

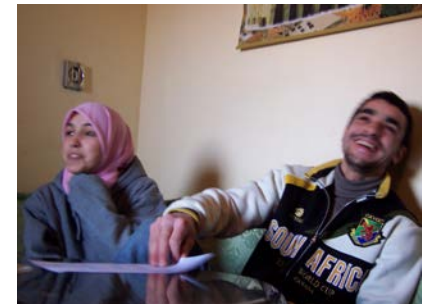
# Cross-country comparison of policies and health inequalities in Europe: integration policies and immigration, and implications for children

Davide Malmusi

with contributions by Umar Ikram, Laia Palència, Anton Kunst, Carme Borrell

Agència de Salut Pública de Barcelona / AMC University of Amsterdam

*INRICH* Annual Workshop, Barcelona, 17 June 2016



# SOPHIE project

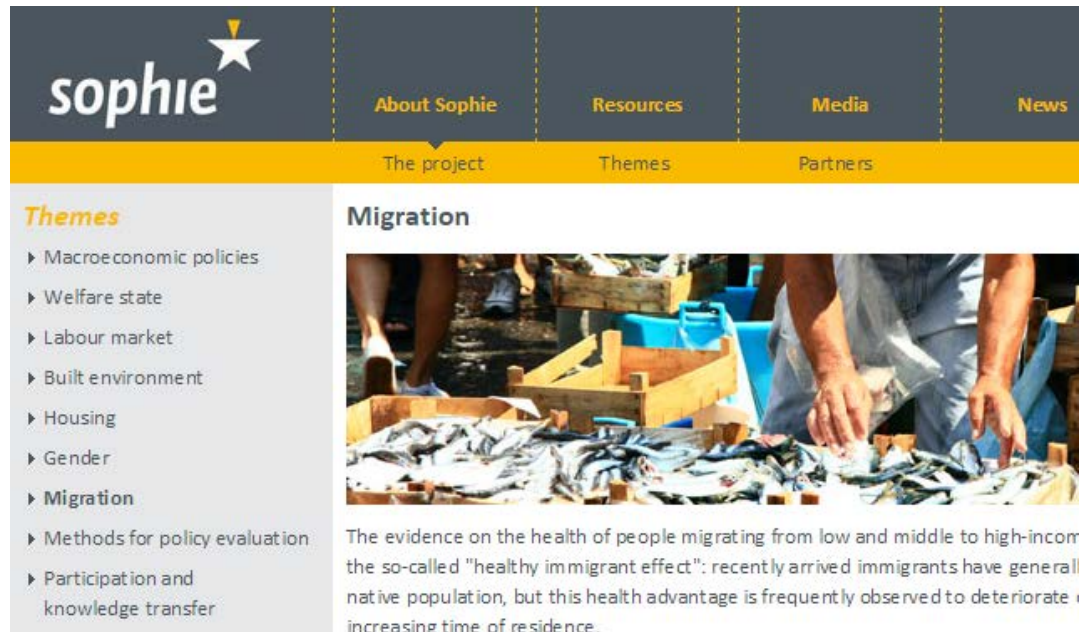


Acronym for “Structural Policies and Health Inequalities Evaluation”.  
Funded by EU FP7 (Nov. 2011 - Oct. 2015). [www.sophie-project.eu](http://www.sophie-project.eu)

SOPHIE aims to generate new evidence on the health equity impact of social and economic policies and to develop innovative methodologies for the evaluation of these policies in Europe



Evaluating the impact of structural policies on health inequalities and their social determinants, and fostering change



sophie


- About Sophie
- Resources
- Media
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The project Themes Partners

**Themes**

- ▶ Macroeconomic policies
- ▶ Welfare state
- ▶ Labour market
- ▶ Built environment
- ▶ Housing
- ▶ Gender
- ▶ Migration
- ▶ Methods for policy evaluation
- ▶ Participation and knowledge transfer

**Migration**



The evidence on the health of people migrating from low and middle to high-income the so-called "healthy immigrant effect": recently arrived immigrants have generally native population, but this health advantage is frequently observed to deteriorate with increasing time of residence.

# Immigrants' health



Immigrants from less to more advanced countries:

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

*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

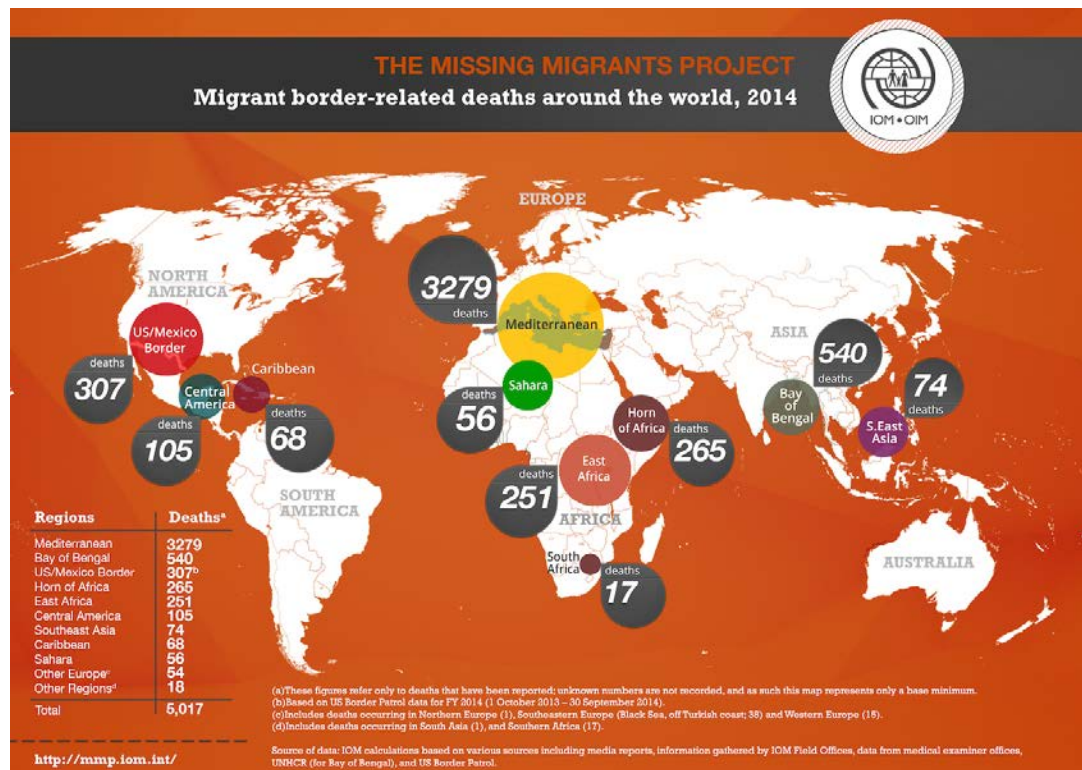
3 Vincent Lorant et al. Contextual factors and immigrants' health... Health & Place 2008.

