Improving the health of migrants in Europe – a challenge and an opportunity

Professor Allan Krasnik
Department of Public Health

Danish Research Center for Migration, Ethnicity and Health
University of Copenhagen

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Six main messages

Migration into Europe is not just an acute crisis, but a permanent issue.

The health of migrants is important in the light of human rights and social inclusion and integration.

We need to focus on all the elements related to the different phases of the trajectory of migrants.

Diversity of migrants and their needs must be taken into account when adapting health services to the changing composition of the European populations.

Collaboration and coordination between the countries, the different public sectors, the private organizations and the civil societies is crucial in the context of migrant health.

Focusing more on migrant health in research, policy and practice will help us developing better health programs for the whole population.
1. Migration into Europe is not just an acute crisis, but a permanent issue
Migrants – a substantial part of the global population

International migrants worldwide: 244 mio = 3%

Forced displaced globally: 65 mio (41% increase since 2000)

International migrants in Europe: 75 mio (8.4%)

Spain
4.4 mio migrants = 9.8%

Largest groups:
Romania, Marocco, UK
Driving forces

PUSH factors
• Poverty
• Climate changes
• War and persecution
• Population growth

PULL factors
• Education
• Employment
• Family reunification
• Future life prospects

MOBILITY increasing
Changing trends of migration

- ‘Forced’ migration and economic migration
- Remigration
- Circular migration
- Reverse economic remigration
- Environmental/climate refugees
2. The health of migrants is important in the light of human rights, social inclusion and integration
UN Human Rights Declaration Article 25

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services...”

The constitution of WHO

“The enjoyment of the highest attainable health is one of the fundamental rights of every human being”
The role of socio-economic characteristics for migrant and ethnic minority health

- Generally lower self-perceived health among migrants/ethnic minorities

- Lower self-perceived health associated with lower SES

- Controlling for SES (education, employment and income) reduces the effect of migration/ethnicity, but does not eliminate the effect

## Employment and mental health

<table>
<thead>
<tr>
<th>Employment paths</th>
<th>cOR (95% CI)</th>
<th>aOR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acquisition of Spanish nationality</td>
<td>1 (–)</td>
<td>1 (–)</td>
</tr>
<tr>
<td>Continuous legal status</td>
<td>2.67 (1.04–6.68)</td>
<td>3.32 (1.15–9.58)</td>
</tr>
<tr>
<td>Illegal to legal status</td>
<td>1.87 (0.51–8.81)</td>
<td>1.91 (0.42–8.63)</td>
</tr>
<tr>
<td>Continuous illegal status</td>
<td>13.99 (2.25–87.02)</td>
<td>17.34 (1.96–153.23)</td>
</tr>
<tr>
<td><strong>Employment contract</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous contract</td>
<td>1 (–)</td>
<td>1 (–)</td>
</tr>
<tr>
<td>Change to contract</td>
<td>1.81 (0.74–4.46)</td>
<td>1.82 (0.66–5.01)</td>
</tr>
<tr>
<td>Change to no contract</td>
<td>1.68 (0.69–4.09)</td>
<td>2.23 (0.82–6.12)</td>
</tr>
<tr>
<td>Continuous lack of contract</td>
<td>1.85 (0.78–4.41)</td>
<td>2.24 (0.76–6.67)</td>
</tr>
<tr>
<td><strong>Employment status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuous employment</td>
<td>1 (–)</td>
<td>1 (–)</td>
</tr>
<tr>
<td>Unemployment to employment</td>
<td>1.09 (0.39–3.02)</td>
<td>0.93 (0.29–2.92)</td>
</tr>
<tr>
<td>Employment to unemployment</td>
<td>3.62 (1.76–7.46)</td>
<td>3.62 (1.64–7.96)</td>
</tr>
<tr>
<td>Continuous unemployment</td>
<td>1.67 (0.64–4.37)</td>
<td>1.50 (0.51–4.46)</td>
</tr>
</tbody>
</table>

Acculturation


XVII SESPAS Congress, 6th September Barcelona
Dias 11
Acculturation and depression

![Graph showing mean levels of depressive symptoms (BDI) for integration, assimilation, separation, and marginalization with p-values and significance levels.]

