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Centering Community Concerns and Recommendations amid Rapid Policy Changes: Impacts on Social Protection, Well-being, and Health Access

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Rapidly evolving policies on gender identity and expression have highlighted a wide range of public and political perspectives on whether to limit or support demands for gender identification and healthcare services for the LGBTQ+ community. Due to the rise in these pro and against narratives and incidents, there were increased protection risks for this group. Scholars and practitioners working closely with LGBTQ+ members are witnessing increased distress and concerns among them, creating further barriers to care and heightened stigma. This is why community-based scholars and educators initiated an open consultation to create a non-partisan space for dialogue, reflection, and learning more about the policy implications grounded in the lived experiences of residents living in rural Texas.

This article begins with a brief literature review of environmental factors (particularly, social protection) that influence well-being and access to healthcare. This article then details a participatory process of conducting a community-based open consultation for capturing local voices in policy dialogues. The article then details the impact of policies on residents' experiences with social protection, well-being, and health care accessibility. Finally, the piece offers grassroots policy and practice recommendations to support the development of inclusive, evidence-informed, and community-centered services and policies.

The environment in which individuals are born, live, learn, play, worship, and age influences their life outcomes and risks, well-being outcomes, and functioning.[1] These environmental factors are shaped by how power and resources are allocated at global, national, and community levels.[2] This resource allocation determines whether individuals experience pleasant or negative interactions with healthcare, particularly in terms of access to timely and quality care.[2] For example, factors such as social norms and social protection systems may contribute to risks of negative health outcomes.[2]

To understand how social and political environments, shaped by policies and programming, can either strengthen or weaken individuals' sense of social protection, well-being, and healthcare-seeking behaviors, it is essential first to clarify what social protection entails and how it has been used to improve health outcomes and healthcare accessibility.

RECONCEPTUALIZING SOCIAL PROTECTION

Traditionally, social protection, also known as social security, has been used in an economic sense, defined as policies and programs designed to mitigate poverty and vulnerability across the life cycle.[3] However, its meaning also extends to non-economic benefits (social benefits) such as child and family benefits, health protection, and measures to support human dignity during social or personal hardships.[3] Further, it includes safe access to health and full economic, social, and cultural participation.[4] Contextually seen, particularly during the global COVID-19 crisis, social protection was seen as a key pillar for ensuring an adequate standard of living for all.[5] The pandemic revealed the interconnection between economic instability and challenges in accessing quality healthcare services.[5] Anyone with limited access to health information, vaccines, and care were affected disproportionately.[5]

The *Common Agenda* report published by the United Nations (UN) proposed a new approach to social protection, framing it as not only a factor in economic stability but also as a component of social security and access to care.[5] For example, countries that had strong social protection policies (policies on paid sick leave and unemployment benefits by the government) before the pandemic yielded better health outcomes than those without such policies.[4] Similarly, a study by Ocean and Varzaru (2024) provided evidence-based insights that robust social protection policies and programs improve citizens' access to healthcare services, ultimately leading to quality well-being outcomes.[6]

EROSION OF THE SOCIAL SAFETY NET AND EMERGING HEALTH RISKS

In the current policy climate, threats to social protection policies and their ripple effects on people's well-being and willingness to seek care, are increasingly evident in the United States.[7] New policy actions, including cut to Medicaid funding, reductions to the Supplemental Nutritional Assistance Program (SNAP), and the elimination of programs serving low-income communities, have contributed to the structural narrowing of social safety net. Emerging scholarship shows that rapid and extreme social and political changes affecting social safety in the U.S. are linked to rising rates of heart disease, mental health challenges, sleep disturbances, and trauma.[7] These health crises stem from multiple stressors, including election-related anxiety and policies affecting food insecurity, environmental conditions, and gender-diverse populations.[7]

A recent American Psychological Association poll found that more than seven in ten adults reported experiencing significant stress when thinking about the future of the United States in the 2024 survey. Additional major sources of stress included health care (55%), violence and crime (54%), the environment (51%), global tensions (51%), and gun laws and regulations (49%).[8] Similar patterns were observed during the COVID-19 pandemic, when widespread containment and closure policies contributed to heightened anxiety among U.S. residents.[9] Policy shifts not only have impacted health outcomes but also shape health behaviors within specific populations. For example, only one-third of Americans report trusting the U.S. health care system, citing a lack of transparency between insurance payments and out-of-pocket charges. Many also perceive hospitals and health care institutions as profit-driven entities, which further erodes trust.[10] In all, the practice of ensuring both social and personal protection, along with human respect and their full participation, can enhance accessibility and timely healthcare-seeking behaviors for patient populations.[6]

