how multiple forms of marginalization may compound barriers to oral healthcare utilization and influence oral health outcomes. Recent research has demonstrated that layered social disadvantages can significantly affect access to dental care and affordability of services among sexual and gender minority populations.¹¹

Addressing these disparities requires a multifaceted approach that extends beyond clinical treatment. Efforts should focus on improving access to care, enhancing provider education, promoting culturally responsive and gender-affirming practices, collecting SOGI data to identify inequities, and fostering inclusive healthcare environments that support trust and patient engagement. By recognizing and addressing the unique challenges faced by LGBTQ+ communities, dental professionals can play a critical role in advancing oral health equity and improving health outcomes for historically underserved populations.^{8,9}

Minority Stress Theory and Oral Health

Minority Stress Theory provides a valuable framework for understanding the health disparities experienced by LGBTQ+ populations. Originally developed within social and behavioral sciences, the theory proposes that members of stigmatized minority groups experience chronic stress arising from discrimination, prejudice, social exclusion, and anticipation of rejection. These stressors accumulate over time and contribute to adverse physical and mental health outcomes.¹²

For LGBTQ+ individuals, minority stress may manifest through overt discrimination, internalized stigma, concealment of identity, fear of disclosure, and repeated experiences of microaggressions. Healthcare environments can become sources of additional stress when patients encounter insensitive language, heteronormative assumptions, or negative provider attitudes. These experiences may reduce healthcare utilization and contribute to avoidance behaviors.¹²

Within dentistry, minority stress may influence oral health through several pathways. Individuals experiencing chronic psychosocial stress are more likely to engage in risk behaviors such as tobacco use, substance use, and inconsistent preventive healthcare utilization. Stress-related mental health conditions, including anxiety and depression, may further reduce motivation for oral hygiene maintenance and routine dental attendance. Consequently, oral health disparities among LGBTQ+ populations cannot be fully understood without considering the psychosocial burden associated with minority stress.^{13,14}

Recognizing the role of minority stress shifts the focus from individual behavior to broader social determinants of health. This perspective encourages dental professionals to consider how clinical environments can either exacerbate or alleviate stress experienced by sexual and gender minority patients.

Current Status of SOGI Data Collection in Dentistry

Compared with medicine and nursing, dentistry has been slower to adopt systematic approaches to SOGI documentation. Many dental offices continue to utilize intake forms that do not provide options beyond binary gender categories or that fail to distinguish between gender identity and sex assigned at birth.

Several factors contribute to this lag in adoption. First, dental providers may perceive SOGI information as unrelated to oral healthcare. Second, many dental professionals report limited education regarding LGBTQ+ health issues during their formal training. Third, concerns regarding patient privacy and uncertainty about appropriate questioning may discourage implementation.

Despite these challenges, recent literature increasingly emphasizes the relevance of SOGI data to oral healthcare delivery. Researchers have highlighted disparities in access to dental services and affordability among sexual and gender minority populations, reinforcing the need for more comprehensive demographic data collection within oral health systems.¹¹

Professional organizations and educational institutions are beginning to recognize the importance of inclusive practices. Nevertheless, widespread adoption remains inconsistent, and significant opportunities exist for improvement in both clinical practice and dental education.

Patient Perceptions of SOGI Disclosure and the Role of Trust in Dental Settings

Patient perceptions play a crucial role in determining the success of SOGI data collection efforts. While many LGBTQ+ individuals support inclusive healthcare practices, willingness to disclose personal information depends heavily on the environment in which such questions are asked. The perceived relevance of SOGI questions, confidence in provider professionalism, and expectations regarding confidentiality can all influence whether patients feel comfortable sharing sensitive information.⁴

Trust is one of the most important determinants of disclosure. Patients are more likely to share SOGI information when they perceive providers as respectful, knowledgeable, and committed to maintaining confidentiality. For LGBTQ+ patients, trust often develops through cumulative interactions with healthcare professionals and institutions. Respectful communication, accurate use of preferred names and pronouns, and visible demonstrations of inclusivity contribute to a positive therapeutic relationship and foster a sense of psychological safety within the dental setting.

