



Why Weight?
**Diabetes Prevention and Care
Learning Collaborative**

November 2023



NATIONAL LGBTQIA+ HEALTH
EDUCATION CENTER

INTRODUCTION

In 2018, nearly 2.4 million health center patients 18 to 75 years old had a diagnosis of diabetes mellitus, and 32.8 percent of these patients had poorly controlled diabetes (i.e., HbA1c of 9 percent or higher) [1]. Both the Centers for Disease Control and Prevention (CDC) and Uniform Data System (UDS) data indicate that the proportion of people with uncontrolled diabetes has not improved over the years [2]. Studies suggest that LGBTQIA+ people are more likely to have diabetes compared to non-LGBTQIA+ people [3,4]. This disparity may be due to a higher prevalence among LGBTQIA+ populations of cigarette smoking, at-risk alcohol use, obesity, and HIV [5,6]. Among transgender people, gender-affirming hormone therapy may contribute to weight gain and other risk factors for diabetes [7]. Additionally, LGBTQIA+ people may be at increased risk for diabetes due to minority stress factors that increase anxiety, depression, and unhealthy coping behaviors [8,9].

The key to diabetes control is to motivate patients to develop healthy eating and exercise habits, adhere to medications, stop smoking, and return to care. Studies indicate that the provision of culturally tailored care can produce a positive impact on diabetes outcomes, and that health care access is significantly associated with better performance on diabetes control measures [10,11].

In a poll of previous diabetes learning series participants, respondents reported wanting training and technical assistance (T/TA) to learn motivational interviewing techniques to support patient behavioral change within the scope of practice. These data suggest a need for T/TA that increases health centers' capacity to provide culturally tailored care and communication to reduce minority stress among LGBTQIA+ patients and improve diabetes control and other health outcomes. In addition, health centers need T/TA on accessing and tailoring evidence-based and promising practices on diabetes prevention and care, such as those disseminated in resource clearinghouses and websites through the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care [12], Healthy People 2030 [13], and the CDC [14].

The U.S. Preventive Services Task Force recommends screening all adults for obesity and linking adults with a body mass index (BMI) of 30 or higher to intensive, multicomponent behavioral interventions [15]. In 2018, 10.8 million health center patients (70.2%) had their BMI documented, which was an improvement from 2016 (62.5%). Among these patients, 6.5 million (60%) were documented as overweight or obese [16]. There are no data on BMI screening and follow-up plans for LGBTQIA+ patients. Health center clinicians, however, need T/TA to better understand the nuances of body image, size, and eating habits among LGBTQIA+ patients to provide them with appropriate screening and referral [17].

For example, while lesbian and bisexual women are more likely to have a higher BMI compared to heterosexual women, they also have a better body image; whereas gay and bisexual men have lower BMI but are more susceptible to body dysphoria and eating disorders than straight men [18].

With funding from HRSA, the National LGBTQIA+ Health Education Center (the Education Center), a national training and technical assistance partner dedicated to improving the quality of health care for sexually and gender diverse people, created the *Why Weight? Diabetes Prevention and Care Learning Collaborative* with three cohorts from 2020 to 2023. A learning collaborative is a “method for supporting practice change in which teams of peers and recognized experts come together to learn from each other and to apply quality improvement methods in a focused topic area [19].” The *Why Weight? Diabetes Prevention and Care Learning Collaborative* focused on engaging teams from health centers across the US to undertake practice transformation conducive to diabetes care in LGBTQIA+ communities. Here, we briefly describe the structure and objectives of the learning collaboratives and highlight promising practices for diabetes prevention with LGBTQIA+ patients.

WHY WEIGHT? DIABETES PREVENTION AND CARE LEARNING COLLABORATIVE

Participants and Structure

The Education Center developed and hosted three cohorts of participants within the *Why Weight? Diabetes Prevention and Care Learning Collaborative* program. The characteristics of the cohort are summarized in **Table 1**, with participants from Health Center Program funded health centers and those with look-alike designation located across every region of the United States and two territories.

