Program Overview:

Million Hearts 2022 is a national initiative to prevent 1 million heart attacks and strokes within five years. This program is co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS). Over 1.5 million Americans suffer from a heart attack or stroke every year. In addition, heart disease is the leading cause of death in the United States. The rates of heart-related deaths declined from the 1960s until recently, when they began increasing again, especially in the younger 35-65 population. Million Hearts is focusing on evidence-based key areas that target unhealthy behaviors to help improve cardiovascular health. Three goal areas include keeping people healthy, optimizing care, and concentrating on priority populations. They also provide online tools, protocols, and action guidelines for providers to help educate, motivate and monitor their patients. (www.millionhearts.hhs.gov)

Health Issues and Target Population:

The LGBT community has traditionally been understood and treated healthwise like their age-matched heterosexual and cisgender peers (Colpitts & Gahagan, 2016). Therefore, their health needs have been considered invisible, and discrimination among healthcare systems has affected how they choose to access or avoid the health care they need (Colpitts & Gahagan, 2016). Some common health disparities are homelessness, cancer, STDs and HIV, obesity, isolation, suicide risk, and other mental health diagnoses (Ritter & Graham, 2016). LGBT persons are also at high risk for substance abuse and minority stress (Gay and Lesbian Medical Association, 2001).

Psychosocial stressors are negatively impacting this population and causing more significant risks for many health problems, including cardiovascular disease (CVD) (Caceres et al., 2020). CVD is the leading cause of death worldwide, and according to Caceres et al. (2020), the evidence shows that LGBT adults are at greater risk than their heterosexual, cisgender peers. This risk is partly due to stress, access to non-discriminatory health care, cultural barriers, lack of understanding of their needs, and too risky behaviors associated with negative coping strategies such as substance abuse (Ritter & Graham, 2016).

Overview of Population and socio-cultural issues:

Gay persons have been around throughout history but only recently emerged publicly due to increased acceptance, status, and legal issues (Ritter & Graham, 2016). At points in history, they were considered outlaws, mentally ill, faced cultural discrimination, been arrested, and been a part of riots to protect their rights (Ritter & Graham, 2016). In 2016, there were over 9 million adults in the U.S that identified as LGBT (Ritter & Graham, 2016). That is around 4% of the U.S population, although the exact number is unknown due to lack of research and unreliable data (Ritter & Graham, 2016). According to Gallups 2017 poll, that percentage rose to 4.5%, and in the latest poll in February of 2021, it rose again to 5.6%. LGBT is defined as those who identify as Lesbian, Gay, Bisexual, or Transgender individuals (Jones, 2021). It is essential to know a few different definitions to understand this population and identify critical factors to providing health equity and cultural competence (Ritter & Graham, 2016).

- *Sexual identity* - one's physical, romantic, emotional, and spiritual attraction to another
- *Gender identity* - one's internal sense of being male or female

- *Transgender* - one's birth-assigned gender doesn't match their inner sense of their gender; living full or part-time as the opposite sex from that which they were assigned at birth.
- *Bisexual* - ones' sexual identity is to men and women
- *Gay* - one's sexual identity is to the person of the same sex; can also refer to gay males
- *Lesbian* - refers to gay women
- *Cisgender* - gender identity is congruent with their assigned birth gender

Of the 5.6% of the population who identify as LGBT, most (54.6%) identify as bisexual, 24.5% are gay, including the 11.7% who identify as lesbian, and 11.3% identify as transgender (Jones, 2021). Younger generations are identifying more as LGBT than those of older generations, with Generation Z, born between 1997-2002, reporting at 15.9% LGBT as opposed to traditionalists born before 1946, reporting at 1.3% (Jones, 2021). Also, more women identify as LGBT than men, 6.4% to 4.9%, respectively (Jones, 2021).

LGBT individuals exist in all cultures (Ritter & Graham, 2016). They also have their own culture with values, beliefs, traditions, and behaviors, although they are as different from each other as other cultures, and gay culture is essentially hidden within our larger culture (Ritter & Graham, 2016; Gay and Lesbian Medical Association, 2001). According to The Williams Institute, UCLA School of Law, most LGBT are white, 21% Latino, and 12% Black (LGBT Demographic Data Interactive, 2019). Also, a significant number of LGBT people of all races and ethnicities, compared to those who identify as heterosexual, are unemployed, uninsured, food insecure, and have low-income (LGBT Demographic Data Interactive, 2019). According to the Healthy People 2030 objectives for the LGBT community, bullying, drug, and alcohol use,

mental health disorders, and sexually transmitted infections are all socio-cultural areas that cause concern (Office of Disease Prevention and Health Promotion, n.d.).

Description of the affected population, including socio-cultural factors relevant to the impact of the health problem:

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Psychosocial stressors are negatively impacting this population and causing more significant risks for many health problems, including cardiovascular disease (CVD) (Caceres et al., 2020). CVD is the leading cause of death worldwide, and according to Caceres et al. (2020), the evidence shows that LGBT adults are at greater risk than their heterosexual, cisgender peers. This risk is partly due to stress, access to non-discriminatory health care, cultural barriers, lack of understanding of their needs, and too risky behaviors associated with negative coping strategies such as substance abuse (Ritter & Graham, 2016).

Individuals in this population are at greater risk of CVD through psychosocial, behavioral, and physiological pathways (Caceres et al., 2020). There are a few minority stressors that specifically are faced by this population that are an immediate risk for CVD (Caceres et al.,

2020). For example, self-stigma, expectations of rejection, and concealment (Caceres et al., 2020). On top of that, there are interpersonal stressors such as discrimination, family rejection, and violence, as well as typical life stressors for which this population is at greater risk, such as financial stress (Caceres et al., 2020).

