

# Bridging research with lived experience in developing transgender & gender diverse nutrition care guidelines

Rewritten as:

*Considering how dietitians can better support transgender & gender diverse people*



Cath Morley  
Acadia University

Sfé Monster  
Comic artist

**BUILDING BRIDGES**

Dietitians of Canada National Conference

**BÂTIR DES PONTS**

Congrès national des Diététistes du Canada



**05/05/2021 - 30/06/2021**



# Land Acknowledgement



*Acadia University is proudly located on Mi'kma'ki, the ancestral territory of the Mi'kmaq People*

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# Financial Interest Disclosure (over the past 24 months)

No relevant financial relationships with any commercial interests

*Received research grants from the Acadia University Research Fund and SSHRC Small Institution Grants*



Sfé R. Monster



Sfé's passion and interest in the telling of visibly queer and genderqueer stories has manifested in their comics *Eth's Skin*, *Seven Stories from the Sea*, and *Kyle & Atticus*, as well as in the creation of the *Beyond Anthology*. Sfé is a Canadian born and raised, with ties to both the west and east coasts of Canada, and a heart that can never be moved too far from the sea.

Sfé identifies as trans, queer, and genderqueer, and uses eh/they, and he pronouns.

[sfemonster.com](http://sfemonster.com) / [sfemonster.tumblr.com](https://sfemonster.tumblr.com) / [@sfemonster](https://twitter.com/sfemonster)

# A family collaboration



ACADIA  
UNIVERSITY

SSHRC Small Institution Grants x 3

Acadia University Research Fund Grant

# Our work

2021: Here we are today! Dietitians of Canada conference

2021: developing a transgender and gender diversity food, nutrition and eating webpage, Acadia U

2020: “What do I do when a preceptor insists on using a person’s dead name and pronoun?: Dietetic educators’ responsibilities in promoting social justice for gender diverse people”. 10<sup>th</sup> International Critical Dietetics Conference (virtual)

2019: Morley C, Monster S, Bonnell H, Goodridge L & Falkeisen A. Transgender and gender diversity nutrition, food, and eating research: Our origin story. *Journal of Critical Dietetics*, 4(2); 58-62.

Morley C, Monster S, Bonnell H, Goodridge L. Toward Transgender and Gender Diverse-Appropriate Nutrition Care Guidelines: A participatory process. Workshop at Canadian Professional Association for Transgender Health conference.

Morley C. Toward Transgender and Gender Diverse-Appropriate Nutrition Care Guidelines: A participatory process. 9<sup>th</sup> International Critical Dietetics Conference, Halifax NS.

2018: Morley C, Morley R (Sfé Monster). “Collaborative consultation to develop trans-friendly and trans-appropriate nutrition assessment and practice guidelines”. *Canadian Foundation for Dietetic Research Sharing Event*, Vancouver.

2017: Morley C, Morley R (Sfé Monster). Workshop at Canadian Professional Association for Transgender Health conference, Vancouver

2017: Morley C, Morley R (Sfé Monster). “Toward transfriendly and respectful dietetic practice”. *Canadian Foundation for Dietetic Research Sharing Event*, St. John’s NL.



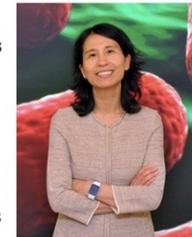
## Addressing Stigma: Towards a More Inclusive Health System

### The Chief Public Health Officer's Report on the State of Public Health in Canada 2019

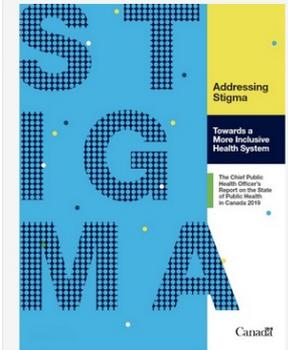
3 Help us understand our audience better by filling out a quick survey.

### Message from the Chief Public Health Officer of Canada

By and large, we are a healthy nation. We can be proud of Canada's health and social systems that contribute to this status. From this position of strength, we have an even greater opportunity to lead the world in health status and to ensure all Canadians can achieve optimal health. This year, my annual report provides a snapshot of key public health trends and shines a light on one of the drivers of health inequities: stigma.



I am pleased to report on some important positive health trends this year like the lower incidence of certain chronic and other non-infectious diseases. Some social factors that lead to good health in Canada are also improving; more people are achieving post-secondary education, and poverty rates, especially childhood poverty, are decreasing.



