



INSTITUTE FOR EMPLOYMENT
RESEARCH
The Research Institute of the Federal Employment Agency

REFUGEES' ACCESS TO THE HEALTHCARE SYSTEM – EVIDENCE FROM A NATURAL EXPERIMENT IN GERMANY

Original study:

Jaschke, P., Kosyakova, Y. (2021). Does Facilitated and Early Access to the Healthcare System Improve Refugees' Health Outcomes? Evidence from a Natural Experiment in Germany. *International Migration Review*, 55(3), 812–842.

Workshop „Migrant access to healthcare“

Oct-18-2022, Brussels

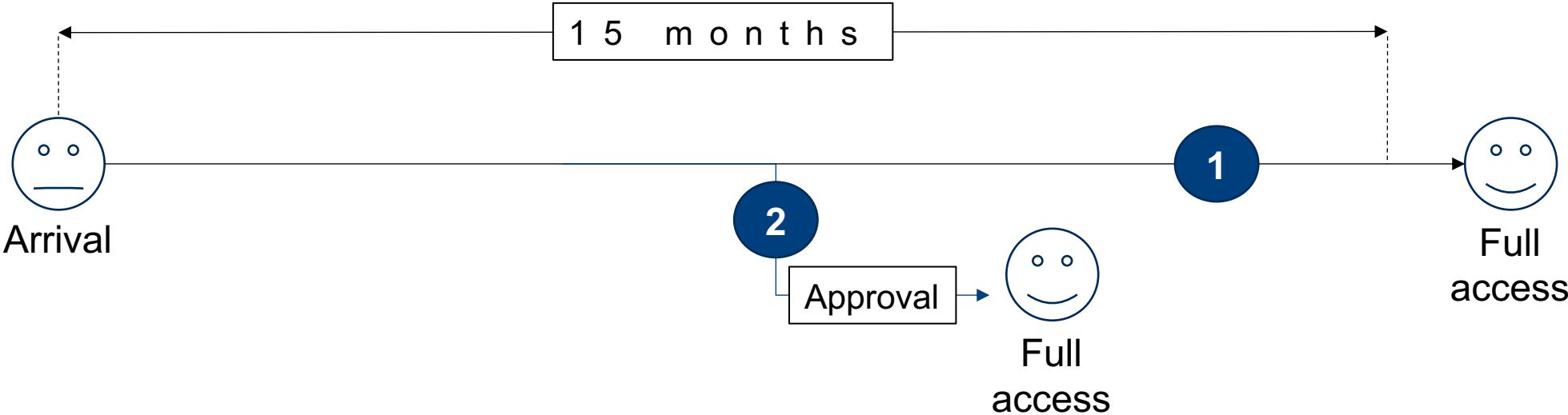
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Institute for Employment Research (IAB)



