Social determinants of health for migrant populations in Europe

ASEF and Casa Asia

Research Exchange Workshop on Social Determinants of Migrants' Health Across Asia and Europe

CENTER FOR HEALTH AND MIGRATION
Research for Practice

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Roadmap

- Social determants of health
- The „Gradient debate“ and its limitations concerning migration issues
- Are migrants affected by the social gradient?
- Is migrant status a social determinant on its own?
- If so, what is the causal pathway?

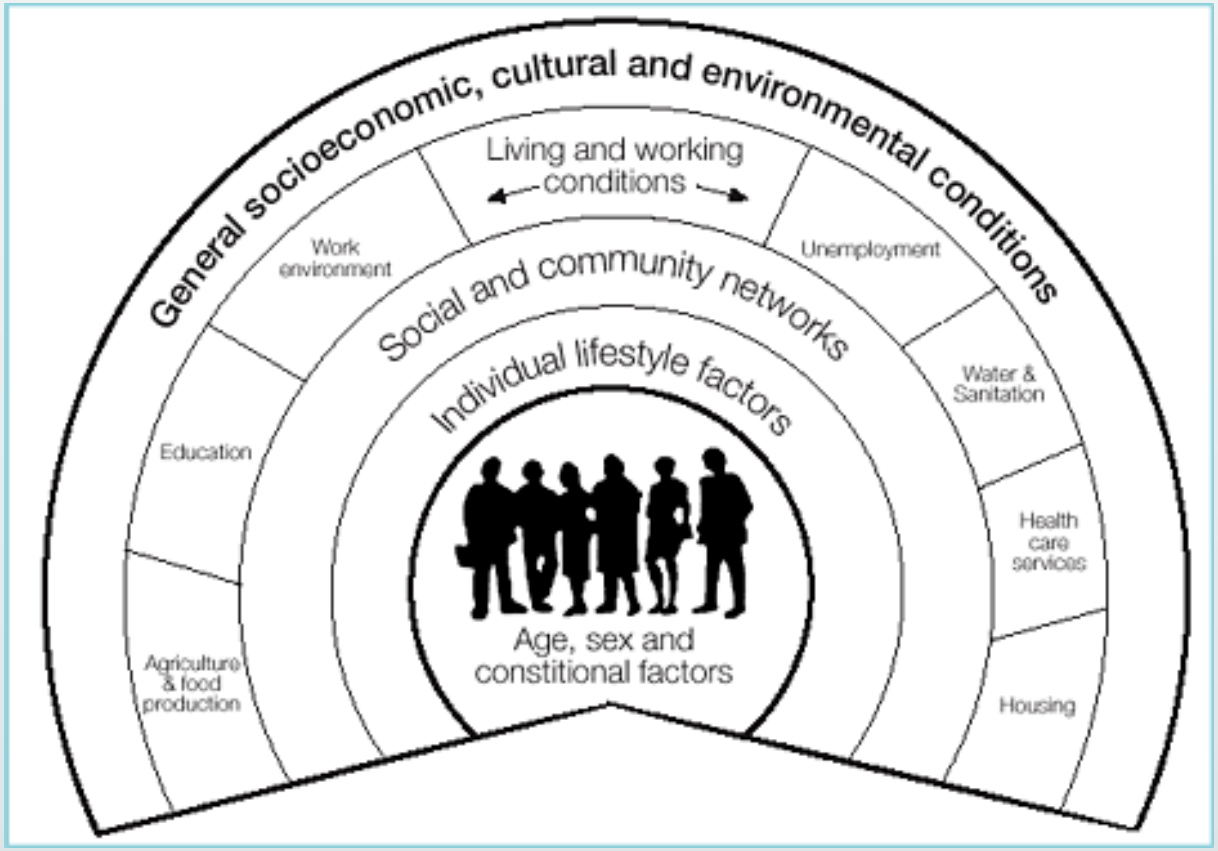
Social determinants on health (1)

“The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system.

