



CSB Consorci Sanitari
de Barcelona



Integration policy models and the health of immigrants in Europe

Davide Malmusi
Agència de Salut Pública de Barcelona

Background

Immigrants' health



Immigrants from less to more advanced countries:

- “healthy immigrant effect” vanishing over time...^{1, 2}
- ... resulting in poorer health than natives, explained by poorer socio-economic conditions and discrimination^{3, 4}

*Do integration policies, that influence these factors,
have an impact on immigrants' health?*

1 Fernando G De Maio. Immigration as pathogenic... Int J Equity Health 2010

2 Marie Norredam et al. Duration of residence and disease occurrence... Trop Med Int'l Health 2014

3 Vincent Lorant et al. Contextual factors and immigrants' health... Health & Place 2008.

4 Sarah Missinne et al. Depressive symptoms among immigrants... Soc Psychiatry Psychiatr Epidemiol 2012

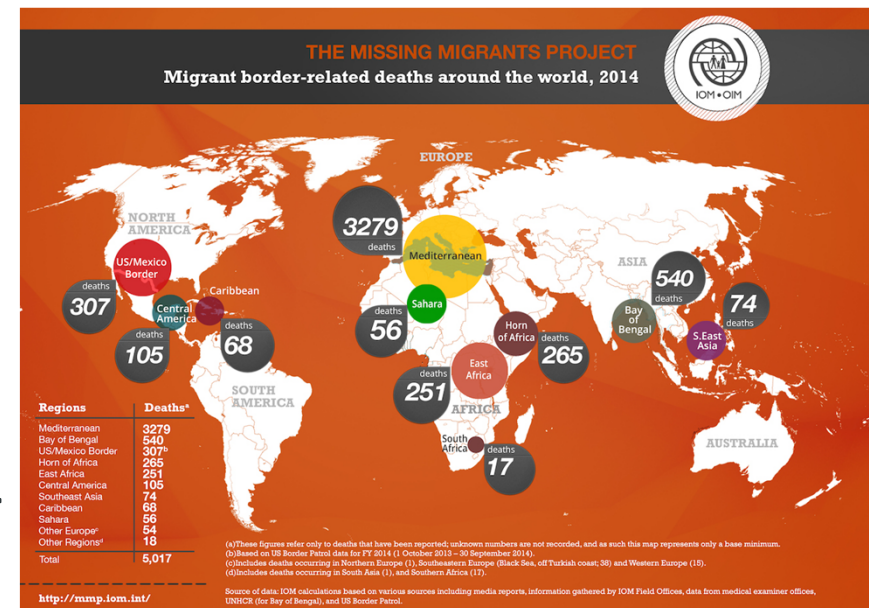
Immigration control policies and immigrants' health

>5,000 border-related deaths around the world, 2015¹

>30,000 in the way to Europe since 2000^{1,2}

Few specific health impact studies
- mostly not in Europe, on irregular migrants, single policy cases³

- Fear of deportation impacts mental health and access to healthcare⁴
- Mental health impacts of passing through detention centres⁵⁻⁷



1 IOM. The Missing Migrants Project. 2 The Migrants Files.

3 Omar Martinez et al. Evaluating the impact of immigration policies... J Immigr Minor Health 2013

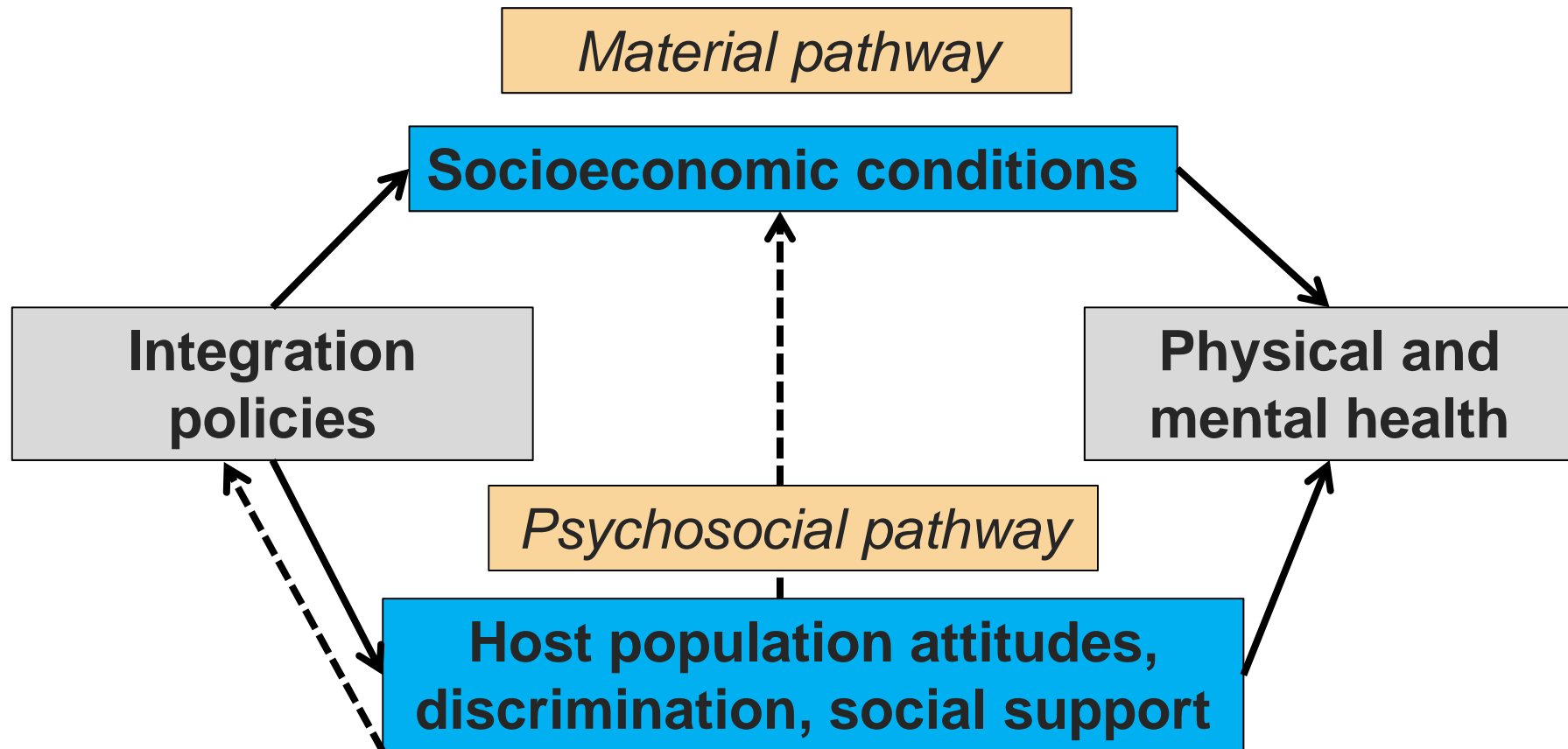
4 Karen Hacker et al. The impact of Immigration and Customs Enforcement... Soc Sci Med 2011.