HIGH RELEVANCE OF HEALTH STATUS

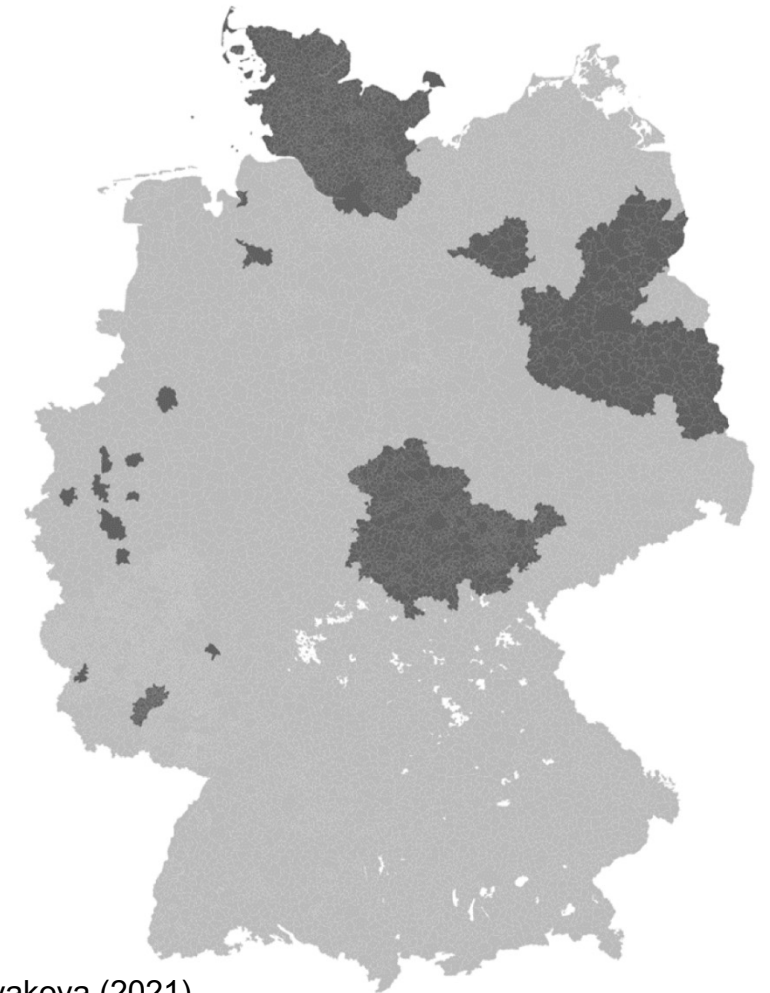
- Individual itself
 - Educational achievement (Baird, Hicks, Kremer, and Miguel, 2016)
 - Economic (Chatterji, Alegria, and Takeuchi, 2011) & social integration (Stephoe, Deaton, and Stone, 2015)
- Society as a whole
 - Economic & fiscal damages
 - e.g. work-absenteeism, fewer hours worked (Hanna and Oliva, 2015)
- Refugees face particular health risks
 - Traumatic experiences in home country & during flight (Brücker, Jaschke, and Kosyakova, 2019)
 - Limited access to health care (if at all) in most destination countries (Kullgren, 2003; Norredam, Mygind, and Krasnik, 2006)

INSTITUTIONAL SETTING IN GERMANY (PRE-REFORM)