These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices.”

(WHO, http://www.who.int/social_determinants/en/)

Social determinants of health (2): a multidimensional concept



(Dahlgren, G. & Whitehead, M. 1993)

Relevance (1)

- "Universality, access to high-quality care, equity and solidarity are common values and principles underpinning the health systems in the EU Member states" (European Parliament Resolution, 8 March 2011).
- "Social injustice is killing on a grand scale" (CSDH 2008), with a social gradient in health to be observed between and within countries.
- Life expectancy in Europe and former USSR ranges from 61 in Russia to 81 in Iceland (male) and 73 in Kazakhstan to 85 in France (female) (Marmot et al. 2011).

Relevance (2)

- Social inequalities are deemed to be unfair and hence called inequities (Kawachi et al. 2002)
- Defined as created by societies, they are in consequence defined as potentially reversible by proper policies and action (Dahlgren et al. 2007)
- Reduction of inequality in health is of special importance for migrant groups, including irregular migrants (European Commission 2009)

The „gradient“ debate

- Concentrates on socio-economic health determinants
- Recent research provides strong evidence that income and education determine health and mortality (Wilkinson et al. 2003, Mackenbach 2006, Marmot 2012)
- Research on socio-economic determinants of health does rarely include data on ethnic/migrant background
- Migrants may be seen as groups of special vulnerability concerning their socio-economic status, measured by education level, income (and occupation)
- The question whether (lower) socio-economic status is sufficient to explain differences regarding health of various migrant populations remains open to interpretation
- It therefor remains unclear in this discourse whether health care systems need to develop specific programs for migrants

Questions

- Are migrants in EU member states especially affected by socio-economic disadvantages?
- Does this influence their health?
- Besides a possible influence of socio-economic status, does migrant status constitute an independent social determinant of health when controlled for socio-economic status?

Data (Karl-Trummer, Sardadvar 2012)

- **Statistics on Income and Living Conditions (EU-SILC), conducted in all EU member states + EFTA + Turkey**
- **Analyses included member states along following criteria:**
  - ≥ one million inhabitants
  - sample size ≥ 7,000 observations after controlling for missing values
  - ≥ five percent foreign-born
  - possibility to distinguish between EU migrants and third country migrants
- **Included: Austria, Belgium, Greece, Ireland, Italy, Spain, Sweden and the United Kingdom**

Are migrants affected by the social gradient? - Descriptive Analysis

- In all countries except UK, third country migrants are less frequently found in higher income classes compared to non-migrants
- In Austria and Belgium, third country migrants are more frequently found in the lowest, and less frequently in the highest educational level classes compared to non-migrants
- In Ireland and the UK, a high share of third country migrants falls into the highest education levels (>60% and >40%), but the distribution among income classes is comparable to that among non-migrants.