5 K Robjant et al. Mental health implications of detaining asylum seekers ... Br J Psychiatry 2009.

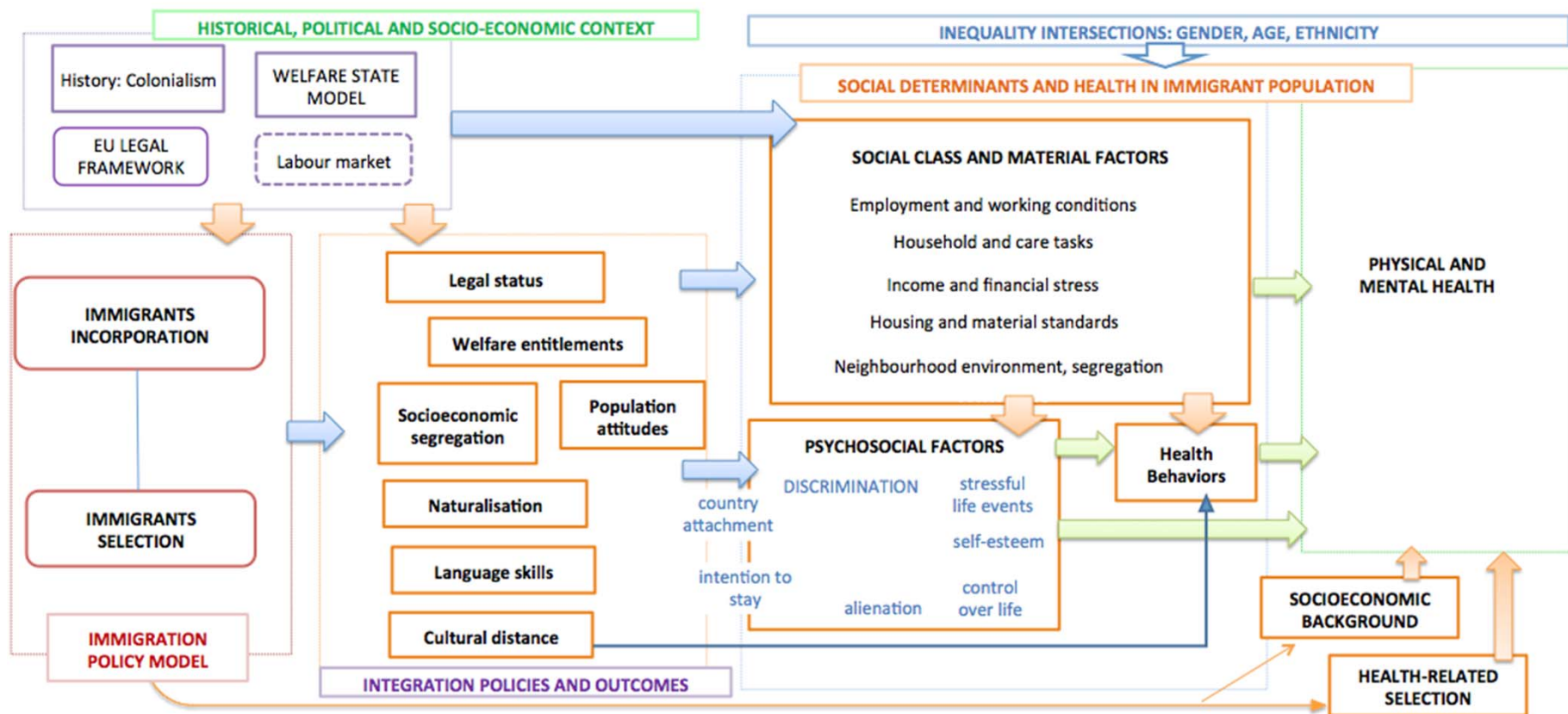
6 T Storm et al. The impact of immigration detention on the mental health... Dan Med J 2013.

7 Zachary Steel et al. Two year psychosocial and mental health outcomes... Soc Sci Med 2011.

Integration policies and health: a challenging puzzle



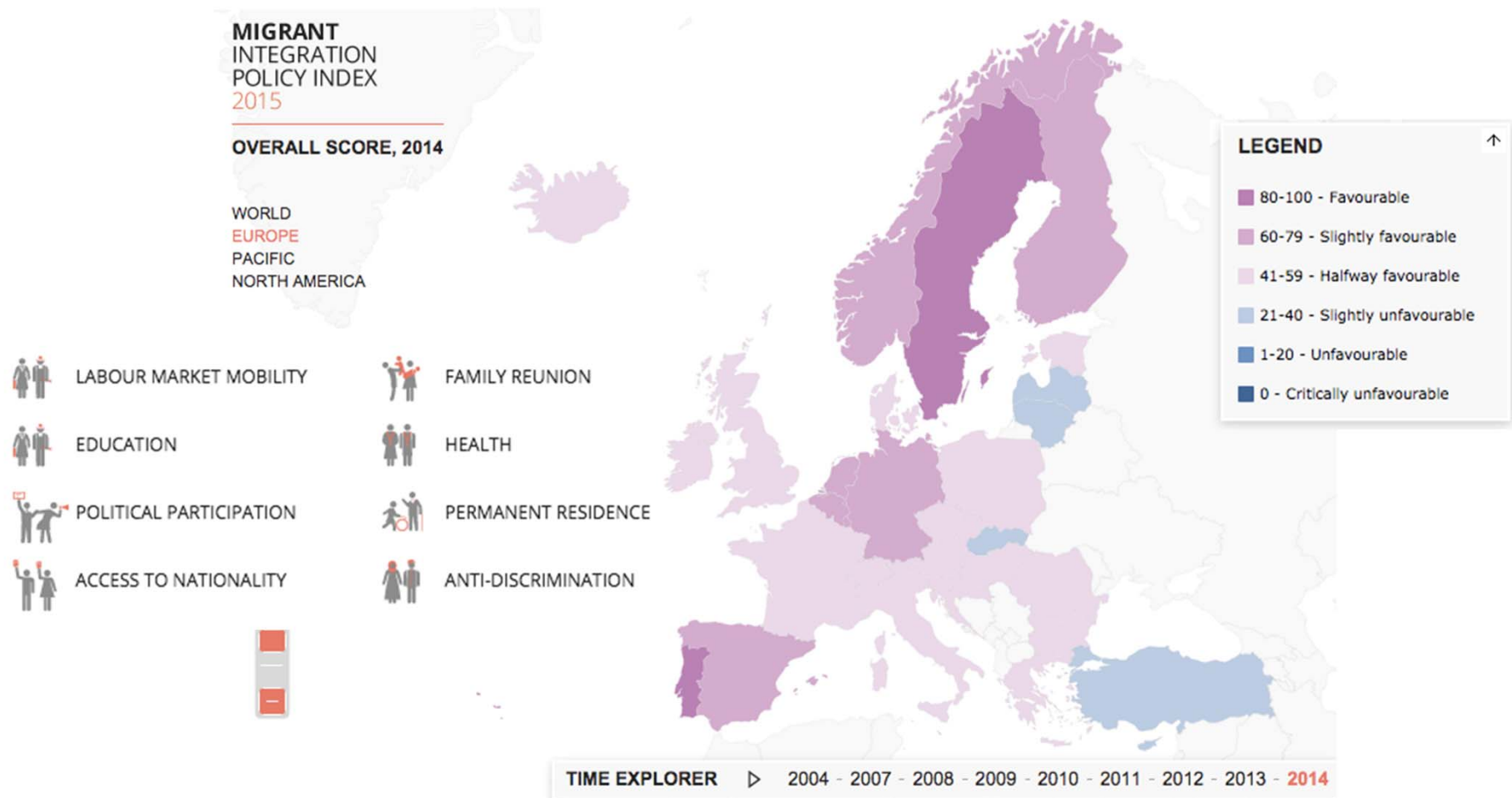
Integration policies and health: a challenging puzzle



Personal elaboration

Background

Measuring country integration policy



... Do current scores reflect policies that settled immigrants have experienced? We explored an approach based on models/regimes

Integration policy “regimes”

Three historical policy models have been described based on legal and cultural rights:^{1,2}

- **Multicultural**: facility to acquire citizenship (*ius soli*), tolerance of cultural difference. *UK, Netherlands, Sweden*
- **Differential exclusionist**: migrants as “guest workers”, citizenship based on ancestry. *Germany, Austria, Switzerland*
- **Assimilationist**: facility to acquire citizenship, but cultural manifestations should be private. *France*

Increasing policy convergence of EU countries with historically different approaches.^{3,4}

1 Stephen Castles. How Nation-States respond to immigration... New Community 1995

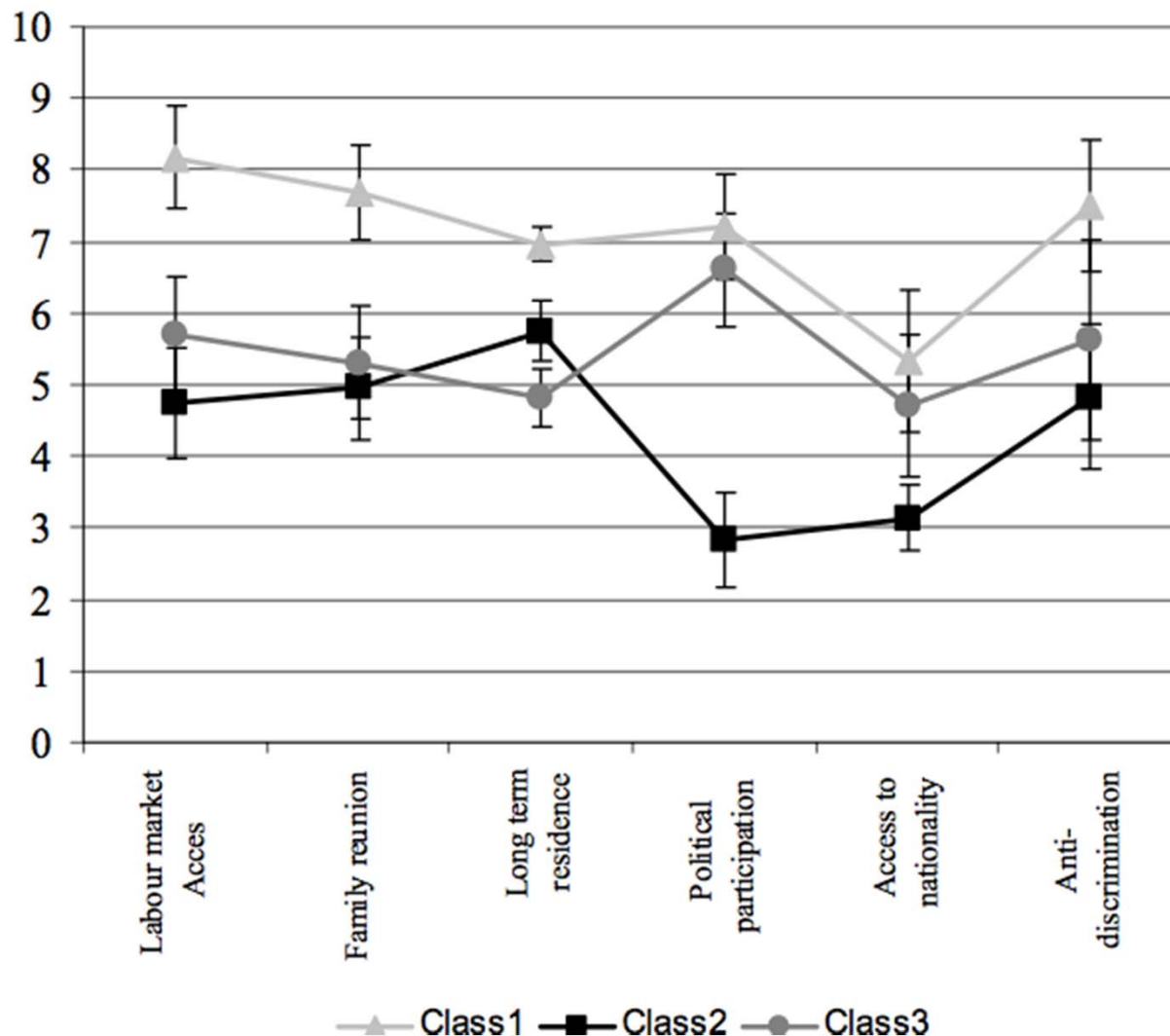
2 Steven Weldon. The institutional context of tolerance for ethnic... Am J Pol Sci 2006

