

Cardiovascular disease affects US-born Black adults more than Black immigrants

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Recent Black immigrants and those who have been in the U.S. for 15 years or longer are less likely to die earlier, in general, and from cardiovascular disease specifically, than Black adults born in the U.S.,

according to new research led by Penn State College of Medicine. The findings suggest that the broad use of race as a factor for providing certain health interventions and treatments should be reconsidered.

According to Dr. Alain Lekoubou Looti, an assistant professor of neurology and public health sciences at the College of Medicine, research has suggested that immigrants in the United States have better health outcomes than those who are born here, partially because immigrants tend to already have healthier lifestyles. However, physicians also believe this good health probably fades the longer immigrants stay in the U.S., where cheap, highly processed foods are widely available and consumed. Lekoubou's new research muddies these beliefs.

"Even after adjusting for multiple covariates, such as [socioeconomic status](#) and [education levels](#), these results were really surprising to us," Lekoubou said. "To see that persistent gap between Black people born elsewhere and those who were born here—we don't have any clear or solid explanation."

The team examined data on nearly 65,000 Black adults aged 25 to 74 from the Centers for Disease Control and Prevention's National Health Interview Survey (NHIS) from 2000 to 2014, with linked mortality files through 2015. Almost 4% of the individuals were African immigrants and 8% were from the Caribbean and Central and Latin America.

In the time period the researchers studied, there were 4,329 deaths, with 935 caused by [cardiovascular disease](#) and 205 from a stroke. In every case, deaths were lower among immigrants, even those who had lived in the U.S. for longer than 15 years—immigrants had 54% lower death rates overall and 40% lower death rates from cardiovascular disease.

Lekoubou said one of the biggest takeaways from this study is the need to stop assuming Black patients are a homogenous group.

"I think we have to be careful when we use race to identify patients, because as this research shows, when we are talking about 'Black people' and their risk of cardiovascular disease, it may not be the same for everyone," he said. "There are probably some differences within these groups that need to be accounted for when we are talking to those patients."

This research was presented at the 2022 American Stroke Association International Stroke Conference and is currently being reviewed for publication in a peer-reviewed journal.

Provided by Pennsylvania State University

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