Table 1. Characteristics of Why Weight? Diabetes Prevention and Care Learning Collaborative Cohorts

Cohort	Number of participants from Health Center Program funded health centers and those with look-alike designation	Number of Health Center Program funded health centers and those with look-alike designation
2020-2021	15	7
2021-2022	41	11
2022-2023	18	12

The *Why Weight? Diabetes Prevention and Care Learning Collaborative* was designed to help health centers improve their capacity to provide culturally affirming diabetes prevention programs for LGBTQIA+ patients, including considerations for the experiences of individuals with body dysmorphia or body dysphoria. Three cohorts met for a total of four sessions each over a three-year period. Each collaborative was tailored to focus on a particular area of organizational, programmatic, or clinical practice with an emphasis on culturally responsive care.

In each cohort, an infectious disease and primary care physician with expertise in diabetes care, prevention, and treatment, along with national leaders from organizations working for bodily autonomy, health, and equity for Queer, Black, Indigenous, and People of Color (QBIPOC), led the sessions. Each session included a didactic presentation delivered by the facilitator. Education Center staff selected the topics for didactic presentations based on discussions about learning needs with each participating organization prior to the first session of each cohort. **Table 2** shows a selection of didactic topics over the three cohorts.

Table 2: Selected didactic presentations topics and key content

Topic	Key content
Diabetes Prevention and Control	<ul style="list-style-type: none">• Tools to improve health outcomes• SOGI data collection• Identification of patients at risk for diabetes• BMI and weight bias• Gender-affirming hormone-related weight gain• Potential impacts of HIV medications• Higher rates associated with substance use
Mental Health	<ul style="list-style-type: none">• Eating disorders• Minority stress• Stigma, bias, and discrimination• Coming out• Social isolation• Gender dysphoria, dysmorphia, body image
Behavioral Health	<ul style="list-style-type: none">• Cultural differences and considerations among LGBTQIA+ populations regarding body image and satisfaction, exercise, and eating habits• Nutrition and physical activity
Creating Affirming Spaces and Organizational Change	<ul style="list-style-type: none">• Partnerships with LGBTQIA+ affirming organizations• Deconstructing health inequities and access• Body positivity for all bodies• Safety• Reflective and affirming health environments• Culturally responsive providers• Community leadership and input

Promising Practices and Strategies for Health Centers to Provide Culturally Affirming Diabetes Prevention and Care for LGBTQIA+ Communities

Based on the didactic presentations and engagement of guest speakers, panelists, and participants in the ***Why Weight? Diabetes Prevention and Care Learning Collaboratives***, we have identified important themes with promising practices for health centers and other organizations looking to create culturally responsive services for LGBTQIA+ persons at-risk for or living with diabetes.

Create affirming healthcare environments where LGBTQIA+ patients and bodily autonomy are reflected and affirmed

- Prioritize that staff and clinicians use patients' correct names and pronouns.
- Meet people where they are. This means bridging the gap between your own expectations and where the other person is coming from.
- Listen to and mirror language patients use to describe their identities, experiences, and bodies.
- Implement facility accessibility and safety for all bodies with considerations such as all-gender restrooms.
- Build forms and electronic health records to include affirming language and options.
- Provide visual affirmation that you provide a safe space by designing visible marketing and educational materials that include affirming imagery and content for LGBTQIA+ communities.
- Sponsor and/or participate in LGBTQIA+ community events.

Name potential risk factors specific to LGBTQIA+ people

- Develop and implement affirming Sexual Orientation and Gender Identity (SOGI) data collection in your intake process to evaluate appropriate preventative care and treatment.
- Explain the development of eating disorders as potentially influenced by minority stress.
- Factor in the possibilities of gender-affirming hormone-related weight gain and body changes for patients.
- Examine the potential impact HIV medications or substance use disorders may play in the onset of diabetes.

Prioritize ensuring culturally responsive practitioners and care

- Acknowledge the impact and implications of minority stress on patient behaviors and health.
- Integrate acculturation awareness into nutrition and activity management by asking patients about factors such as cultural foods, activities, and markets used, when assessing areas of support and opportunity.
- Honor all food and bodies. Be cautious of restrictive mindsets or biases.
- Engage in conversations with patients about eating and exercise behaviors rather

than making assumptions based on their weight.

- Show respect and openness to all family structures, chosen family, and roles within LGBTQIA+ communities.
- Ask open-ended questions about who may be able to support your patient in their diabetes care such as family, friends, and/or chosen family.

Provide trauma-informed care and services

- Consider the impact of circumstances that induce trauma and impact LGBTQIA+ patient health including minority stress, coming out, homelessness, housing instability, financial insecurity, challenging or fractured relationships with families of origin, social isolation, internalized negative beliefs, fear of violence, bullying, discrimination, gender dysphoria, and lack of access to community and health care.
- Co-locate affirming behavioral, mental health, and community resources to address patient needs impacting overall health outcomes.