SOCIAL TO STRUCTURAL DETERMINANTS OF HEALTH

Consequently, public health frameworks increasingly integrate the concepts of environment, social protection, and structural risks into health discourse to better understand and address the interconnected social, political, and individual systems that influence well-being. This lens emphasizes the need for synergistic approaches rather than siloed policy or program interventions. A useful way to understand this interconnectedness is through the World Health Organization's (WHO) framework on the Social Determinants of Health (SDOH). According to this framework, immediate living conditions such as education, housing, food security, exposure to violence, quality of air and water, transportation, and safety shape a wide range of health functioning and quality-of-life outcomes.[1] This is why initiatives like Healthy People 2030 emphasize addressing SDOH through policies and programs operating across multiple systemic levels to create conditions that support full potential for health and well-being for all.

However, when policy and programmatic interventions intended to address SDOH fail to account for existing social and political challenges or overlook the needs and realities of local communities, they can themselves become Structural Determinants of Health (SDH). SDH includes economic, cultural, political, and social factors that shape the distribution of power and resources.[11] These structural drivers influence policies and programming across sectors and generate inequities in well-being and access to health. Further, these SDH operate as social, economic, psychological, and political mechanisms that forces social hierarchies and determine individuals' positionality within systems based on their gender, income, race, education, and ethnicity.[11]

GENDER IDENTITY POLICY AS A STRUCTURAL DETERMINANT OF HEALTH

One contemporary example of how social and structural forces shape social protection systems, well-being, and access to healthcare can be seen in the evolving policy environment surrounding gender identity and expression. Rapid and fragmented policy changes in this area illustrate how shifts in legislation can function as structural conditions that directly influence community safety, access to services, and overall health outcomes. This article argues that such policy shifts play a critical role in shaping social protection, individual well-being, and equitable access to healthcare.

The 2025 policy agenda affecting LGBTQ+ communities has dismantled federal research initiatives, reduced funding for gender affirming care and related services, and restricted the issuance of identity documents.[12] These policy changes heighten risks of unemployment, social instability, and fear among the community members.[13] Cuts to gender affirming care and supportive services weaken the social safety net and undermine well-being, contributing to mistrust, stigma, and misinformation.[14] As a result, many gender-diverse people experience increased inhibitions in accessing healthcare. Present news articles and social media discussions further reflect polarized narratives surrounding policies such as identity documentation, restroom access, and healthcare rights. These debates reveal a wide spectrum of public and political perspectives on whether to restrict or support gender identification and healthcare access for LGBTQ+ individuals.[15]

Historically, gender-diverse groups have long suffered from discrimination, exclusion, and in some cases, criminalization, which is clearly a violation of human dignity and adds to the structural inequities. These effects of structural factors and the stigma they produce significantly contribute to stress and negatively affect the social, emotional, and physical well-being of gender diverse people.[14] Stigma exhibits in multiple forms, including internalized shame, concealment of identity, and avoidance of social interaction. Research consistently shows that fear and shame driven by stigma lead to behavioral changes such as delaying

or avoiding healthcare, which further exacerbates health disparities within this population.[13]

COMPLEXITY, PARTICIPATION, AND POLICY DESIGN

Looking at the literature and current examples, it is evident that today's social and political challenges are increasingly shaped by systemic factors, in which changes in one part of the policy or system generate unforeseen spillover effects in others.[16,17] This reality places greater demands on policymakers to recognize complexity and to design interventions that reflect how policies are actually lived and navigated at the local level.[18] Yet, the voices of local community members may have been entirely absent from the policy and decision-making process. This further adds to the complexity and the indispensable need to return to the very nature of policy development: for the people, by the people, and with the people.