Conversely, concerns regarding discrimination remain a substantial barrier to disclosure. Patients who have previously experienced stigmatizing interactions in healthcare environments may be reluctant to share information related to their sexual orientation or gender identity. Fear that disclosure could negatively affect treatment decisions, interpersonal interactions, or overall quality of care may further discourage participation in SOGI documentation initiatives. Studies have shown that many LGBTQ+ individuals report discomfort and discriminatory experiences in healthcare environments, which can undermine trust and contribute to healthcare avoidance.^{1, 10}

Studies involving transgender and gender nonbinary populations further illustrate the importance of respectful communication. Experiences such as misgendering, incorrect documentation, and inappropriate assumptions regarding identity can diminish patient satisfaction and erode confidence in healthcare providers. Conversely, affirming interactions and culturally responsive communication have been associated with greater patient comfort and engagement with care.¹⁰

Visible indicators of inclusivity may also influence patient willingness to disclose SOGI information. Nondiscrimination policies, inclusive intake forms, staff training initiatives, and affirming educational materials signal organizational commitment to equitable care and may reduce patient concerns regarding stigma or bias. Patients are often more willing to discuss sensitive information when SOGI questions are incorporated into routine demographic data collection rather than being presented as exceptional or unnecessary inquiries.⁴

Ultimately, successful SOGI data collection requires transparency regarding purpose, assurances of privacy, and a demonstrated commitment to inclusive care. Building trust requires consistent actions throughout the dental team, from registration staff to treating clinicians. When patients perceive that their information will be handled respectfully and used to improve care, they are more likely to engage openly with providers, contributing to stronger therapeutic alliances, improved satisfaction, and better continuity of care.

Figure 1. Conceptual Framework Linking SOGI Data Collection to Improved Oral Health Outcomes



Figure Legend:

Routine and respectful collection of sexual orientation and gender identity (SOGI) information may promote inclusive communication, strengthen patient trust, increase willingness to disclose relevant health information, improve engagement with dental services, enhance patient experiences, and ultimately contribute to reducing oral health disparities among LGBTQ+ populations.

Cultural Humility in Dentistry

The concept of cultural humility has emerged as an important complement to cultural competence within healthcare. Whereas cultural competence traditionally emphasizes acquiring knowledge about specific populations, cultural humility encourages lifelong self-reflection, recognition of personal biases, and commitment to respectful engagement with diverse individuals.¹⁶

In dental practice, cultural humility recognizes that no provider can fully understand the experiences of every patient. Instead, clinicians are encouraged to approach each encounter with openness, curiosity, and respect. This framework is particularly applicable when caring for LGBTQ+ patients, whose experiences and identities may vary considerably across communities and individuals.

Cultural humility requires providers to acknowledge power imbalances that may exist in clinical relationships and to actively seek patient perspectives. Rather than making assumptions regarding relationships, identities, or healthcare needs, clinicians should utilize inclusive language and patient-centered communication strategies. Respectful inquiry regarding names, pronouns, and identity preferences exemplifies this approach.

By embracing cultural humility, dental professionals can create environments that promote psychological safety, reduce stigma, and foster meaningful patient engagement. Such practices support not only LGBTQ+ populations but all individuals seeking equitable and compassionate oral healthcare.

Dental Education and LGBTQ+ Curriculum Gaps

Despite increasing awareness of LGBTQ+ health disparities, educational gaps remain widespread within dental training programs. Historically, dental curricula have provided limited instruction on sexual and gender minority health, with many students reporting minimal exposure to LGBTQ+ topics during predoctoral education.^{15, 16}

When LGBTQ+ content is included, instruction often focuses narrowly on HIV/AIDS and infectious disease risk, while broader topics such as gender identity, communication, oral health disparities, and inclusive clinical practices receive considerably less attention. This restricted educational framework may contribute to provider discomfort and uncertainty when caring for LGBTQ+ patients.