Increase access and entry to care

- Consider opportunities to extend services and/or facilitate easier pathways to accessing care.
 - LGBTQIA+ patients have higher rates of unmet medical needs due to cost or a lack of insurance and are less likely to have a regular provider [\[20\]](#).
 - Offer opportunities to support geographic accessibility for individuals in isolated areas and with limited available resources.
- Assess potential weight bias in gender-affirming care and reproductive services.
- Advocate for federal and state policies on health care access, gender-affirming care, insurance, compensation, and employer benefits that support the health of LGBTQIA+ communities.



SUMMARY

The Education Center's ***Why Weight? Diabetes Prevention and Care Learning Collaborative*** focused on engaging teams from health centers across the US to undertake practice transformation conducive to diabetes care in LGBTQIA+ communities. Throughout this publication, we briefly describe the structure and objectives of the learning collaborative and highlight promising practices for diabetes prevention with LGBTQIA+ patients. This publication provides a pathway forward for health centers to better serve LGBTQIA+ patients and to lay a solid foundation for diabetes prevention and care that is culturally inclusive and affirming. For additional information and resources, see the **Resources** and **Acknowledgements** sections below.

RESOURCES

National LGBTQIA+ Health Education Center Resources:

- Body Image, Perception, and Health Beyond the Binary: <https://www.lgbtqiahealtheducation.org/courses/body-image-perception-and-health-beyond-the-binary/>
- Body Image, Perception, and Health Support for Older LGBTQIA+ Adults: <https://www.lgbtqiahealtheducation.org/courses/body-image-perception-and-health-support-for-older-lgbtqia-adults/>
- Health at the Intersection of Body Image, Identity, and Development: LGBTQIA+ Children and Youth: <https://www.lgbtqiahealtheducation.org/courses/health-at-the-intersection-of-body-image-identity-and-development-lgbtqia-children-and-youth/>
- Weight Stigma in Gender-Affirming Care: <https://www.lgbtqiahealtheducation.org/courses/weight-stigma-in-gender-affirming-care/>

Additional Resources:

- American Diabetes Association: <https://diabetes.org/>
- Association for Size Diversity and Health: <https://asdah.org>
- Eat Right: <https://www.eatright.org/>
- CDC: Diabetes Risk in the LGBTQ Community: https://www.cdc.gov/diabetes/library/features/diabetes_LGBTQ_community.html
- FEDUP: <https://fedupcollective.org/>
- Fitness 4 All Bodies: <http://fitnessforallbodies.com/>
- The Institute for Family Health: <https://institute.org/>
 - See especially: Healthy Plates Around the World: <https://institute.org/news/healthy-plates-around-the-world/>
- My Plate: <https://www.myplate.gov/>
- Rainbow Recovery: <https://rainbow-recovery.org/>

ACKNOWLEDGEMENTS

Thank you to the following people whose program presentations formed the basis for this publication:

- Sandra J. Arévalo, MPH, RDN, CDE, CLC, FADA, Montefiore Nyack Hospital
- Julian Dormitzer, AGNP-C, Fenway Health
- Chris Grasso, MPH, Fenway Health
- Ole-Petter R. Hamnvik, MBBCH, BAO, Brigham and Women's Hospital, Harvard Medical School
- Erin Harrop, LICSW, PhD, University of Denver
- M. Reim Ifrach, REAT, ATR-BC, ATCS, LPC, NCC, CLAT, Rainbow Recovery
- Scout, Fighting Eating Disorders in Underrepresented Populations (FEDUP): A Trans+ & Intersex Collective
- Justice Roe Williams, CPT, Fitness 4 All Bodies
- Emily Yunkun, BA, Fenway Health

Thank you to the following people who led the Learning Collaboratives:

- Julian Dormitzer, AGNP-C, Fenway Health
- Mason Dunn, JD, Fenway Health
- Ole-Petter R. Hamnvik, MBBCH, BAO, Brigham and Women's Hospital, Harvard Medical School
- Alex Keuroghlian, MD, MPH, National LGBTQIA+ Health Education Center

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This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement number U30CS22742, Training and Technical Assistance National Cooperative Agreements (NCAs) for \$625,000.00 with 0% of the total NCA project financed with non-federal sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.