

A COMPARISON OF REFUGEE'S HEALTH DETERMINANTS IN GERMANY AND AUSTRIA

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Background

The political, societal and scientific discourse so far focused mainly on the effects for the economies and welfare systems of the receiving countries in Europe, but less attention has been paid to refugees' health and their access to health services. While refugees' mental and physical health has been of concern to researchers in large refugee camps and in low-income countries, it remains under-researched in high- or medium-income country contexts.

Germany and Austria have been important receivers of asylum seekers in Europe in recent years, but provide health care to refugees in different ways. In Austria, asylum applicants have access to all health care services, while in Germany, access to health care is restricted to basic treatment within the first months upon arrival.

The aim of this paper is to provide insights on self-rated health of asylum-seekers and refugees (AS&R) in Germany and Austria, and to explore whether the different access to health care services may be associated with possible differences in self-rated health outcomes among AS&R in the two countries.

Data

This study uses data from the IAB-BAMF-SOEP-Refugee Survey 2016 (for Germany) and from the Refugee Health and Integration Survey (ReHIS) (for Austria). Both surveys cover AS&R and share an identical item on self-rated health. We selected 2,854 respondents in Germany and 374 respondents in Austria, aged 18-59 years, with Syrian, Iraqi or Afghan nationality, who arrived between 2013 and 2016. Our primary outcome measure is self-rated health (SRH), which was dichotomized into "(very) good" and "less than good".

Methods

(1) We provide descriptive results on the share of interviewed refugees in (very) good self-rated health (vgSRH).

(2) We explore determinants for SRH. Separately for the two countries, probit regression models with SRH as dependent variable estimate average marginal effects (AME).

(3) We aim to find out if the initially limited access of AS&R to health services in Germany is associated with differences in SRH in Germany and Austria.

Matching estimators compare the outcome (i.e. SRH) of individuals that are as similar as possible with the sole exception of their treatment status. We perform a 5-nearest neighbor matching and apply a matching with replacement, which increases matching quality and decreases bias. Propensity score matching is used to control for differences in the structure of AS&R.

Results

(1) We find that refugees in Germany (72%) less often reported (very) good self-rated health than their peers in Austria (89%) (Figure 1).

