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Program Design for Healthy Weight in Lesbian and Bisexual Women: A Ten-City Prevention Initiative

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ABSTRACT

Purpose: Adult lesbian and bisexual (LB) women are more likely to be obese than adult heterosexual women. To address weight- and fitness-related health disparities among older LB women using culturally appropriate interventions, the Office on Women's Health (OWH) provided funding for the program, Healthy Weight in Lesbian and Bisexual Women (HWLB): Striving for a Healthy Community. This paper provides a description of the interventions that were implemented.

Methods: Five research organizations partnered with lesbian, gay, bisexual, and transgender community organizations to implement healthy weight interventions addressing the needs of LB women 40 years and older. The interventions incorporated evidence-based recommendations related to physical activity and nutrition. Each group intervention developed site-specific primary objectives related to the overall goal of improving the health of LB women and included weight and waist circumference reduction as secondary objectives. A 57-item core health survey was administered across the five sites. At a minimum, each program obtained pre- and post-program assessments.

Results: Each program included the OWH-required common elements of exercise, social support, and education on nutrition and physical activity, but adopted a unique approach to deliver intervention content.

Conclusion: This is the first time a multisite intervention has been conducted to promote healthy weight in older LB women. Core measurements across the HWLB programs will allow for pooled analyses, and differences in study design will permit analysis of site-specific elements. The documentation and analysis of the effectiveness of these five projects will provide guidance for model programs and future research on LB populations.

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Obesity has been associated with numerous adverse health sequelae (Hu, 2003; Kulie et al., 2011; Jones & Sutton, 2008). More than two-thirds of women in the United States are overweight or obese (Flegal, Carroll, Kit, & Ogden, 2012), and lesbian and bisexual (LB) women are at greater risk for obesity than

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heterosexual women (Bowen, Balsam, & Ender, 2008; Conron, Mimiaga, & Landers, 2010; Eliason et al., 2015; Ward, Dahlhamer, Galinsky & Joestl, 2014). In the 2013 National Health Interview Survey, 37% of adult women who identified as gay or lesbian and 41% who identified as bisexual were obese, compared with 28% who identified as straight or heterosexual (Ward et al., 2014). Although the limited statistics do not provide an analysis based on sexual orientation related to age, research demonstrates that as women age, body weight has a tendency to increase (Adams et al., 2014). Several cross-sectional surveys, including the National Survey of Family Growth (Cycle 6), the Nurses' Health Study, and the National Institutes of Health–funded Women's Health Initiative, have documented significantly higher rates of overweight and obesity in lesbian women compared with heterosexual women; research suggests this disparity remains true into the later years (Case et al., 2004; Boehmer, Bowen, & Bauer, 2007; Bowen et al., 2008; Institute of Medicine [IOM], 2011; Valanis et al., 2000; Yancey, Cochran, Corliss, & Mays, 2003). The National Survey of Family Growth, a population-based survey of persons between the ages of 15 and 44, reported that lesbians had more than twice the odds of overweight and obesity as heterosexual women (Boehmer et al., 2007). The Nurses' Health Study found disparities in longitudinally assessed weight gain trajectories, with LB women more likely than heterosexual women to experience adverse weight gain in adulthood (Jun et al., 2012). Lesbian/bisexual women aged 50 to 79 years in the Women's Health Initiative sample of women were 25% more likely to be obese than heterosexual women, with 51% of lesbians being overweight or obese (Valanis et al., 2000). Finally, a recent systematic review of the literature found that LB women had significantly greater body mass index (BMI) or a higher percentage with a BMI of greater than 30 kg/m^2 than heterosexual women (Eliason et al., 2015). This is the first paper of several in the *Women's Health Issues* supplement on healthy weight in lesbian and bisexual women; the results of the interventions follow this paper in the supplement.