		Education			Income			
		EDU.1	EDU.2	EDU.3	INC.1	INC.2	INC.3	INC.4
Austria	NON_MIGR	20.6	63.4	16.0	22.1	25.0	26.0	27.0
	EU_MIGR	15.6	57.3	27.1	29.4	24.0	23.5	23.1
	OTH_MIGR	44.3	43.6	12.1	50.8	26.0	16.7	6.4
Belgium	NON_MIGR	33.6	35.4	31.0	22.5	25.2	26.4	25.9
	EU_MIGR	37.1	33.6	29.3	33.3	24.4	17.7	24.6
	OTH_MIGR	40.3	32.8	26.8	59.8	22.3	9.4	8.4
Greece	NON_MIGR	50.1	32.5	17.4	24.0	24.5	25.3	26.2
	EU_MIGR	25.4	53.5	21.0	28.9	29.4	25.0	16.7
	OTH_MIGR	43.0	42.1	14.9	38.1	31.1	21.3	9.6
Ireland	NON_MIGR	48.3	30.3	21.4	25.1	25.0	24.9	25.0
	EU_MIGR	31.8	30.5	37.8	23.8	24.0	25.4	26.7
	OTH_MIGR	14.3	25.6	60.1	23.7	27.6	29.6	19.2
Italy	NON_MIGR	52.2	37.3	10.6	24.2	24.7	25.3	25.7
	EU_MIGR	33.7	57.0	9.3	31.1	29.1	22.5	17.2
	OTH_MIGR	47.4	41.8	10.8	40.1	29.4	18.4	12.0
Spain	NON_MIGR	58.3	19.0	22.6	24.0	25.0	25.1	25.9
	EU_MIGR	38.6	35.3	26.1	31.3	23.6	25.4	19.7
	OTH_MIGR	52.0	28.4	19.6	39.3	25.5	23.2	12.0
Sweden	NON_MIGR	22.0	49.6	28.4	23.3	25.1	25.5	26.1
	EU_MIGR	26.9	47.6	25.6	30.7	24.6	22.7	22.0
	OTH_MIGR	23.9	45.7	30.4	44.4	24.1	19.6	11.9
UK	NON_MIGR	23.6	49.7	26.7	24.7	25.3	25.2	24.8
	EU_MIGR	26.7	41.9	31.5	22.8	22.8	27.2	27.16
	OTH_MIGR	21.4	37.7	40.9	31.6	21.4	20.2	26.8

Is migrant status a social determinant independent from socio-economic status?– Regression Analysis

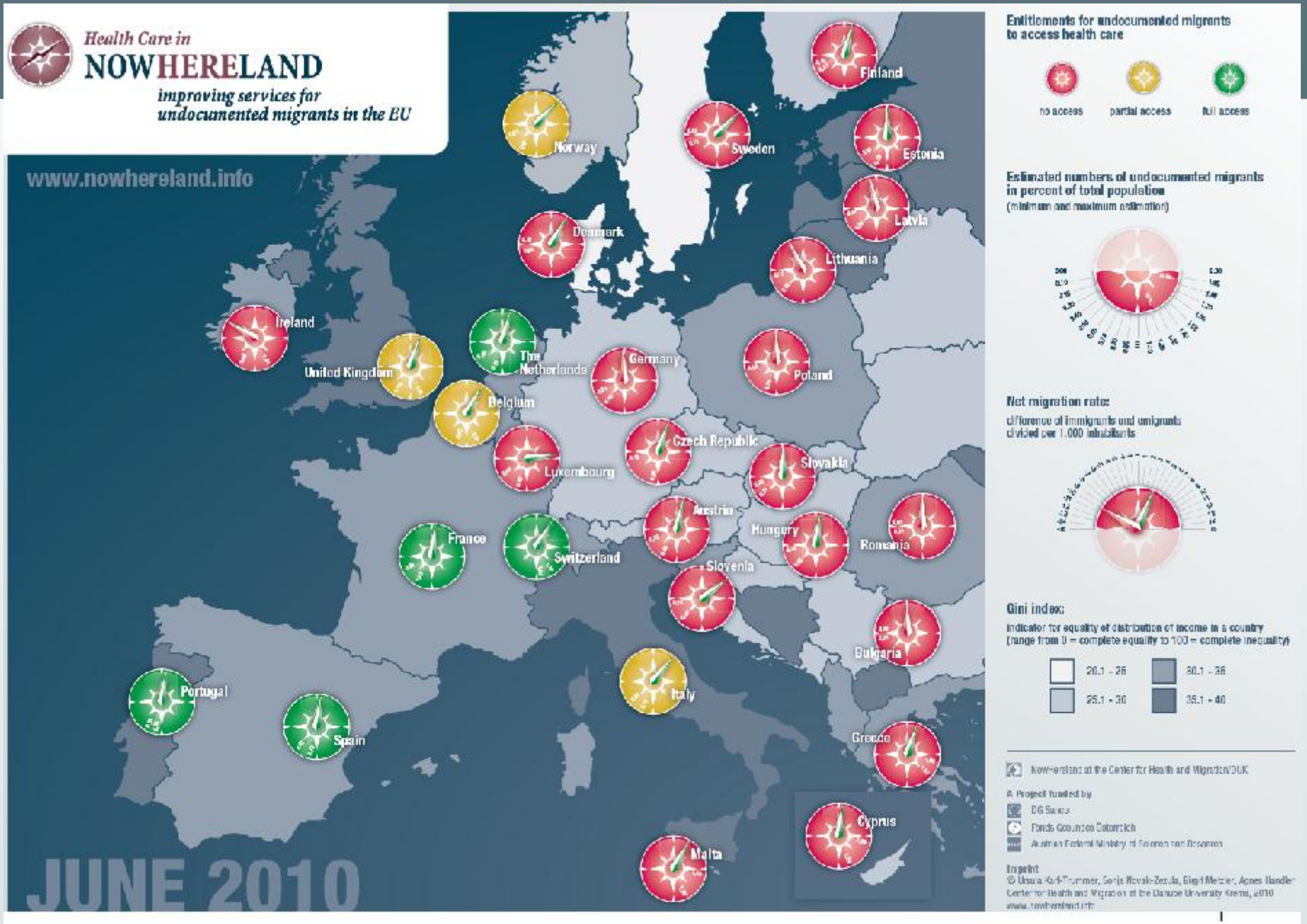
- In all eight countries under study, education and income show a significant influence on self rated health
- In six of eight countries (AT, BE, ES, GR, SE, UK) migrant status has a significantly negative influence on health status controlled for socio-economic variables