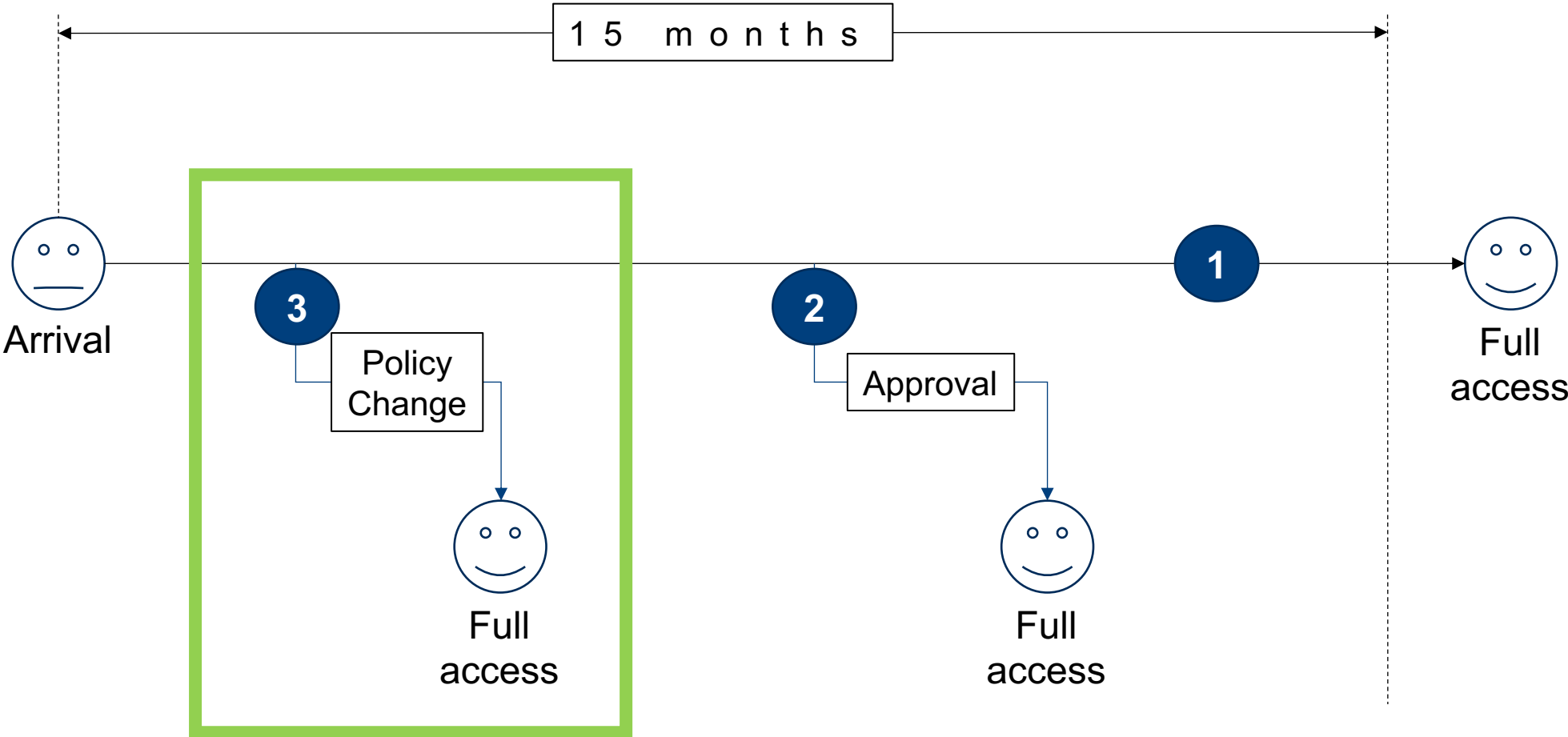
HEALTH REFORM FOR ASYLUM-SEEKERS IN OCTOBER 2015

- Part of the (federal) *asylum procedure acceleration law*
- Introduction of electronic health cards (*eHC*) for asylum-seekers
 - Fast, unbureaucratic and comprehensive health care in 1st 15 months of stay
- **Positive intention-to-treat effect on asylum-seekers' health status?**
- Exploitation of quasi-experimental setting:
 - Spatial & temporal variation in eHC
 - (In parts) of 9 out of 16 federal states' territories
 - between Jan-2016 – Jan-2018
 - Quasi-random initial allocation of refugees



Source: Jaschke, Kosyakova (2021)




HEALTHCARE ACCESS (POST-REFORM)