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

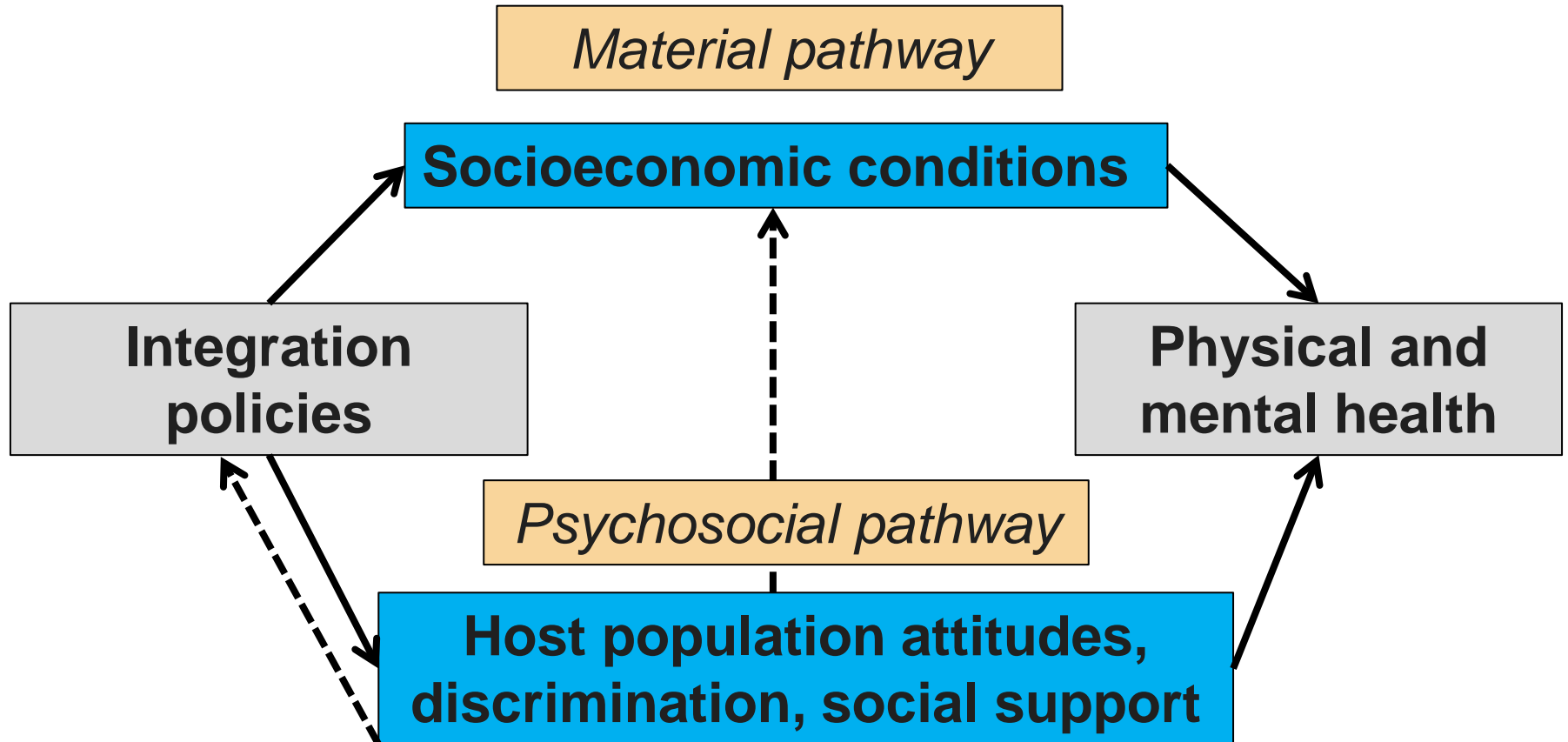
# Immigration control policies and immigrants' health

