

# Health insurance associated with lower risk of cardiovascular disease among aging immigrants

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Aging immigrants' risk for cardiovascular disease may be heightened by their lack of health insurance, particularly among those who recently arrived in the United States, finds a study led by researchers at NYU Rory Meyers College of Nursing. The findings are published in the *Journal of Nursing Scholarship*.

"Health [insurance](#) coverage can play an essential part in a comprehensive approach to mitigating [cardiovascular risk](#) for aging immigrants," said Tina Sadarangani, Ph.D., RN, ANP-C GNP-BC, assistant professor and faculty fellow at NYU Rory Meyers College of Nursing and the study's lead author. "The lack of [health insurance coverage](#) we observed among recent immigrants is especially concerning, given that their cardiovascular [health](#) is susceptible to deterioration as they adopt American lifestyles."

In the U.S., a growing number of uninsured, older immigrants go to emergency rooms with strokes, heart attacks, and other serious but preventable complications of cardiovascular disease. This may surprise some given prior research on the healthy immigrant effect, which finds that immigrants are initially healthier than native-born Americans. However, this advantage erodes over time as immigrants take on American ways, such as becoming more sedentary and eating less healthfully.

Research also shows that having health insurance increases healthcare utilization. However, immigrants experience barriers to obtaining affordable coverage. In the majority of states, immigrants who meet federal poverty guidelines must wait at least five years to be eligible for Medicaid, a result of welfare reform in the 1990s. In addition, private health insurance plans are costly and may be unaffordable for older immigrants with limited incomes—who, for instance, may be coming to the U.S. to care for their grandchildren.

In this study, the researchers sought to understand the risk for cardiovascular disease among aging immigrants (age 50 and up) and analyzed whether health insurance plays a role in this risk. Using a nationally representative sample from the CDC's National Health and Nutrition Examination Survey from 2007 to 2012, they looked at cardiovascular disease risk, health insurance coverage, and factors that may be barriers to healthcare for immigrants. Of the 1,920 aging immigrants studied, the majority (1,607) had been in the U.S. for at least a decade, while the remainder were recent immigrants, having arrived in the U.S. within the past 10 years.

The researchers found that recent immigrants had an overall lower risk for cardiovascular disease than long-term immigrants, which is consistent with prior studies of the healthy [immigrant](#) effect, but may also be explained by their slightly younger age. However, despite being younger and healthier, laboratory testing found that recent immigrants had higher plasma glucose levels, total cholesterol, and triglycerides, and lower HDL cholesterol values compared to long-term immigrants, suggesting that they could develop cardiovascular disease and would benefit from screening and [preventive care](#).

In addition, recent immigrants were far more socially disadvantaged than long-term immigrants. More than half of recent immigrants (54 percent) had no health insurance, making them twice as likely to be uninsured

than long-term immigrants (22 percent). These figures are a stark contrast to the overall U.S. population: 8.8 percent of the population and roughly 1 percent of people over 65 years are uninsured. Recent immigrants were also more likely to have low incomes, limited English proficiency, and lack routine healthcare.

"All of these factors challenge immigrants' ability to access care at a time when risk factors for cardiovascular disease may emerge," said Sadarangani. "This is compounded by unfamiliar and complex medical systems and fear around the cost of care, which may prevent many from seeking care until a health condition is serious and often more expensive to treat."

A key finding of the study was that being uninsured contributed to cardiovascular disease risk beyond other factors that restrict healthcare access, and while recent immigrants overall had a [lower risk](#) for cardiovascular disease than long-term immigrants, cardiovascular disease risk was particularly pronounced among uninsured recent immigrants. Insurance plays a critical role in increasing access to preventive services, especially laboratory testing for inclusive of lipid and glucose screenings, which were elevated among recent immigrants.

"So many factors affect access to healthcare, but the most powerful indicator we measured was whether immigrants had insurance. For recent immigrants, health insurance acts as an equalizer of sorts, attenuating the effects of lower socioeconomic status and language barriers," said Sadarangani. "Aging immigrants are entering the U.S. at a precarious point in their lives and are predisposed to developing chronic conditions. Yet, they are disincentivized from using healthcare for a variety of reasons, including recent efforts to enact a 'public charge' rule that would penalize immigrants for using Medicaid and other services. In contrast, increasing access to health insurance might actually lower their [cardiovascular disease](#) risk, which could prevent unnecessary and costly

healthcare utilization."

**More information:** Tina R. Sadarangani et al, Cardiovascular Risk in Middle-Aged and Older Immigrants: Exploring Residency Period and Health Insurance Coverage, *Journal of Nursing Scholarship* (2019). [DOI: 10.1111/jnu.12465](https://doi.org/10.1111/jnu.12465)

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