



**Defense Health Agency (DHA) Clinical Communities Speaker Series**  
**SEPT 2023 CCSS: Innovation-Based Updates in Modern Health Care Practice**  
**S06: Innovations in Adolescent and Young Adult Care in the Military Health System**

**Resource List**

The Substance Abuse and Mental Health Services Administration (SAMHSA) released the [Moving beyond change efforts: Evidence and action to support and affirm LGBTQI+ youth \(2023\)](#) report which provides behavioral health professionals, researchers, policymakers and other audiences with a comprehensive research overview and accurate information about effective and ineffective therapeutic practices related to youth of diverse sexual orientation and gender identity.

[The Centers for Disease Control and Prevention \(2022\)](#) noted that childhood obesity is a serious health problem in the United States where 1 in 5 children and adolescents are affected. Some groups of children are more affected than others, but all children are at risk of gaining weight that is higher than what is considered healthy. Obesity is complex. Many factors can contribute to excess weight gain including behavior, genetics and taking certain medications. But societal and community factors also matter including childcare and school environments, neighborhood design, access to healthy, affordable foods and beverages, and access to safe and convenient places for physical activity affect our ability to make healthy choices.

In the United States, approximately 0.7% of the population identify as transgender. Transgender and gender-diverse (TGD) youth may experience poor health outcomes and identity-based discrimination within the health care setting. However, these disparities may be attenuated in gender-affirming environments. Until September 2016, gender-affirming care was not covered for the 1.7 million youth who may be eligible for military health system (MHS) care based on their parents' current or prior service. At that point, a new Department of Defense policy was enacted that allowed military dependents to receive full coverage for nonsurgical TGD-associated care. However, the extent to which military-affiliated TGD youth receive military-provided and civilian care paid for through Tricare Prime, a MHS insurance plan, is unknown. The current study, [Transgender children and adolescents receiving care in the US military health care system \(2019\)](#) aims to determine health care use trends among TGD youth in the MHS, which provides services at no or low personal cost. This data will help inform future policy and determine the necessity of health care professional training and resource allocation.

Unplanned pregnancy is a common problem among United States servicewomen. Variation among service branches in contraceptive education and access during initial training is associated with differences in contraceptive use and childbirth rates despite access to a uniform health benefit including no-cost reproductive healthcare and contraception. However, it is unclear whether changes in branch-specific contraceptive policies can influence reproductive outcomes among junior enlisted women in that service branch. The authors of the article, [Influence of military contraceptive policy changes on contraception use and childbirth rates among new recruits \(2020\)](#) concluded that basic training contraceptive policy influences contraception use among junior enlisted servicewomen. Implementing best practices across the military may increase contraception use and decrease childbirth rates among junior enlisted servicewomen.



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