3 Hans Mahnig et al. Country-specific or convergent? A typology... J Int Migr Integr 2000

4 Friedrich Heckmann et al. The Integration of Immigrants in European ... Lucius&Lucius 2003

A “data-driven” policy typology

MIPEX 2007 Latent Class Analysis. Bart Meuleman 2009 (Dissertation)



Inclusive
(multicultural)

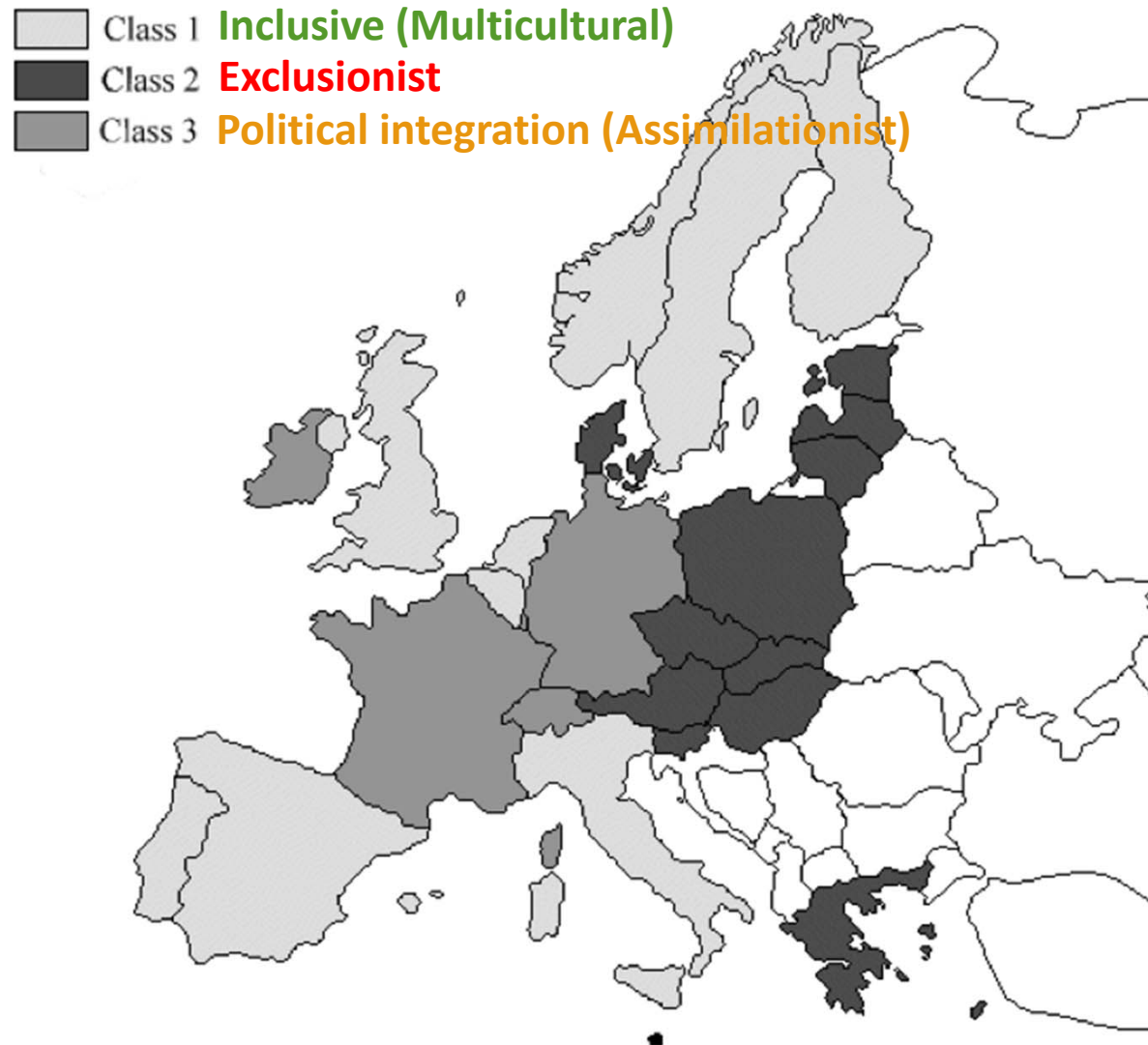
Political integration
(assimilationist)

Exclusionist

Background

A “data-driven” policy typology

MIPEX 2007 Latent Class Analysis. Bart Meuleman 2009 (Dissertation)



Study 1. Self-rated health

European Journal of Public Health, Vol. 25, No. 2, 293–299

© The Author 2014. Published by Oxford University Press on behalf of the European Public Health Association. All rights reserved.
doi:10.1093/eurpub/cku156 Advance Access published on 18 September 2014

Immigrants' health and health inequality by type of integration policies in European countries

Davide Malmusi^{1,2}

European Union Statistics on Income and Living Conditions 2011
cross-sectional database. 14 countries

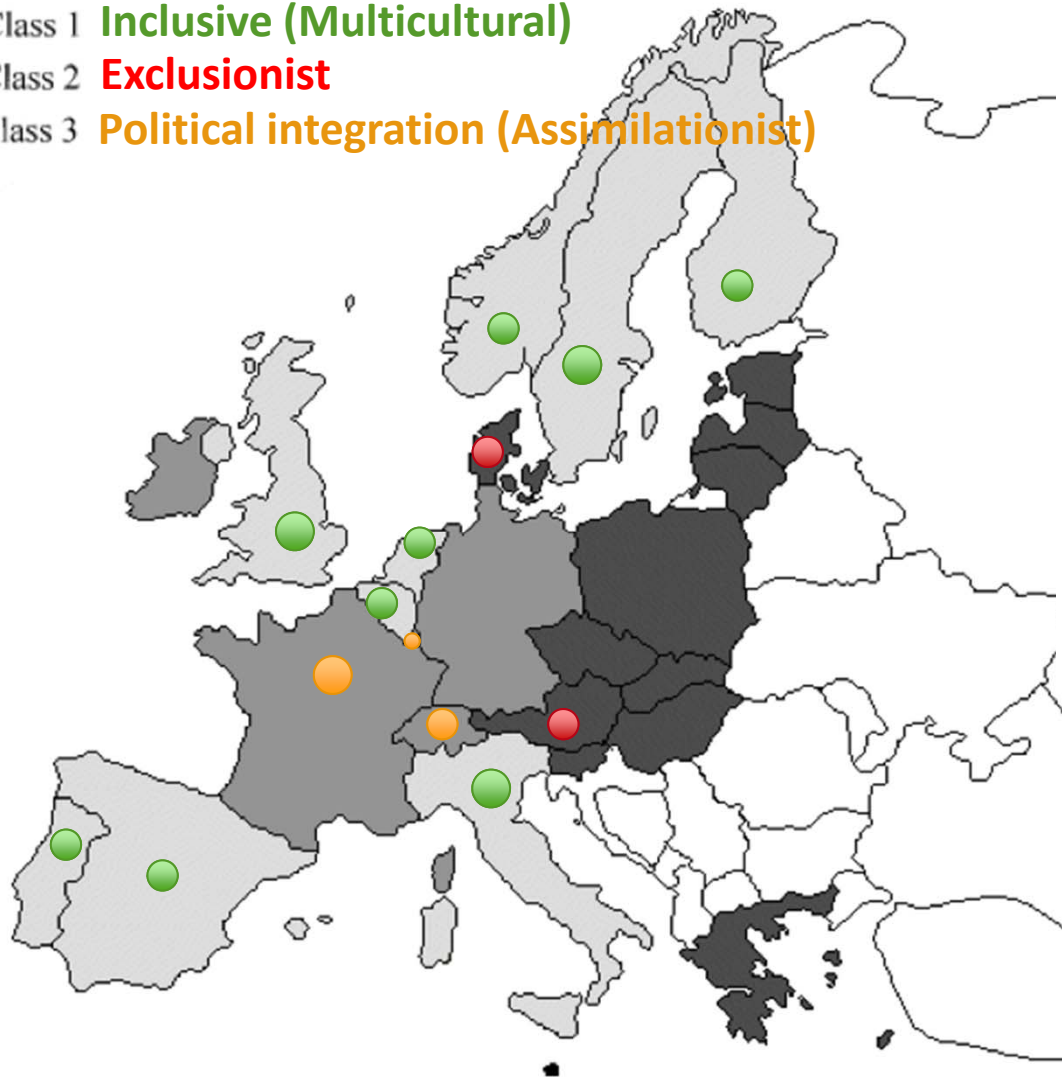
Health outcomes: Self-rated health (very good, good / fair, bad, very bad), Limiting longstanding illness, Activity limitation because of health problems