Several studies have demonstrated that healthcare trainees frequently report inadequate preparation for addressing LGBTQ+ health concerns. These educational deficiencies can persist into professional practice, limiting providers' confidence and potentially affecting patient experiences. Furthermore, LGBTQ+ students and faculty members may encounter institutional environments that do not adequately support inclusion and representation.^{15, 16, 17}

Expanding LGBTQ+ content within dental education offers substantial opportunities for improvement. Curricular reforms should incorporate health disparities, SOGI data collection, culturally responsive communication, gender-affirming care principles, and intersectional approaches to health equity. Continuing education programs can similarly address knowledge gaps among practicing clinicians. Such initiatives are essential for developing a workforce capable of meeting the evolving needs of diverse patient populations.¹⁷

Gender-Affirming Healthcare Models and Their Relevance to Dentistry

Gender-affirming healthcare is founded on the principle that every individual deserves respectful, evidence-based care that acknowledges and supports their gender identity. Rather than viewing gender diversity as a

pathology, gender-affirming models emphasize dignity, autonomy, and partnership between patients and healthcare providers.

In medical settings, gender-affirming care includes practices such as appropriate use of names and pronouns, inclusive documentation systems, respectful communication, and coordinated multidisciplinary care. Increasingly, these principles are being recognized as relevant across all healthcare disciplines, including dentistry.¹⁸

Within oral healthcare settings, gender-affirming approaches begin well before clinical treatment. Appointment scheduling systems, registration forms, electronic records, and staff interactions should all reflect inclusive practices. Dental teams should avoid assumptions regarding gender, relationships, anatomy, or health needs. Instead, communication should be individualized and guided by patient preferences.

Research involving transgender and gender-diverse populations has demonstrated that affirming environments are associated with greater comfort and reduced healthcare avoidance. Conversely, experiences such as misgendering and gender insensitivity contribute to dissatisfaction and reduced engagement with care.¹⁰

Importantly, gender-affirming care does not require extensive specialized training or complex clinical protocols. Rather, it requires a commitment to respect, inclusion, and patient-centered communication. When incorporated into routine practice, gender-affirming models can strengthen trust, improve patient experiences, and contribute to the reduction of oral health disparities among gender-diverse populations.^{19, 20}

Clinical Applications of SOGI Information in Dentistry

SOGI information has multiple practical applications within dental practice. Perhaps the most immediate benefit involves communication. Accurate documentation of preferred names and pronouns allows providers to engage respectfully with patients, strengthening therapeutic relationships and reducing the risk of alienating interactions.

SOGI data may also contribute to more individualized health assessments. Understanding a patient's social context, experiences with discrimination, mental health concerns, and healthcare utilization patterns can assist clinicians in identifying barriers to care and developing tailored interventions.

For transgender patients, awareness of gender identity can facilitate discussions regarding medical therapies and interdisciplinary care. While oral healthcare decisions should be guided by clinical findings rather than assumptions, understanding relevant aspects of a patient's health history may improve coordination with medical providers and support comprehensive care planning.¹⁸

Beyond individual treatment, aggregated SOGI data can assist institutions in evaluating health disparities, monitoring access to care, and designing targeted quality improvement initiatives. Such information may play an increasingly important role as healthcare systems focus on equity-driven outcomes and population health management.

Creating Gender-Affirming Dental Environments

The successful integration of SOGI data collection requires more than modifying intake forms. It necessitates a broader commitment to creating environments in which all patients feel respected, safe, and valued.

