The health status among the over 50 in Europe. A comparison between native and foreign born population

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BACKGROUND

The analysis of the determinants of health is important for many reasons including promoting the overall health and welfare of the population and understanding the economic and social consequences of poor health among population subgroups. This is a question for policy makers that involves the extent to which differences in health disparities exist among older people living in different countries. If, however, the worse health status is associated with being an immigrant, then, a culturally and socio-economic based barrier may exist.

We concentrate our focus on the differences in health between of older people of migrants and native population. Specifically, most of the people born in foreign countries we are going to study are over the middle age, likely migrated in the young age for searching a job (Karras and Chiswick, 1999; Barrell et al., 2006). Linked with health issues, this implies that young immigrants may be initially healthier than native population according with the selectivity hypothesis (Marmot et al. 1984). For example, in the United States, Hispanics group rated better health outcomes than blacks and similar health outcomes compared with non-Hispanic whites (Hajat et al., 2000; Palloni and Arias, 2004). However over time, as length of residence increases, they experience a deterioration in health due to the adoption (i.e. acculturation) of mainstream native's beliefs and lifestyle behaviours (Biddle et al., 2007), such that a worse health status for older people is expected. Furthermore, some studies have shown that the pattern of perceived health status between native-born and immigrants vary not only by the country

of origin of migrants but also by gender (Khlat and Courbage, 1996; Gadd et al., 2003; Sundquist et al., 2006).

Jointly with an individual dimension of health perception, the worsening may be resulting from discrimination in the new living situation and environment (Silveira et al., 2002). It is a well-known fact that lack of social-economic support is a risk factor for a decline in health given the different agreements of European countries with the policy-makers of the country of origin. From a macroeconomic point of view, the foreign born are, therefore, expected less likely to have adequate health care coverage, as well as pension systems, predicting a lower health conditions with respect to native population.

AIMS

The goal of this paper is to go beyond examining the main effects of immigration status on health towards the extent to which social structural and behavioural contexts explain any disparities. It is our major hypothesis that, within an heterogeneous community, significant differences will be found among the subgroups in responses to perceived health and illness and that, furthermore, these differences will be associated with variations related to individual characteristics and countries. We explore the role that socio-economic status, risk behaviours and random country effect play in accounting for observed health disparities generated from differences in health systems and social security.

MODELS AND DATA

To empirically test the hypothesis of a worsening in health conditions of immigrants with respect to natives, we use as a response variable different measures of health status (self-perceived health, chronic and mental diseases), while an interaction immigration variable that account for the duration in the host country is the covariate investigated. Individual control variables are included in both with fixed country effects. This hypothesis is, then, removed when we adopt multilevel models, where macro-aggregate indicators of health spending and social security are included.

This study is based upon individual data obtained from the first wave in 2004 of the Survey of Health, Aging and Retirement (SHARE) which is a multidisciplinary and cross-national panel database of micro data and provides information on health, socio-economic status and social and family networks of individuals aged 50 and over in 11 European countries. Eurostat source is, then, used to derive macroeconomic indicators for the European countries.

RESULTS

Preliminary estimations show a decreasing health satisfaction among foreign-born people who lived in the host country for a long period. As far as the coefficients of the other variables are concerned, the inclusion of the country fixed effects do not change appreciably the results, though the coefficients of some European countries are statistically significant. Expected results are obtained for self-rated health "depressive symptoms" as a response variables, where these perceptions are generally recognized as major issue for migrants. On the other hand, the models in discriminating chronic diseases between native and immigrate people are not significantly different between groups.

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