Immigrant status: born in country of residence (N=177,300) /
born outside the EU with 10+ years of residence (N=7,088)

Immigrants' self-rated health by integration policy model

Countries included by integration regime

-  Class 1 **Inclusive (Multicultural)**
-  Class 2 **Exclusionist**
-  Class 3 **Political integration (Assimilationist)**



Excluded countries:

No data in the 2013 release of 2011 data: EL, IE.

Not classified in the typology: BG, CY, HR, RO.

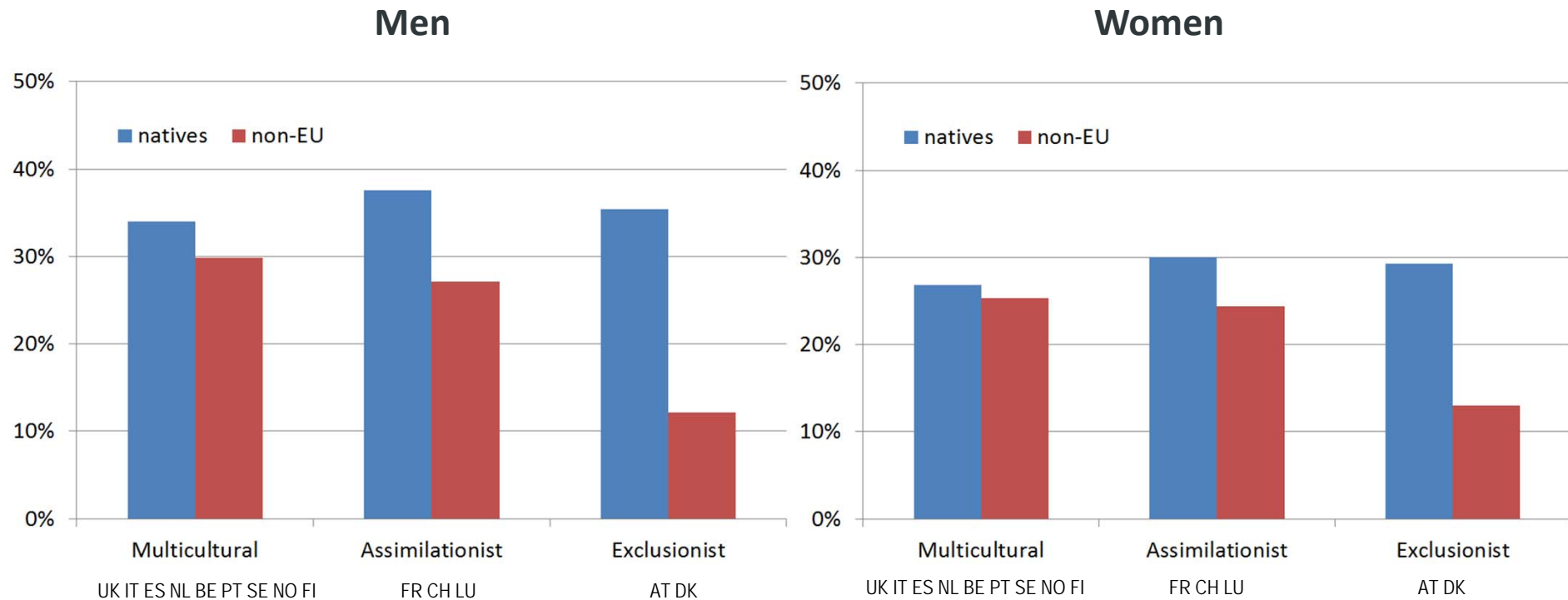
<0.5% immigrants: HU, CZ, SK, PL, LT.

Not separating EU and non-EU immigrants: DE, EE, LV, SI, MT.

Immigrants' self-rated health by integration policy model

Results

Managerial, professional or technical occupation (%)

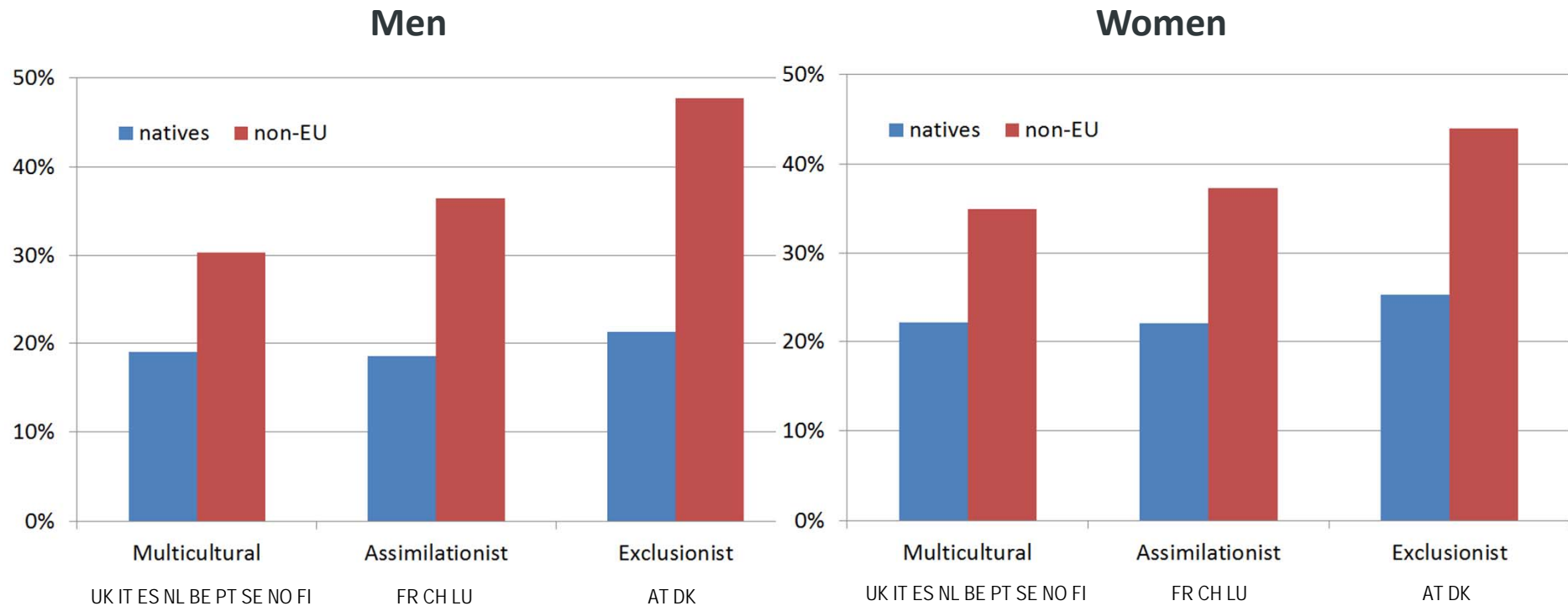


Socioeconomic inequality between natives and immigrants is larger in exclusionist countries.

