Immigrants' health by type of integration policies in European countries: a test with EU-SILC

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Introduction: Factors such as employment status and quality, income, material deprivation or discrimination have been largely shown to influence people's health, therefore policies acting on these factors may also result in health impacts. This study uses EU-SILC to test the relationship between country-level immigrants' integration policy and immigrants' health status in Europe.

Methods: Cross-sectional study with data from the 2011 European Union Survey on Income and Living Conditions. We classified 14 countries according to the typology of integration policies proposed by Meuleman[1], based on a latent-class analysis of the Migrant Integration Policy Index: "multicultural" (highest scores: UK, Italy, Spain, Netherlands, Sweden, Belgium, Portugal, Norway, Finland), "exclusionist" (lowest scores: Austria, Denmark) and "assimilationist" (high or low depending on the dimension: France, Switzerland, Luxembourg). We excluded countries with less than 0.5% of immigrants in the dataset, or that in the dataset provided to researchers merged all foreign-born (from within and outside the EU) in one category. We retained individuals with valid information on health status and birthplace, either born in the country (natives, n=177,300) or outside the EU with over 10 years of residence (immigrants, n=7,088). Prevalence ratios (PR) of poor self-rated health (fair/bad/very bad) between immigrants in each country cluster, and for immigrants versus natives within each, were computed by means of robust Poisson regression, sequentially adjusting by age, education, occupational social class and socioeconomic conditions.

Results: Compared to multicultural countries, immigrants report worse health in exclusionist countries (age-adjusted PR, 95%CI: men 1.78, 1.49-2.12; women 1.58, 1.37-1.82; fully adjusted, men 1.78, 1.50-2.11; women 1.47, 1.26-1.70) and assimilationist countries (age-adjusted, men 1.21, 1.03-1.41; women 1.21, 1.06-1.39; fully adjusted, men 1.19, 1.02-1.40; women 1.22, 1.07-1.40). Health inequalities between immigrants and natives were also highest in exclusionist countries (age-adjusted, men 1.70, 1.48-1.95; women 1.73, 1.53-1.94), where they persisted even after adjusting for differences in socioeconomic situation (fully adjusted, men 1.22, 1.05-1.41; women 1.16, 1.02-1.32). Results were similar in sensitivity analysis with bad/very bad self-rated health, limiting longstanding illness and chronic activity limitations.

Conclusions: Immigrants in "exclusionist" countries experience poorer socioeconomic and health outcomes than natives and than immigrants in other countries. Unfortunately, the EU-SILC dataset released for research purposes does not include information on specific country of birth, thus not allowing focusing on single countries of origin. Future studies should confirm whether and how integration policy models could make a difference on migrants' health.

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[1] Meuleman, B. (2009). The influence of macro-sociological factors on attitudes toward immigration in Europe. A cross-cultural and contextual approach. Dissertation, KU Leuven.