Download the alternative format (PDF format, 1.89 MB, 78 pages)

Organization: [Public Health Agency of Canada](#)

Date published: December 2019

### Related links

**Canada's System of Justice**[Indigenous Justice, Recognition and Reconciliation](#)[The Canadian Charter of Rights and Freedoms](#)[About Canada's System of Justice](#)[Bijuralism and Harmonization](#)[Proposed Legislation](#)[Charter Statements](#)[Cleaning up our laws](#)[Bill C-59: \*An Act respecting national security matters\*](#)[Strengthening Impaired Driving Laws](#)[Strengthening Human Trafficking Laws](#)

## Gender Identity and Gender Expression

### Archived information

Legislation on gender identity and gender expression received royal assent on June 19, 2017.

On May 17, 2016 the Government of Canada [introduced legislation](#) that aims to help ensure transgender and other gender-diverse persons can live according to their gender identity and gender expression, by explicitly protecting them from discrimination, hate propaganda and hate crimes.

### Join the Discussion

Get in on the discussion using [#FreeToBeMe](#) on Twitter

[Learn About the Proposed Legislation](#)



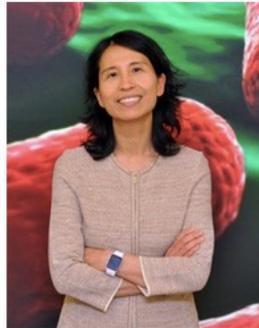
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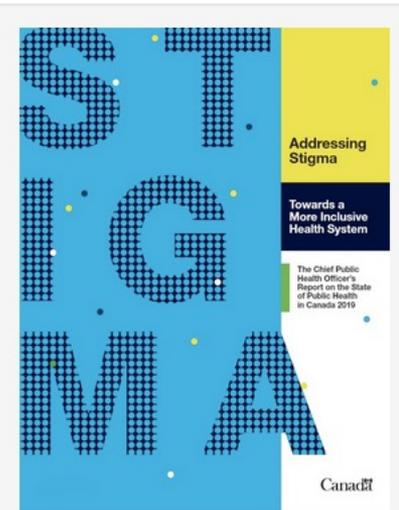
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### Related links

## Practical application of the stigma model

To illustrate how the model can be used to explore stigma pathways in detail and identify both cross-cutting and unique issues for different stigmas, 7 examples are presented below (Table 1):

1. Racism as experienced by First Nations, Inuit, and Métis peoples
2. Racism as experienced by African, Caribbean, and Black Canadians

25 of 108

2020-07-23, 22:08

Addressing Stigma: Towards a More Inclusive Health System - Can...

<https://www.canada.ca/en/public-health/corporate/publications/...>

3. Stigmas as experienced by LGBTQ2+ people (sexual stigma and gender identity stigma)
4. Mental illness stigma
5. Substance use stigma
6. HIV stigma
7. Obesity stigma

Although the content for these examples has been drawn from the evidence, this is not a full examination of all possible pathways or the varied experiences within stigmas. Rather, the examples offer some areas for

Drivers of stigma	Intersecting stigmas	Stigma practices	Experiences of stigma	Outcomes and impacts for affected populations
<p>Heteronormativity (expected sexual orientation is heterosexual); historical criminalization of same-sex relationships and sexual practices; societal expectation that gender identity matches biological sex at birth; gender bias that values men over women; historical medical diagnosis of alternative sexual orientation or gender identity as disordered; stereotypes based on sexual orientation</p>	<p>Other social identity stigmas (e.g., racism, sexual stigma, gender identity stigma, ageism) and health-related stigmas (e.g., mental illness stigma, substance use stigma, HIV stigma)</p>	<p>Assumptions of an individual's sexual orientation or gender identity; rejection and exclusion from family, peers, and/or community; lack of alternative gender identities on identification documents; hate crimes and assaults; negative media portrayals; demeaning language</p> <p><b>Health system:</b> Discriminatory interpersonal behaviour of health professionals (e.g., incorrect use of gender pronouns); insufficient training of health professionals pertaining to LGBTQ2+ health;</p>	<p>Enacted stigma (the experience of unfair treatment); internalized stigma (e.g., shame and embarrassment for LGBTQ2+ people, people who use substances, and people living with HIV, mental illness or obesity); anticipated stigma; secondary stigma for family, friends, and/or caregivers</p>	<p>Decreased social participation; concealment or denial of identity; increased risk of homelessness; reduced employment and income opportunities; exposure to violence; reduced seeking or avoidance of healthcare services and poorer quality of services received</p> <p>Chronic stress leading to health harming coping strategies (e.g., self-harm, disordered eating, smoking, alcohol and substance use)</p> <p><b>Health outcomes:</b></p>