Immigrants' self-rated health by integration policy model

Results

Household in the lowest income quintile (%)



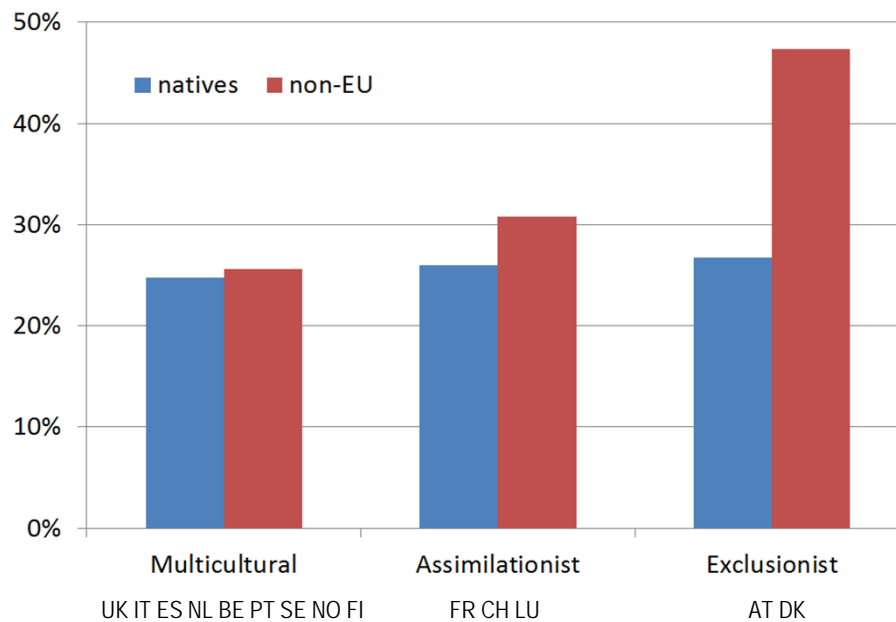
Socioeconomic inequality between natives and immigrants is larger in exclusionist countries.

Immigrants' self-rated health by integration policy model

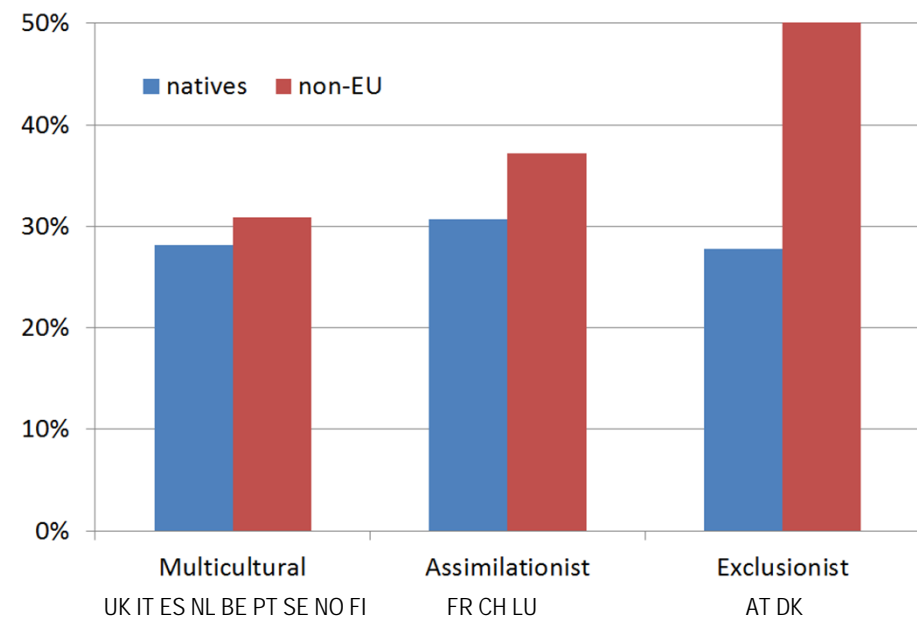
Results

Poor self-rated health Predicted prevalence at age 50 (%)

Men



Women



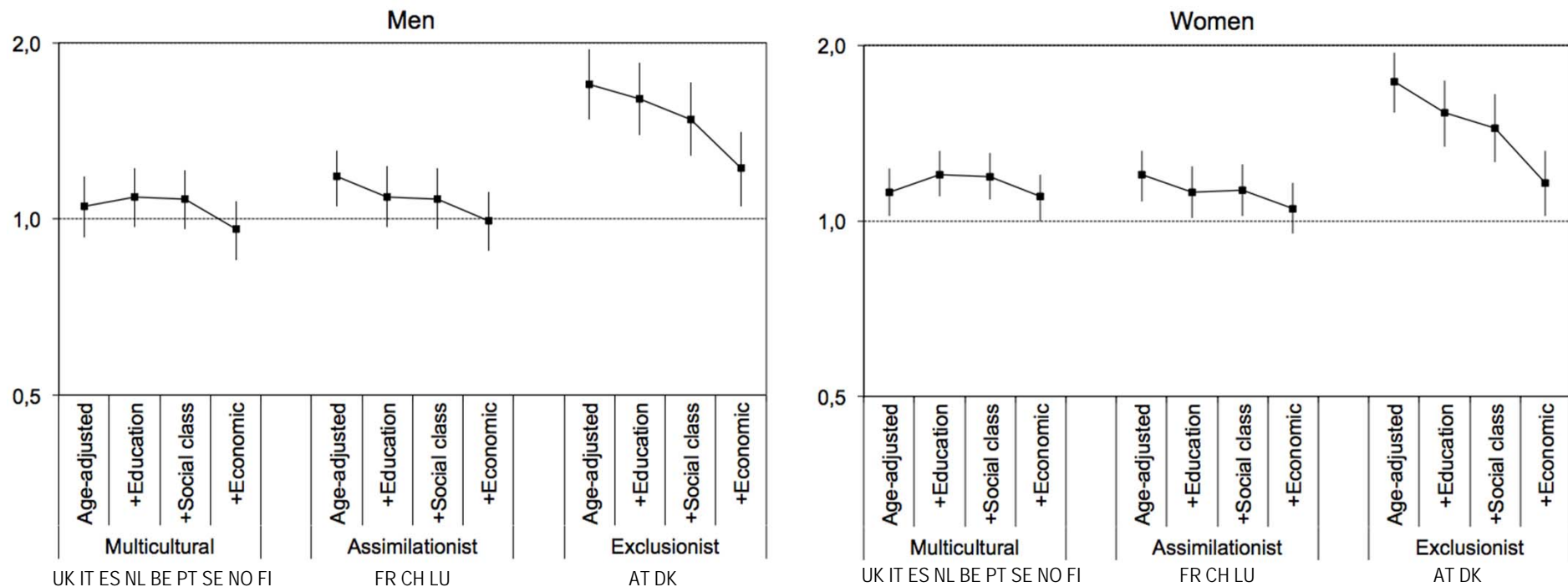
Self-rated health inequality between natives and immigrants is larger in exclusionist countries.

Immigrants' self-rated health by integration policy model

Results

Poor self-rated health. Immigrants versus natives

Prevalence ratio with 95%CI (Poisson regression with robust standard error)



Self-rated health inequality between natives and immigrants is larger in exclusionist countries (partly but not fully explained by socioeconomic differences)

Immigrants' self-rated health by integration policy model

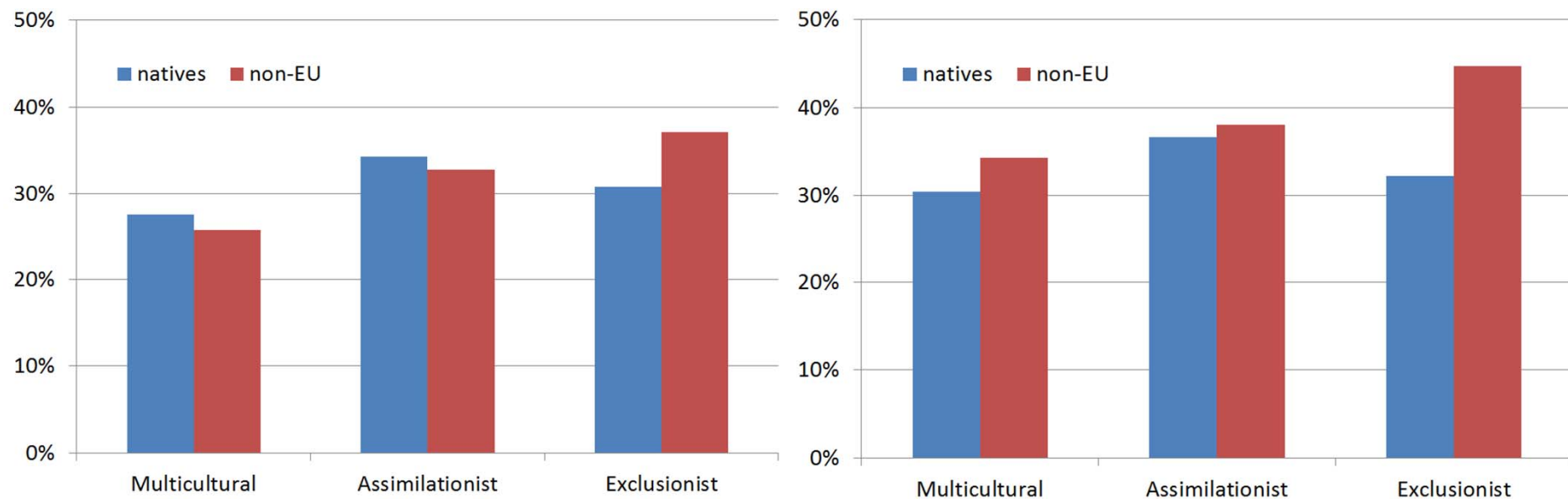
Results

Limiting longstanding illness

Predicted prevalence at age 50 via regression (%)