>5,000 border-related deaths around the world, 2015<sup>1</sup>

>30,000 in the way to Europe since 2000<sup>1,2</sup>

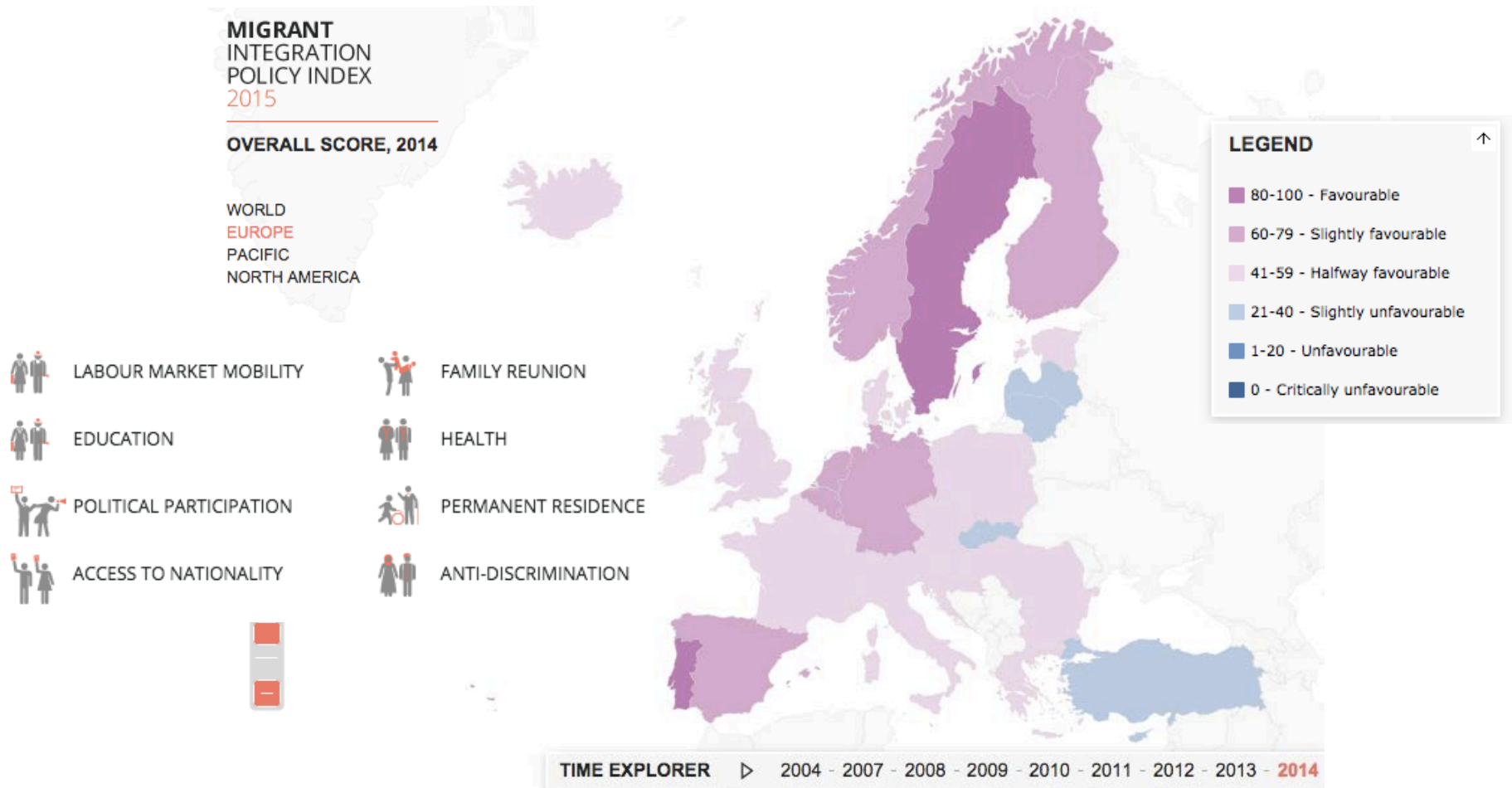


# Integration policies and health: a challenging puzzle





# 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:<sup>1,2</sup>

- **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.<sup>3,4</sup>

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

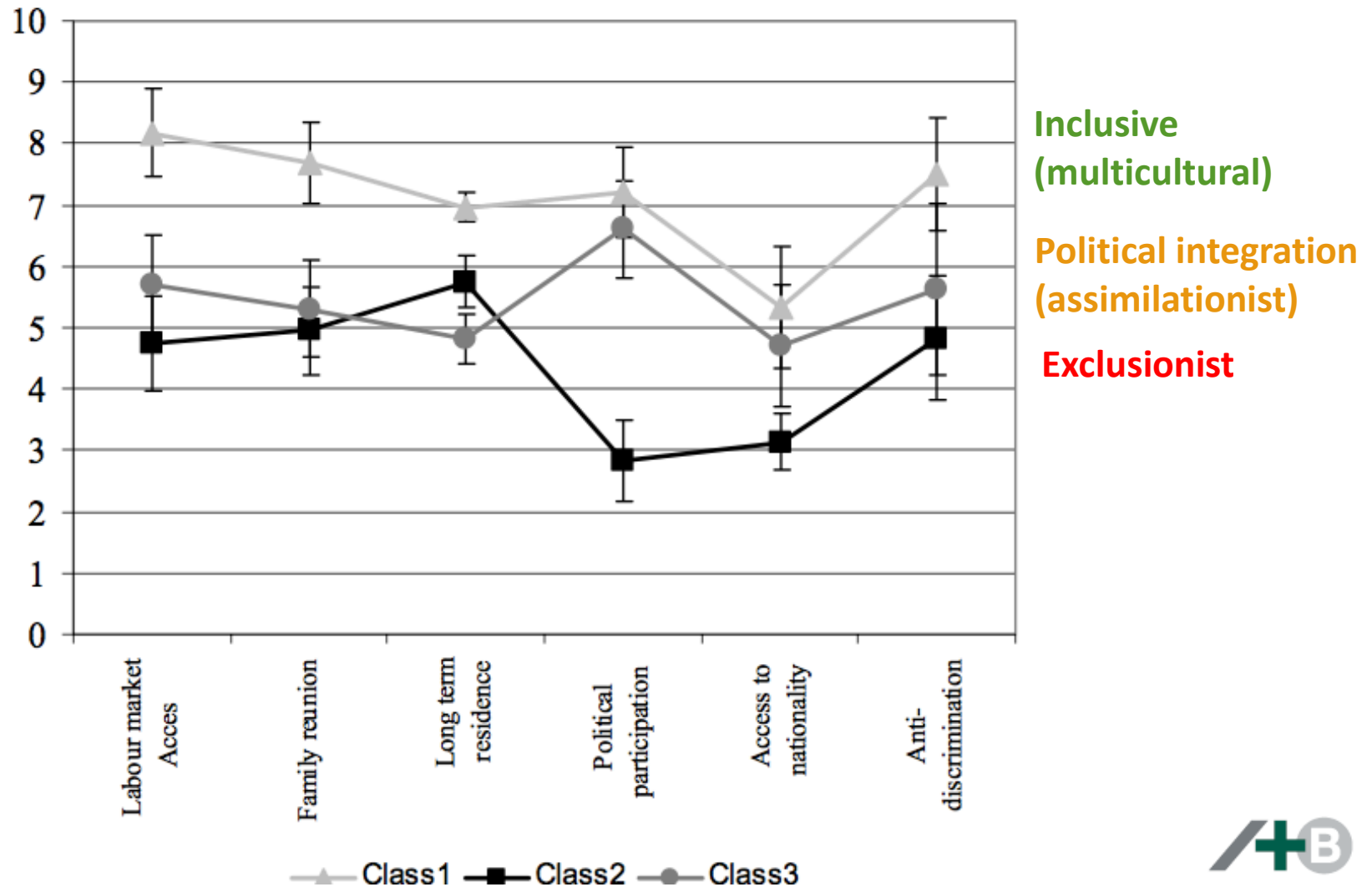
2 Steven Weldon. The institutional context of tolerance for ethnic... Am J Pol Sci 2006

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

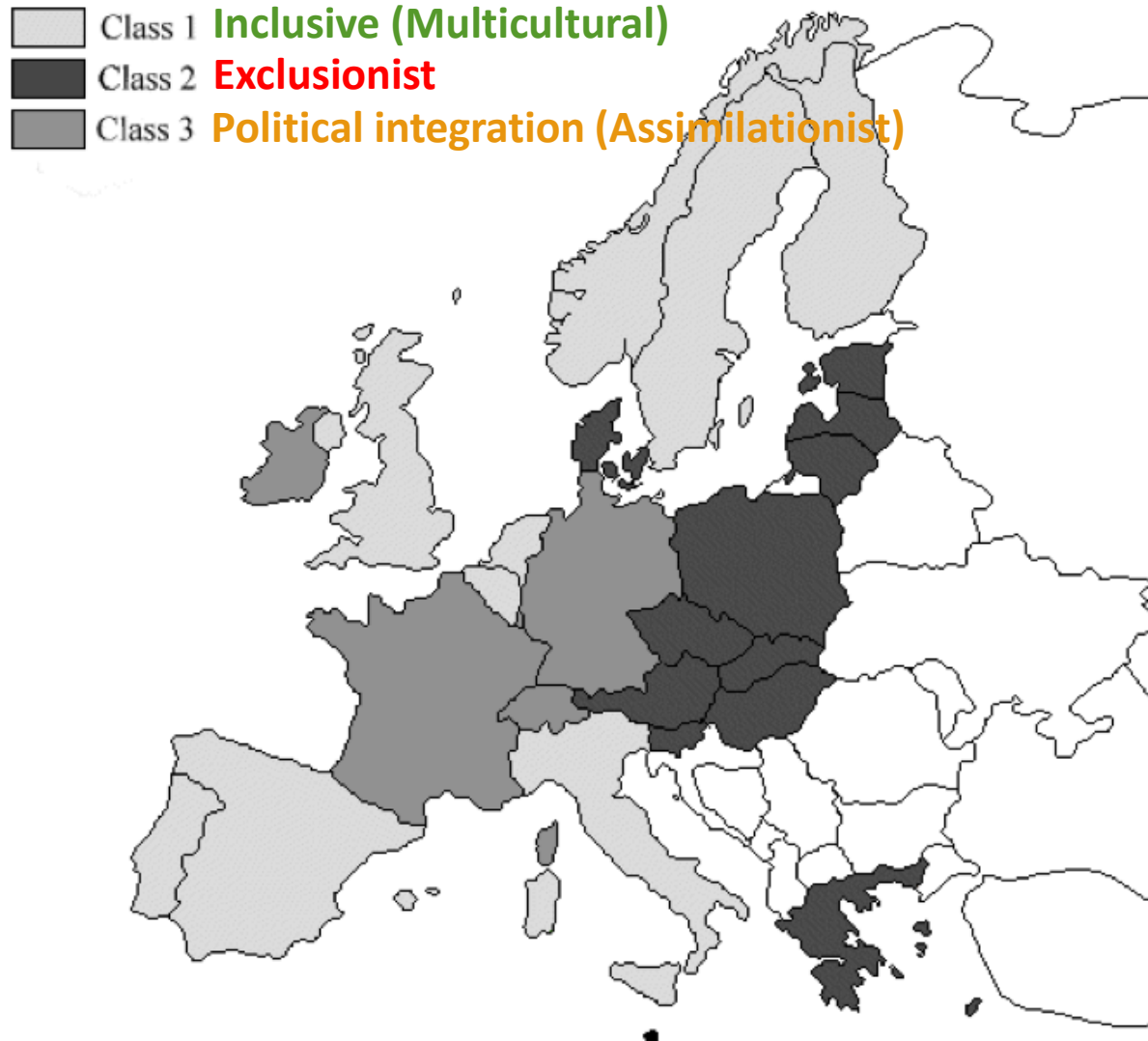
MIPEX 2007 Latent Class Analysis. Bart Meuleman 2009 (Dissertation)





# A “data-driven” policy typology

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



# Cross-country studies of integration policy and immigrants' health

Study 1. Self-rated health, EU-SILC, 14 countries

Study 2. Mortality, MEHO, 3 countries

Study 3. Mental health, ESS, 17 countries

Study 0. Perinatal mortality

Study 4,5,6.



# Study 1. Self-rated health

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

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doi:10.1093/eurpub/cku156 Advance Access published on 18 September 2014

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

Davide Malmusi<sup>1,2</sup>

EU-SILC 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 / outside the EU with 10+ years of residence

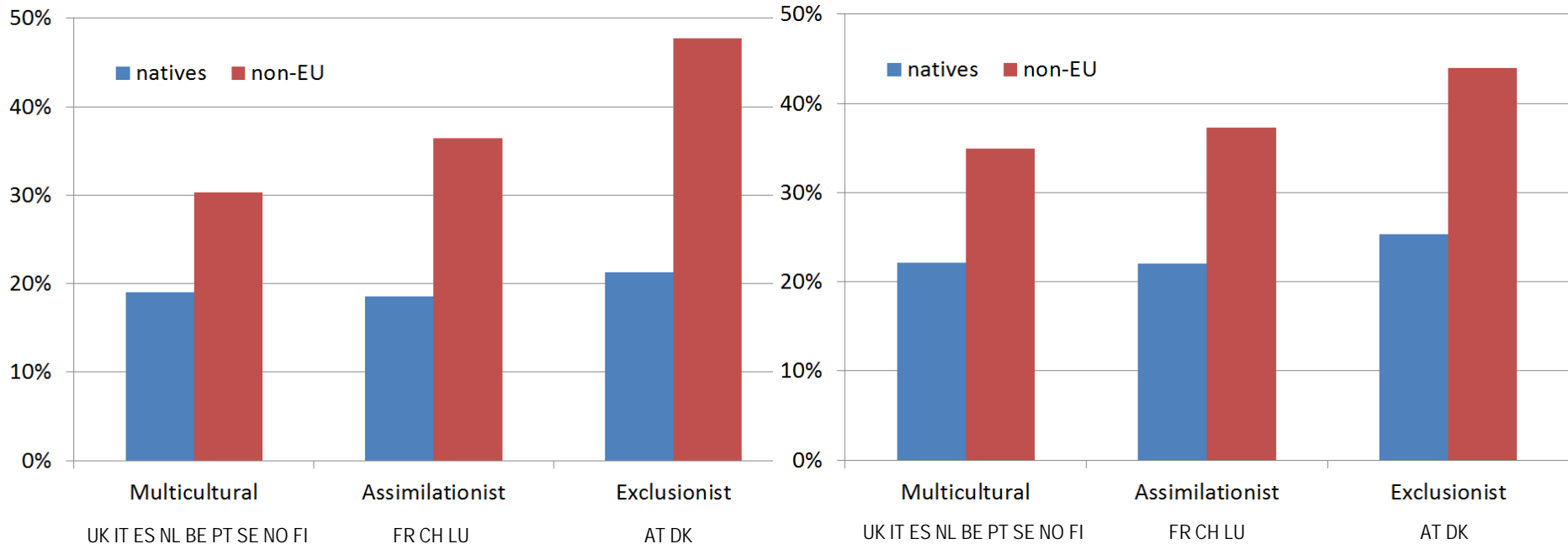
# Immigrants' self-rated health by integration policy model