# Participatory & Developmental Research process

## Consultations:

- Acadia Pride
- Truro Pride
- Halifax Pride
- Facebook groups (Critical Dietetics; Dietitians' Support Group)

## Conferences:

- Dietitians of Canada (including Braindates)
- World Critical Dietetics
- Canadian Professional Association for Transgender Health



1. Use of food to reinforce gender identity
2. Safety as a food access barrier
3. Hormone and physical changes (for those on hormones)
4. Importance of friends and allies
5. Suggestions for dietitians

Thanks to Heather Bonnell, HBSN, PDt, Lindsay Goodridge, BSN, and Samantha Firth, BSN, HBSc for research assistance.

# *Considering how dietitians can better support transgender & gender diverse people*

Nutrition Assessment  
considerations



Details of research  
findings



# Conceptual frameworks

## A to G Parameters

Morley C, Arrowsmith S, Cooze V, Field A. (2021). Teaching and learning in nutrition assessment: Beyond biological parameters. Journal of Critical Dietetics, 5(2);15-21).

## Organizational Framework For Exploring Nutrition Narratives (OFFENN)

Morley C. (2016). Development and use of The Organizational Framework For Exploring Nutrition Narratives. Journal of Critical Dietetics. 3(2): 32-42.



# A to G Parameters

Morley et al. Journal of Critical Dietetics, 5(2);15-21.

<b>A</b>	Anthropometrics
<b>B</b>	the view of one's body
	Biochemical
<b>C</b>	Clinical
<b>D</b>	Diet analysis
<b>E</b>	Ability to eat
	Eating environments
	Experiences of eating
	Meanings of eating
<b>F</b>	Food access
	Experiences with food
	Connections with family and friends through food
	Feeding roles, responsibilities, and rituals
<b>G</b>	Gender
	Genomics

# Organizational Framework for Exploring Nutritional Narratives

## Personal Domain

*individual*

- Biological Function
- Appearance
- Gastronomics

## Household Domain

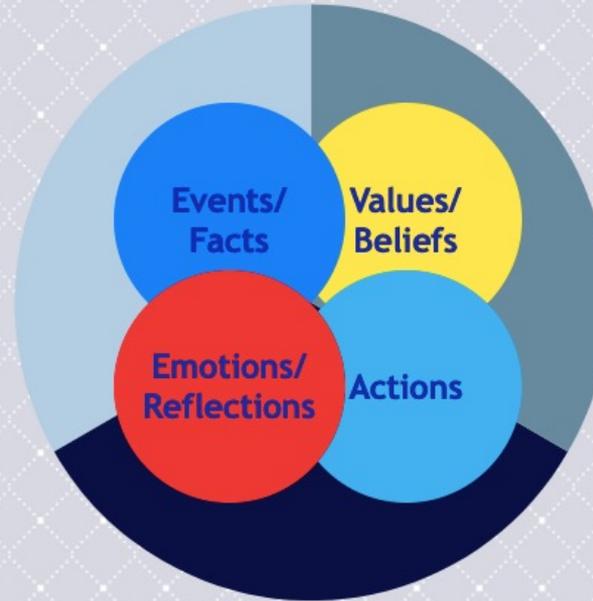
*individual in relation with household members*

- Relationship with each family member
- Creating family unity

## Beyond Household Domain

*individual outside of home*

- Activities/relationships outside home
- Entertaining at home



## “Unthoughts” and Other Influences

Many individual and social characteristics and circumstances influence values, beliefs, actions, emotions, and reflections related to eating and feeding (about which a person may be largely unaware). These include identity, personality, history, economic status, sociocultural background, and political and philosophical perspectives, etc...)

# 1. Use of food and eating in expressing gender identity



- Connecting food choices/intake with controlling one's body
- Gendered expectations re:
  - Food choice
  - Portion size
  - Neatness of eating behaviour

*"Food choices make people assume I am more womanly & improves their disposition towards me so I try to keep it up even if I feel silly".*
- Effect of hormone therapy on weight changes; eating behaviour to compensate

*"Eat more so I can look more womanly".*
- Phytoestrogens: any effect on the above?