In response, scholars and practitioners have emphasized the need for deliberate policymaking systems that invite a broad spectrum of perspectives and knowledge. Citizen participation plays a critical role in providing governments with grounded insights into both problems and potential solutions. Participatory approaches, particularly those that engage stakeholders across multiple levels and communication platforms, have been shown to generate more heterogeneous understandings of complex policy problems than ambiguous information alone.[17] while also helping reconcile competing perspectives.[18]

By centering local narratives, this article demonstrates how state and federal policies are experienced on the ground, how they place communities at heightened social protection risks, and why understanding these lived realities is essential for designing policies that promote social protection, positive well-being, and timely, equitable access to care for all. In this paper, the author attempted to record evidence-based insights on the exact reduction in social protection and its consequences on individuals' well-being and health care access behavior from locals in the Rio Grande Valley (RGV), particularly related to policies affecting gender-diverse populations. public health frameworks on structural determinants and unequal access to safety and care.

THE CONTEXT AND RATIONALE

In recent years, particularly following a series of LGBTQ±related policy changes and proposals in the United States between 2021 and 2025, news articles have documented rapid shifts pertaining to gender identity and expression and their ripple effects on social safety and health care access. These shifts have included proposed and enacted changes related to healthcare access for gender-diverse individuals, funding for LGBTQ±serving programs, identification documents, and school-based policies. Collectively, these policy developments have led to significant funding cuts and changes to programs and initiatives aimed at addressing the social protection and health needs of gender-diverse populations. Several community-based projects have struggled to maintain equal, safe spaces and to provide timely, affirming healthcare services to LGBTQ+ members as a result of these funding losses and policy uncertainty.[7]

Within this broader policy climate, ongoing public scrutiny and rapidly evolving proposals have intensified stigma and discrimination toward LGBTQ+ communities, negatively influencing individual well-being and undermining public health strategies. In rural regions of Texas, including the Rio Grande Valley (RGV), these policy shifts have generated heightened fear, distress, and uncertainty among gender-diverse individuals.

Insights from an open community consultation conducted on April 22, 2025, alongside observations from community-based scholars and practitioners working in the RGV, revealed growing concern about how this evolving policy environment affects day-to-day life, employment stability, well-being, and access to healthcare. Practitioners also reported deep psychological impacts, including increased anxiety, stress, and distrust in health systems. At the time of consultation, multiple policy proposals were advancing simultaneously, and community-based organizations were focused on responding to a rapidly changing policy landscape rather than a single, discrete policy. This context informed a community-driven approach to identifying priority policy areas for further exploration, with particular emphasis on healthcare accessibility, affirming identification documents, and inclusive school environments.

OPEN CONSULTATION PROCEDURE

A community-based open consultation was organized to center dialogue on the lived experiences of RGV residents regarding social protection systems and health care access in light of recent policy changes. The initiative aimed to create a non-partisan space where the lived experiences of locals were elevated amid ongoing changes in the policy sphere. Additionally, the consultation sought to bridge research, clinical practice, and policy recommendations to promote social protection, healthcare access, and the well-being of the vulnerable community. The event intentionally avoided the title *"Policy Forum"* because key decision-makers, including policymakers, were not present during the dialogue.

The open consultation was shaped through a collaborative, community-engaged process.

Faculty began by reviewing news sources and holding informal discussions with a local community leader from a local agency serving the LGBTQ+ population in the RGV. This informal narrative news analysis, coupled with discussions with community leaders during personal meetings and support groups, provided details on specific policies, as well as shed light on how the local population navigated current struggles around social protection, well-being, and access to healthcare. From this preliminary work, three key policy themes emerged that aligned with the lived experiences of people living in the RGV previously shared by commu-

nity members and leaders: (a) access to accurate and affirming identification documents, (b) inclusive and affirming school environments, and (c) healthcare accessibility. These themes were again shared with additional community leaders for further feedback.

Faculty next involved the 22 graduate students enrolled in a social policy course to support their learning about locally grounded policy analysis. Students were divided into pairs, with each group assigned one of the three listed policy areas affecting LGBTQ+ individuals in Texas, specifically in the RGV. Each group developed a policy question focused on social protection, well-being, and access to health care for LGBTQ+ communities. Sample questions included: (a) How are Texas medical professionals navigating the legal and ethical gray areas created by healthcare bans, and what impact does this have on patient trust, medical education, and physician retention? (b) What legal challenges exist when updating identification documents, and how can individuals navigate these barriers? (c) Could requiring students to use facilities that do not align with their identity negatively affect their sense of security, mental health, and academic performance?