## Results

### Household in the lowest income quintile (%)

#### Men

#### Women



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

# Immigrants' self-rated health by integration policy model

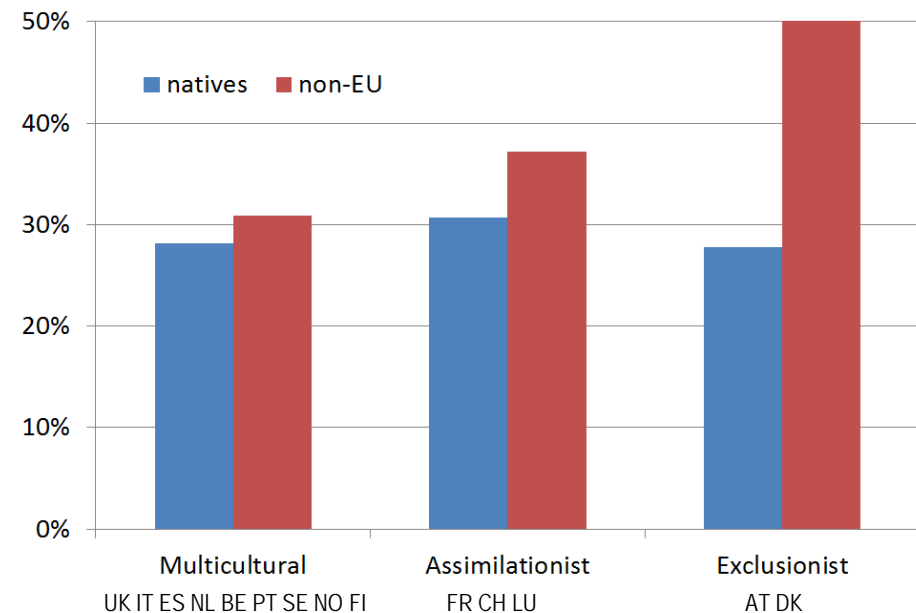
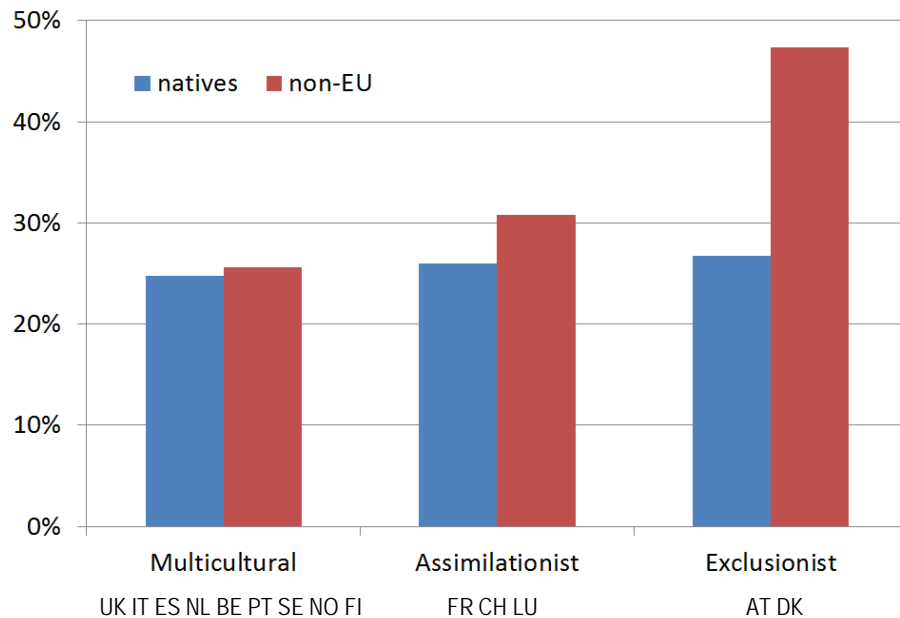
## Results

