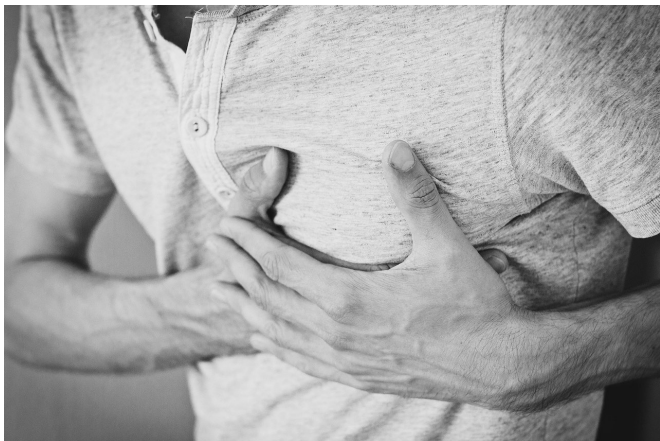


# Noncitizens are undertreated for heart attack, stroke risk factors

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A new study published in *Circulation*, a journal of the American Heart Association, shows that noncitizens in the United States are less likely to receive treatment for cardiovascular disease risk factors when compared with born or naturalized U.S. citizens.

Cardiovascular disease, or CVD, includes conditions such as heart attack and stroke. It is the leading cause of death among adults in the U.S., including immigrants, according to the U.S. Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services.

The University of Illinois at Chicago researchers who conducted the study—which used nationally representative data from the National Health and Nutrition Examination Survey, or NHANES—found that treatment rates for CVD risk factors were lower among noncitizens when compared with citizens. These differences were primarily due to the lack of [insurance coverage](#) and a usual source of care, such as a clinic or doctor's office.

Nearly 17,000 U.S. adults over the age of 20 were included in the analysis, which looked at three categories: U.S.-born citizens (82.1%), foreign-born citizens (8.6%) and noncitizens (9.3%). For each category, the researchers examined the prevalence and treatment of three key CVD risk factors: [high cholesterol](#), high blood pressure and diabetes.

They found that noncitizens had considerably lower treatment rates for high cholesterol compared with foreign-born citizens and U.S.-born citizens. Only 16.5% of noncitizens received treatment for their high cholesterol, compared with 43.3% of foreign-born citizens and 45.5% of U.S.-born citizens. Similar differences were found for [high blood pressure](#) treatment (60.3% vs. 79.6% and 81.1%) and diabetes treatment (51.2% vs. 66.6% and 69.5%).

These disparities by [citizenship status](#) remained after the researchers adjusted for sociodemographic factors, including age, gender, education, income and language preferences. But when the researchers adjusted for insurance coverage and access to a usual source of care, the differences between U.S. and foreign-born citizens and noncitizens lessened.

"Citizenship status acts as a structural barrier to health for noncitizens, where many are systematically excluded from the health care system," said first and corresponding author Jenny Guadamuz, a UIC Ph.D. candidate at the College of Pharmacy. "Yet, much of the current literature on immigrant health does not acknowledge citizenship status as a structural barrier that drives health disparities experienced by immigrants, regardless of ethnic, cultural or behavioral differences."

UIC's Dima Qato, senior author of the study and associate professor of pharmacy systems, outcomes and policy at the UIC College of Pharmacy, says findings from this study offer "strong evidence on the impact of immigration

policy on health and health disparities in the U.S. and the importance of promoting health policies at the local, state or federal levels that ensure access to care, including insurance coverage, and protect the health of immigrants, particularly noncitizens."

Provided by University of Illinois at Chicago

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