After formulating the questions, faculty and students conducted a stakeholder analysis to identify all groups affected by the three policy areas in the RGV. Once the questions and stakeholder list were finalized, the faculty collaborated with a local agency coordinator. They also used word-of-mouth and snowball recruitment strategies to ensure diverse stakeholders were aware of the consultation and able to participate.

On April 22, 2025, from 7:00 PM to 8:30 PM, we hosted the policy forum/open consultation session. The event was moderated by two faculty members and attended by 25 graduate students and 5 community members, along with 2 LGBTQ+ parents. Among the community participants, two were community leaders/advocates with lived experience, one represented a local advocacy agency, and one was a local youth advocate.

Verbal and written informed consent were obtained from the participants, as they were all above the legal age to consent on their own. They were told that the session would be recorded and that the recordings would be used solely to support the development of a policy article summarizing stakeholder recommendations.

During the open consultation, questions pertaining to each policy were posed to the participants, which was followed by a deeper discussion on the understanding of the policy, its consequences, and some policy recommendations for the implementers by the community members.

After the open consultation, the faculty transcribed the recording and conducted a reflexive thematic analysis. Thematic analysis is a method for data analysis in which a researcher identifies patterns regarding people's experiences and perceptions. The main idea of this approach is for researchers to be aware of the importance of reflexivity regarding their positionality and theoretical assumptions throughout the process. As guided by Braum and Clark's work, the data analysis included six steps: familiarization with data by reading the data, code the data by tag similar and interesting features in the data as codes, generate initial themes by grouping broader patterns and codes using critical reflection, review the themes against the entire data set and refining it as per the scope and coherence.[19] Refine the themes and write the findings and recommendations section. Based on the themes, the faculty wrote a manuscript, which was then shared with participants in the open consultation for their feedback.

FINDINGS/KEY THEMES FROM THE CONSULTATION

1. Barriers to Safety, Well-being, and Care: Participants in the open consultation discussed the lived experience of multiple challenges and stated that residents of the RGV experience the real, urgent, and tangible consequences of living at the intersection of multiple forms of vulnerabilities. The region's geographic location and cultural systems encompass varied lived experiences of migration history, economic hardships, and systemic challenges.

For example, recent bans on gender affirming care and restrictions related to gender identification have placed the community at risk, especially those who are in the process of transitioning and have not yet updated their legal documents. Participants reported that it is unsafe to travel, as there are individuals whose legal IDs do not match their gender identity because they were still in the process of transitioning before the ban on services. They further shared that many fear discrimination and mistreatment by healthcare providers when accessing healthcare services, not restricted to gender-affirming care, but general care as well. This limitation in mobility and fear and stigma around the community contribute to stress and anxiety, causing barriers to health care accessibility.

In addition to challenges to personal safety and access to health care, one participant stated that not having adequate forms of identification restricted their right to vote and participate in democratic governance. They further emphasized that when policies are enacted without engaging affected communities, they risk being partisan and oversimplifying diverse identities and lived experiences.

2. Confusion and Information Gaps: Participants stressed that the limited communication tools and platforms for LGBTQ+ individuals created barriers to credible information about constantly and rapidly changing policies and programs. They further mentioned that there are instances of misinformation on various social media platforms, which often create confusion, fear, and disengagement among them. For example, there is much misinformation and missing information around LGBTQ+ individuals who are no longer permitted to change their legal names or exist openly under their gender identity; these have not been enacted as a policy or a law, but the community is instilled with confusion and fear. One participant observed that, "because of this, community members have begun to disengage entirely, leading to an [increase] in mental health concerns and not accessing expert advice or services. They are overwhelmed by the volume of mis-

information and the lack of clear, accessible guidance from trusted institutions."

People are unsure which proposals are enforceable laws and whether noncompliance will result in legal consequences, such as arrest or denial of services. This confusion stems from a flood of legislative discussions on LGBTQ+ issues presented in broad or vague terms, which contribute to a disjointed understanding of the policy landscape among locals in the valley.