### Poor self-rated health

Predicted prevalence at age 50 (%) \*

#### Men

#### Women



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

\* Predicted probability post-estimation function of logistic regression

# Immigrants' self-rated health by integration policy model

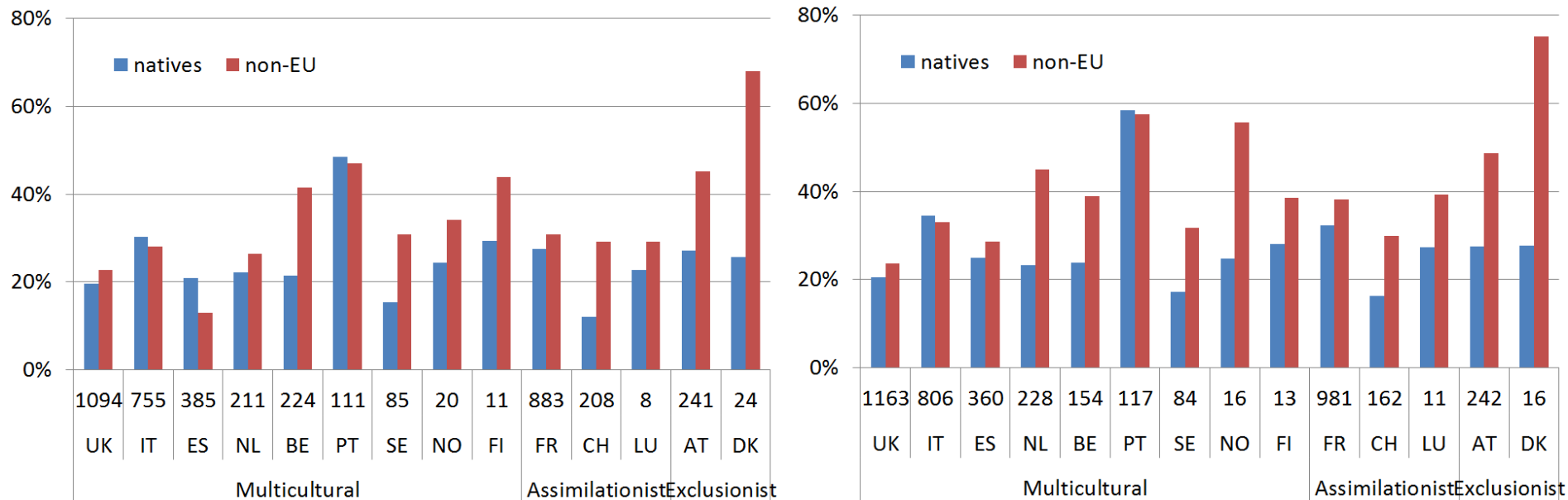
## Results

### Poor self-rated health. Country by country

Predicted prevalence at age 50 (%) \*

#### Men

#### Women



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

\* Predicted probability post-estimation function of logistic regression

Numbers indicate immigrants' weighted sample size

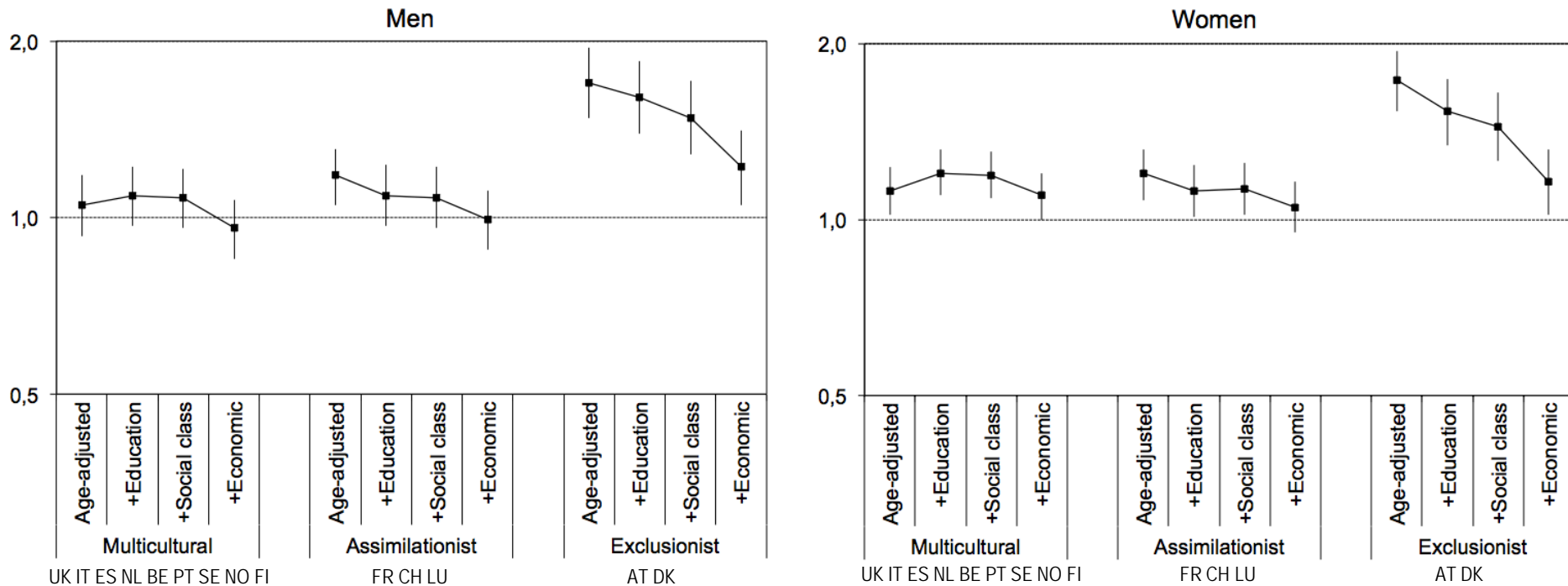


# Immigrants' self-rated health by integration policy model

## Results

### Immigrants versus natives

Poor self-rated health. Prevalence ratio with 95%CI \*\*



Self-rated health inequality between natives and immigrants is larger in exclusionist countries (partly explained by socioeconomic differences)

\*\* Poisson regression with robust standard error

# Immigrants' self-rated health by integration policy model

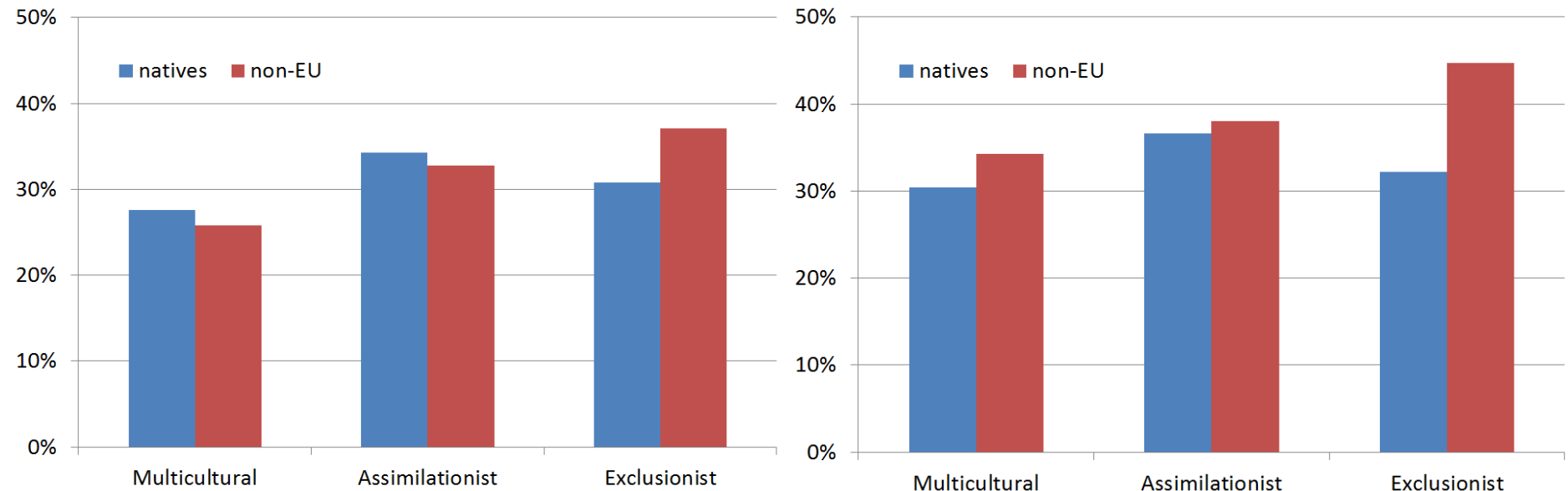
## Results

### Limiting longstanding illness

Predicted prevalence at age 50 via regression (%)

Men

Women



The finding is consistent with other health indicators.

# Study 2. Mortality

RESEARCH ARTICLE

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

Umar Z. Ikram<sup>1‡\*</sup>, Davide Malmusi<sup>2,3‡</sup>, Knud Juel<sup>4</sup>, Grégoire Rey<sup>5</sup>, Anton E. Kunst<sup>1</sup>

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

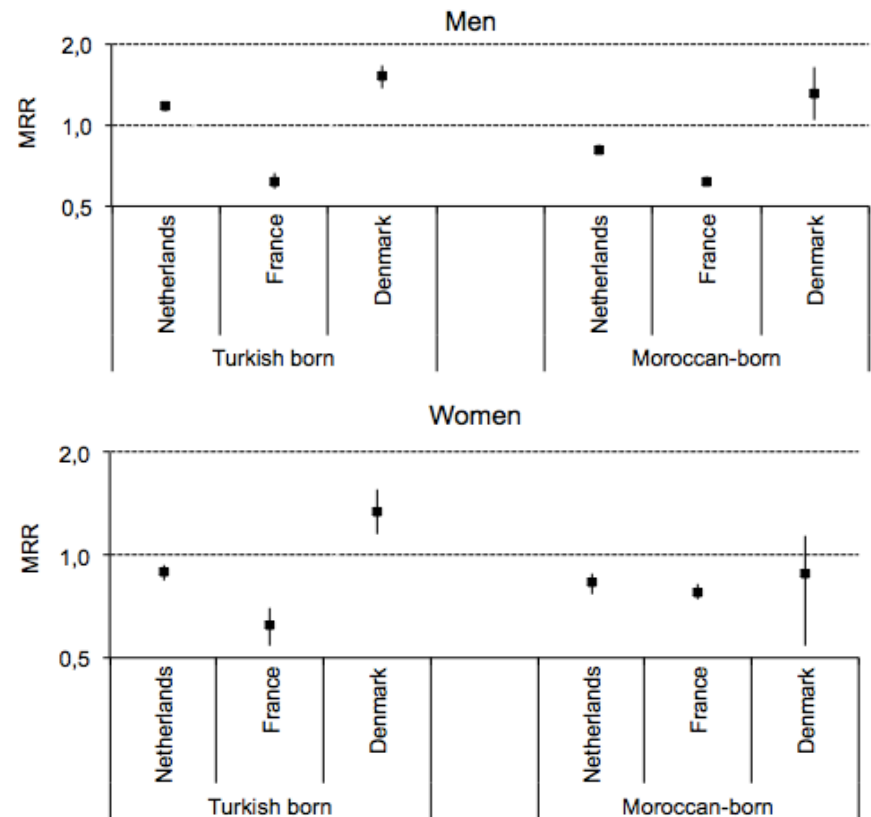
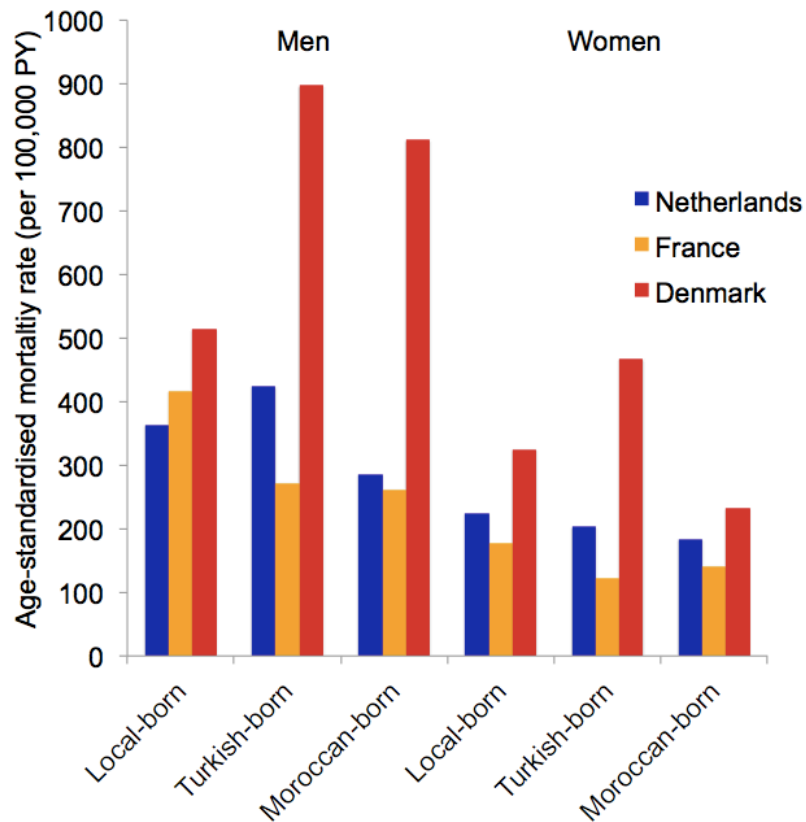
**Health outcome:** Age-standardised mortality rate

