

PRIDE at Heart



Background

Every day, we are working toward **improving the cardiovascular health of all Americans by 20 percent, and reducing deaths from cardiovascular diseases and stroke by 20 percent, all by the year 2020.** “ALL” Americans includes people of all backgrounds and across the spectrum of all diversity elements: sexual orientation, gender identity, age, race, ethnicity, faiths, socio-economic levels, and physical and cognitive disabilities. The “next frontier” is eliminating LGBTQ health disparities.

A few key terms to know:

The term that encompasses all non-heterosexual and non-cisgender people is **“sexual and gender minorities.”**



Cis = A prefix meaning “not across” and generally used before the word gender. Cisgender means that the individual has a gender identity corresponding with their sex assigned at birth.

Gender Identity = One’s internal sense of being a man, woman, neither, both, or another gender. For gender minority people, their sex assigned at birth and their gender identity are not the same. Gender identity is fluid and can change over time.



Sexual Orientation = The type of sexual, romantic, physical, and/or spiritual attraction one feels for others, often labeled based on the gender relationship between the person and the people they are attracted to. Sexual orientation is fluid and can change over time.



Sexual Minority = People who are not heterosexual. This includes those who identify as gay, bisexual, lesbian, asexual, pansexual, same-gender loving, and many others. People are not sexual minorities on the basis of their gender identity (see “gender minority”).



Gender Minority = People who are not cisgender. This includes those who identify as transgender, genderqueer, gender non-conforming, non-binary (any gender identity that does not fit the male and female binary), and many others. It is important to use the person’s chosen name and pronouns. People are not gender minorities on the basis of sexual orientation (see “sexual minority”).

Queer = Historically a derogatory term used against LGBTQ people, it has been embraced and reclaimed by LGBTQ communities. Queer is itself an identity and can also be used to refer to all sexual and gender minorities.



Gender Affirmation (or Confirmation) Surgery = Previously known as sex reassignment surgery or gender reassignment surgery, this includes a variety of procedures for gender minorities to provide physical traits corresponding with their gender identity.

Hormone Therapy

= The introduction of hormones associated with the person’s gender identity (notably testosterone for transgender men and estrogen for transgender women) in order to induce physical changes (i.e. feminization, masculinization).



Understanding health disparities across all spectrums is of critical importance to the AHA, which is why we're equipping you with some important facts about the LGBTQ community as they relate to health. LGBTQ people are members of every community. They are diverse, come from all walks of life, and include people of all races and ethnicities, all ages, all socioeconomic statuses, and from all parts of the country.

THE FACTS...



Most research does not collect current gender identity, sex assigned at birth, and current sexual orientation.

This prevents researchers from accurately studying health and disease in LGBTQ people. When questions are asked, it usually focuses on sexual orientation; gender minorities are largely invisible. As a result, there are very few research studies that assess the health and well-being of gender minority people.

Sexual minorities are particularly vulnerable to social stresses that lead to **increased tobacco and substance use.**

Social stress may also contribute to body image, exercise, and eating habits.



52%

of sexual minorities are more likely to use tobacco.



Compared with heterosexual men, **sexual minority men are significantly more likely to use tobacco.** Rates of death among U.S. smokers are **3 times higher** than for people that have never smoked. On average, male smokers die 13.2 years earlier than male nonsmokers.

Sexual minority women are significantly more likely to use tobacco compared to heterosexual women.

On average, female smokers die 14.5 years earlier than female nonsmokers.



Greater levels of depression are associated with higher CVD risk. **Sexual minority men exhibit greater levels of depression or depressive symptoms compared to heterosexual men in the United States.**

Compared to individuals that were never depressed, adults with depression have a **60% higher risk** for the development of cardiovascular disease.



Poor mental health is more common among sexual minority women compared to heterosexual women.

In healthy individuals, depression has been independently associated with the development and progression of coronary artery disease and with death from cardiovascular diseases.

Stress may be a factor that contributes to health disparities in sexual minorities. **Sexual minority men report significantly greater levels of stress compared to heterosexual men.** Chronic stress, both at early life and adulthood, has been associated with 40-60% excess risk of coronary heart disease.

For questions or comments, contact the Diversity and Inclusion Team at diversity@heart.org.



Sexual minority men are less likely to be overweight or obese compared to heterosexual men, whereas **sexual minority women have higher Body Mass Index (BMI)** compared to heterosexual women.