

COMMENTARY

Policy implications for nutritional health and food security among transgender and gender-diverse individuals in the United States

Heather E. Schier^a

Appalachian State University and The Ohio State University

Carolyn Gunther^{b*}

The Ohio State University

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Introduction

In 2021, an executive order from the Biden Administration declared a policy promoting respect, dignity, and freedom from discrimination for all individuals, regardless of gender identity or sexual orientation. The order directed agencies to review and, if necessary, revise existing policies to align

with this principle, emphasizing the enforcement of laws prohibiting sex discrimination (Exec. Order No. 13988, 2021). Despite this, as of June 2023, more than 540 bills affecting the LGBTQIA+ community have been proposed in various states throughout the U.S. Among these, 220 bills specifically focus on transgender, gender-diverse, and gender-nonconforming individuals (TGD). Notably, over 125 of these bills seek to impede or restrict access to essential gender-affirming health-care services, including interventions like puberty

^a Heather E. Schier, PhD, Department of Nutrition and Healthcare Management, Appalachian State University; and Department of Human Sciences, The Ohio State University; schierh@appstate.edu;

 <https://orcid.org/0000-0003-1730-2462>

^{b*} *Corresponding author*: Carolyn Gunther, PhD, RD, LD, College of Nursing, The Ohio State University; 1577 Neil Avenue, Room 200C; Columbus, OH 43210 USA; gunther.22@osu.edu;

 <https://orcid.org/0000-0003-1199-0137>

Contributions

HS: Conceptualization, methodology, administration, data curation, analysis, writing—original draft, writing—review & editing; CG: Conceptualization, methodology, writing—review & editing, supervision

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suppressants, hormone therapy, and surgical procedures (U.S. Department of Agriculture Food and Nutrition Service [USDA FNS], 2022). These policies are expected to have far-reaching effects on health, which in turn have significant implications for nutrition outcomes, such as disordered eating patterns and food insecurity (Lessard et al., 2021). This commentary informs nutrition professionals, including dietitians, public health nutritionists, healthcare providers, and policymakers, who work with diverse populations, including TGD individuals. It explores the downstream implications of existing and proposed policies on the nutritional health and food security of TGD individuals. Furthermore, it explores opportunities for action and advocates for inclusive policy reforms and improved access to resources.

The Impact of Policy on TGD Individuals' Nutrition and Health

Policy is one of the social determinants of health and has downstream nutritional health implications. Discriminatory policies spanning legal, school, health, and employment domains can profoundly impact the nutritional health of TGD individuals. Legal barriers to procuring identification that aligns with one's gender expression may prevent participation in federal and state safety-net programs, such as federal food assistance (Tan et al., 2020). Insufficient anti-bullying and anti-discrimination policies in schools (National Center for Transgender Equality, n.d.), school curriculum and topic censoring, and other bans and restrictions may further alienate TGD individuals and promote discrimination (Restar et al., 2020). In the U.S., for example, discriminatory bathroom bills exacerbate stress and stigma among TGD people, impacting their eating behaviors and access to nutritious food (Schwartz & Rothbart, 2020). Further, policies often impede access to vital healthcare services, including gender-affirming care, thereby hindering individuals from receiving necessary medical guidance and nutritional counseling (Cohen et al., 2016). The psychological toll of discrimination and societal stigma can lead to disordered eating—irregular or unhealthy behaviors such as restrictive dieting, binge eating, or purging (Peele, 2023).

Discriminatory policies not only violate the rights of TGD individuals but also indirectly harm their nutritional health, highlighting the need for inclusive policies that prioritize the well-being of all individuals. This commentary discusses the expected impact of existing and proposed policies that span legal, school, health, and nondiscrimination domains on the nutritional health of TGD individuals (Table 1), and opportunities for action.

Discussion

Legal and policy barriers can significantly impact food access and nutritional health for TGD individuals. Discrimination and bureaucratic hurdles in areas such as name and gender marker changes on identification documents, healthcare access, and employment rights can lead to stress, anxiety, and food insecurity. These challenges, while not always directly related to nutrition, can influence eating behaviors and overall well-being. In this discussion, we explore how legal and financial barriers, combined with insufficient support systems in healthcare, school environments, and employment policies, contribute to health disparities and hinder access to essential resources for TGD individuals. Addressing these barriers through policy reform and cross-sector collaboration is critical to ensuring equitable access to food, care, and a supportive environment for TGD communities.