## 2. Safety as a barrier to food access

**Fear of encountering transphobia** as a barrier to getting food into the house

*“I don’t feel safe going grocery shopping at night”*

*“I would never go out for a meal by myself, especially after dark”*

*“Are washrooms safe when eating out? “*

*“Only eat in a public place if with a masculine friend”*

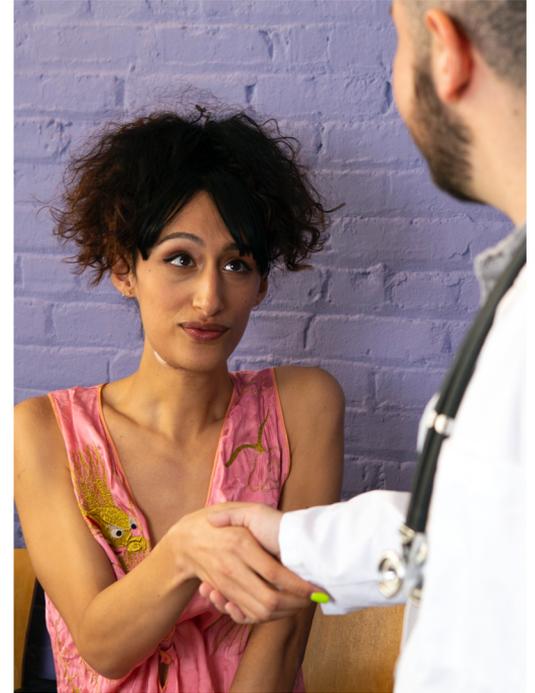


# 3. Hormones and Physical Changes

(Note: this is not relevant for all T+GD people)

## Effects of hormonal therapy:

- depends on the hormones
- variable and individual (cannot generalize)
- estrogen decreases / testosterone increases appetite
- changes in body composition/fat loss or gain
- alpha androgen blockers decrease BP therefore crave salt
  - lethargy associated with lower BP can be a barrier to making food



## 4. Importance of friends and allies



### **Importance of *found family***

Cooking / eating together as a priority in socializing

Planned/coordinated/dreamt of as a reward for getting through a difficult day/experience/period

# 5. Suggestions for dietitians

- Confirm and use correct names and pronouns
- Avoid gendering someone when calling from a waiting room  
“Mr....Mrs....”
- Tell the person if you need to enter their space or touch them;  
explain before doing so
- Assess the person on **their** terms (their purpose in seeking  
nutrition advice)
- Ally or Pride flags are powerful signals

*“It makes me feel that **my provider is proud of who I am**”*



# *Considering how dietitians can better support transgender & gender diverse people*

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# Gender



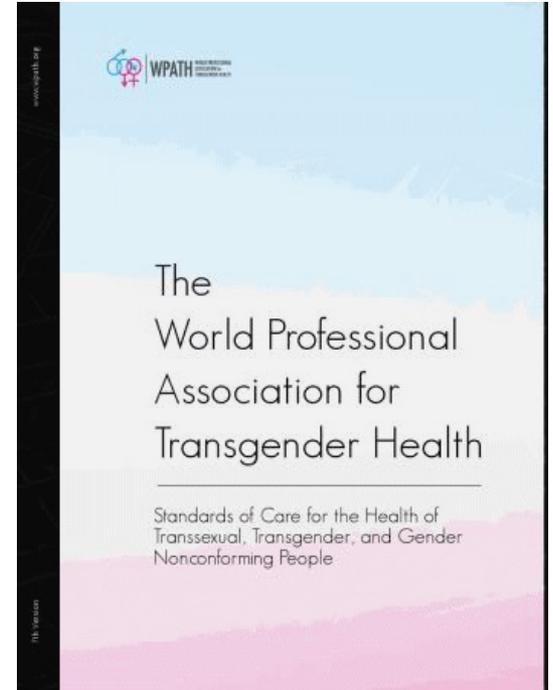
- ultimate respect
- why pronouns matter
- why names matter
- what is the reason for the consultation?

