

Death due to cardiovascular disease more likely among Black adults born in the U.S.

February 3 2022



A blood clot forming in the carotid artery. Credit: American Heart Association

Black adults born in the U.S. had a higher rate of death from cardiovascular diseases and all causes compared to Black adults who were born in other countries, according to preliminary research to be

presented at the American Stroke Association's International Stroke Conference 2022.

Black adults in the U.S. are at higher risk for heart attack, [stroke](#) and other cardiovascular diseases compared to white Americans. However, the risk of [death](#) from stroke and other types of cardiovascular disease, as well as all causes of death, may vary among Black adults born in the U.S. versus those who are born elsewhere. The researchers note their study is one of the first large, population-based, [epidemiological studies](#) to examine the impact of migration and assimilation on death among Black individuals.

"Previous reports have suggested that despite having low socio-economic status and limited access to health care, immigrants around the world are generally healthier than the host population [in the country to which they have migrated], a benefit that tends to dissipate the longer they live in the host country," said study author Alain Lekoubou Looti, M.D., M.S., an assistant professor of neurology and public health sciences at Penn State College of Medicine at Penn State Health Milton S. Hershey Medical Center in Hershey, Pennsylvania. "How region of origin and acculturation affect death from cardiovascular disease, stroke and all causes among Black immigrants remains largely unknown and may provide valuable information for studies on stroke prevention and outcomes for the public, health care professionals and [health care](#) stakeholders."

In 2019, 10% of the Black population in the U.S. was estimated to be born elsewhere, an increase of 3% from 2000, when about 7% of the U.S. Black population was born outside the U.S., according to statistics from the Pew Research Center.

In this study, researchers evaluated the association between country of birth and stroke prevalence using health information on more than

64,700 Black adults in the U.S., ages 25 to 74 years, from the National Health Interview Service data 2000-2014 of the U.S. Centers for Disease Control and Prevention (CDC). Among those who reported surviving a stroke, researchers compared overall death rates, as well as death rates specifically due to stroke and cardiovascular diseases, among Black adults born in the U.S. and Black adults born in the Caribbean, South and Central America, and Africa. The researchers also analyzed the potential effect of time since migration on these parameters.

The analysis found:

- Of those studied, 2,549 had a self-reported history of a stroke.
- There were 4,329 deaths (including 205 attributed to a stroke and 932 deaths from cardiovascular disease) recorded during the study period.
- Compared to U.S.-born Black adults, African-born Black adults who reported having had a stroke had 50% lower death from all causes and trended toward having lower cardiovascular death rates.
- At the 10-year follow-up, the incidence of death for U.S.-born Black adults from all causes was 12.6%; 2.76% from cardiovascular disease; and 0.6% from stroke. Among Black adults who were born in the Caribbean, South and Central America, the incidence of death from all causes was about 6.1%; 1.6% from cardiovascular disease; and 0.45% from stroke. For Black adults born in Africa, the incidence of death from all causes was 3.15%; 0.54% from cardiovascular disease; and 0.08% from stroke.
- Compared to U.S.-born Black adults, the rates of death among Black individuals born in the Caribbean, South and Central America from all causes were 54% lower and 40% lower from cardiovascular disease, respectively, however, rates of death from stroke were similar.

- Time since migration did not significantly affect [death rates](#) among Black adults born outside the U.S.

"Our finding that Black individuals who immigrated to the U.S. earlier (less than five years ago) and later (15 years ago and more) died at a lower rate than U.S.-born Black individuals was surprising, and our analysis could not explain this difference. One potential explanation is the persistent 'carryover' effects from their country of birth, although this benefit fades with time," Lekoubou Looti said.

A potential study limitation is that stroke was self-reported by the study participants.

"This study provides important additional information as we continue to investigate the various factors that may affect cardiovascular disease death and stroke incidence among people born in the U.S. compared to people who migrate to the U.S.," said Mercedes R. Carnethon, Ph.D., FAHA, an American Heart Association volunteer expert and Circulation Associate Editor and an epidemiologist and vice chair of preventive medicine at Northwestern University Feinberg School of Medicine in Chicago, Illinois. "Continued research in this area will ultimately help us reduce heart disease and stroke for all people in the U.S. regardless of place of birth."

Provided by American Heart Association

Citation: Death due to cardiovascular disease more likely among Black adults born in the U.S. (2022, February 3) retrieved 11 May 2024 from <https://medicalxpress.com/news/2022-02-death-due-cardiovascular-disease-black.html>

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