**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

## Results

The mortality differences between immigrants and local-born population were largest in Denmark and lowest in France (could be explained by unlinked data).

Pattern most consistent for 45-69 years and cardiovascular deaths



# 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

*Preparing resubmission at Soc Psychiatry Psychiatr Epidemiol*

European Social Survey 2012. 17 countries

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

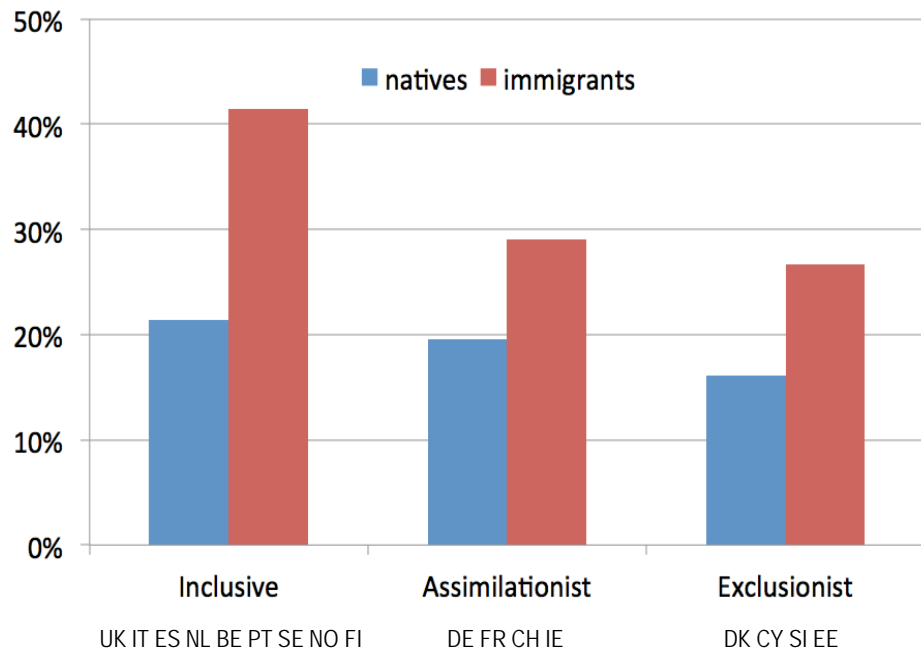
**Immigrant status:** born in country of residence excluding “second generations” / born abroad excluding IMF advanced economies only with 10+ years of residence in self-rated health analysis

# Immigrants' mental health by integration policy model

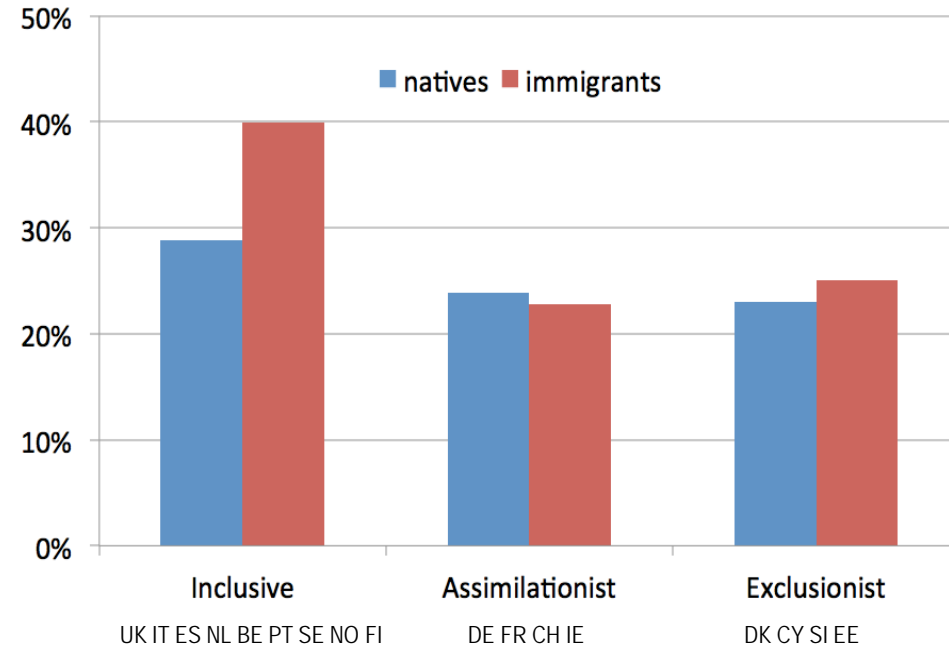
## Results

### Households in the lowest income quintile (%)

#### Men



#### Women





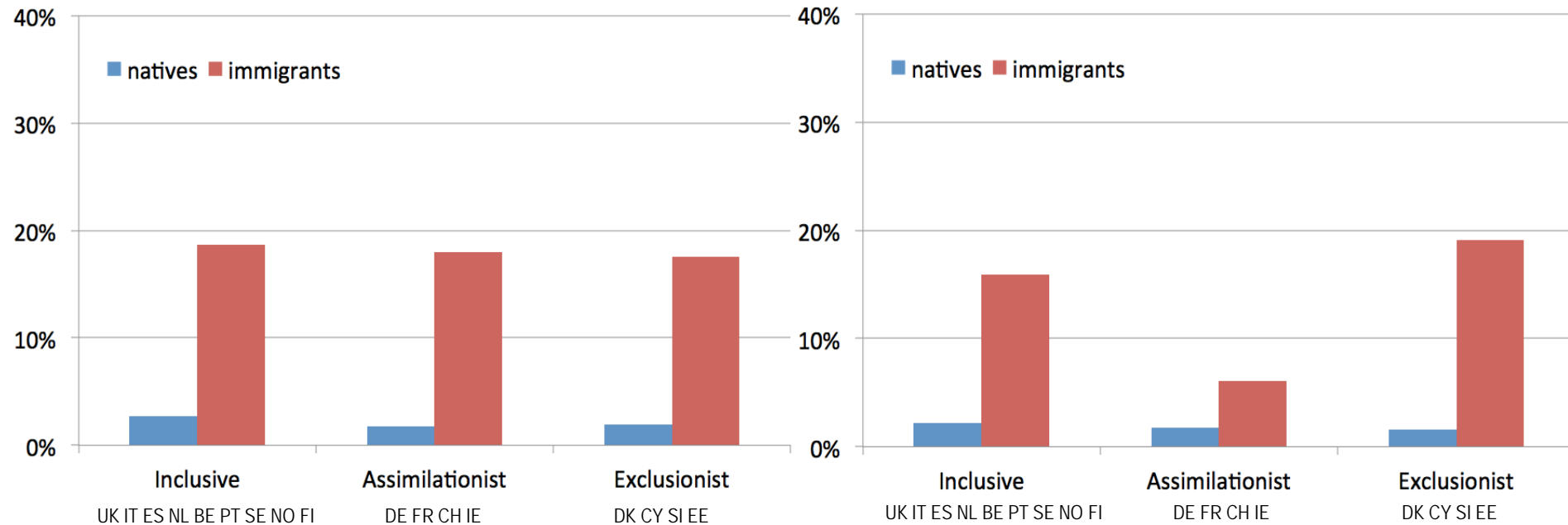
# Immigrants' mental health by integration policy model