3. Fear, Confusion, and Disruption in Services: Participants expressed growing fear and confusion regarding proposed legislation and executive orders affecting healthcare access and legal protections. One participant, who holds a leadership role in LGBTQ+ advocacy in the valley, shared that the community feels uncertain about which services and spaces remain safe and accessible. They also voiced concern about how these political shifts might impact their daily lives.

During the open consultation, participants raised concerns about the responsiveness of local LGBTQ+ service agencies. They noted that some locally based agencies have changed their internal policies in response to the preliminary legislative proposals. These agencies are responding without realizing that such guidance is still under discussion and may not yet carry the force of law. This reactionary behavior, driven by fear, confusion, and a lack of clarity, leads to inconsistent service provisions and heightened anxiety within the community. In high-poverty areas like the RGV, which already faces significant healthcare shortages, these barriers have a compounding effect, making LGBTQ+ individuals even more vulnerable to discrimination and neglect.

4. The Right to Access Public Spaces: Access to restrooms emerged as another critical concern. Participants shared that they often feel unsafe and are denied the use of public restrooms—a basic human right. They emphasized that access to essential services and spaces should not be viewed solely through the lens of sex or gender. Instead, it is crucial to humanize the LGBTQ+ community and recognize their dignity and choice. Participants also highlighted the rise in incidents of violence and confrontation rooted in discriminatory beliefs, which continue to threaten the safety and well-being of LGBTQ+ individuals in these spaces.

Next, in the findings section, I will cover the recommendations derived directly from lived-experience narratives. Each written paragraph below highlights the lived experience and the rationale for the corresponding recommendations, followed by a table that translates these insights into implementation-ready strategies, specifying the key actors, settings, mechanisms, short-term actions, and how each recommendation responds to themes.

1. Establish Non-Partisan, Accessible Community Forums: All participants reiterated the importance of a welcoming and equitable space in promoting social protection in which various stakeholders are meaningfully involved in discussions, implementation, and governance processes relevant to their safety, well-being, and care.

One participant emphasized the need to organize participatory spaces where critical conversations about gender identity and expression can take place among diverse stakeholders and communities to enhance ways to humanize people with diverse gender identities. Such spaces allow people to learn and reflect on the everyday realities of these individuals, which involve "taking care of children, taking and picking them up from school, doing groceries, and navigating public spaces."

He further stated that these forums would allow open dialogue on complex questions, such as the definition of "biological woman" and the criteria for gender categorization, while recognizing the wide spectrum of women's experiences, bodies, and identities. Together, the participants in attendance at the open consultation recommended the creation of accessible and safe public forums, both physical and digital, where individuals across the spectrum of gender identities and backgrounds can ask questions, share experiences, and build mutual understanding. These forums should include education on fundamental concepts such as gender fluidity and diverse expressions of self.

B. Implement Community-Grounded Strategies to Address Misinformation: Participants recognized that the prevalence of multiple digital platforms makes it challenging for residents to distinguish between credible information and misinformation. They stated that the effect of misinformation extends beyond LGBTQ+ communities, affecting families, educators, and service providers. Therefore, it is recommended to regulate misinformation to increase social protection through credible information. It also reduces fear and confusion, supporting individuals' well-being.

One participant highlighted the need for policy to be informed by research grounded in lived experiences. This will ensure accuracy in drafting policies for those most affected by them. Additionally, participants recognized that it is critical to prioritize inclusive engagement with community members, policymakers, community organizations, service providers, academicians, staff members, funders, and other stakeholders. This practice will ensure that regulation and response mechanisms are built on credible information and co-developed through community participation, resulting in locally informed policies, programs, and services.

Further, one of the participants highlighted the importance of creating structures/spaces, such as the open consultation, to facilitate reflective analysis and integrate various views on the consequences of specific policies or programs. He acknowledged that there are diverse lived experiences within the LGBTQ+ communities, and that no single person or social media account can represent the entire community, so public discourse must reflect the various perspectives and complexities within these communities.

C. Embed Community Voices Across Policy, Research, and Practice Processes: All the participants echoed the importance of centering the voices of residents who live the realities shaped by proposed and enacted policies. In this process, it is essential to prioritize lived experiences rather than limit spaces and conversations to formal policymaking, research, and practice. One participant stressed the im-

portance of on-the-ground voices in meaningful ways in the legislative processes to assess how proposed policies impact their daily lives. These conversations must move beyond attempts to police or control gender expression. Instead, they should center on human dignity, respect, and, most importantly, the everyday realities of LGBTQ+ people—people who, like everyone else, manage households, care for families, and contribute to their communities.

