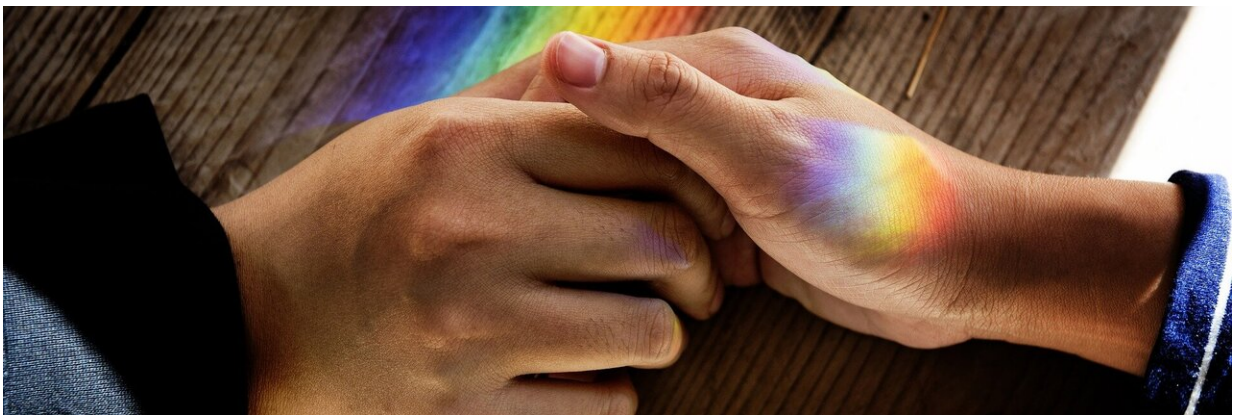


Q&A: Researcher explores cardiovascular health disparities of sexual and gender minorities

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Billy A. Caceres, Ph.D., R.N. is one of just a handful of researchers in the world focused on understanding and reducing cardiovascular health disparities among sexual and gender minority (SGM) adults. About 20 million people—or 7.1% of the U.S. population—are estimated to be part of this diverse group, which includes, among others, individuals who identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ+).

Caceres, an assistant professor in the Center for Sexual and Gender Minority Health Research at the Columbia University School of Nursing

in New York City, shares his insights about why disparities among this population exist and what he is doing to advance this understudied but growing area of research.

What aspect of cardiovascular health disparities are you focused on?

My current research is primarily focused on examining blood pressure and sleep [health disparities](#) among SGM people due to social and structural determinants of [health](#). I am particularly interested in [health outcomes](#) and healthcare needs among SGM people of color. So far, my colleagues and I have documented that this group has a higher risk of hypertension, diabetes, and short sleep duration—all risk factors for [cardiovascular disease](#).

Tell us more.

Our research team recently reported that bisexual women had a greater risk of cardiovascular disease than heterosexual women, which was attributed to a higher prevalence of nicotine exposure and excess weight. In another study, we found that lesbian and bisexual women were more likely than heterosexual women to report sleeping less than 4 hours per night. Other studies have shown that lesbian and [bisexual women](#) have a higher prevalence of obesity and diabetes than [heterosexual women](#), and that bisexual men are 2-3 times more likely to have hypertension and diabetes than heterosexual men. Notably, the risk is highest for Black bisexual men.

Why is the SGM community at higher risk for these conditions?

An interesting thing about SGM disparities is that there's really no

biological basis for why we're seeing them in this population, but we know that [social determinants](#)—things like discrimination, violence exposure, and other stressful experiences—play a role. Overall, there've been limited studies that explore the physiological mechanisms behind heart, lung, and sleep disparities among SGM populations.

What challenges have you encountered doing this research?

One of the biggest hurdles I continue to encounter is a lack of recognition that similar to health disparities in other marginalized groups, social and structural determinants of health, such as discrimination and poverty, are the underlying causes of many of the cardiovascular health disparities observed in SGM people. Another challenge is that the field of SGM health has not generally focused on non-communicable diseases, such as cardiovascular disease, lung disorders, and cancer.

What has it focused on?

The majority of SGM health research has focused on mental health, [substance abuse](#), and HIV among SGM people. Today, there's a lack of robust, population-based research on the heart, lung, and sleep disparities among SGM populations. Some NIH studies are trying to change that.

Why did you choose to go into SGM research?

As a member of the SGM community myself, and also a person of color, I have long been drawn to these issues. However, I didn't intend to pursue a career as a cardiovascular scientist. I initially worked as a cardiothoracic and vascular surgery nurse at New York University (NYU) Medical Center. My [clinical experience](#) exposed me to the health

inequities experienced by SGM people and solidified my interest in this area. Soon after enrolling in the Ph.D. program in Nursing at NYU in 2013, I decided to focus my doctoral research on identifying cardiovascular health disparities in SGM adults, because there was very little research in this area at the time.

You are only one of a few health researchers studying SGM cardiovascular health. What will it take to help this field grow?

One of the most important things that can be done to ensure a robust and diverse workforce of researchers in this area is to see they get adequate training and funding. This includes interdisciplinary training in cardiovascular science, SGM health, health equity, health services research, and more. There are many NIH-funded opportunities for SGM health researchers to obtain training in HIV/AIDS, [mental health](#), and substance use, and there are emerging resources for SGM cancer research. However, we do not have similar training for SGM cardiovascular health. Universities and funders also need to develop programs and policies to ensure that researchers feel supported to pursue careers in SGM health research. Researchers are sometimes discouraged from pursuing SGM health research out of fear that no one will fund it.

What kind of clinical and public health interventions are you considering to promote optimal cardiovascular health for SGM people?

Today, there are few evidence-based interventions to address chronic disease risk reduction, including cardiovascular disease, in SGM populations. We're hoping that will change in the future with input from SGM research findings. For now, getting year-round resources to this

diverse community about cardiovascular disease prevention can help. For example, people in the SGM community should consider eliminating or cutting down on their use of tobacco products, getting more exercise, and getting adequate sleep. They should follow general health guidelines advocated by the NIH and other organizations that aim to maximize heart health. Clinicians and researchers have to find ways to help them do that.

More information: To learn more about SGM research, visit the NIH Sexual & Gender Minority Research Office at <https://dpcpsi.nih.gov/sgmro>. To learn more about heart-healthy living, visit <https://www.nhlbi.nih.gov/health/heart-healthy-living>.

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