## Results

### Perceived membership to a discriminated group (%)

Men

Women

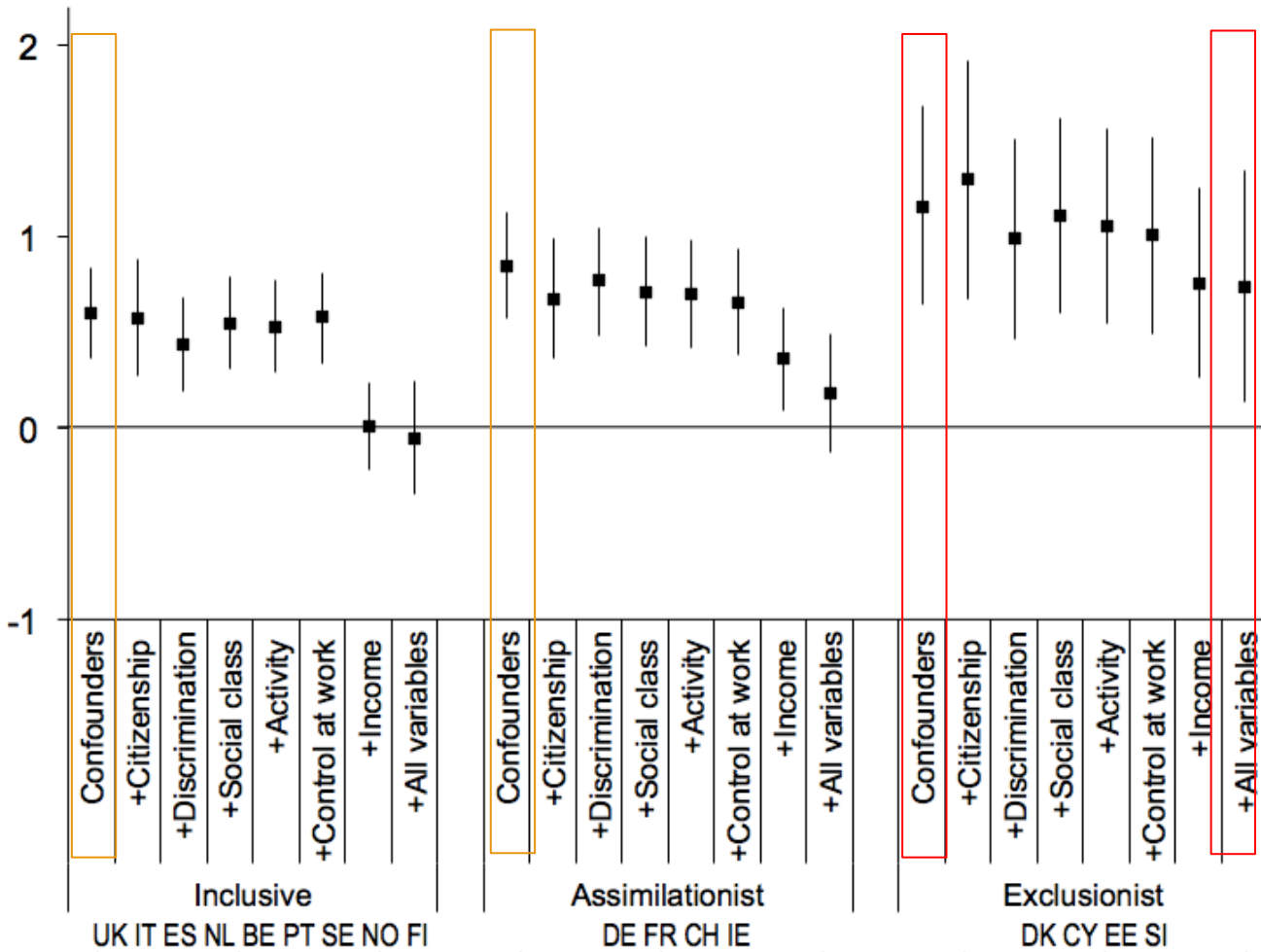


# Immigrants' mental health by integration policy model

## Results

### Depressive symptoms. Immigrants versus natives

Linear regression beta coefficient with 95%CI

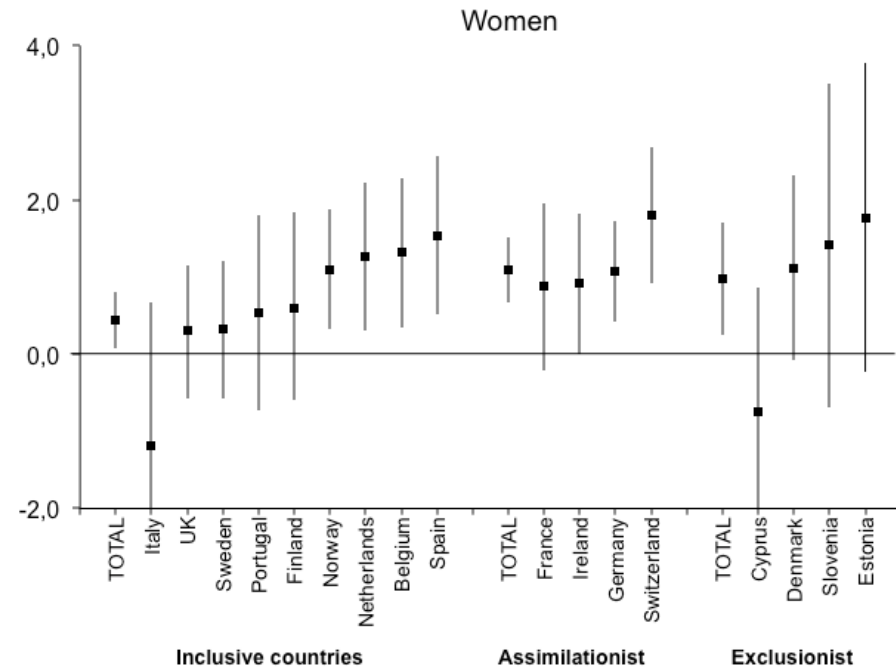
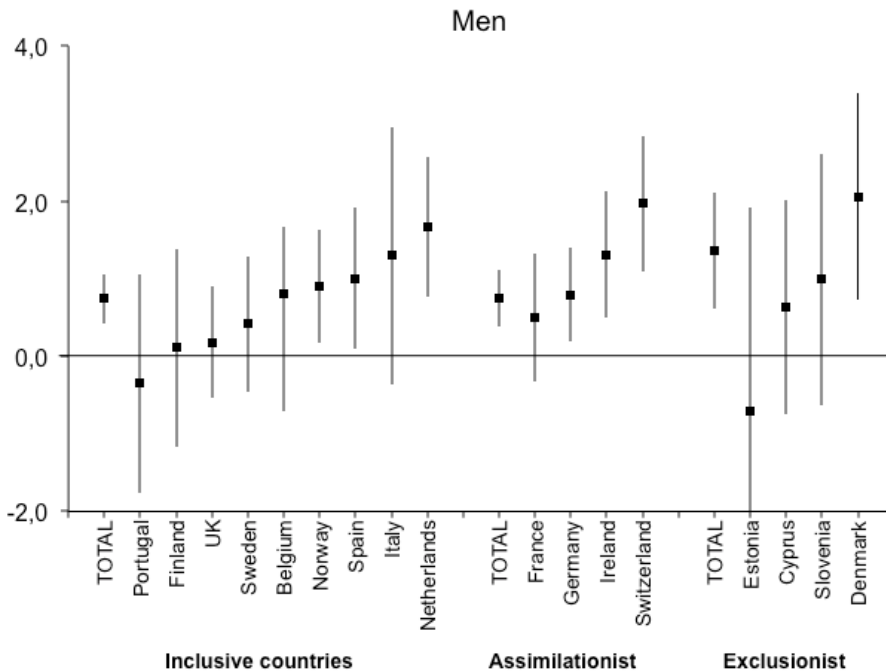


Immigrants experience more depressive symptoms no matter the regime. The gap is mainly explained by income (adequacy) but the degree of explanation varies by policy regime.