An important first step involves adopting inclusive documentation systems. Registration forms should allow patients to indicate their gender identity, preferred name, and pronouns using language that is respectful and flexible. Electronic health records should support these fields and ensure that information is visible to all relevant members of the dental team.⁵

Staff education is equally essential. Front-desk personnel, dental assistants, hygienists, and dentists should receive training regarding respectful terminology, inclusive communication, and common challenges faced by LGBTQ+ patients. Educational initiatives can reduce unconscious bias and improve consistency throughout the patient experience.

Environmental cues can further reinforce inclusivity. Clearly displayed nondiscrimination statements, diverse patient education materials, and visible commitments to equity may help alleviate patient concerns and communicate organizational values.

Research suggests that the presence of inclusive healthcare practices is associated with greater comfort among LGBTQ+ patients seeking oral healthcare services. Consequently, dental practices that invest in affirming environments may achieve improvements in trust, patient satisfaction, and continuity of care.¹

Table 1. Best Practices for SOGI Data Collection and Gender-Affirming Oral Healthcare in Dental Settings

Domain	Recommended Practice
Patient Registration	Include fields for preferred name, pronouns, gender identity, and sex assigned at birth.
Electronic Health Records	Maintain separate documentation fields for gender identity and sex assigned at birth.
Communication	Consistently use patient-identified names, pronouns, and respectful terminology.
Staff Training	Provide ongoing training on LGBTQ+ cultural humility, inclusive communication, and bias awareness.
Privacy and Confidentiality	Clearly explain why SOGI information is being collected and how it will be protected.
Clinical Assessment	Incorporate SOGI information when relevant to individualized, patient-centered care planning.
Office Environment	Display nondiscrimination statements and use inclusive patient education materials.
Patient Engagement	Encourage voluntary disclosure through respectful, nonjudgmental interactions.
Quality Improvement	Use de-identified SOGI data to identify disparities and guide practice improvement initiatives.
Organizational Culture	Foster an affirming environment that promotes equity, inclusion, and psychological safety for all patients.

Table 1. Recommended strategies for implementing sexual orientation and gender identity (SOGI) data collection and gender-affirming practices in dental settings to promote patient-centered care, enhance trust, and reduce oral health disparities among LGBTQ+ populations.

Ethical and Practical Considerations

Although SOGI data collection offers significant benefits, ethical considerations must be carefully addressed. Respect for patient autonomy should remain paramount. Patients should never feel pressured to disclose information they prefer to keep private.

Confidentiality is critical. Dental practices must implement appropriate safeguards to protect sensitive demographic information and ensure compliance with applicable privacy regulations. Clear explanations regarding how information will be used can help alleviate patient concerns and encourage participation.

Providers should also recognize that disclosure is not universally desired. Some patients may perceive SOGI questions as unrelated to their dental care or may have concerns stemming from prior negative experiences. A patient-centered approach requires respecting individual preferences while emphasizing the optional nature of disclosure.

Additionally, clinics must avoid collecting SOGI data without corresponding efforts to create inclusive environments. Documentation alone does not improve care; meaningful benefits arise when collected information informs respectful communication, equitable treatment, and organizational quality improvement.

Future Directions and Research Priorities

Despite growing interest in LGBTQ+ oral health, significant gaps remain in the literature. Much of the existing research has focused on experiences of discrimination and access barriers, while relatively little attention has been directed toward implementation and outcomes of routine SOGI collection within dental settings.

Future studies should investigate patient attitudes toward various methods of SOGI data collection, including electronic registration systems, chairside conversations, and telehealth platforms. Qualitative research may provide deeper insight into factors influencing disclosure and trust.

Interventional studies are also needed to evaluate the effectiveness of provider training programs, inclusive intake procedures, and organizational policies on patient satisfaction and oral healthcare utilization. Furthermore, additional research should explore how intersectional factors such as race, ethnicity, socioeconomic status, sexual orientation, and gender identity interact to influence oral health outcomes.¹¹ The generalizability of current findings is further constrained by the limited number of dental-specific studies, the predominance of cross-sectional designs, and the underrepresentation of diverse LGBTQ+ subpopulations.^{7, 10} Future multicenter studies involving geographically, culturally, and socioeconomically diverse populations are needed to establish broader applicability of findings across oral healthcare settings.