- Integration: n.s.
- Assimilation: p = 0.015
- Separation: p < 0.001
- Marginalization: n.s.
Effect of integration policies on health

Exclusionist policies (Denmark) compared to assimilationist policies (France) and inclusive policies (The Netherlands):

- Higher over-all mortality and CVD mortality when comparing similar ethnic minority groups (cross-country and within-country comparisons)

Ikram et al 2016

Immigrants in exclusionist countries report worse health than those in assimilationist and multicultural countries when applying MIPEX scores

- and also worse when comparing with majority populations - even after controlling for SES

Malmusi et al 2014
3. We need to focus on all the elements related to the different phases of the trajectory of migrants
Migration and health

- Conditions in country of origin
- Factors leading to migration
- Process of migration
- Postmigration factors
Up-stream and down-stream focus

War and hunger

Migration

Reception

Health behavior

Integration

Disease
4. Diversity of migrants and their needs must be taken into account when adapting health services to the changing composition of the European populations.
Migrants’ entitlements and access to healthcare

**Formal factors** (legal conditions; financial barriers)

**Informal factors** (patient- and system related)

↓

Delay in diagnosis and treatment – low quality service

↓

Increased morbidity and mortality
Improved health care provision

Service delivery
  • Availability, Accessibility, Acceptability, Quality
  • Mainstream, migrant specific

Health workforce
  • Competence, cultural mediation

Information systems
  • Disaggregated data, flow of information

Technology

Leadership and governance
5. Collaboration and coordination – integration policies

National governments should enter into partnerships with all stakeholders and actors concerned, as well as with migrant organisations.

- change at each level needs to be supported by associated changes at all other levels.

Council of Europe Recommendation CM/Rec(2011)13 on mobility, migration and access to health care
Migrant Integration Policy Index – MIPEX

38 countries

167 indicators

8 policy areas:
- Labour market mobility
- Education
- Political Participation
- Access to nationality
- Family reunion
- Health
- Permanent residence
- Antidiscrimination

See: www.mipex.eu
MIPEX Scores Spain 2014

Rank: **11** out of **38**
MIPEX Score: **60**

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>LABOUR MARKET MOBILITY</td>
<td>72</td>
</tr>
<tr>
<td>FAMILY REUNION</td>
<td>90</td>
</tr>
<tr>
<td>EDUCATION</td>
<td>37</td>
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<tr>
<td>HEALTH</td>
<td>53</td>
</tr>
<tr>
<td>POLITICAL PARTICIPATION</td>
<td>54</td>
</tr>
<tr>
<td>PERMANENT RESIDENCE</td>
<td>74</td>
</tr>
<tr>
<td>ACCESS TO NATIONALITY</td>
<td>48</td>
</tr>
<tr>
<td>ANTI-DISCRIMINATION</td>
<td>49</td>
</tr>
</tbody>
</table>
The municipalities are the first level of attention to the integration of immigrants. A strategy for this level of government is essential to meet the needs of immigrants.

Coordination and cooperation between levels of government would entail a more effective and far-reaching policy for the integration of immigrants. In this sense also the effective involvement of civil society is needed.

CIDOB – Barcelona Center for International Affairs
Complex problems require complex solutions

Need for an

- integrated
- intersectional
- multivariate
- multilevel

approach!!

Ingleby D. Ethnicity, migration and the social determinants of health agenda. Psychosocial interventions 2012;21:331-341
6. Focusing more on migrant health in research, policy and practice will help us developing better health programs for the whole population

- Better understanding of causal pathways for health
- Diversity competent health systems
- Diversity competent health professionals
- Inclusion of vulnerable groups in health care
- Technology innovations
- Better information systems
Conclusions

• Migration is an essential and unavoidable dimension of human history – benefitting mankind.

• The present so-called migration crisis in Europe is mainly a political crisis.

• The focus is mainly on social integration and employment – but forgetting the well-known links between “social” and “health”.

• Better migrant health policies are motivated by:
  • human rights and equity goals,
  • issues of integration,

• Migrant health provides fruitful lessons for public health in general.
Thank you for your attention!!!!!!
MIPEX Best case

All residents have the same healthcare coverage as nationals in law and in practice.

To access their entitlements, all residents can get information in various languages and through various methods, including cultural mediators.

Healthcare providers are

- informed of these entitlements,
- allowed to serve all residents
- equipped to meet their needs, through training, various interpretation methods, adapted diagnostic methods and a diverse staff.

Health policies are supporting these changes and also equipped to respond to the needs of an increasingly diverse society.