Surveillance and Research Challenges

Van Tran (Columbia University, U.S.): Assessing immigrant health: opportunities and challenges for research and public policy

Professor Tran compared immigrant and native populations’ health outcomes in the United States. His presentation focused on physical health, mental health, access to healthcare, and disparities based on race and ethnicity, neighborhoods, and disparities found over the life of individuals. Data show that immigrants reported better health than natives of similar demographics and social backgrounds. The immigrant “advantage” has multiple attributing factors, including immigrant selectivity, unhealthy assimilation, selective return migration, ethnic concentration effects, and the role of acculturation. Advantages are very specific to the observed conditions and ethnic backgrounds. Professor Tran noted five pertinent areas of future study in the United States, including the rise of mass illegality, the rise of the second generation, the emergence of new destinations, the increase in intra-racial heterogeneity, and the implementation of the Affordable Care Act.

Philippe Bocquier (Université Catholique de Louvain, Belgium): Longitudinal surveillance challenges and consequences of migration for health of individuals and communities

Professor Bocquier’s framework focused on enabling and constraining factors of migration, such as health and education systems, and the changes in resources and risks incurred by migration and the resulting impacts on health status. The ultimate changes in health status create feedback loops, as they alter the overall resources and risks as well as the enabling and constraining factors. The major drivers of health-migration relationships are socialization, selectivity, adaptation of behaviors, and disruption of other behaviors by migration. Professor Bocquier noted that migration has life-enhancing motivations and outcomes, such as economic advancement, while contradictorily also posing life-threatening health changes in the environment, particularly with the spread of diseases. He noted rising cases of migration and return migration, which raises issues of re-adaptation and strains on existing health systems as the health risks and conditions change increasingly rapidly.

Panel 1 Discussion:

The discussion revolved around policy designs for undocumented migrants, effects of trauma and job market segregation on migrant health, and effects of migration on families and between generations.

Politics of Migration and Health

R.B. Bhagat (International Institute for Population Sciences, India): Migration and health, governance vs. development perspectives

Professor Bhagat discussed the nature and types of migration in India, including the massive internal migration within the country. The diversity of migration creates governance and development issues, though he noted that migration is typically treated in the context of law enforcement rather than planning and development. Professor Bhagat explored the lack of integration of migrants in development planning and the need for an attitude shift regarding migrants. Some protective laws exist but violations of right based entitlements, such as access to food, education, and health insurance persist. These problems are compounded and reinforced by the political exclusion of immigrant groups and negative perceptions of migrants. The exclusion creates unique health problems and reinforces social stigma.

Michael Jones-Correa (Cornell University, U.S.): The immigration politics of health policy

Professor Jones-Correa discussed the complex relationship between migration and health policy access in Europe and the United States. He noted considerable variation in access to health care among immigrants in Europe both between and within countries. Undocumented immigrants and their children are highly disadvantaged with respect to health care access and health insurance coverage in Europe and the United States, which is exacerbated by socioeconomic disparities. Professor Jones-Correa noted that differences in accessibility are political in origin and that health policy can viewed as immigration policy, that is, it can be used to discourage immigration – particularly undocumented immigration. Professor Jones-Correa concluded that the problem of immigrant health is as much a question of politics, both local and international, as a question of the logistical issues of service provision.

Zhenzhen Zheng (Institute of Population and Labor Economics, China): Policy implications of mental, social, and reproductive health needs of young rural to urban migrants

In China, rural to urban migrants make up half of all migrants. Most are young and are leaving agricultural jobs for urban jobs. Professor Zheng noted that major health issues for these young migrants include unprotected sex and related health concerns such as induced abortion. Additionally, stressful working conditions impact physical and mental health. Professor Zheng noted that very few preventive services are provided. Almost no consulting or information services exist at present, which in turn creates large knowledge gaps regarding sexual and reproductive health. There have been governmental and private efforts to promote
health behaviors but health services remain scarce. Professor Zheng concluded that a lot is known about the health problems facing China, but less is known about the efficacy of strategies, interventions, and policies addressing health needs.

Panel 2 Discussion:
Questions focused on positive and negative effects of migration on development, on differences between local, national, and international policies, and on the types of problems faced by China and India compared to those faced by Europe and the United States.

Migration Patterns and Health Challenges

Jose Moya (Barnard College, U.S.): Survey of migration flows and nexus between global mobility and public health

Professor Moya focused on the social conceptions and realities of migrant health in the U.S. He argued that migrants are often stigmatized because of perceptions that they carry and spread sickness, despite data indicating that migrants are generally healthier than native populations. Professor Moya suggested that the better health of migrants reflects the fact that immigrant groups tend to draw from higher social classes and have access to more resources and income than other groups and that young, healthy migrants flow out of home countries whereas older and less healthy individuals return to home countries. Professor Moya also pointed out that young immigrants are less likely to engage in crime than native born and have healthier diets, which promoting allow their health advantage to persist. Professor Moya noted that positive selection on age and social class did not apply to refugees.

John Oucho (University of Nairobi, Kenya): Health problems associated with migration from rural to urban areas in Africa

Professor Oucho focused on populations within informal urban settlements of Ethiopia, Kenya, and Uganda. He commented on the lack of urban policies designed to address the highly contextualized urban health needs in the region. The lack of contextualized responses and the health conditions of highly impoverished areas could erode social confidence, compounding existing problems. Urban areas of Ethiopia, Kenya, and Uganda all exhibit high levels of slum and extremely limited access to basic services, which greatly elevates health risks. Professor Oucho called for more multidisciplinary studies of multidimensional aspects of migration and health in informal urban settlements in the region, based on a historically contextualized and systems-based lens.

Khalid Koser (Geneva Centre for Security Policy, Switzerland): Health crises and resulting patterns of migration

Professor Koser used four case studies to describe the migration consequences of health crises. He noted the difficulty in attributing large-scale cross-border migration directly to health crises and described the tensions between desires to migrate in search of better health care and declines in ability to migrate because of poor health. In some cases communities worked together mitigate the effects of health crises. Professor Koser further noted that the large scale of global travel makes preventing the transnational movement of infections impossible. He concluded with a recommendation to increase the coherence between IHR and national migration policies and a recommendation for more coordination between national policies and health agencies to promote increased healthcare access globally.

Panel 3 Discussion:
The discussion covered the long term consequences of South-North South-South migrant selectivity. There was also discussion of balancing government restrictions against and promotion of migration, such as in the case of SARS, and a lengthy discussion about where more research is required.