

# Strategies, Policies, and Practices to Support the Health of LGBTQ+ Youth in Rhode Island

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**KEYWORDS:** sexual and gender minorities; adolescent; young adult; health policy

## INTRODUCTION

Adolescence and young adulthood represent a critical developmental period for lesbian, gay, bisexual, transgender, queer, and other sexual and gender minority (LGBTQ+) people.<sup>1</sup> During this stage, young people undergo profound physical, emotional, cognitive, and social development, including identity formation, increasing autonomy, and transitions across educational, health care, and social systems. Optimal health across the lifespan—including for LGBTQ+ populations—cannot be achieved without sustained attention to health and wellbeing before adulthood. This requires that youth have access to developmentally appropriate and affirming health care services, are supported by trusted adults in their families, schools, and communities, and are provided with safe opportunities to learn, grow, and thrive.<sup>2,3</sup> An article in this issue describes the epidemiology and health outcomes of LGBTQ+ youth in Rhode Island (RI).<sup>4</sup> Building on that foundation, the present commentary focuses on the systemic barriers and facilitators shaping health for LGBTQ+ adolescents and young adults (AYA) in the state, with particular attention to gender-affirming care, LGBTQ+-competent health care services, research and access to data on LGBTQ+ AYA health, and K–12 school-level policies and practices relevant to this population.

## GENDER-AFFIRMING CARE FOR YOUTH

Gender-affirming care (GAC)—developmentally-appropriate care oriented toward understanding and appreciating people's gender experience ideally delivered by a multi-disciplinary team<sup>5,6</sup>—is an evidence-based practice supported by all major U.S. medical organizations—including the American Academy of Pediatrics, the Endocrine Society, and American Medical Association.<sup>5,7,8</sup> One plastic surgery group signaled concerns about surgery in minors<sup>9</sup>—procedures that are rare<sup>10</sup>—but further examination suggests this effort was led by a very small number of members and does not reflect the consensus of the organization.<sup>11,12</sup> GAC for youth

encompasses a broad range of care that may include one or more of the following, depending on the age of the patient: social affirmation, puberty- blocking medications, cross-sex hormone therapy, gender-affirming surgery, and/or legal affirmation.<sup>5,6</sup> A growing body of literature links access to GAC with improved mental health outcomes for transgender youth, including reduced depression and suicidality.<sup>5,7,13</sup>

Despite this evidence and clinical consensus, GAC for youth is facing unprecedented political and legal attack nationally, including efforts to intimidate clinicians and pressure hospitals to curtail or close programs, with ripple effects even in states with stronger protections.<sup>14–16</sup> Across the U.S., an expanding patchwork of restrictive policies has narrowed access to care for minors and increased legal risk for clinicians; these restrictions have affected a substantial proportion of transgender youth and have discouraged providers from offering GAC.<sup>14,15</sup> Supporters of these initiatives have raised concerns about the perceived overuse of gender-affirming surgical procedures and hormonal interventions among transgender and gender diverse minors; however, research indicates these occurrences are rare<sup>10,17</sup> and align with the current standards of care.<sup>6,7</sup>

RI has historically maintained legal protections for LGBTQ+ communities,<sup>18–21</sup> but proposals seeking to restrict or penalize provision of GAC to minors are introduced repeatedly, requiring ongoing policy vigilance.<sup>22</sup> Even in states like RI where youth have access to GAC, the current national climate carries measurable consequences for gender-diverse youth wellbeing. In RI, many gender-diverse youth receiving hormones worry about losing access to medically necessary care.<sup>23</sup> Exposure to anti-transgender rhetoric and legislation is associated with worsened mental health and stress-related outcomes among gender-diverse people, and these harms are not confined to states that pass restrictive laws.<sup>24</sup> Consistent with this broader pattern, a majority of RI LGBTQ+ youth report that the current political climate has had a large negative impact on their wellbeing.<sup>23,25</sup> Protecting access to GAC for youth is not only a legal or ethical issue, it is a population mental health issue. RI's clinical infrastructure and policy posture can mitigate harm, but only if access is stable, enforceable, and paired with a trained workforce and affirming systems.

