New data quantifies sexual orientation disparities in heart-health risk factors
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Lesbian, gay and bisexual (LGB) adults are strikingly less likely to have ideal cardiovascular health than heterosexuals, based on a national health survey.

Seven health metrics in a sample of 2,445 adults older than 18 years were measured in 2011-2012. Five percent were identified as LGB, and 95 percent as heterosexual. Transgender people were not included. Results showed that LGB people are 36 percent less likely to have ideal cardiovascular health than heterosexuals.

Smoking, body mass index, physical activity, eating patterns, blood pressure, total cholesterol and blood sugar were measured, with each metric scored as ideal, intermediate or poor. Ideal cardiovascular health was defined as having ideal scores for five or more of the metrics.

The preliminary data, presented this week at the American Heart Association’s Epidemiology and Prevention | Lifestyle and Cardiometabolic Health Scientific Sessions, sheds further light on cardiovascular health disparities. It also indicates a disproportionately higher risk for CVD among sexual minority groups.

Tackling disparities with data
According to the survey, fewer LGB people are in ideal cardiovascular health compared to heterosexuals when it comes to smoking habits and managing blood sugar. Prior research has documented higher rates of tobacco use among sexual minorities, as well as other CVD risk factors including stress and alcohol consumption.

Unfortunately, most studies do not collect current gender identity, sex assigned at birth, and current sexual orientation. As a result, we have relatively little research that can assess the health and well-being of sexual minorities and inform culturally-appropriate interventions that target heart disease risks in this population. But we do know that LGB adults have an elevated risk for CVD and are more likely to experience negative cardiovascular outcomes compared to heterosexuals. It is important for future studies to collect gender identity, sex assigned at birth and current sexual orientation so that more can be done to address these health disparities.

Eliminating health disparities — giving all Americans the same opportunity to improve their health and avoid disease — is critical to achieving health equity. As our population becomes more and more diverse, the urgency to address the social dynamic of cardiovascular disease will only persist.
The AHA’s 2020 goal to improve the cardiovascular health of all Americans by 20 percent and reduce deaths from cardiovascular diseases and stroke by 20 percent includes people of ALL backgrounds and across the spectrum of all diversity elements: sexual orientation, gender identity, age, race, ethnicity, faiths, socioeconomic levels, and physical and cognitive disabilities. As we continue to collect and examine data about these groups, we can effect lifesaving, evidence-based changes in systems, environments and policies so we can be a strong catalyst for achieving health equity.

Related Resources

- Abstract in Circulation
- AHA news release
- PRIDE at Heart infographic