

# Deportation worries may increase high blood pressure risk

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In a four-year study of Mexican-born women who reside in an agricultural area of California, the worry of deportation appears to double their risk of developing high blood pressure, according to new

research published today in the *Journal of the American Heart Association*, the open access journal of the American Heart Association.

The researchers followed 572 [women](#) (average age of 39 years; 99% were born in Mexico) participating in a long-term study of Mexican women and their children in farmworker families in the Salinas Valley region of California.

"Our findings suggest that concerns around [immigration policies](#) and enforcement may have potentially [negative impacts](#) on the long-term cardiovascular health of immigrants and their families and community," said Jacqueline M. Torres, Ph.D., M.P.H., lead author of the study and assistant professor of epidemiology and biostatistics at the University of California, San Francisco.

As part of a baseline assessment in 2012-2014, the women in the study were asked to rate their concern about deportation for themselves or others as not too much (28%), a moderate amount of worry (24%) or a lot of worry (48%). At the baseline assessment, worry about deportation was associated with steeper increases in systolic (top number) [blood pressure](#). However, there was no significant difference in the proportion of women diagnosed with [high blood pressure](#).

"Given what we learned in this first study, we are concerned about the long-term effects of deportation worry and its impact on both mental and [physical health](#)," Torres said.

In the four-year, follow-up with evaluations conducted between 2014-2016 and 2016-2018, the researchers found:

A steeper initial increase in [systolic blood pressure](#) and mean arterial pressure in women who reported higher deportation worry at their baseline assessment;

No change in the association between deportation worry and higher body mass index (BMI) and waist circumference over four-years; and

Among the 408 women who did not have high blood pressure at the initial assessment, women with moderate or high deportation worry were twice as likely to be diagnosed with high blood pressure, compared to those expressing little worry during the four-year follow-up period (either self-reported, a formal diagnosis or a blood pressure greater than 130mm Hg systolic or 80 mmHg diastolic at the evaluation).

"Just as clinicians may think about the role of other stressors impacting the lives and health of their patients, this study suggests they may also need to consider the impact of policies such as immigration on stress levels and the subsequent effect on outcomes related to blood pressure," said Torres.

The researchers cautioned that the study contained only women from one part of the country, and the results may not be generalizable to other groups. However, they noted there is also reason to believe they may have underestimated the effect that living in fear of deportation has on cardiovascular risks like high [blood](#) pressure.

"The women in this study are living in a welcoming, largely Latino community, and they're also in California, where they may have less fear of being deported because it's a sanctuary state," said senior author Brenda Eskenazi, Ph.D., M.A., who directs the Center for Environmental Research and Children's Health at the University of California, Berkeley. "These results may be magnified in other regions in the United States."

The investigators are currently expanding the list of questions about the impact of immigration policies for participants at their six-year follow-up visit, to measure the impact of [deportation](#) worries on outcomes

related to the women's cognitive and physical functioning as they enter middle age.

**More information:** Jacqueline M. Torres et al, Deportation Worry, Cardiovascular Disease Risk Factor Trajectories, and Incident Hypertension: A Community-Based Cohort Study, *Journal of the American Heart Association* (2019). [DOI: 10.1161/JAHA.119.013086](https://doi.org/10.1161/JAHA.119.013086)

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