# Immigrants' mental health by integration policy model

## Results

Depressive symptoms. Immigrants versus natives. Country by country



Despite substantial heterogeneity, inequalities tend to be larger in countries with poor policies: DK, CH

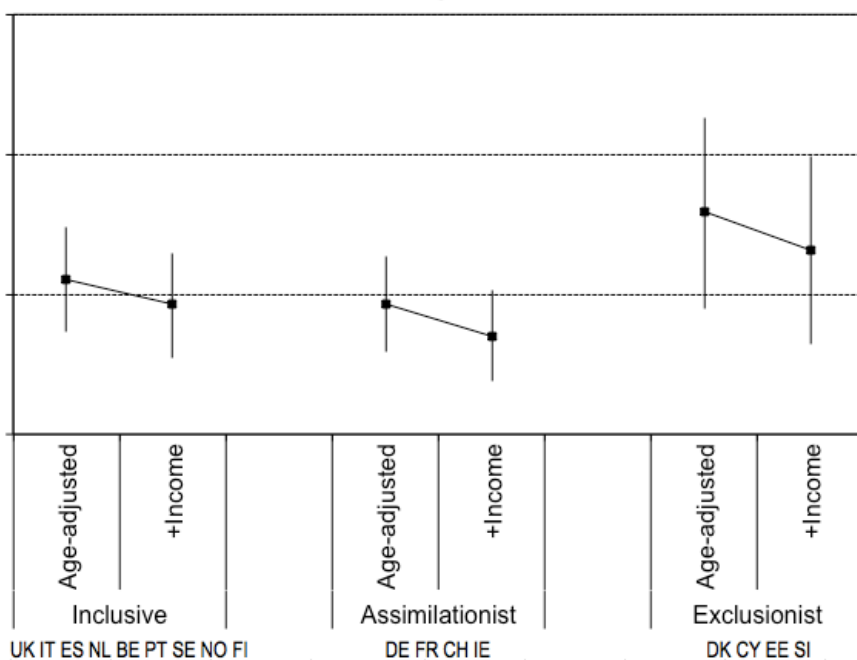
# Immigrants' mental health by integration policy model

## Results (supplementary)

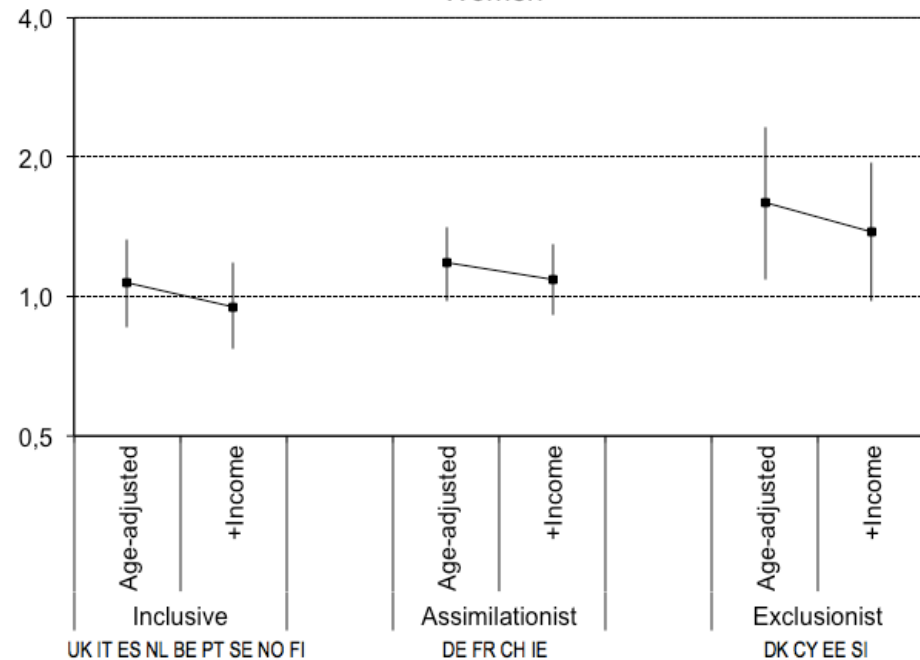
### Poor self-rated health. Immigrants versus natives

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

Men



Women



Results of the first study on self-rated health are confirmed – larger inequalities in exclusionist countries

# Villadsen...Hjern study revisited

*European Journal of Public Health*, Vol. 20, No. 5, 530–535

© The Author 2010. Published by Oxford University Press on behalf of the European Public Health Association. All rights reserved.  
doi:10.1093/eurpub/ckq004 Advance Access published on 24 February 2010

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## **Cross-country variation in stillbirth and neonatal mortality in offspring of Turkish migrants in northern Europe**

Sarah Fredsted Villadsen<sup>1</sup>, Erika Sievers<sup>2</sup>, Anne-Marie Nybo Andersen<sup>3</sup>, Annett Arntzen<sup>4</sup>, Marjorie Audard-Mariller<sup>5</sup>, Guy Martens<sup>6</sup>, Henry Ascher<sup>7</sup>, Anders Hjern<sup>7,8</sup>

According to Bolini *et al.*, Austria, Germany, Switzerland and the UK should be categorized as countries with a restrictive integration policy, while the Scandinavian countries, the Netherlands and Belgium have permissive integration policies.<sup>15</sup> Analysing the results of the present

# Conclusions

Integration policy models appear 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.

Adequate cross-country samples of migrants with similar origins (and categorisation of regimes) are needed to confirm these results, as well as qualitative studies to understand how policies get under the skin.



# More immigrants' health & policy cross-country studies

Villadsen et al. Eur J Public Health 2010. Perinatal mortality.

Hadjar, Backes. Comparative Sociology 2013. Subjective wellbeing.

Levecque, Van Rossem. Ethn Health 2015. Depressive symptoms.

Giannoni et al. BMC Public Health 2016. Self-rated health.

# Immigration policies and implications for children

“Exclusionist” policies may also affect immigrants’ descendants – difficult family reunion, discriminatory climate, lack of integration policies in the education system...

A case for cross-country infants’ and adolescents’ health studies – possible with HBSC but not yet performed

Direct reports mostly from US studies on deportation policies

# Immigration policies and implications for children

Direct reports mostly from US studies on deportation policies



- V. **Immediate Impact on Children** .....
  - Immigration and Customs Enforcement (ICE) Procedures During and Following the Raids .....
  - Families and Extended Networks .....
  - Public School Children .....
- VI. **Longer-Term Impact on Children** .....
  - Family Fragmentation .....
  - Family Economic Hardship and Instability .....
  - Interruptions to Schooling .....
  - Emotional Trauma and Psychological Health Issues .....

# Immigration policies and implications for children

Direct reports mostly from US studies on deportation policies

## U.S. immigration policy and family separation: The consequences for children's well-being

Social Science & Medicine 132 (2015) 245–251

Joanna Dreby

that enforcement practices create economic and emotional hardship due to feelings of uncertainty, while restrictive immigration policies lead to resentment among children even post-reunification.

### U.S. Immigration Policy and Immigrant Children's Well-being: The Impact of Policy Shifts

DAVID K. ANDROFF

*America is built upon a history of immigration; yet current immigration policy and anti-immigrant sentiment negatively affect the vulnerable population of immigrant families and children. Immigrant children face many problems, including economic insecurity, barriers to education, poor health outcomes, the arrest and deportation of family members, discrimination, and trauma and harm to their communities. These areas of immigrant children's economic*

This project is funded by:



*Thank you!*  
*Gràcies!*  
*Grazie!*



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@dmalmusi  
@sophieproject



dmalmusi@bcn.cat

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Conclusions of the SOPHIE Project



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