Social Integration, Social Capital and Health

Why are migrants less healthy in France? Assessing the role of social capital

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Introduction

- Health Status of migrants in France
  Assessing the links between Health, Migration and Country of birth

- Social Capital and Health

  –> Psychosocial Resources and Social Health Inequalities in France

Health Status of migrants in France

- We show that migrants have a worse SAH :
- migration selection effects in the poorest countries of origin
- long term effect of social, economic background of the country of origin
- worse SES and working conditions
  - But differences remain -> **Isolation and Loss of Social Networks ?**

Social Capital and Health (1)

To estimate the Relationship between psychosocial resources and health

- Civic engagement
- Community trust
- Number of recent contacts
- Emotional support
- Deprivation relative to peers , Deprivation relative to the reference group
- Sense of control at work

Social Capital and Health (2)

- Within psychosocial resources: sense of control at work comes first – then emotional support, civic engagement;
- Specific impacts on SAH (not altered when entered altogether in the model).
- (Access to psychosocial resources is not equally distributed in the population
  - It is better for men than for women
  - It improves with age
  - It improves with income, education level and social class hierarchy)

Objectives

- To shed light on the role of SK (civic engagement, isolation) in the construction of Health inequalities according to the migration status ?

Estimation strategy

- Assessing the links between Health and SK + migration status
- Between SK and MS

Step by step approach

- First step: single estimation of:
  - the impact of SC and MS on SAH
  - The impact of MS on SC
- Second step: Simultaneaous estimation of SAH and SC

Data (1)

- Health, Health Care and Insurance Survey (ESPS) France, 2006

- General population survey, conducted every two years, that interviews a representative panel of individuals, registered under French national (mandatory) health insurance funds;
- Information on:
  - health status
  - health care services utilization
  - public coverage and private supplementary health insurance
  - usual sociodemographic characteristics
  - Self assessment of psychosocial resources (for one person per household), religious beliefs
  - Migration Status

- n= 7 260

Data (2)

- Migration status

  Country of birth, nationality

  → Migrant vs. Non Migrant

  Language(s) spoken as a child

  Year of arrival in France

- Religion
  - to have religious beliefs vs. No religious beliefs
  - → dummy religious activity

Data (3)

- Health Outcomes

  Self-assessed health:

  – How is your general state of health? “very good” and “good” versus “average”, “poor”, and “bad”

- Social Capital:

  – Civic engagement :

  « Do you participate in a collective activity (local school association, neighborhood or community association, sports or cultural club, religious community, union or political party) ? »

  – Isolation/social support:

  – “ Did you suffer from isolation periods following events such as migration, familial change, imprisonment

Data (4)

- Sociodemographic variables
  - Age, Gender
- Education level (6 categories variable)
  - primary school (age 11 in France)
  - first level of secondary school (age 15)
  - second level of secondary school (baccalaureate, age 18)
  - post-secondary education
  - foreign diploma and missing value
- Professional status :
  - farmers
  - self-employed
  - professionals, managers, and intellectual professions (reference)
  - skilled white collar workers (e.g. nurses, elementary school teachers, technicians)
  - clerks
  - unskilled white collar workers
  - skilled blue collar workers
  - unskilled blue collar workers
- Equivalent income : 5 quintiles (household income per consumption unit, OCDE equivalent scale)

Descriptive statitics (1)

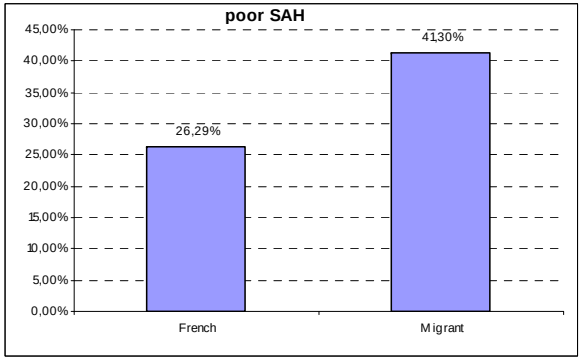
Migrant pop. = 9 % of the sample

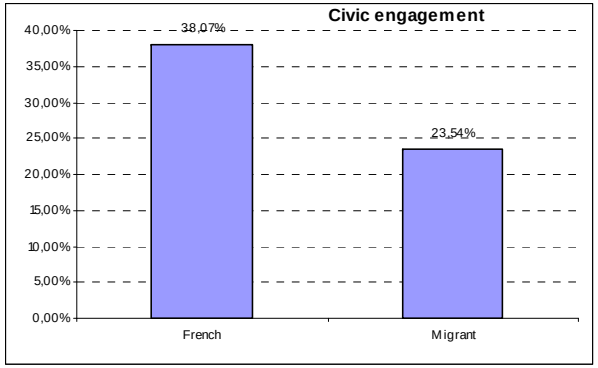
74,2 % spoke French as a child,
12.8 % French + other language
12,8 % Other language