Participants further added that policymakers, scholars, and practitioners must view communities as a credible source of insights that can provide meaningful, evidence-based information for policies, knowledge creation processes, and program development. Participants requested that policymakers, scholars, and practitioners adopt a proactive outreach approach, inclusive consultation, and an evidence-informed approach that ties policy design to implementation and outcomes at the grassroots level, because a stronger, more impactful society is only conceivable through collective, sustained collaboration and the cultivation of meaningful partnerships across sectors.

D. Invest in Culturally Competent, Stigma-Free Care: One of the participants shared how, due to fear instilled by current policies impacting LGBTQ+ communities, individuals do not seek healthcare services even when they need them. He emphasized that to foster healthier communities, it is important that quality and timely care is provided to communities without any stigma and discrimination based on gender identity, expression, and religious background.

Another participant added that people need to broaden the conversation around healthcare and gender-affirming care. Gender-affirming care encompasses a wide range of practices, such as elective, cosmetic, or grooming procedures, which are being accessed and normalized by a majority of people.

He further added that conversing about policy reform, particularly equity in healthcare, must include access to mental health services attuned to the lived experiences of LGBTQ+ individuals, in addition to physical healthcare. Participants voiced out that more attention and resources should be invested in training for mental health practitioners who can provide evidence-based services to LGBTQ+ individuals who are navigating political hostility, identity challenges, and social marginalization.

LIMITATIONS

Despite offering a timely policy discussion grounded in local perspectives, this article has several limitations. A primary limitation is the absence of diverse stakeholders who, while not directly affected by the issue, hold significant power and resources to influence policy discourse, such as policymakers, government agency representatives, and funders. Their absence shaped the open consultation in two ways. On one hand, not having these high-power actors present reduced external pressure, fear, and judgment, allowing community members to speak freely and feel secure throughout the discussion. On the other hand, including these stakeholders could have enriched the dialogue by introducing institutional perspectives, clarifying policy constraints, and potentially strengthening the pathways from community insight to policy action.

Another limitation relates to the practical challenges of organizing this type of open consultation. Mobilizing community members on short notice, coordinating logistics, and facilitating a structured forum require substantial time and labor, often falling on one or two faculty members. The topic itself is sensitive yet essential, and researchers working closely with communities must navigate institutional requirements, ethical considerations, and the need to remain non-partisan—often under tight timelines. Although rapid engagement is crucial for researchers to act as mediators, translating local knowledge into actionable insights for regulatory bodies, academic processes typically move slowly, creating tension between urgency and institutional pace.

Furthermore, the open consultation focused on only three policy areas: health access, social protection, and well-being outcomes. This narrow scope reflected the urgency and context at the time. Multiple policy proposals were emerging that directly affected the lives of LGBTQ+ individuals, and as a researcher rooted in community work, I observed significant stress and concern among residents and community leaders. Because it was not feasible to discuss every proposal during the consultation, the research team conducted an analysis of news articles and policy reports to identify three major proposals with the most substantial repercussions for gender-diverse individuals. The researcher then consulted local community leaders to confirm the relevance and urgency of these selected policies. This process underscored the need to elevate local voices within policymaking and to support diverse stakeholders in understanding and using community-generated evidence. Nevertheless, the limited focus on these three domains constrains the breadth of policy implications that can be drawn from the consultation.

CONCLUSION

This open consultation strengthened the value of including local voices in policy dialogues as a critical mechanism for a well-engaged, healthy civic system. A community-engaged approach centers the lived experiences of individuals directly impacted, positively or negatively, by the policymaking process. This non-partisan open consultation highlighted complex realities faced by LGBTQ+ people living in the valley, shaped by intersecting factors such as migration, low socioeconomic background, and lack of quality and timely healthcare services. Additionally, this paper adds to the literature on the relationship between social protection mechanisms and individual well-being and health-seeking behavior by drawing on local lived realities.