May have nothing or everything to do with the person's gender identity

# Genomics

- regardless of hormone use, T+ GD people are influenced by genetics affecting blood test results, height, stature, body weight, aging effects, etc.
- refer to World Professional Association for Transgender Health Standards of Care

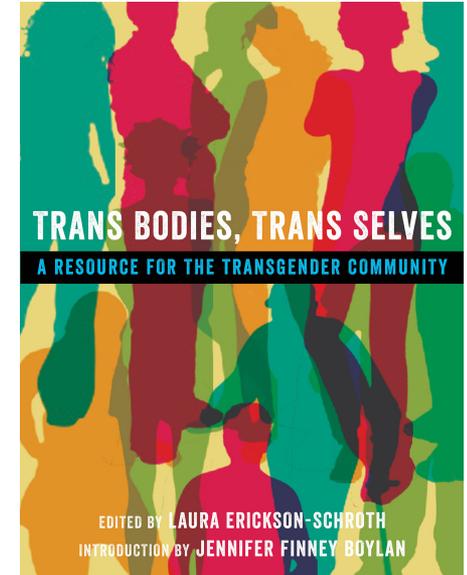
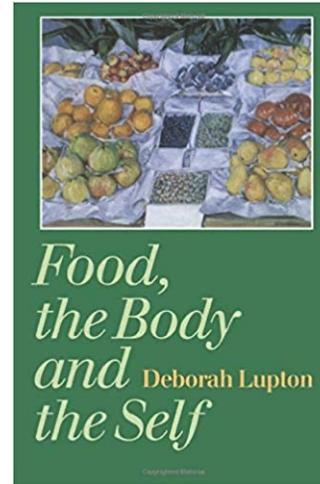
<https://www.wpath.org/publications/soc>



# The Body

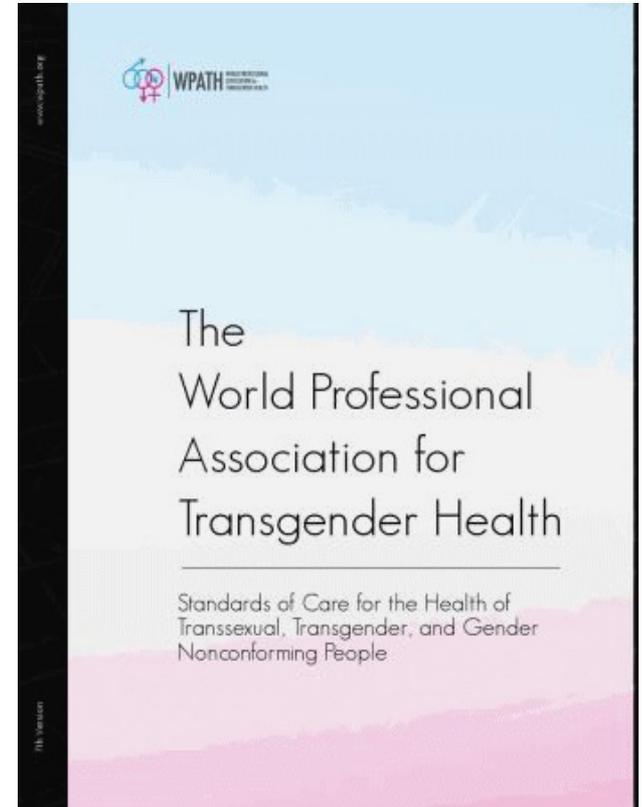
Consider:

- "control" of the body (a powerful belief)
- Food, the Body, and the Self (Lupton, 1993)
- "I am my body/I am more than my body"
- a person may be interested in weight gain/loss/ redistribution
- may be highly emotional; may be unfamiliar to dietitians
- what can realistically be achieved through diet?
- is diet change appropriate or relevant?
- could offering diet advice set a person up for harm?
- collaborate with team members



# Biochemical

- male/female standards do not apply
- compare the person to themselves
- refer to World Professional Association for Transgender Health Standards of Care  
<https://www.wpath.org/publications/soc>
- monitoring BG unchanged; consider effects of hormones



# Anthropometrics

IF ONLY SCALES  
COULD MEASURE  
THE WEIGHT OF  
ONE'S VALUE.