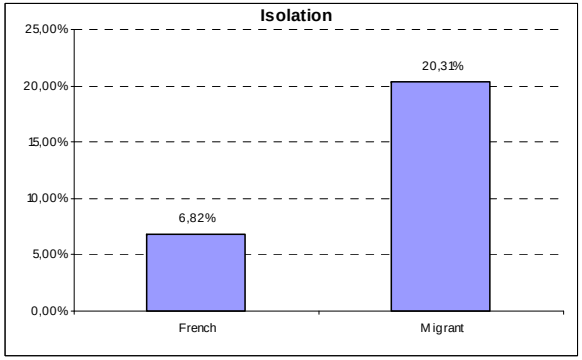
24.9 % have a poor health status
63.65 % do not have civic engagement

Descriptive statistics (2)

Migrants declare worse health status and less access to human capital







Direct estimation of the Impacts of SC and MS on the probability to declare a poor SAH

	Social Capital Variables Alone			Social Capital and SES			Social Capital SES and Migration		
Migratory status : Non-immigrant									
Immigrant									
migration age<=10							0,01	0,97	
10<migration age<=25							0,41	0,00	***
migration age>25							0,08	0,49	
Collective Praticipation	*Ref*			*Ref*			*Ref*		
No collective participation	0,36	0,00	***	0,19	0,00	***	0,18	0,00	***
not suffered from isolation	*Ref*			*Ref*			*Ref*		
To have suffered from isolation	0,57	0,00	***	0,42	0,00	***	0,41	0,00	***
non response	0,02	0,82		-0,01	0,89		0,00	0,97	

Direct estimation of the Impact of MS on Civic engagement and Isolation

Migratory status : Non-immigrant	*Ref*			*Ref*		
Immigrant						
migration age<=10	-0,22	0,06	*	-0,61	0,00	***
10<migration age<=25	-0,36	0,00	***	-0,52	0,00	***
migration age>25	-0,21	0,07	*	-0,50	0,00	***

Religion as an instrumental variable

	Poor SAH			Civic engagement			Poor SAH			To have not suffered from isolation		
	Coeff	p-value		Coeff	p-value		Coeff	p-value		Coeff	p-value	
Religious activity	*Ref*			*Ref*			*Ref*			*Ref*		
No religious acti	0,00	0,92		-0,15	0,00	***	0,00	0,91		-0,08	0,11	
Non Response	-0,21	0,22		-0,47	0,01	**	-0,18	0,31		-0,37	*0,05*	*
N	6555						6157					
Log L	-7116,61						-4688,68					
Rho	-0,11	0,00	***				-0,21	0,00	***			

Joint estimation of SAH and SC (1)

Characteristiques	IV Probit						
	Poor self-assessed health				**Civic engagement**		
	Coeff	p-value			Coeff	p-value	
Migratory status : Non-immigrant	*Ref*				*Ref*		
Immigrant							
migration age<=10	0,10	0,38			-0,28	0,02	**
10<migration age<=25	0,50	0,00	***		-0,44	0,00	***
migration age>25	0,15	0,16			-0,29	0,02	**
No collective Participation	*Ref*						
Collective Participation	0,40	0,23					
Spoken language during childhood : French					*Ref*		
French and other language					0,17	0,00	***
Other language					0,08	0,24	
Religious activity					*Ref*		
No religious activity					-0,15	0,00	***
Non response					-0,50	0,01	**

Joint estimation of SAH and Isolation (2)

Characteristiques	IV Probit						
	Poor self-assessed health				**Isolation**		
	Coeff	p-value			Coeff	p-value	
Migratory status : Non-immigrant	*Ref*				*Ref*		
Immigrant							
migration age<=10	0,02	0,89			-0,55	0,00	***
10<migration age<=25	0,45	0,00	***		-0,45	0,00	***
migration age>25	0,09	0,48			-0,43	0,00	**
suffered from Isolation	*Ref*						
Not suffered from Isolation	-0,33	0,51					
Spoken language during childhood : French					*Ref*		
French and other language					0,02	0,83	
Other language					-0,12	0,17	
Religious activity					*Ref*		
No religious activity					-0,08	0,12	
Non response					-0,38	0,05	**

Discussion (1)

- Is Religious activity a good instrument?
- Effect from health to SC, no effect of SC on Health

Discussion (2)

- Estimation according to the country of origin
- Study of second generation « migrants »