Drastically changed policies and increased scrutiny have left gender-diverse communities in a state of confusion and distress, leading to disengagement and distrust in systems meant to provide physical, social, and psychological support. Community members ask for credible platforms and spaces where they can seek reliable information and share their lived experiences, particularly in relation to policy

Table 1. Recommendations from Lived Experience

Key Theme from Consultation	Recommendation	Rationale	Partners	Short-term Action	Expected Outcome
Barriers to safety, well-being, and care	Establish non-partisan, accessible community forums Embed community voices across policy, research, and practice Invest in culturally competent, stigma-free care	Members lack safe spaces to discuss safety concerns, fear, and unmet needs Policies actions without local voices fail to address safety, mobility, and care needs. Fear of discrimination discourages people from seeking care and worsens health outcomes	Community members Local community organizations Libraries Schools Faith-based organizations Public health departments Policymakers Researchers Advocacy groups Funders	Pilot quarterly forums Train neutral facilitators Provide plain-language policy updates Incorporate trauma-informed facilitation	Increased community understanding and social protection
Confusion and information gaps	Establish non-partisan, accessible community forums Implement community-grounded strategies to address misinformation	Lack of trusted communication channels and overload of information Misinformation drives fear, disengagement, and avoidance	Community members Local community organizations Libraries Schools Faith-based organizations Public health departments Policymakers Researchers Advocacy groups Funders	Conduct misinformation audits Co-create fact sheets and toolkits Host community briefings/ webinars	Improved information trust and informed decision-making
Fear, confusion, and disruption in services	Implement community-grounded strategies to address misinformation Embed community voices across policy, research, and practice processes Invest in culturally competent, stigma-free care	Local agencies need local and credible perspectives before discontinuance of services Community insights in policy discourses provide a balanced approach Disruptions in services due to fear and confusion affect LGBTQ+ people	Community members Local community organizations Libraries Schools Faith-based organizations Public health departments	Support agencies with accurate interpretations Integrate community input at multiple stages	Responsive, equitable policies and programs

Key Theme from Consultation	Recommendation	Rationale	Partners	Short-term Action	Expected Outcome
			Policymakers Researchers Advocacy groups Funders		
The right to access public spaces	Establish non-partisan, accessible community forums Embed community voices across policy, research, and practice processes Invest in culturally competent, stigma-free care	Public discourse often dehumanizes LGBTQ+ individuals Policies affecting public spaces often exclude those most impacted Access to public spaces and services is closely tied to health and well-being.	Community members Local community organizations Libraries Schools Faith-based organizations Public health departments Policymakers Researchers Advocacy groups Funders	Provide LGBTQ+-affirming and trauma-informed care training Implement anti-stigma protocols Expand mental health services	Increased trust in health systems; better physical and mental health outcomes

recommendations and execution efforts by decision-makers. This policy and practice commentary serves as a call to action to support local communities facing the threat of drowning in an ongoing protection and public health crisis. It highlights the vital role of inclusive and responsive policymaking in shaping outcomes related to social protection, community well-being, and equitable access to healthcare.

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DISCLOSURE STATEMENT

The author(s) have no relevant financial disclosures or conflicts of interest.

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Dr. Kriti Vashisht is an Assistant Professor in the School of Social Work at the University of Texas–Rio Grande Valley. Her research centers on connecting local priorities to global platforms through evidence-based policy analysis, community-engaged research, and the development of systemic interventions that strengthen mechanisms for communal governance. She focuses on key community development issues, including access to quality, timely health care; social protection; and overall well-being, as well as the role of partnerships in advancing community impact. Her work aims to build collaborative, sustainable strategies that empower communities and enhance equitable outcomes.

AUTHOR POSITIONALITY

Dr. Kriti Vashisht is a native of India and has lived in Texas for the past decade. Her professional background in community development and policy engagement in India—addressing issues such as violence against women, child safety, and water and sanitation—shaped her commitment to community-centered work in the Rio Grande Valley (RGV) when she joined the university in 2024. One of the first agencies she connected with served the LGBTQ+ community, where she observed the need for safe, visible spaces due to stigma and conservative cultural norms. As policy shifts affecting this population emerged, she felt the need to create a non-partisan platform for local voices. Her goal was to highlight how strong, locally led policies intersect with broader community development factors, including health, digital ethics, social protection, and overall well-being.

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