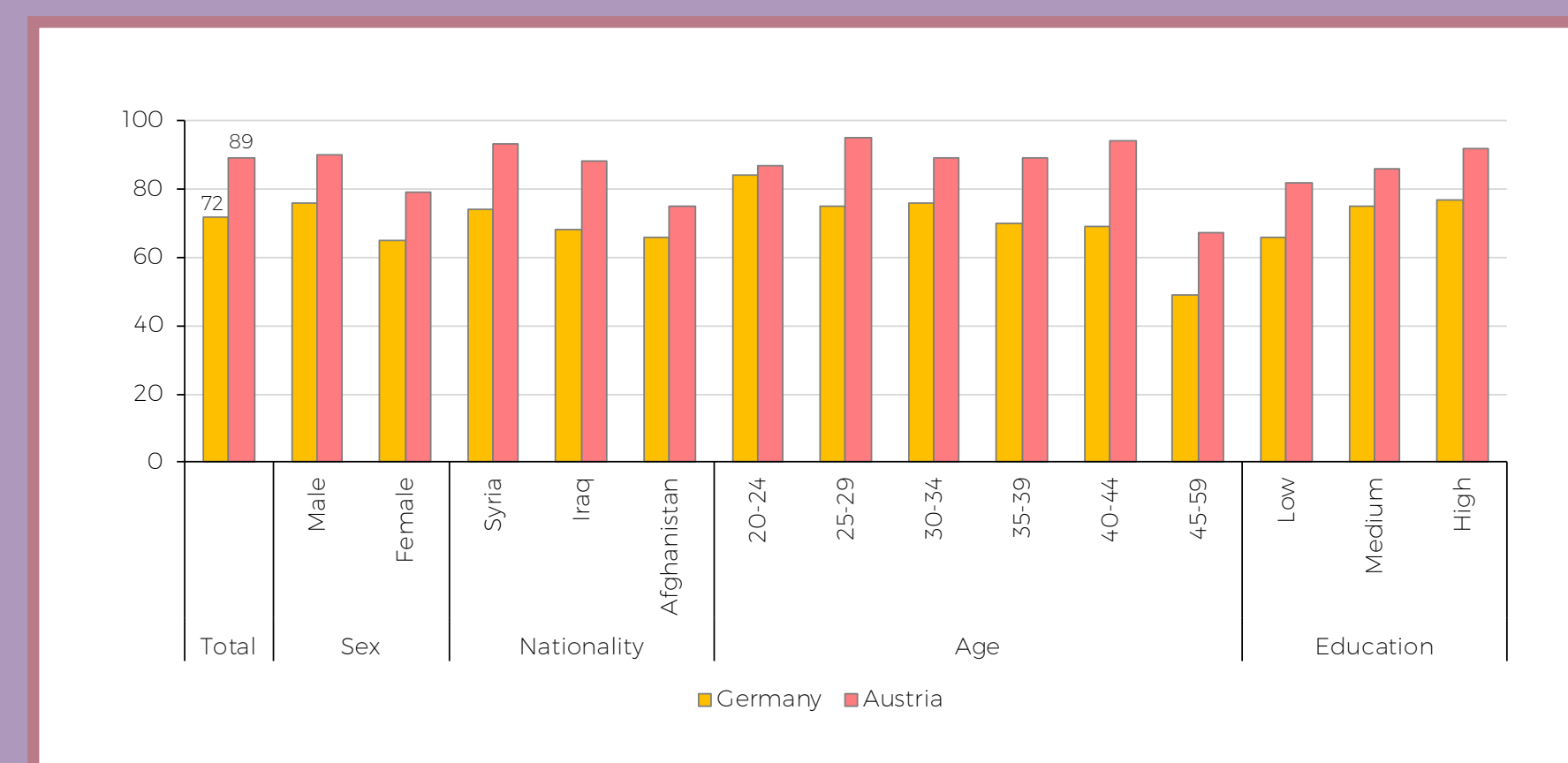


Figure 1: Share of respondents in (very) good health

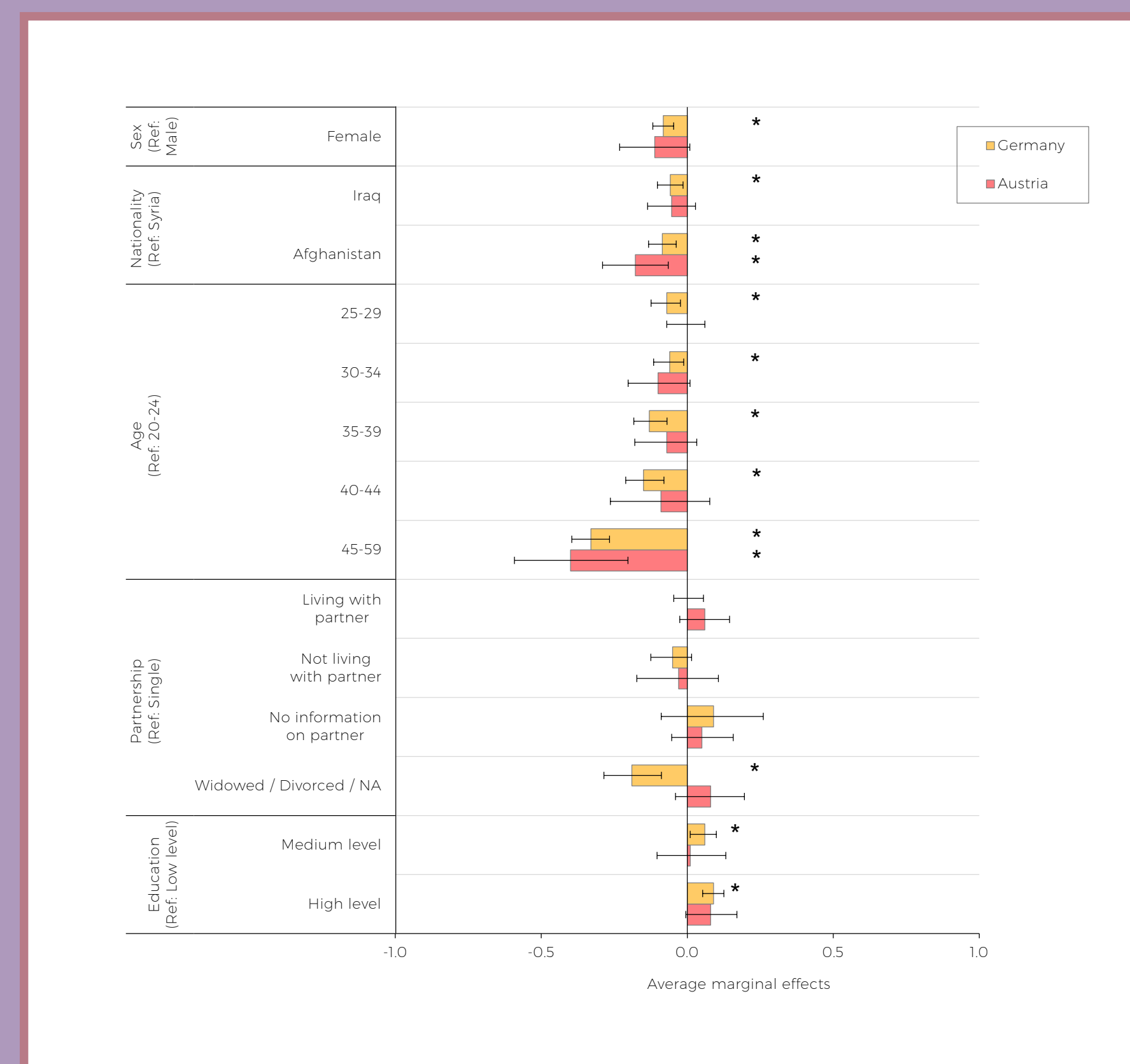


Figure 2: Average marginal effects for (very) good self-rated health, by country. Remark: * indicates significant within-country differences compared to the reference group (ref) (p<0.05).

(3) The probability to report (very) good self-rated health is 12 percentage points lower in Germany than in Austria (Table).

PSM identifies AS&R with similar characteristics regarding age, sex, nationality, education and partnership status in Austria and Germany and allows estimating non-confounded remaining country effects. Applying PSM, the SRH differences between Germany and Austria decrease, but they do remain statistically significant.

2) Among AS&R in Germany, sex, nationality, age and education are significantly associated with vgSRH (Figures 1 and 2): Men, Syrians, younger individuals and AS&R with higher levels of education reported vgSRH significantly more often. Widowed, divorced and persons providing no information on their partner status were less often in vgSRG. But differences between never married and the various groups of married persons are not statistically significant.

In Austria, Afghans and persons aged 45-59 years significantly less often reported vgSRH. The estimated coefficients are also statistically significantly at the 10%-level for females, the age-group 30-34 years and for highly educated persons. Overall, effects are similar in Germany and Austria, with the exception that being divorced or widowed is detrimental in Germany but not in Austria. Length of the asylum process and length of stay are of minor importance. Only in Germany, individuals with an asylum process of 15 months or longer reported vgSRH significantly more often.