Men

Women



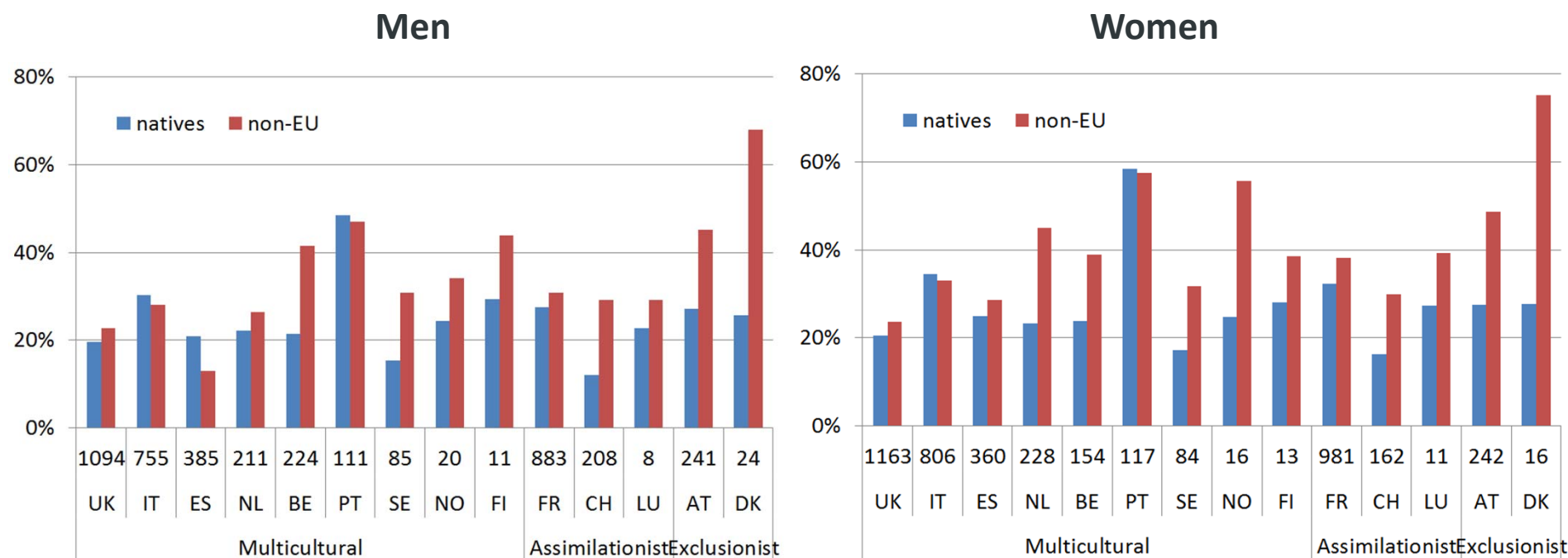
The finding is consistent with other health indicators.

Immigrants' self-rated health by integration policy model

Results

Poor self-rated health. Country by country

Predicted prevalence at age 50 (%). Numbers indicate immigrants' weighted sample size



In inclusive and assimilationist countries, there is heterogeneity in the level of health inequality.

Discussion

First cross-country comparative study that tests the association of integration policy models with immigrants' health

Immigrants in countries with an “exclusionist” model experience worse health and more health inequality than in other countries, beyond what expected for their poorer socioeconomic conditions

Main limitation: mixing together all non-EU migrants of different origins and reasons for migration



Study 2. Mortality

RESEARCH ARTICLE

Association between Integration Policies and Immigrants' Mortality: An Explorative Study across Three European Countries

Umar Z. Ikram^{1‡*}, Davide Malmusi^{2,3‡}, Knud Juel⁴, Grégoire Rey⁵, Anton E. Kunst¹

MEHO project mortality database. 3 countries:

Netherlands (inclusive) 1996-2006 open cohort

France (assimilation) 2005-07 mortality register / census data

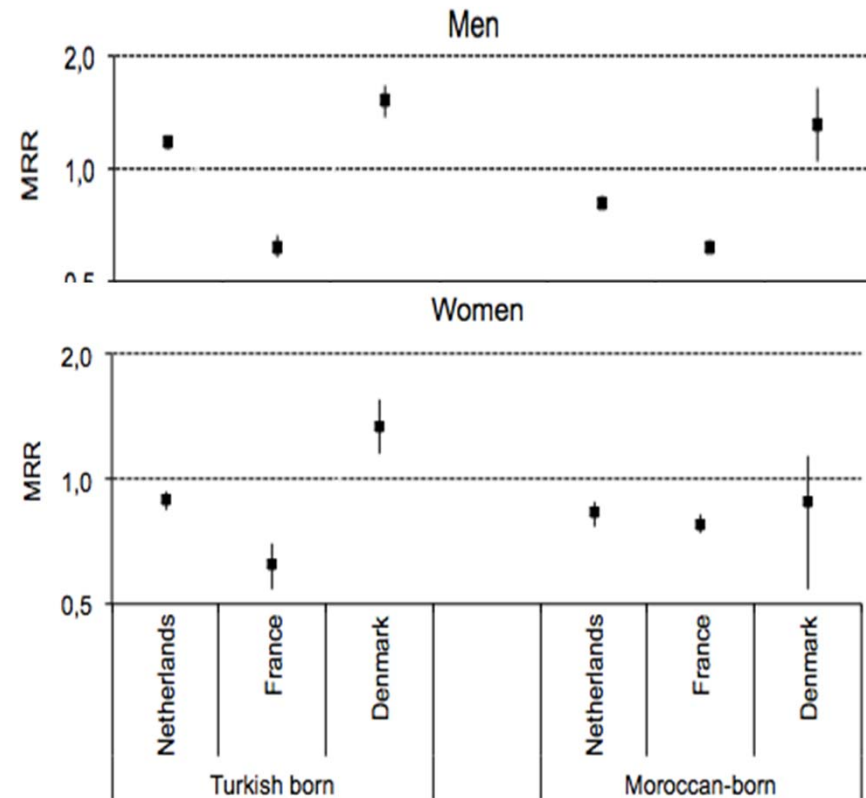
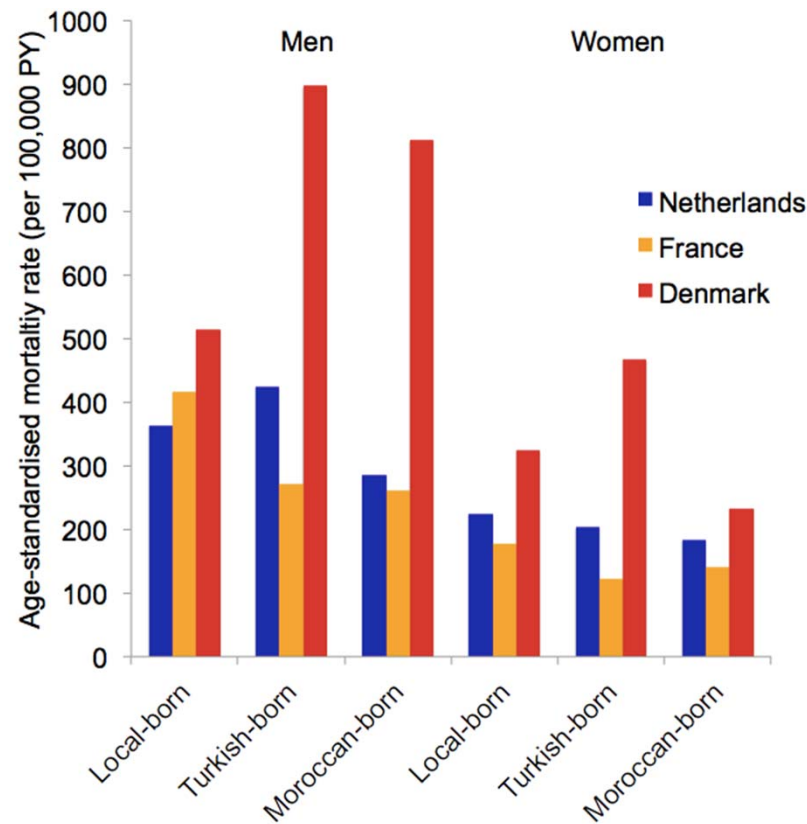
Denmark (exclusionist) 1992-2001 open cohort

Health outcome: Age-standardised mortality rate

Immigrant status: born in country of residence (229 millions person-years) / born in Turkey (3 millions p-y) / born in Morocco (4 millions p-y) aged 20-69 years

Immigrants' mortality by integration policy model

Results



Compared with their peers in the Netherlands, Turkish-born had higher mortality in Denmark but lower in France.

