

Immigrants' health and integration policies in Europe

Policy brief - SOPHIE project - September 2014

Why this study?

Immigrants from outside the EU constitute an increasing proportion of the European population. The debate on policies on immigration control and integration has been high on the agenda for many years, however very little is known on how they might be affecting immigrants' health.



This study aimed to analyse differences in the self-rated health status of immigrants across European countries with different types of integration policies.

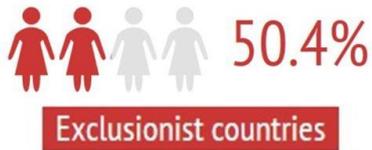
Approach and results

We used data from the 2011 European Union Statistics on Income and Living Conditions (EU-SILC), a harmonised dataset of national surveys. We compared individuals (aged 16 or over) born in the same country of residence (natives) or born outside the EU and having resided 10 years or more in the country (immigrants). Questions analysed included self-rated general health, presence of a limiting longstanding illness, and activity limitations due to a health problem.

Fourteen countries were classified in **three policy models** based on a latent class analysis of their scores in different dimensions of the Migrant Integration Policy Index (MIPEX), measuring the performance of countries toward immigrants in fields such as access to residence or nationality, the labour market or antidiscrimination policies:

- The “multicultural” model, characterised by tolerance of cultural differences and citizenship acquired through residence or birth;
- The “assimilation” model is restrictive on residence and access to labour market but open on nationality, although confines cultural manifestations to the private sphere;
- The “differential exclusionist” model assumes a temporary presence of labour migrants, bases citizenship on ancestry and displays low social and political tolerance.





The **results** obtained show that, for both sexes:

- Immigrants report worse health in exclusionist countries (Austria and Denmark) and assimilationist countries (France, Switzerland, Luxembourg) than in multicultural countries (UK, Italy, Spain, Sweden, the Netherlands, Belgium, Portugal, Norway, Finland).
- Health inequalities between immigrants and natives are also highest in the exclusionist countries.
- Differences in socio-economic position and living conditions fully or mostly explain these inequalities.

Figure: Proportion of immigrant women reporting fair, bad or very bad health by country policy model.

Limitations and need for future research

In the EU-SILC dataset for research, information on birthplace is aggregated. Some of the differences observed might be driven by the differences across countries in the composition of immigrant populations. Future studies should allow comparing the health of immigrants with similar backgrounds living in different countries, and understanding how these policies may affect health.

Conclusions and policy recommendations

- Different integration policy models across Europe appear to make a difference on immigrants' health.
- Immigrants in exclusionist countries suffer larger socioeconomic segregation and poorer health.
- Policymakers in areas related with immigrants' integration should consider the health consequences of adopting restrictive policies.
- Health professionals should advocate for inclusive policies for migrants.



More information

This policy brief is based on the article:

Malmusi, D., (2014) **Immigrants' health and health inequality by type of integration policies in European countries**. European Journal of Public Health. [Full article](#) [Presentation](#)

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