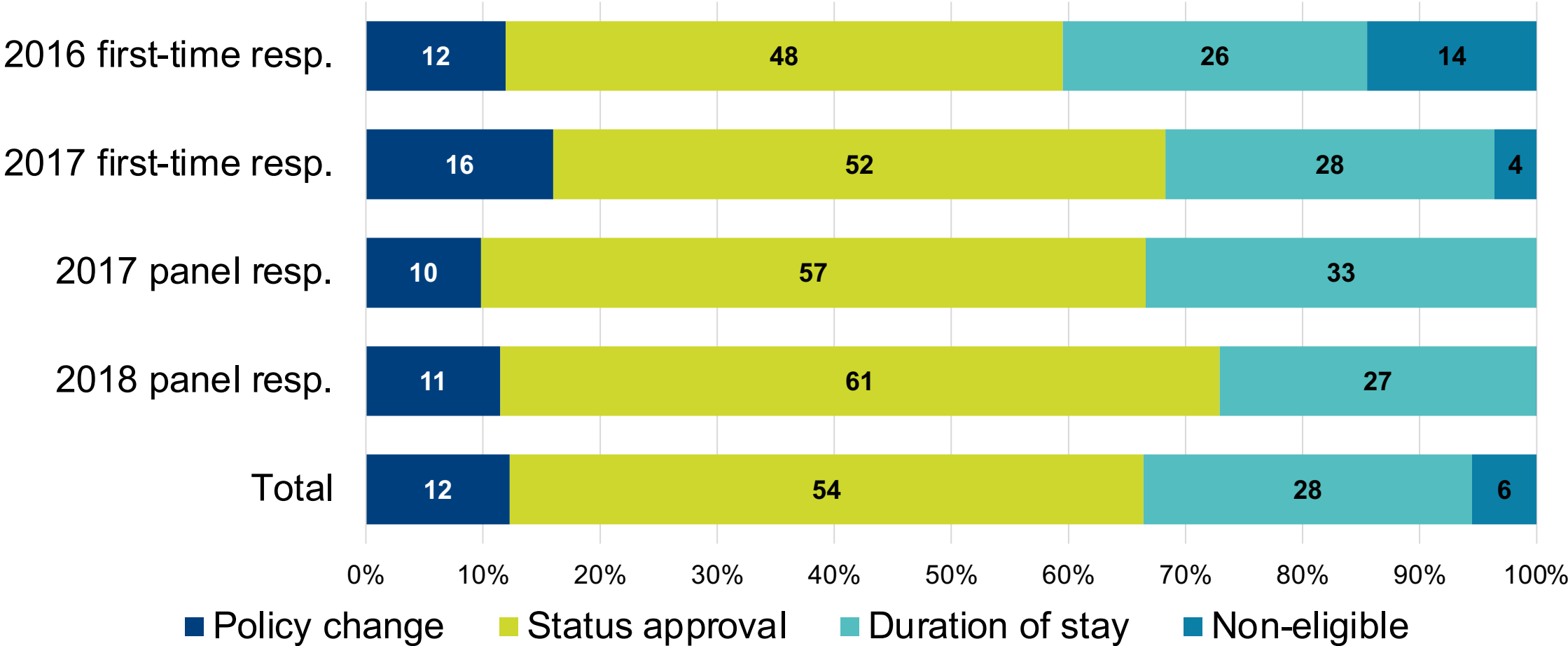
DATA: SAMPLE

- **IAB-BAMF-SOEP Survey of Refugees in Germany 2016-2018**
 - longitudinal (face-to-face, CAPI) household survey of asylum-seekers and refugees
 - 7,950 adult individuals providing up to 3 observations → 14,436 person-year observations
 - representative for individuals who entered Germany from 2013-2016 as asylum-seekers (irrespective of their current legal status)
- **Survey instruments**
 - translated into all main native languages (incl. audio files)
 - personal-biographical (450 questions) and the household questionnaire (100 questions) cover, inter alia:
 - refugee migration motives and process, asylum-, education-, employment- and migration biographies, cognitive abilities, behavioral characteristics, values & attitudes, physical and mental health, labor market integration etc.

HEALTH OUTCOMES

- Physical component summary scale (**PCS**) (Andersen, Mühlbach, Nübling, Schupp, Wagner, 2007)
 - Self-reported assessment on physical symptoms
 - Index from 0 – 100, 50 = avg. value in 2004 German population 
- Mental component summary scale (**MCS**)
 - Vitality, social functioning, emotional problems, psychological distress and wellbeing
 - Index from 0 – 100, 50 = avg. value in 2004 German population 
- Symptoms of depressive illness and anxiety (**PHQ-4**) 
 - 4 item measure of depression and anxiety (Löwe et al., 2010)
 - Sum-index from 0 – 12 (we reverse the scaling; more is better)
- Subjective health satisfaction and self-rated health

FIRST ACCESS PATH TO HEALTH CARD VIA...



EMPIRICAL FRAMEWORK

- Multivariate OLS regressions of health outcomes on *eligibility to eHC*
 - **Via policy change (reference)**
 - Via status approval
 - Via duration of stay (> 15 months)
 - Non-eligible
- Confounders:
 - Sociodemographic: gender, age (squared), marital status, children in household, pre-migration years of education and work experience
 - Migration-specific: months of stay (squared), traumatic experience during escape
 - Arrival district characteristics: population density, share of foreigners, hospital capacity, unemployment characteristics, median income, far-right election results
 - FE: origin-country (12 groups), German federal state of assignment
- Post migration stress
 - Communal accommodation, discrimination experience, concerns about prospects of staying, family member abroad