	Austria	Belgium	Greece	Ireland	Italy	Spain	Sweden	UK
Intercept	-2.342***	-1.738**	2.325***	1.255*	1.031***	1.403***	-1.207°	0.461
AGE	-0.049***	-0.036***	-0.075***	-0.034***	-0.068***	-0.053***	-0.028***	-0.030***
MALE	-0.164**	0.093°	0.236***	0.121	0.222***	0.311***	0.251***	-0.029
EU_MIGR	0.132	-0.244*	-0.619**	-0.114	0.082	-0.254*	-0.249°	0.061
OTH_MIGR	-0.371***	-0.403***	-0.336**	-0.243	0.047	-0.191**	-0.783***	-0.239*
EDU.1	-0.534***	-0.334***	-0.422***	-0.541***	-0.451***	-0.464***	-0.321***	-0.394***
EDU.3	0.528***	0.257***	0.312**	0.233*	0.350***	0.281***	0.420***	0.416***
INCOME	0.605***	0.484***	0.355***	0.260***	0.325***	0.280***	0.379***	0.263***
HH_SIZE	0.057**	0.112***	0.042*	0.081**	0.049***	0.018	0.154***	0.118***
SELF	-0.056	0.138	0.138	0.005	0.198***	0.058	0.231	-0.018
UNEMP	-1.009***	-1.001***	-0.829***	-0.561***	-0.366***	-0.579***	-1.002***	-0.652***
RETIRED	-0.476***	-0.247**	-0.574***	-0.601***	-0.093*	-0.353***	-0.201°	-0.436***
SCHOOL	0.596**	0.601***	-0.279	-0.222	-0.051	0.458***	0.318°	0.159
HOUSE	-0.170°	-0.334**	-0.276**	-0.504***	-0.044	-0.284***	-0.162	-0.354**
OTHER	-0.259	-1.379***	-0.318*	-0.641**	-0.299***	-0.688***	0.137	-0.462*
AIC	10,413	10,019	10,546	7,309	41,452	26,410	6,072	11,806
LIK	-5,198	-4,995	-5,258	-3,640	-20,711	-13,190	-3,021	-5,888
n	10,873	11,059	13,838	9,448	42,984	28,940	7,015	13,994

Notes: Calculations have been carried out with *R* using the *AER* package 1.1-7. Standard errors are in parentheses, asterisks display probabilities: ***$p \leq 0.001$, **$p \leq 0.01$, *$p \leq 0.05$, °$p \leq 0.1$. *AIC* and *LIK* refer to the values of the Akaike information criterion and the maximised log-likelihood, respectively. *n* is the sample size.