As dentistry increasingly embraces precision health and population-based care, understanding the role of SOGI data will become essential for advancing oral health equity.

Limitations

This review has several limitations that should be acknowledged. First, the available literature examining sexual orientation and gender identity (SOGI) data collection within dental settings remains relatively limited compared with the broader medical literature. As a result, some concepts discussed in this review are informed by evidence derived from general healthcare settings and may not be directly generalizable to all dental practice environments.

Second, much of the current research involving LGBTQ+ oral health focuses on access to care, discrimination, healthcare utilization, and patient experiences, while studies specifically evaluating the implementation and outcomes of SOGI data collection in dental practices are sparse. Consequently, definitive conclusions regarding the direct impact of SOGI documentation on oral health outcomes, treatment adherence, and long-term patient engagement remain limited.^{1, 7}

Third, LGBTQ+ populations are heterogeneous, encompassing individuals with diverse identities, experiences, cultural backgrounds, and social circumstances. Findings reported in existing studies may not adequately capture the experiences of all subgroups, particularly individuals who occupy multiple marginalized identities related to race, ethnicity, socioeconomic status, disability, or geographic location. An intersectional understanding of oral health disparities continues to evolve, and additional research is required to better understand these complex relationships.¹¹

Fourth, many studies currently available are cross-sectional in design and rely on self-reported patient experiences and perceptions. While these data provide valuable insight into healthcare experiences, they may be subject to recall bias, reporting bias, and limitations in establishing causal relationships between experiences of discrimination, healthcare avoidance, and oral health outcomes.^{1, 10}

Finally, this manuscript is a narrative review rather than a systematic review. Although relevant literature was selected to provide a comprehensive overview of current knowledge, formal systematic search methodologies, quality assessment tools, and meta-analytic techniques were not employed. Therefore, the findings should be

interpreted as a synthesis of existing evidence and expert perspectives rather than a quantitative assessment of effect sizes or levels of evidence.

CONCLUSION

Sexual orientation and gender identity data collection represents an important opportunity to improve inclusivity and patient-centered care within dentistry. Existing evidence suggests that LGBTQ+ individuals frequently encounter barriers to oral healthcare, including discrimination, discomfort, and perceptions that providers lack appropriate training.^{1, 10}

When implemented respectfully and confidentially, SOGI collection can facilitate better communication, strengthen patient-provider relationships, support individualized care, and contribute to the identification of oral health disparities. Creating gender-affirming dental environments requires commitment at multiple levels, including practice policies, staff education, documentation systems, and organizational culture.

As the profession continues to evolve toward more equitable models of care, integrating SOGI-inclusive practices into routine dental workflows may help reduce barriers, improve patient experiences, and promote oral health equity for LGBTQ+ populations. Continued research and education will be essential to guide implementation and establish evidence-based best practices for the future of inclusive oral healthcare.²⁴

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Ethics Statement

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Informed Consent Statement

This study did not involve human participants, and therefore, informed consent was not required.

Clinical Trial Registration

This research does not involve any clinical trials.

Conflict of Interest

The authors declare no conflict of interest.