Program approach and evaluation of cultural competency:

Million Hearts 2022

The Million Hearts initiative began in 2012 and, in its first five years cycle, prevented an estimated 135,000 heart attacks, strokes, and related cardiovascular episodes (Million Hearts, 2020). The program identifies several priorities for the 2022 initiative, aiming to prevent 1 million fewer heart attacks and strokes in the next five years (Million Hearts, 2020). Here are a few of the priorities:

- 20% reduction in sodium intake
- 20% reduction in tobacco use
- 20% reduction in physical inactivity
- 80% performance on the ABCS Clinical Quality Measures
- 70% participation in cardiac rehab among eligible patients

Cultural competency of Million Hearts 2022:

Here are some general objectives shared by Million Hearts 2022 and Healthy People 2020 share that, according to previous research noted above, qualify as risks for the LGBT community:

- Decrease in tobacco use

- Reduce the proportion of persons who experience mental health disorders, suicide attempts, and substance use disorders
- Reduce the proportion of adults who are obese
- Reduce use of alcoholic beverage substance abuse

In an extensive search through all components of the Million Hearts 2022 program, there is no mention of LGBT or this population in specific terms. The program does not mention cultural competency in its mission statement, nor does it have a committee to address this (Ritter & Graham, 2016). The program does partner with ethnic communities and focuses on underserved communities' priorities, specifically Black/African American people, Spanish speaking, and immigrant demographics (Million Hearts, 2020). This focus is understandable, and attention is needed in these populations due to current risk (Million Hearts, 2020). However, the LGBT community is at a very high risk; they just haven't been researched enough or identified as a high risk due to incomplete data (Caceres et al., 2020).

Strategies for cultural competence:

I believe the attention first needs to be on acquiring research data on the LGBT population (Caceres et al., 2020). This data needs to address the underlying social and clinical issues this population uniquely experiences that cause a higher risk for CVD (Caceres et al., 2020). Due to the increase in the number of risk factors for the LGBT population, Million Hearts 2022 should look into funding or advocating for research. There should be a representative from other cultures, such as the LGBT community and resources page on their website specific to this population. In their provider resources, they could offer support for enhancing communication between providers and LGBT patients. This program might also help advocate for more excellent

insurance coverage for this population regarding domestic partner coverage for cardiac rehab. The program also needs a sub-program that focuses on prevention starting in early adulthood and includes the LGBT community in this. This age is when a lot of the health behaviors can more readily be changed. For health interventions to be successful, however, there needs to be an understanding of how culture influences individuals, in this case, how the LGBT culture influences LGBT individuals and how the relationship between individuals shapes the effectiveness and sustainability of health interventions (Iwelunmor et al., 2014).

Cultural Identity identifies the persons, extended family, and neighborhoods (Yick & Oomen-Early, 2008). Interventions aimed at the LGBT community to prevent CVD will need to consider the LGBT person and who they are within the LGBT culture. LGBT individuals may have less connection with their families than others, and therefore how do those family members influence health behaviors? Lastly, in the neighborhoods where they live, are they in supportive communities, or are they living in rural conservative communities with biases and discrimination? I believe the best influence on this population's health behavior will come from within the LGBT culture and not those of family or neighborhoods.

Relationships and Expectations include perceptions of health information and the aspects that enable and nurture health behaviors (Yick & Oomen-Early, 2008). Maybe finding partners in the LGBT community, such as community centers and advocates, that convey the message of the effects of minority stress and the risk factors for CVD that they face. It is essential to provide interventions from trusted sources and fellow LGBT community members. It is also important to assess if the LGBT culture will nurture those who want to alter their lifestyles to include less smoking, drugs, and alcohol as nightlife is a significant factor in LGBT social life.

Cultural Empowerment includes the positive, existential, and negative dimensions of the culture that can change health behaviors and use interventions to promote these beliefs (Yick & Oomen-Early, 2008). What are the positive aspects of the LGBT culture that would influence health behavior change? Developing an overarching plan to create resilience among this population through the positive aspects of social support, social connectedness, positive LGBT role models, connection to LGBT communities, and other broad community and environmental factors could help adopt healthier behaviors (Colpitts & Gahagan, 2016).

Integrative health interventions:

It is often difficult for those in the LGBT community to receive culturally competent and appropriate healthcare (Smith et al., 2010). For example, many lesbians face lower rates of health insurance, lower average incomes, and higher rates of discrimination in healthcare settings (Smith et al., 2010). Many LGBT individuals also suffer from anxiety and depression, often associated with Complementary and Alternative Medicine (CAM) practices (Smith et al., 2010). In fact, a study by Smith et al. (2010) reports that Lesbians had higher prevalence rates of a lifetime (57.3% versus 40.8%) and past 12-month (47.6% vs. 36.3%) CAM use than heterosexual women.

A yoga program for LGBT at risk for CVD would include exercise and stress management (Sharma et al., 2019). The physical postures, breathing exercises, and meditation all help stimulate the vagus nerve and the parasympathetic nervous system, which is beneficial to cardiac health (Sarma et al., 2019). A music therapy program for those in cardiac rehab would be beneficial as participation in a music therapy program and music utilization in everyday life can help reduce stress for those suffering from cardiac diseases (Mandel et al., 2007). I also believe

that proper nutrition and exercise to fight obesity could help this population and other mind-body and expressive therapies reduce stress, encourage self-expression, and enhance mood would decrease CVD risks and improve the overall quality of life.

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