The mortality differences between immigrants and local-born population were largest in Denmark and lowest in France.

Discussion

Immigrants living in “exclusionist” Denmark are more likely to experience a premature death than the local population and their peers in the Netherlands and France

Pattern most consistent for Turkish-born, 45-69 years, and death from cardiovascular disease (not cancer or suicide)

Lower mortality for immigrants in France may be due to different data collection method (unlinked -> unregistered migration)



Study 3. Depressive symptoms

Socio-economic and political determinants of inequalities by immigrant status in depressive symptoms in Europe

Davide Malmusi, Laia Palència, Umar Ikram, Anton Kunst, Carme Borrell

Working paper, presented at IMISCOE conference

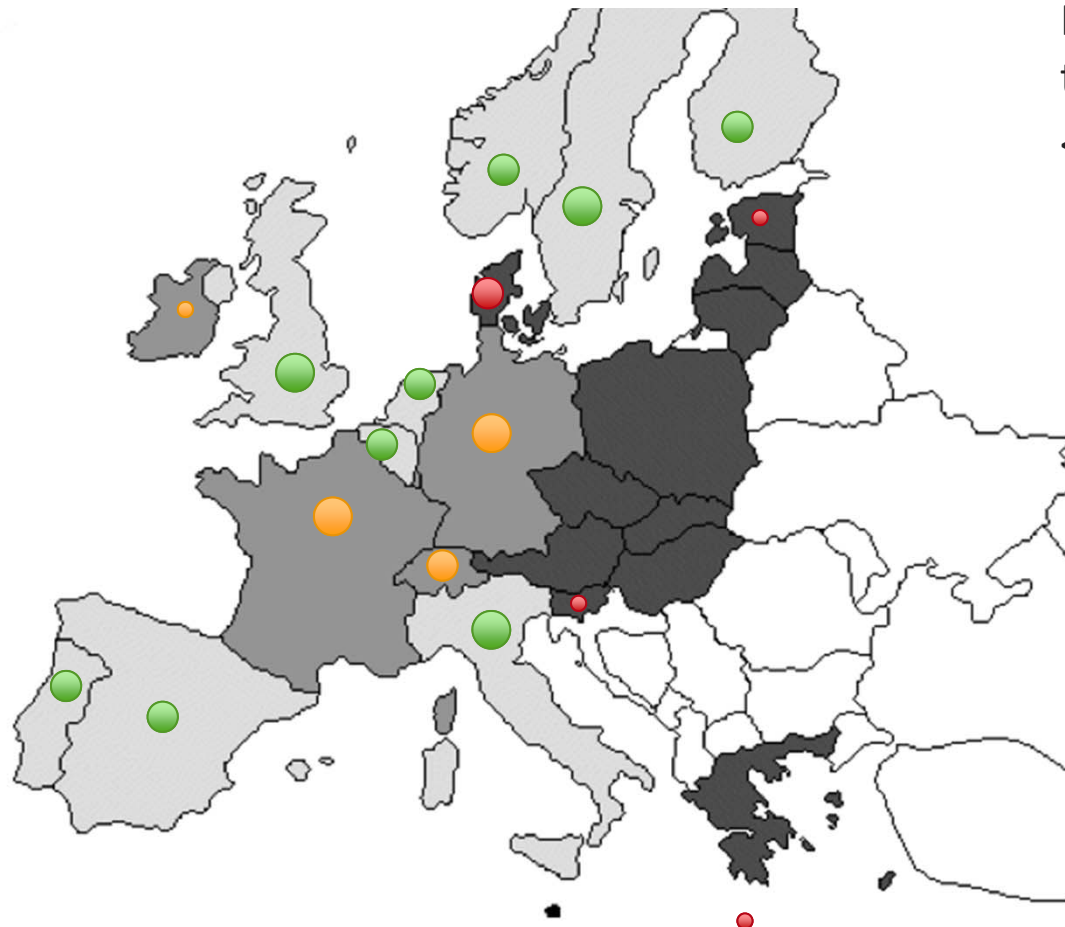
European Social Survey 2012. 17 countries

Health outcome: Depressive symptoms (CES-D scale, 8 items each ranging 0 to 3), self-rated health

Immigrant status: born in country of residence excluding “second generations” (N=28,333) / born abroad excluding IMF advanced economies (N=2,019)

Countries included

- Class 1 **Inclusive (Multicultural)**
- Class 2 **Exclusionist**
- Class 3 **Political integration (Assimilationist)**



Excluded countries:

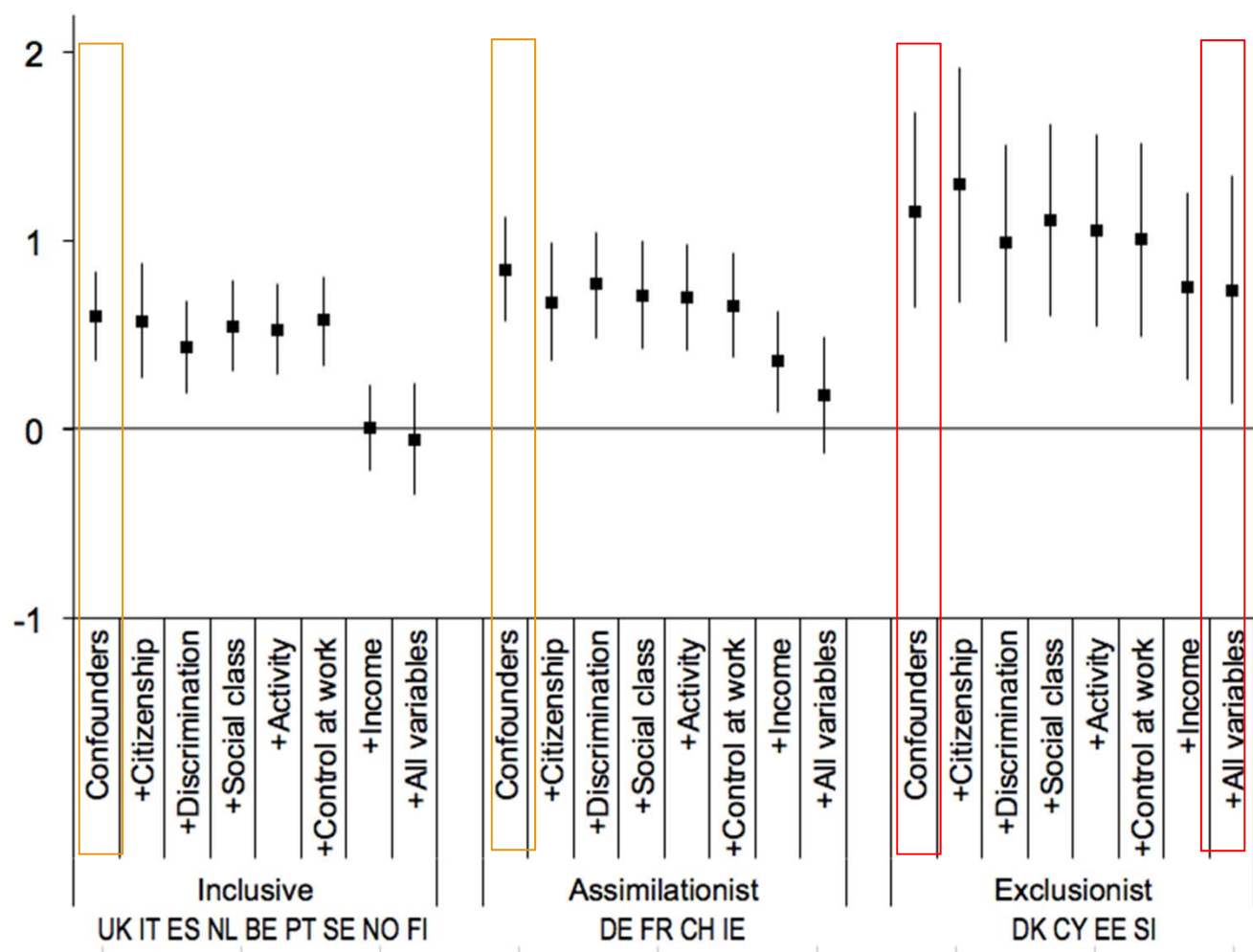
- No ESS 2012 data
- Not classified in the typology
- <1% immigrants