Legal Barriers and Influence on Food Access

There are legal and financial barriers to changing one's names, identification, and records to align with gender expression. For example, the cost of and process for legally changing state-issued identification varies from state to state (e.g., US\$30 in North Carolina, US\$435 in California) (National Center for Transgender Equality, n.d.). The discordance between identification and gender expression can result in harassment, being denied access or entry, and other forms of embarrassment. While these barriers may not directly affect nutritional health, they may contribute to stress and mental health issues, which in turn may affect eating behaviors and overall well-being.

Further, these barriers may deter individuals from accessing social safety-net programs (e.g., Medicaid, food assistance programs) and limit one's

Table 1. Direct, Adjacent, and Tangential Policy Areas that can Affect Nutritional Health Outcomes Across Gender Diverse Individuals

Category	Impact	Policy	Direct impact	Nutrition-related downstream impact
Legal	Tangential	Barriers and/or cost of legally changing name, identification, records	↑ harassment; stress	↓ participation in food assistance programs; insurance
	Tangential	Insufficient anti-bullying	↑ perceived unsafe; bullying; stress	↑ eating disorders; ↑ allostatic load; ↑ overweight or obese
School Environment	Direct	School meals (e.g., universal school meals)	↑ free and reduced meals	↑ dietary quality
	Tangential	Bans on transgender athlete participation	↓ attraction to physical activity; belongingness; mental health ↑ discrimination, bullying, stress	↑ eating disorders; allostatic load; overweight or obese
	Tangential	Curriculum and topic bans (i.e., “Don’t say gay” bills)		
	Adjacent	“Bathroom bills” (that aim to regulate restroom access in public spaces, mandating individuals use facilities based on their sex assigned at birth rather than their gender identity)	↓ belongingness; mental health; ↑ discrimination, bullying, stress	↑ eating disorders; allostatic load; overweight or obese
	Adjacent	Banning and/or restricting access to gender-affirming care	↓ access to life saving care; ↑ untreated gender dysphoria; distress; suicidality	↑ eating disorders; allostatic load; overweight or obese
Non-Discrimination	Tangential	Employment discrimination (e.g., absence of legal protections against discrimination based on gender identity or expression in the workplace)	↓ income; ↑ poverty; stress; ↑ risky behavior	↑ food insecurity; ow/ob; chronic disease; HIV/AIDS
	Tangential	Healthcare discrimination (e.g., insufficient gender inclusive training in medical school curriculum)	↓ likelihood of seeking routine or necessary care; ↑ risk of untreated conditions; ↑ stress	↑ allostatic load; overweight or obese; primary disease complications (e.g., Type 2 diabetes)

Note: ↑ / ↓: elevated/reduced

willingness to seek healthcare services (Restar et al., 2020). Cross-sector efforts in collaboration with TGD support groups to support legal transitions and offer help with enrolling in food assistance programs may help reduce these barriers. Otherwise, updated policies to improve the pathways to change identification documents are needed.

School Environments

Policy shortcomings across various domains, such as insufficient anti-bullying measures, restrictions on school meal programs, bans on transgender athlete participation, curriculum restrictions like “Don’t say gay” bills, and “bathroom bills,” have profound implications for the nutritional health of TGD youth. Inadequate anti-bullying measures leave TGD youth vulnerable to harassment and stress, which can affect their eating habits and overall nutritional intake. Restrictions on school meal programs or the absence of universal access to nutritious meals may lead to further alienation for TGD youth experiencing food insecurity. Exclusion from sports activities due to bans on transgender athlete participation can disrupt the physical activity levels of TGD youth, impacting their metabolism and nutritional requirements. Similarly, limitations on LGBTQ+ education in school curriculums contribute to an environment where TGD youth may feel marginalized or unsupported, potentially affecting their mental well-being and, consequently, their relationship with food. Additionally, “bathroom bills” mandating restroom usage based on one’s sex assigned at birth can force TGD youth to avoid restroom use altogether or face harassment, disrupting their eating and drinking patterns to avoid needing to use public facilities. In essence, these policy shortcomings create barriers to accessing supportive environments, adequate nutrition, and essential resources, exacerbating health disparities and negatively affecting the overall well-being of TGD youth.

Compounded barriers and microaggressions experienced by TGD youth may foster anxiety during school meals (Tan et al., 2020). This may contribute to skipping meals and poor overall dietary intake, which is known to have cascading effects on academic performance (Schwartz & Rothbart, 2020). Evidence-based strategies to improve the

school meal experience include:

- (a) Universal school meals for all: this reduces the stigma associated with receiving a free or reduced meal and provides access to at least one meal to all students (Schwartz & Rothbart, 2020).
- (b) Increasing lunch duration. If a student is feeling anxious during this period, increasing the time to consume their meal may reduce distress, rather than compounding the experience with the stress of consuming a meal quickly (Cohen et al., 2016).
- (c) Effective and inclusive anti-bullying policies that safeguard TGD students, including during school meals (Lessard et al., 2021).