## ACCESS TO LGBTQ+-COMPETENT HEALTH CARE

Culturally competent care for LGBTQ+ youth includes care that is affirming, non-stigmatizing, and attentive to the social and structural conditions that shape health and access.<sup>26</sup> Yet, many clinical environments still lack basic competencies—such as correct names/pronouns, affirming intake processes, and trained staff—leading youth to delay care, disengage, or avoid health systems altogether.<sup>27</sup> This is particularly concerning, given that over 300,000 youth ages 13–17 in the U.S. identify as transgender or gender diverse.<sup>28</sup>

Provider training gaps remain substantial. For example, a large share of physicians report no formal training in sexual minority health, and even in settings where training exists, many clinicians judge it inadequate.<sup>29</sup> More recent national surveys similarly describe low rates of LGBTQ+ youth-focused training among clinicians and staff, alongside persistent fear of discrimination and distrust of health systems among LGBTQ+ patients—barriers that directly undermine timely preventive care and chronic disease management.<sup>30,31</sup> Nearly one-quarter of transgender Rhode Islanders who accessed care reported at least one negative experience related to being transgender, including refusal of care or harassment.<sup>32</sup>

RI has taken steps to expand affirming care environments, such as “Safe Zone” certifications available to provider organizations statewide through Blue Cross and Blue Shield (<https://www.bcsbsri.com/safezones>).<sup>33</sup> However, voluntary signaling programs do not substitute for standardized, accountable clinical expectations, and their governance and training depth may vary.<sup>34</sup> For youth without reliable transportation, stable insurance, or family support, the presence of a limited number of “affirming” sites can still translate into practical inaccessibility. RI should treat LGBTQ+ competence as a baseline quality standard—embedded in clinical operations, workforce development, and reimbursement models—rather than as optional, self-selected training.

## TRAINING THE NEXT GENERATION OF LGBTQ+-COMPETENT PROVIDERS

Best-practice recommendations exist for preparing mental health clinicians to provide LGBTQ+-competent care, which can be adapted to other health professions.<sup>35</sup> RI’s legal environment and clinical assets create a strong platform for health professions’ education, particularly in pediatrics and adolescent medicine, where clinicians must navigate confidentiality, family dynamics, school contexts, and rapidly changing policy landscapes.

Training needs are especially urgent in mental health care, where demand continues to exceed capacity. National data indicate that most LGBTQ+ youth desire mental health care but many cannot access it.<sup>23</sup> In RI, a substantial proportion of LGBTQ+ youth who wanted mental health care did not receive it, citing barriers such as fear of discussing concerns,

worries about involuntary hospitalization, and cost.<sup>23</sup> Even when youth locate care, inadequate LGBTQ+-specific training can lead to invalidation or frayed trust, discouraging further help-seeking and worsening untreated distress. These concerns are amplified by the persistence—despite bans and broad professional repudiation—of “conversion therapy” narratives and practices that continue to shape some clinical interactions.<sup>36,37</sup>

We recommend the following four health care worker education and workforce strategies, which are possible even in constrained environments: 1) **Integrate LGBTQ+ health longitudinally:** Embed content across core courses and clinical training rotations so competence is reinforced by repetition and practice; 2) **Use scalable resources:** Supplement local instruction with virtual modules and continuing education from reputable organizations to standardize baseline competencies; 3) **Create accountability:** Require demonstrated skills (not just attendance) in affirming communication, documentation, confidentiality, and referral pathways; and 4) **Protect learners and faculty:** Establish support structures and clear institutional expectations for inclusive clinical learning environments, particularly during periods of political hostility. RI’s ability to maintain affirming services depends on a pipeline of clinicians who are trained, supervised, and supported to provide evidence-based care.

## RESEARCH AND ACCESS TO LGBTQ+ YOUTH HEALTH DATA

LGBTQ+ health research and data systems have become targets of federal action, with efforts to terminate or redirect grants and to restrict public access to LGBTQ+-relevant datasets.<sup>14,38,39</sup> These actions carry local consequences, including threats to RI’s research enterprise and broader life-sciences ecosystem.<sup>40,41</sup> Beyond funding, attempts to restructure how federal grants are announced and awarded raise concerns about politicizing science and weakening peer review.<sup>42</sup> Federal data systems matter for RI because they anchor surveillance, benchmarking, and needs assessments of health outcomes for youth across the state. For example, the Youth Risk Behavior Surveillance System (YRBS) is foundational for adolescent health monitoring nationally and at the state level.<sup>43</sup> Efforts to remove or limit YRBS access undermine public health planning far beyond LGBTQ+ topics, affecting injury prevention, substance use surveillance, and mental health monitoring.<sup>44</sup> In response, independent preservation efforts have emerged, including digital archives designed to maintain access to LGBTQ+-related public information and resources (e.g., <https://www.thelgbtqarchive.org/>).<sup>44,45</sup> RI stakeholders should continue to treat LGBTQ+ data infrastructure as essential public health programming by protecting data availability, investing in state-level measurement, and preserving questions about sexual orientation and gender identity.

