# White immigrants to the U.S. are no longer what they used to be…

Jen'nan G. Read, Fatima G. Fairfax | April 22, 2025

*In the U.S., white immigrants constitute nowadays almost 20% of total immigrants, but their origins of have changed considerably over time, with a minority coming from western Europe and most of them arriving from eastern Europe and the Middle East. These shifts have consequences for numerous social mobility outcomes in America, including health status, as Jen'nan Read and Fatima Fairfax document.*

Who counts as white in the U.S.? This has been a demographic puzzle since the 1790 Naturalization Act, when U.S. citizenship was first legally determined to be available only to "free white persons". Over time, immigrants from different world regions began to comprise the white population, creating the numerical majority and widely-used reference category for measuring racial inequality. But what are the implications of diversity *within* the white category for social scientific research? In a recent study (Read & Fairfax 2025), we leveraged nationally representative data to disaggregate white adults by their global region of birth and found considerable health variation that is hidden by the broad, white category.

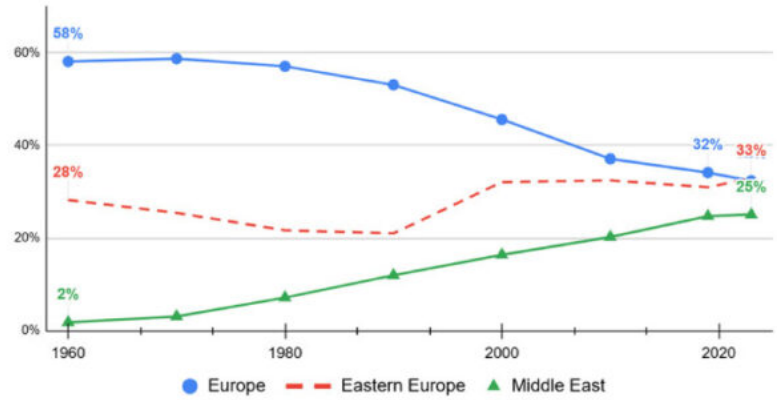
## Changes in the white immigrant population, 1960s to present

Up until the 1960s, the ethnic origins of white immigrants – and thus their 2nd and 3rd generation offspring – were almost exclusively from western and northern Europe. Several changes in immigration policy since then have increased the number of white immigrants arriving from eastern Europe and the Middle East/North Africa, complicating who is classified as white. We explored immigration patterns over the past several decades to show the growing ethnic diversity of white immigrants to the U.S. and the differences in health outcomes for groups categorized as white.

In our deep dive into immigration trends, we analyzed data from the 1986-2022 Yearbook of Immigration Statistics alongside the 1960-2023 decennial census and the American

Community Survey (ACS). Our findings reveal a shift in the demographics of white immigrants over the decades (Figure 1). In 1960, northern and western Europeans dominated the scene, constituting over half of the white immigrant population. In stark contrast, eastern Europeans and Middle Easterners together made up less than a third. Fast forward to 2023, and the landscape has changed considerably: eastern Europeans now account for about a third of white immigrants, surpassing their northern and western counterparts, while those from the Middle East have grown to represent a quarter of the white immigrant population.

**Figure 1.** Major birth regions for non-Hispanic white immigrants to the U.S., 1960-2023




**Source:** Read & Fairfax (2025)

The shifting global origins of white immigrants reflect pivotal events and conflicts over the past several decades, from the Fall of the Soviet Union to the 9/11 terrorist attacks, the Arab Spring, and Russia's invasion of Ukraine. These events have reshaped migration patterns, leading to growth in the number of white immigrants arriving as refugees and through family reunification, often with diverse socio-demographic backgrounds. The evolving profile of white immigrants has far-reaching implications for their lives in the U.S., particularly in terms of their health and well-being.

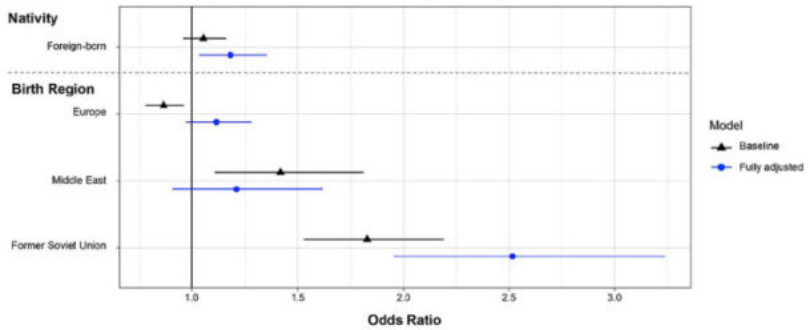
## Health of white immigrants

Immigrants to the U.S. often appear healthier than U.S-born peers in the same racial group, a phenomenon known as the "healthy immigrant effect" (Ro et al. 2016). While this has been explored granularly for many racial groups, less attention has been paid to the health of white immigrants – a group that makes up one in six of the U.S. foreign-born population (Vespa et al. 2020). We address this gap using nationally representative data from the National Health Interview Survey (NHIS) from 2000-2018. Using logistic regression modeling, we show differences in self-rated health and hypertension (high blood pressure) between U.S.-born whites and foreign-born whites. We further disaggregate foreign-born whites by region of birth – Europe, Former Soviet Union, and the Middle East. This allows us to paint a more detailed picture of their health outcomes and compare these groups against each other to understand their relative health statuses.

We find that white immigrants from Europe and the Middle East have health outcomes that are on par with, or better than, those of U.S.-born whites. In contrast, white immigrants from the Former Soviet Union report significantly poorer health (Figure 2). A similar pattern exists when we focus exclusively on white immigrant groups: European and Middle Eastern immigrants exhibit similar health profiles, whereas those from the Former Soviet Union are in poorer health. Importantly, these disparities persist after controlling for differences in

healthcare access, education, income, and citizenship status – factors typically used to explain health variation between groups (fully adjusted model in Figure 2).

**Figure 2.** Odds ratios of poor/fair self-rated health by nativity and birth region




**Note:** Reference = U.S.-born. 95% confidence intervals. Blue marks: model adjusted for healthcare access, education, income, and citizenship status.
**Source:** Read & Fairfax (2025)

## Implications for racial inequality

Our findings of within-group heterogeneity resonate with earlier work on diversity among U.S. whites (Read et. al 2020; Read 2024). While this body of work is small compared to the literature on Black, Asian, and Hispanic populations, it is similar in its critique of using broad, pre-defined U.S. Census categories to identify inequality. Previous research and advocacy to re-classify those from the Middle East and North Africa to reflect their different lived experience in the U.S. highlight the importance of disaggregating these preexisting racial categories (Abboud et al. 2019). In our study, we uncovered particularly poor health outcomes for immigrants from the former Soviet Union. This insight holds profound implications for healthcare professionals as they adapt to treat an increasing number of immigrants from these regions, driven by ongoing conflicts in Ukraine and Russia.

Beyond missing within-group disparities, the aggregate white category may also produce biased or misleading estimates of racial inequality between whites and other populations, especially when comparing trends over time. Trends assume relative stability in the composition of populations, which, as we have shown, is not the case for whites.

Moving forward, we must pay more attention to the composition of the white category. While there has been considerable discussion and debate about the *size* of the white population, the question of who is in that category is equally important, especially if we continue to use it as a measuring stick to gauge racial gaps in health, wealth, and other social mobility outcomes.

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