With virtually no extant national interventions addressing weight and fitness-related health disparities among LB women (Rizer, Mauery, Haynes, Couser, & Gruman, 2015), the United States Department of Health and Human Services, Office on Women's Health (OWH) provided funding for the coordinated national initiative titled: Healthy Weight in Lesbian and Bisexual Women: Striving for a Healthy Community (HWLB program). Healthy weight was defined as the weight at which physical health risks and conditions are decreased to normal ranges or functional and psychosocial status is improved. Previous research identified unique concerns, barriers, and perceptions related to weight interventions among LB women (Bowen, Balsam, Diergaarde, Russo, & Escamilla, 2006; Fogel, Young, Dietrich, & Blakemore, 2012a; Yancey et al., 2003). These include the desire for a safe environment composed of LB women that allows for open discussion about partners or other sexual identity-related concerns, a program design that fosters a sense of community, a focus on achieving health and physical fitness rather than thinness, and a recognition of the specific stressors experienced by LB women. Therefore, the HWLB program focused on improving the overall health of older LB women (women over the age of 40) by tailoring interventions to meet their identified needs (Brittain, Dinger, & Hutchinson, 2013; Fogel, Young, & McPherson, 2009; Roberts, Stuart-Shor, & Oppenheimer, 2010).

Theories that attempt to explain the roots of higher rates of obesity among LB women include stigmatization (including minority stress; Meyer, 2003); childhood sexual abuse (Aaron & Hughes, 2007; Austin et al., 2008); LB community norms that prioritize health over weight loss (Fat Liberation, 2013); rejection of heteronormative standards of thinness, with its associated dieting practices, as representing beauty; positive acceptance of all body sizes; and attraction based on factors other than physical characteristics (Bowen et al., 2006; Chmielewski & Yost, 2013; Fogel, 2010; Morrison, Morrison, & Sager, 2004; Roberts et al., 2010).

The purpose of this paper is to describe five individual, yet related, 12- to 16-week-long interventions that demonstrate the feasibility of community-specific interventions for healthy weight among LB women. The results of these specific studies are reported elsewhere (McElroy et al., 2016). These five pilot studies represent the initial phases of interventions that introduce unique combinations of features (e.g., gym memberships, mindfulness, Health at Every Size, bio/psychosocial measurements) that fit within the IOM's recommendations for achieving a healthy weight. The design and components of each intervention will be described individually with an ensuing discussion and recommendations for practice or policy.

Materials and Methods

Study Objectives

The intent of the HWLB program was to assess a variety of approaches to group interventions that fit within the older LB community. In a systematic review of obesity prevention interventions, those that incorporated both diet and physical activity showed positive impact on weight outcomes over long-term follow-up (Lemmens, Oenema, Klepp, Henriksen, & Brug, 2008).

The use of a cognitive–behavioral approach (using group meetings, individual counseling for nutrition and physical activities, and physical activity programs) is well-grounded in previous weight loss and health improvement/maintenance research (Brawley, Rejeski, Gaukstern, & Ambrosius, 2012; Rejeski, 2003). Each of the HWLB programs conducted focus groups with LB community members before implementation. This series of 11 focus groups informed participant recruitment and retention strategies and enabled further refinement of each intervention's content (Garbers et al., 2015). To ensure appropriate engagement of LB women and their respective communities, the OWH required awardees to actively partner with lesbian, gay, bisexual, and transgender (LGBT) community organizations focused on addressing the needs of LB women (Table 1). All interventions were required to incorporate four IOM recommendations related to obesity prevention (IOM, 2012). These recommendations included encouraging physical activity, establishing healthy dietary choices, promoting limited intake of alcohol, and reducing intake of sugar-sweetened beverages. Each HWLB program group intervention developed site-specific primary SMART (specific, measurable, appropriate, realistic, and time-specific) objectives related to the overall OWH goal (Table 2). The objective to increase fruits and vegetables by 10% was thought to be achievable, based on the low intake nationwide ($\leq$3 per day) in the intervention states as reported by the Centers for Disease Control and Prevention's 2013 Behavioral Risk Factor Surveillance System (Moore & Thompson, 2015). Reducing sugar-sweetened beverage consumption by 50% was

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