

A comparative description of the health status, health determinants and health services use among the migrant population in Portugal.

Data from the Fourth National Health Interview Survey (2004/2005)

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INTRODUCTION:

Migration has long been known to be a powerful health determinant. Population based knowledge on the health status, health determinants and health services utilization among migrant and non-migrant populations is important for planning the delivery and evaluation of health programmes and health services. There is a paucity of population-based studies of the immigrant population living in Portugal.

The National Health Interview Survey is part of the National Statistical System. The Fourth Health Interview Survey (4th HIS) was financed and conducted between 2004 and 2005 by the National Institute of Health in partnership with Statistics Portugal, and the cooperation of the Directorate General of Health.

This survey collected data on migrant the status of each interviewed person and allows the distinction between never migrant Portuguese residents, returned Portuguese emigrants and immigrants living in Portugal.

OBJECTIVE:

To compare epidemiological indicators of health status, health determinants and health care use between never migrant Portuguese, returned Portuguese emigrants and immigrants living in private households in Portugal.

MATERIAL AND METHODS

Study Design:

The Portuguese Health Interview Survey is a general purpose survey conducted by the Ministry of Health and Statistics Portugal on a representative multistage, stratified, cluster, probabilistic sample of households sample of the Portuguese population living in private households.

The target population consists of persons living in private households in Portugal, and excludes the homeless and those living in collective lodgings.

Data on every person in the household is collected by face-to-face interview, by trained Portuguese speaking interviewers from the National Statistics Institute who also receive additional training by the National Institute of Health (INSA). Visual aids and proxy information are allowed for some questions. Interviews are conducted at home using a structured questionnaire mainly composed of sets of questions recommended by international Organizations (WHO, OECD, EUROSTAT). A pilot study and a concurrent quality inquiry are conducted on sub-samples.

The field work of the 4th HIS was conducted between February 2004 and March 2005 and included for the first time the Autonomous Regions of Madeira and Açores.

Content of inquiry items:

- Demographic and Social information
- General health information
- Short term disability
- Long term disability*
- Chronic diseases
- Health care use
- Use of medication
- Dental health*
- Income and health expenditure
- Tobacco consumption
- Food and alcohol consumption
- Reproductive health and family planning
- Physical activity*
- Mental health
- Preventive care*
- Quality of life*
- Food insecurity*

(* Data collection during one trimester only)

The following case definitions were used for this analysis:

- Immigrant: not born in Portugal and living in Portugal for more than one year
- Returned Portuguese emigrant: born in Portugal but did not always live in Portugal
- Never migrant Portuguese: Born in Portugal and always lived in Portugal

We present population weighted and age-standardised point prevalences of selected indicators by sex and age group.

In this preliminary analysis the effects of complex sampling (stratification and clustering) were not taken into account and thus no confidence intervals nor statistical testing are shown.

RESULTS:

A total of 1695 immigrants (791 men and 903 women), 3894 returned Portuguese emigrants (2168 men and 1726 women) and 35493 never emigrant Portuguese persons (16877 men and 18616 women) were studied. Age distribution was different between the three sub-populations (table 1).

Table 1- Sample distribution of respondents (%), by migrant status, gender and age-group.

Age group (years)	Immigrant	Returned Portuguese emigrant	Not migrant Portuguese
Men			
15-24	15,3	2,2	14,7
25-44	50,3	16,8	25,9
45-64	20,6	40,6	24,7
> 64	5,8	39,5	17,0
Women			
15-24	13,4	2,8	13,4
25-44	44,1	21,2	23,5
45-64	18,1	51,0	22,4
> 64	5,1	49,6	15,4

Good or Very Good self-perceived health was more frequent in immigrant men and women (men=69,5%; women=54,9%) than in the other two sub-populations (returned emigrants: men=32,6%; women=25,9%; Never migrant Portuguese: men=59,6%; women=47,9%).

Good or Very Good self-perceived Quality of Life was also more frequent in immigrant men and women (men=56,6%; women=62,5%) than in the other two sub-populations (returned emigrants: men=37,8%; women=36,8%; Never migrant Portuguese: men=53,5; women=43,0%).

Prevalence of daily smokers was higher in men than in women in all three subpopulations (Table 2). Immigrant women had a higher prevalence of daily smoking than returned Portuguese and never migrant women (Table 2).

High alcohol content drinking was more frequent in returned Portuguese emigrants than in the other two subpopulations, both in men and women (Table 3).

Table 2- Daily smokers (≥15 years of age): crude and age-standardized prevalence rates (%), by gender, among different populations living in Portugal.

	Immigrant	Returned Portuguese emigrant	Not migrant Portuguese
Men			
Crude Rate	28,8	23,2	28,0
Standardized rate	21,0	26,0	22,9
Women			
Crude Rate	17,3	8,5	10,2
Standardized rate	11,7	9,5	9,0

Table 3- High alcohol content (whisky, Gin, Vodka) drinking every day during the previous week: prevalence (%) by gender, among different populations living in Portugal.

	Immigrant	Returned Portuguese emigrant	Not migrant Portuguese
Men			
	5,4	6,6	5,1
Women			
	0,0	1,4	0,5

The National Health Service was the own health care provider most frequently mentioned by men and women of the three subpopulations (immigrants: men=90,0%; women=85,4% / Returned Portuguese emigrants: men=89,7%; women=89,1% / Never migrant Portuguese: men=82,5%; women=80,9%).

The National Health Service was also the own health care provider most frequently used by men and women of the three subpopulations (immigrants: men=87,3%; women=83,2% / Returned Portuguese emigrants: men=88,6%; women=88,3% / Never migrant Portuguese: men=80,4%; women=79,4%).

Table 4 and 5 show the prevalence of use of dental care in the 12 months previous to the interview and the lack of use of medical services during the 3 months previous to the interview.

Table 4- Use of dental care services in the previous 12 months (≥15 years of age): crude and age-standardized prevalence rates (%), by gender, among different populations living in Portugal.

	Immigrant	Returned Portuguese emigrant	Not migrant Portuguese
Men			
Crude Rate	40,6	35,7	44,3
Standardized rate	37,6	29,2	36,6
Women			
Crude Rate	49,1	39,8	46,2
Standardized rate	38,7	34,5	39,5

Table 5- Absence of medical appointments in the last 3 months (≥15 years of age): crude and age-standardized prevalence rates (%), by gender, among different populations living in Portugal.

	Immigrant	Returned Portuguese emigrant	Not migrant Portuguese
Men			
Crude Rate	54,2	41,2	50,6
Standardized rate	42,6	40,4	41,4
Women			
Crude Rate	45,9	29,8	36,4
Standardized rate	34,8	27,4	30,9

CONCLUSIONS:

Preliminary results suggest:

- 1) A healthy immigrant effect among immigrants in Portugal.
- 2) Accessibility to health care by the immigrant population in Portugal is similar to never migrant and returned former emigrant Portuguese.
- 3) Returned Portuguese emigrants have specific characteristics different from the other two sub-populations.
- 4) Further analysis will use:
 - a) Comparison of immigrants and never migrant populations in Portugal;
 - b) Different case definitions using: Country of birth, Years living in Portugal, Years since return to Portugal.
 - c) Standardization for other variables (education); Indirect standardisation; Statistical Modelling