Immigrants' mental health by integration policy model

Results

Depressive symptoms. Immigrants versus natives

Linear regression beta coefficient with 95%CI



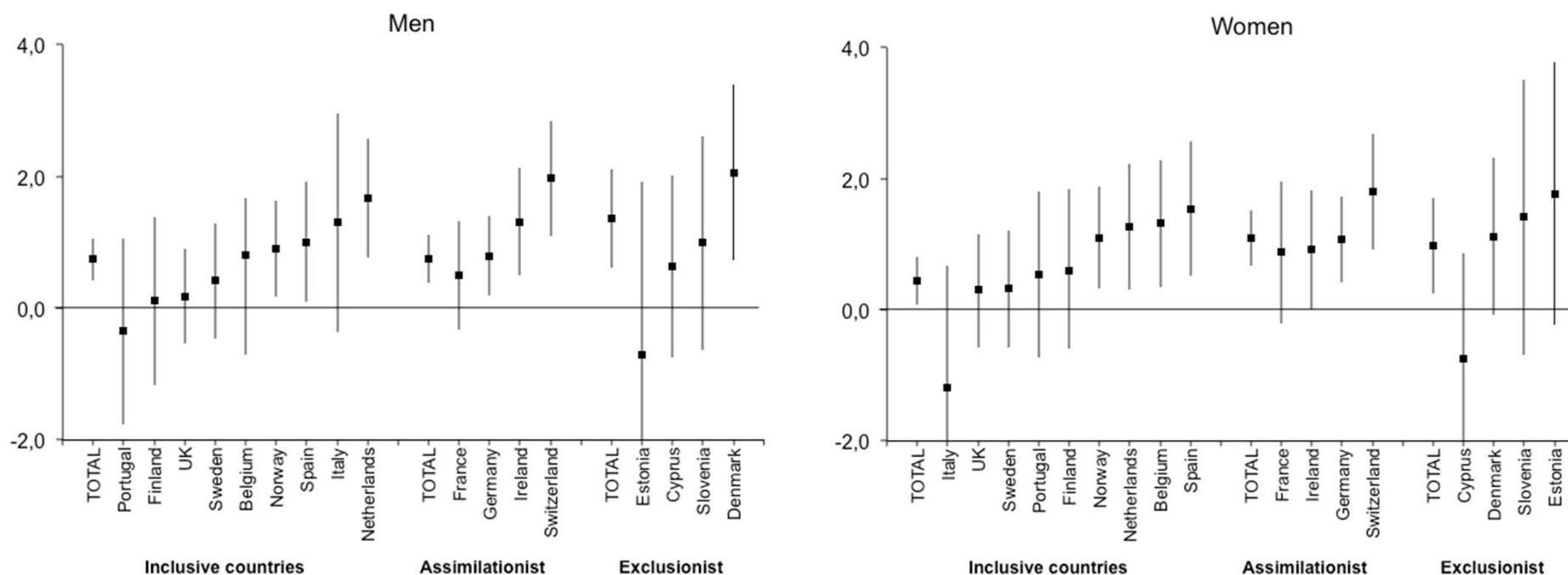
Immigrants experience more depressive symptoms no matter the regime. The gap is mainly explained by income(adequacy) but the degree of explanation varies by policy regime.

Immigrants' mental health by integration policy model

Results

Depressive symptoms. Immigrants versus natives. Country by country

Linear regression beta coefficient with 95%CI. Adjusted by age



Despite substantial heterogeneity, inequalities tend to be larger in countries with poor policies: Denmark, Switzerland

Conclusions

Integration policy models seem to make a difference on immigrants' health across Europe. Immigrants living in “exclusionist” countries appear to suffer poorer health and die earlier.

Inclusive policies may have health benefits, while restrictive turns may put immigrants' health at risk.

Future studies to confirm these results...

- adequate cross-country samples of migrants with similar background
- “natural experiments” around policy changes
- qualitative studies to understand HOW policies get under the skin.

This project is funded by:



Thank you!
Gràcies!
Grazie!



sophie-project.eu
slideshare.net/sophieproject



@dmalmusi
@sophieproject



dmalmusi@bcn.cat



sophie 

Conclusions of the SOPHIE Project



**Social and economic policies
matter for health equity**

Photos: Roberto Brancolini, Roberto Malaguti

Health inequality between immigrants and natives in Spain: the loss of the healthy immigrant effect in times of economic crisis

Mercè Gotsens, Davide Malmusi et al.

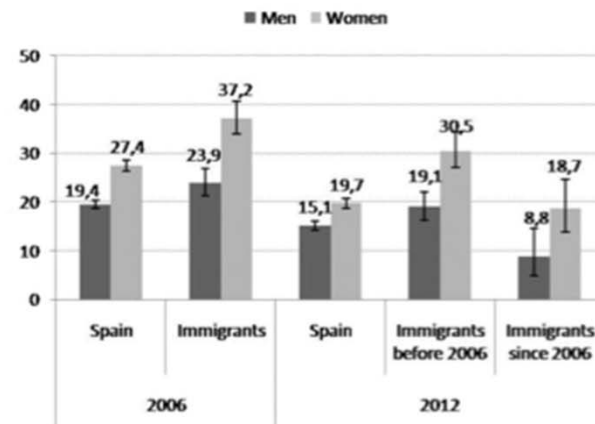
Key points

- We compare the health status of natives and immigrants in Spain in 2006 (when most immigrants had arrived relatively recently) and 2012 (when they were facing high unemployment rates and financial strain).
- The health status of immigrants arrived before 2006 shows a less favourable evolution than that of natives, especially for mental health and with differences by gender.
- This accelerated health deterioration might be buffered by active and passive labour market policies and restoring universal healthcare access.

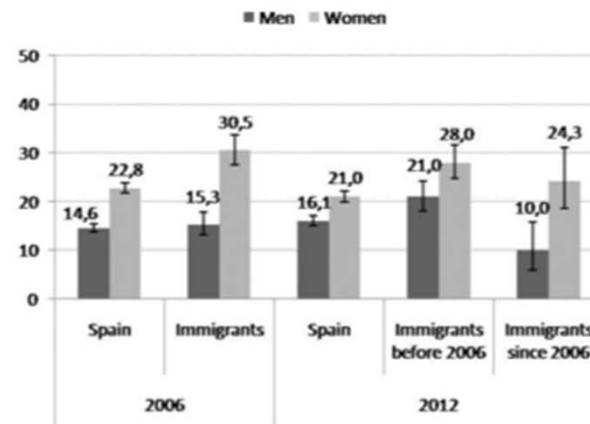
Health inequality between immigrants and natives in Spain: the loss of the healthy immigrant effect in times of economic crisis

Mercè Gotsens, Davide Malmusi et al.

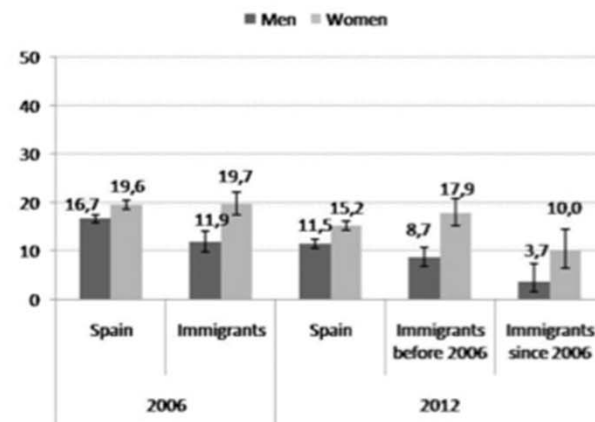
A Poor self-rated health



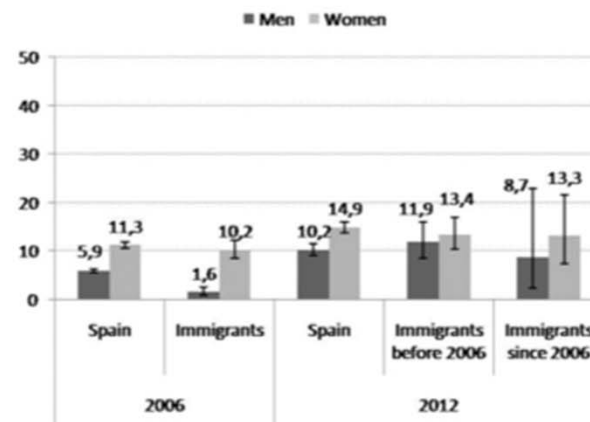
C Poor mental health



B Chronic activity limitation



D Psychotropic drug use



Health inequality between immigrants and natives in Spain: the loss of the healthy immigrant effect in times of economic crisis

Mercè Gotsens, Davide Malmusi et al.