Criterion	Value
Matching variables	Sex, nation, age group, partnership status, education
Maximum number of nearest neighbors	5
Caliper width	0.3
Number of matched individuals in Germany	506
Number of matched individuals in Austria	374
Mean bias	3.3
LR chi ²	346.95 (p<0.001) before matching 5.40 (p=0.979) after matching
Rosenbaum's bounds f	2.7 (p=0.031) - 2.8 (p=0.052)
ATE (95%CI)	0.12 (0.04; 0.20)

Conclusions

Our results show that AS&R predominantly rate their health as (very) good and that traditional health determinants (age, sex, nationality, education) apply to the AS&R population. Lower SRH of AS&R in Germany – compared to AS&R in Austria – persists even when controlling for compositional differences. This may indicate that access to health services is a relevant factor for the health status of AS&R, whereby an immediately unrestricted access might be associated with better health assessment. However, unobserved hetero-

geneity and selectivity, period effects as well as country-specific societal, normative and legal circumstances and barriers need to be considered as additional explanations. To our best knowledge, our study is one of the first to adopt a comparative perspective of refugee health in two culturally very similar host populations, which, however, differ by their access to health services for AS&R. Our results contribute to a better understanding of health differences and health determinants of AS&R in high-income countries and illustrate the relevance of nationally diverse health settings.