## SCHOOL-LEVEL CHALLENGES AND RECOMMENDATIONS

Youth spend nearly as much of their time in school as not, and like any setting, schools can be a place where students' personhood is affirmed or marginalized. While a comprehensive review and summary of school-level barriers and facilitators to LGBTQ+ youth health is beyond the scope of this review, several excellent reviews of this topic have been published recently.<sup>46-49</sup> Whether public, private, or parochial, K–12 schools in RI can take active steps informed by evidence to promote the health and wellbeing of LGBTQ+ youth, some of which are summarized with examples and resources in **Table 1**.

**Table 1.** Resources for schools and educators to promote LGBTQ+ youth health and wellbeing

Category	Description	Links to Resources
<b>Youth of Color</b>	Attend to intersectional marginalization of students, such as Black LGBTQ+ students, through initiatives like policies on responding to racist and anti-LGBTQ+ behavior from peers or school staff	<ul style="list-style-type: none"> <li>• <a href="#">GLSEN</a></li> </ul>
<b>Professional Development</b>	Provide teachers and staff with meaningful professional development related to working with LGBTQ+ youth	<ul style="list-style-type: none"> <li>• <a href="#">GLSEN</a></li> <li>• <a href="#">HRC Foundation's Welcoming Schools</a></li> <li>• <a href="#">Advocates for Youth</a></li> <li>• <a href="#">National Education Association (NEA)</a></li> </ul>
<b>Gender-Sexuality Alliances</b>	Provide and support optional opportunities for LGBTQ+ students to gather and build community, such as Gender and Sexuality Alliances (GSAs)	<ul style="list-style-type: none"> <li>• <a href="#">Youth Pride Inc</a></li> <li>• <a href="#">GSA Network</a></li> <li>• <a href="#">GLSEN</a></li> </ul>
<b>Inclusive Curricula &amp; Spaces</b>	Provide inclusive curricula, such as a) teaching about the history of LGBTQ people in the US, b) comprehensive sexual health education that is engaging and relevant to all students (not just heterosexual or cisgender students) and c) access to physical education and athletic activities consistent with their gender identity.	<ul style="list-style-type: none"> <li>• <a href="#">RIDE guidelines on supporting gender diverse students</a></li> <li>• <a href="#">Queer History of the United States for Young people</a></li> <li>• <a href="#">Amaze.org</a></li> <li>• <a href="#">Planned Parenthood Curriculum</a></li> <li>• <a href="#">Advocates for Youth 3Rs Curriculum</a></li> <li>• <a href="#">Our Whole Lives (OWL)</a></li> </ul>

## POLICY PROTECTIONS IN RI AND WHY THEY MATTER

RI's policy environment is comparatively protective, including anti-discrimination statutes, youth protections (including a ban on conversion therapy for minors), and policies supporting gender identity recognition.<sup>50</sup> State-level protections are increasingly important as federal actions and interstate legal conflicts expand. A major recent example is RI's Health Care Provider Shield Act (S2262/H7577), enacted in June 2024, which aims to protect clinicians and patients involved in lawful gender-affirming and reproductive health care from out-of-state legal actions and related coercive processes.<sup>21</sup> This type of legal protection is designed to stabilize access, reduce provider fear, and preserve confidentiality in a fragmented national environment.

Policy protections are not merely symbolic. Evidence suggests that state conversion therapy bans are associated with reductions in adolescent suicidality, with larger effects among LGBTQ+ youth.<sup>51</sup> In other words, legal protections can translate into measurable population mental health benefits. RI should continue to pair legal protections with implementation by enforcing laws and regulations on insurers, health systems and providers, schools, and professional boards align practice with protections, and that youth can actually access health care allowed by law.

## CONCLUSION

For RI's LGBTQ+ youth—especially transgender and non-binary youth—health outcomes are strongly shaped by whether providers and systems deliver evidence-based care in affirming environments, supported by stable policy protections and robust data infrastructure. GAC improves mental health for many youth and is supported by major medical organizations, yet national attacks threaten access and amplify distress even in protective states.<sup>13,24,51</sup> RI providers and policy makers can respond with a coherent strategy: protect access to care through insurance regulation and provider protection, standardize LGBTQ+ clinical competence as a quality expectation, expand workforce training (especially in mental health), and defend the data systems needed to monitor and improve outcomes. Where protections are strong, our leaders can implement them; where gaps persist, we can close them with policy and practice aligned to evidence.

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## Disclosures

The authors used ChatGPT (Open AI, San Francisco, CA) to summarize sections of text that were originally written by the authors. The authors have no significant financial conflicts of interest to declare.

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