What is the causal pathway from migrant status to (ill) health (1) ?

- Three spontaneously chosen suggestions
  - Limited access to health care / in its extreme to be shown for undocumented migrants
  - Inappropriate health care services for migrants who access the system
  - Confusion due to conflicting cultural images and demands


Health Care in
NOWHERELAND
improving services for
undocumented migrants in the EU
www.nowhereland.info
Norway
Sweden
Finland
Estonia
Latvia
Lithuania
Denmark
Ireland
United Kingdom
The Netherlands
Germany
Poland
Belgium
Czech Republic
Slovakia
Lukembourg
Austria
Hungary
Romania
France
Switzerland
Slovenia
Bulgaria
Portugal
Spain
Italy
Greece
Cyprus
Malta
JUNE 2010
Entitlements for undocumented migrants to access health care
no access
partial access
full access
Estimated numbers of undocumented migrants in percent of total population
(minimum and maximum estimation)
Net migration rate:
difference of immigrants and emigrants divided per 1.000 inhabitants
Gini index:
indicator for equality of distribution of income in a country
(range from 0 = complete equality to 100 = complete inequality)
20.1 - 25
25.1 - 30
30.1 - 35
35.1 - 40
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Center for Health and Migration at the Danube University Krems, 2010
www.nowhereland.info

Inappropriate services for migrants who access the system

- evidence from quantitative and qualitative research that migrant status / ethno-cultural diversity increases the risk of treatment errors (Johnstone et.al. 2006, Falcón et.al. 2010)
- US Study: spanish-speaking patients with language barriers have a significantly increased risk for serious medical events during pediatric hospitalisation, (but not families in general with language barriers) (Cohen et.al. 2005)
- Main problems identified (Suurmond et.al.2010, 2011)
  - Inappropriate responses to patient characteristics (command of local language, insurance status, genetic)
  - Inadequate information exchange with providers
  - Misunderstandings due to different perceptions and expectations
  - Inappropriate care due to stereotyping/prejudices

Inadequate communication as main cause of critical incidents and main issue for migrant patients

- **Inadequate communication between clinicians/providers and patients is acknowledged as a main cause of critical incidents (Slade et.al. 2008, Hughes (eds) 2008, Haller et.al. 2005)**
- **Migrant patients get worse information and in consequence are less enabled to cooperate in treatment processes (quantitative study with 309 patients in a private clinic for laboratory tests, Falcón et.al. 2010)**
- "The happy migrant effect" Migrant patients do not complain as often as they should (Garrett et.al., 2008)
- Possible explanations:
  - Feeling of extreme powerlessness in combination with inability to communicate in local language
  - Positive comparison to healthcare in the "old country"
  - Politeness, social desirability

Confusion due to conflicting cultural images and demands

- Recent study on childbearing and postnatal experiences of Chinese-speaking and Japanese migrant mothers in Austria (Seidler 2011)
  - Conflicting beliefs and habits cause confusion
  - Synthesising health images and values from two cultures as stressful events
  - The relevance of food: what should a breast-feeding mother eat?

Conclusions – what needs to be done?

- Develop models to explain causal pathways from migrant status to (ill) health
- Work on better evidence on the interplay of various social determinants of health, (socio-economic status, mechanisms of inclusion/exclusion …)
- Improve public health systems and organisations towards diversity management and “migrant friendly” services (Karl-Trummer, Krajic, 2007)

Thank you very much for your attention

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