A recent study reported an association between low school safety perception (how safe youth felt across school locations) and negative weight control behaviors among transgender youth (Lessard et al., 2021). There is a need and opportunity for policy change that minimizes disordered eating behaviors among TGD youth. Actions might include establishing gay-straight alliances (GSA) at schools; top-down messages of inclusion from school administrators, policymakers, and teachers (e.g., school psychologists may offer professional development training with teachers to raise awareness of the ubiquity and consequences of stigma); enumeration of sexual and gender identities in school anti-bullying policies; promotion of effective intervention by leadership (e.g., teacher, school counselor) when gender-based mistreatment occurs (Lessard et al., 2021).

Healthcare Policies and Access to Gender-Affirming Care

Bills that ban or restrict gender-affirming care have been introduced across several states in the U.S. This will result in untreated gender dysphoria, a severe level of gender-related distress, which increases the risk of stress, eating disorders, mental health issues, and suicide, particularly among transgender youth (Redfield et al., 2023). Proponents of these bills often cite the dearth of randomized control trials that demonstrate gender-affirming care is safe. However, there are several parallel paradigms, such as the period of lactation, Turner’s

syndrome, menopause, and others, which share similarities with gender-affirming hormone therapy (GAHT). These paradigms involve comparable metabolic processes and routinely employ similar medical modalities in a safe manner. For example, both lactation and gender-affirming hormone therapy can affect bone mineral density through hormonal changes and alterations in calcium metabolism. Lactation-induced bone loss is typically reversible. The long-term effects of gender-affirming hormone therapy on bone health require further research. However, individualized monitoring can ensure optimal outcomes. Further, it has been argued by endocrinologists and psychologists that the benefits of gender-affirming care far outweigh the potential risks. The American Medical Association and American Academy of Pediatrics oppose bills that restrict minors' access to gender-affirming care (Kremen et al., 2021). Das and Drolet (2022) argue that these bills will have economic repercussions at the state and individual levels.

Employment Non-Discrimination Policies

Poverty and food insecurity erode [TGD] people's physical and mental health and support systems. [TGD] people faced substantial barriers—including *unemployment* and *underemployment* and multilevel *discrimination*—which prevented them from affording adequate food. Public health solutions include implementing employment nondiscrimination policy to protect [TGD] people in the workplace and building relationships between local food pantries and LGBT organizations to create safer environments for all persons in need of food assistance. (Russomanno et al., 2019, p. 89)

TGD individuals disproportionately experience unemployment (threefold) and poverty (twofold) compared to the general population (James et al., 2016). A qualitative study reported TGD adults with food insecurity living in U.S. Southeast attributed the geopolitical climate as the primary driver of poor employment outcomes (Russomanno et al., 2019). In many jurisdictions in the U.S., TGD individuals lack explicit legal protec-

tions against workplace discrimination based on their gender identity or expression. This absence of legal safeguards exposes TGD employees to various forms of discrimination in the workplace, such as biased hiring practices, discriminatory policies (e.g., denying access to restroom facilities that align with their gender expression, deadnaming, enforcing dress codes that do not support gender expression), unequal treatment (e.g., promotions, access to benefits, advancement), harassment from co-workers or supervisors, and termination. TGD individuals may encounter barriers during job searches, including employers refusing to hire them based on their gender identity. Once employed, they may face unequal treatment, harassment, and a hostile work environment.

These discriminatory practices can have far-reaching consequences, including economic instability, limited career advancement opportunities, and adverse effects on mental health. Addressing employment discrimination against TGD individuals necessitates the enactment of comprehensive legal protections, inclusive workplace policies and education initiatives to promote awareness and respect for TGD rights and issues in the workplace. Nondiscrimination policies that enumerate TGD individuals (e.g., U.S. Office of Personnel Management guidelines on prohibiting discrimination based on gender identity; corporate nondiscrimination policies enacted by companies like Google, Microsoft, and IBM) and are effectively implemented may reduce employment and workplace discrimination (Russomanno et al., 2019).

Conclusion

Policies significantly influence the nutrition and health of TGD individuals, making it imperative to address these policy implications to enhance their well-being. By critically examining existing policies and proposed interventions, and understanding their impacts on nutritional health, we can identify actionable opportunities for policy reform and preventative intervention. Creating inclusive environments and eliminating barriers to essential resources, such as healthcare and food assistance programs, are vital steps toward achieving equitable nutrition and health outcomes for individuals across the gender spectrum. 

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