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REFERENCES

1. Tharp G, Wohlford M, Shukla A. Reviewing challenges in access to oral health services among the LGBTQ+ community in Indiana and Michigan: a cross-sectional, exploratory study. *PLoS One*. 2022;17(2):e0264271. doi:10.1371/journal.pone.0264271.
2. Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: National Academies Press; 2011.
3. Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what we know and what needs to be done. *Am J Public Health*. 2008;98(6):989-995.
4. Cahill SR, Singal R, Grasso C, et al. Do ask, do tell: high levels of acceptance by patients of routine collection of sexual orientation and gender identity data in four diverse American community health centers. *PLoS One*. 2014;9(9):e107104.
5. Deutsch MB, Green J, Keatley J, et al. Electronic medical records and the transgender patient: recommendations from the World Professional Association for Transgender Health EMR Working Group. *J Am Med Inform Assoc*. 2013;20(4):700-703.
6. Haider AH, Schneider EB, Kodadek LM, et al. Emergency department query for patient-centered approaches to sexual orientation and gender identity. *JAMA Intern Med*. 2017;177(6):819-828.
7. Fakhrjahani I, Tiwari T, Jessani A. A scoping review of oral health outcomes and oral health service utilization of 2SLGBTQ+ people. *JDR Clin Transl Res*. 2024;9(3):199-211. doi:10.1177/23800844231206359.
8. CareQuest Institute for Oral Health. *Oral Health and the LGBTQ+ Community: A Snapshot of Disparities and Discrimination*. Boston, MA: CareQuest Institute for Oral Health; 2022.
9. American Institute of Dental Public Health (AIDPH). *Mapping the Health Divide: LGBTQIA+ Oral Health and the Role of Policy Inclusion*. 2024.
10. Raisin JA, Keels MA, Roberts MW, Divaris K, Jain N, Adkins DW. Barriers to oral health care for transgender and gender nonbinary populations. *J Am Dent Assoc*. 2023;154(5):384-392.e4. doi:10.1016/j.adaj.2023.02.009.
11. Soares GH, Randall CL, Haag D, Poirier B, Nascimento GG, Jamieson L. Gender, sexual orientation, and intersectionality in oral health care. *Adv Dent Res*. 2026;33(1):17-21. doi:10.1177/00220345251392145.
12. White Hughto JM, Reisner SL, Pachankis JE. Transgender stigma and health: a critical review of stigma determinants, mechanisms, and interventions. *Soc Sci Med*. 2015;147:222-231.
13. Remafedi G. Relationship between sexual orientation and tobacco, alcohol, and drug use among adolescents. *Pediatrics*. 2007;119(4):e897-e906.
14. Gonzales G, Henning-Smith C. Barriers to care among transgender and gender nonconforming adults. *Milbank Q*. 2017;95(4):726-748.
15. Obedin-Maliver J, Goldsmith ES, Stewart L, et al. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA*. 2011;306(9):971-977.
16. Eliason MJ, Dibble SL, Robertson PA. Lesbian, gay, bisexual, and transgender health: findings and concerns. *J Homosex*. 2011;58(10):1357-1371.
17. American Dental Education Association. *LGBTQ+ Inclusion in Dental Education: Current Status and Recommendations for the Future*.
18. Grasso C, Goldhammer H, Thompson J, Keuroghlian AS. Optimizing gender-affirming medical care through anatomical inventories, clinical decision support, and population health management in electronic health records. *J Am Med Inform Assoc*. 2021;28(11):2531-2535.
19. James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality; 2016.
20. Lambda Legal. *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People Living with HIV*. New York, NY: Lambda Legal; 2010.
21. Committee on Understanding the Well-Being of LGBTQI+ Populations. *Understanding the Well-Being of LGBTQI+ Populations*. Washington, DC: National Academies of Sciences, Engineering, and Medicine; 2020.
22. Streed CG Jr, McCarthy EP, Haas JS. Self-reported physical and mental health of gender nonconforming transgender adults in the United States. *LGBT Health*. 2018;5(7):443-448.

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23. Gonzales G, Przedworski J, Henning-Smith C. Comparison of health and healthcare use among transgender adults in the United States. *JAMA Intern Med.* 2016;176(9):1345-1347.
 24. Healthy People 2030. Lesbian, Gay, Bisexual, and Transgender Health Objectives. U.S. Department of Health and Human Services.
 25. Le C, Gabra M. LGBTQ+ Oral Health: Disparities and Opportunities for Change. *Community Catalyst*; 2022.