*They would all break  
from the weight of  
our awesome souls.*

- Leslie Green

BARE

# Anthropometrics

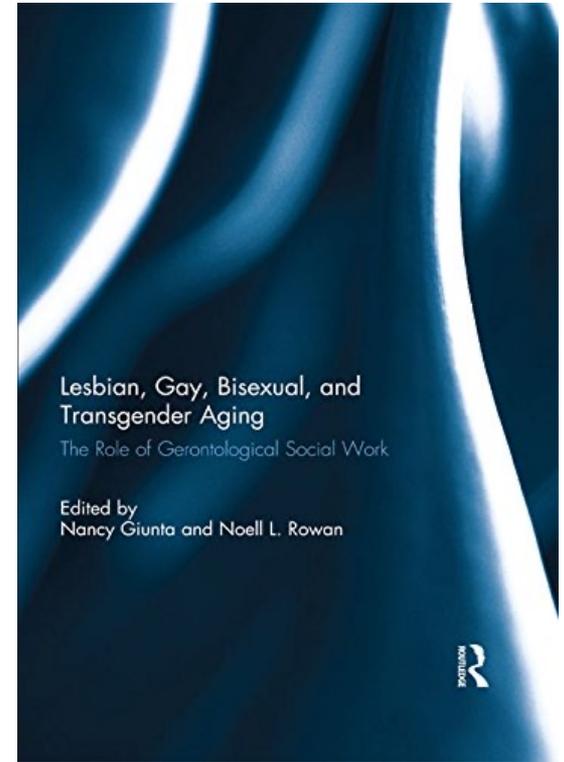
*“We are weighed and measured all the time. Why?”*

- Practice weight inclusivity
- Weight measure used for enteral/parenteral nutrient assessments (28 kcal/kg); weight may be estimated
- Question the need for gender-based calculations (any calculations based on a M/F binary not needed)
- Question the value of weight and other anthropometric measures in nutrition assessment



# Clinical

- can experience any chronic condition (e.g., diabetes, inflammatory bowel disease, arthritis)
- experience the effects of aging on food intake; therefore, any dietitian in clinical or geriatric practice is likely to work with T+ GD people
- work assessment of muscle strength (hand grip, ability to swallow, sit, stand) into one's assessment process (observe, hand shake)
- always seek permission before touching another person.



# Diet analysis

Anthropometrics questions raises questions about:

- Calculations
- Meal plans

What does the person want to learn about?

Avoid 'spray and pray' nutrition advice.



# Eating/Environments

Ability to chew/swallow

Physical spaces; Safety (at home/away from home)

Emotional eating environs



# Eating/Environments

- Highly individual experiences (make no assumptions)



# Food

- Disordered eating common (aiming to achieve a perceived 'ideal body')
- Food insecurity rates high/employment challenges
- Food choices highly gendered
- Myths re: hormone composition of food



Instructor: Sand Chang, PhD

2.5 CEs

Homestudy

Eating Disorders and Diet Culture: Inclusive Care for Trans Communities

Presenter/Instructor: [Sand Chang, PhD](#)

2.5 CEs

Course Description

Abstract:

Eating disorders do not discriminate across culture, gender, or socioeconomic status, yet eating disorders assessment and treatment approaches are typically geared toward what has long been considered a "typical" clients with an eating disorders: white, heterosexual, endosex, cisgender, college

## 15 Salads Even A 'Manly' Man Could Eat

*Turns out men might need salads more than women anyway.*

By Jamie Feldman  
02/06/2019 04:07pm EST

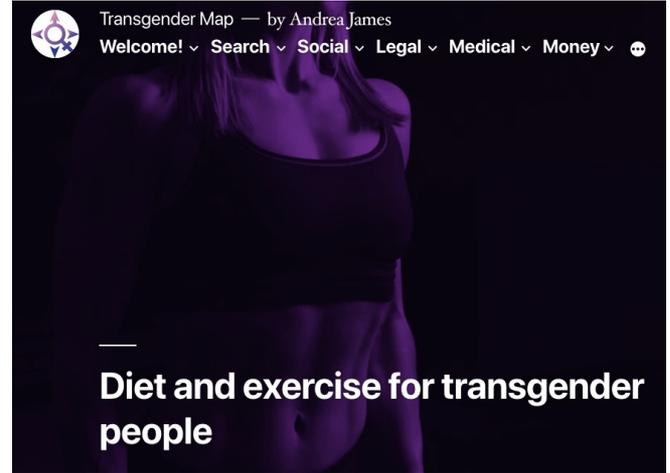


# Relationships with and through food

Importance of 'found family'



Relates to view of one's body (control beliefs)



# Dietitians' and dietetic educators' responsibilities

## Social justice for gender diverse people

- Address transphobia
- Address homophobia
- ... address all the phobias and discriminations
- Acknowledge and work on one's discomfort



## *Considering how dietitians can better support transgender & gender diverse people*

- Workbook style
  - Research derived points to consider about how you will approach your practice
- ‘Standard care guidelines’ are not relevant owing to the diversity of people one will meet
- Research projects/findings will be available on the School of Nutrition and Dietetics, Acadia U research page



**LET'S TALK**



[cmorley@acadiau.ca](mailto:cmorley@acadiau.ca)

[sfemonster@gmail.com](mailto:sfemonster@gmail.com)

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NUTRITION