MAIN RESULTS

- Treated individuals are healthier among 4 health outcomes compared to non-eligibles (except PCS) in bivariate comparisons
 - PHQ-4: 10 %; MCS: 4 %; health satisfaction: 26 %; Self-rated health: 12 %
- In multivariate analyses, effects remain statistically significant for MCS when controlling for post-migration stress factors (and many more observable characteristics).
- Huge benefits for individuals who are illiterate in the official language of their origin country
 - Among non-eligible: illiterates score 22 % higher on depression & anxiety (PHQ-4) than literate
 - Among treated via policy change: illiterates score 8 % less on PHQ-4 than literates

CONCLUSION

- Significant health improvements in terms of mental health
 - Mental stress after traumatic experiences would stay undiagnosed without access
- Post-migration stress negatively impacts on refugees' health
 - Moderating effect for positive effect of healthcare access
- No effect on physical wellbeing
 - Why? → Refugees' average age ~ 30 & mandatory screening programs upon arrival
- Illiterate asylum-seekers benefit the most → Fewer hurdles in the form of cultural and language barriers when approaching authorities
- Policy perspective:
 - Nationwide introduction could benefit (1) refugees and (2) economy and welfare state
 - High transferability to other countries

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THANK YOU FOR YOUR ATTENTION!

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BACKUP

DISTRIBUTION OF HEALTH OUTCOMES IN OUR SAMPLE

	Survey years	N	Mean	SD	Min	Max
Physical wellbeing (PCS)	2016-2018	8,041	53.26	10.10	12	78
Mental wellbeing (MCS)	2016-2018	8,041	48.14	11.69	5	78
Depression and anxiety (PHQ-4)	2016	3,186	8.88	2.76	0	12
Health satisfaction	2016-2018	10,600	7.86	2.49	0	10
Self-rated health	2016-2018	10,604	3.98	1.08	1	5

QUESTIONS UNDERLYING PCS / MCS

Indicator	Question	Response Scale
PCS / MCS <i>(Different factor loadings for both indicators)</i>	If you have to climb stairs, i.e. walk up several floors: Does your state of health restrict you a lot, a little or not at all?	1 ("A lot") – 3 ("Not at all")
	And what about other strenuous activities in everyday life, e.g. when you have to lift something heavy or need to be mobile: Does your state of health restrict you a lot, a little or not at all?	1 ("A lot") – 3 ("Not at all")
	How often in the last four weeks, due to health problems of a physical nature, did you achieve less in your work or everyday activities than you actually intended?	1 ("All the time") – 5 ("Never")
	How often in the last four weeks, due to health problems of a physical nature, have you been restricted in the type of tasks you can perform in your work or everyday activities?	1 ("All the time") – 5 ("Never")
	How often in the last four weeks did you suffer from severe physical pain?	1 ("All the time") – 5 ("Never")
	How often in the last four weeks did you feel full of energy?	1 ("All the time") – 5 ("Never")
	How often in the last four weeks, due to health or psychological problems, have you been restricted in terms of your social contact to for example friends, acquaintances or relatives?	1 ("All the time") – 5 ("Never")
	How often in the last four weeks, due to psychological or emotional problems, did you perform your work or everyday activities less carefully than usual?	1 ("All the time") – 5 ("Never")
	How often in the last four weeks, due to psychological or emotional problems, did you achieve less in your work or everyday activities than you actually intended?	1 ("All the time") – 5 ("Never")
	How often in the last four weeks did you feel calm and balanced?	1 ("All the time") – 5 ("Never")
How often in the last four weeks did you feel in low spirits and melancholy?	1 ("Not at all") – 4 ("Almost every day")	
How would you describe your current state of health?	1 ("Poor") – 5 ("Very Well")	

QUESTIONS UNDERLYING PHQ-4

Now let's talk about the last two weeks. How often have you felt negatively affected by the following complaints in the last two weeks?

PHQ-4

Little interest or pleasure in your activities?

1 ("Not at all") – 4 ("Almost every day")

Low spirits, melancholy or hopelessness?

1 ("Not at all") – 4 ("Almost every day")

Nervousness, anxiety or tension?

1 ("Not at all") – 4 ("Almost every day")

Unable to stop or control worrying?

1 ("Not at all") – 4 ("Almost every day")
