HOW CAN WE PROMOTE THEIR HEALTH IF WE DON’T KNOW WHO THEY ARE?

DESCRIBING SOCIAL DETERMINANTS OF HEALTH OF IMMIGRANTS IN CHILE

Baltica Cabieses, Helena Tunstall and Kate Pickett
DEScribing the social determinants of health of immigrants in Chile

OUTLINE

The context: Chile

What do we know about immigrants in Chile?

What can we add? Study results

Discussion of results
A middle-income country currently experiencing a demographic and epidemiological transition

Stable economic growth in recent decades

Located in the south-west area of South America

Life expectancy:
75.49 years (men)
81.53 years (women)
Bordered by Santiago, the capital, where 40% total population lives

Only 13.40% of the population living in rural areas (CASEN 2003)
THE CHILEAN HEALTH CARE SYSTEM

- Chile had a public health system prior to Health Reform in 1981

- Since 1981: Mixed system including
  - Public (a social and solidarity-based public fund called FONASA)
  - Private (competitive and individual-based firms called ISAPREs)

- Individuals right to access these different systems depends on their income

72% public, 16% private, 3% other, 9% not registered (CASEN 2003)
- Chile has experienced a progressive improvement in the health status of its population in the past decade.

- But not all socio-economic groups have benefited or experienced the same degree of improvement and significant inequalities persist in the country.

- Further health reform has taken place in the last decade: The new Chilean Health Reform began in 2005.
Equity in health has become a major issue in Chile and significant achievements have been made in recent years, but no specific policies have been introduced during the most recent Health Reform to protect and promote the health of the immigrants.

At the same time, research has been conducted in the country in the last decade, mostly qualitative, describing the poor living conditions and urgent health needs of some immigrants in Chile.

International immigration to Chile has not been large in scale, immigrants comprise 1.6-1.8% of the total population, but it has been significant for services’ innovation and economic growth.

South American populations have increased their rate of immigration to Chile, accounting for 67.8% of total immigrants, most are from Peru, Argentina, Bolivia and Ecuador.
Immigrant’s characteristics:

On average young, with a decreasing rate of professionals, economically active, living in Santiago and other urban cities, and a growing rate of women migration (handmaids, industry and maid services)
Cross-sectional secondary analysis of data from a national survey conducted in Chile in 2006:

The CASEN survey (CAracterización Socio-Económica Nacional)

- National population based survey carried out by the Chilean Ministry of Planning since 1987
- 2006 version included questions on migration status for the first time
- Sample size: 268,873 participants from 73,720 households
THE SOCIAL DETERMINANTS OF HEALTH?

“Social conditions in which people live and work and that affect their health; in other words, the social characteristics within which life has place”

THE CONTEXT: CHILE

WHAT DO WE KNOW ABOUT THE IMMIGRANTS IN CHILE?

THE STUDY

FINAL DISCUSSION

(Who, 2008)
THE CONTEXT: CHILE

WHAT DO WE KNOW ABOUT THE IMMIGRANTS IN CHILE?

STUDY RESULTS

Migratory status

<table>
<thead>
<tr>
<th>Migratory status</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>International immigrant</td>
<td>0.96</td>
</tr>
<tr>
<td>Missing values (did not report migration status)</td>
<td>0.67</td>
</tr>
</tbody>
</table>

Among those who reported being immigrants:

- Mean period of 11 years in Chile, but a third had lived less than a year in Chile

Country of origin

<table>
<thead>
<tr>
<th>Country of origin</th>
<th>Percentage %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peru</td>
<td>27.9</td>
</tr>
<tr>
<td>Argentina</td>
<td>26.1</td>
</tr>
<tr>
<td>Bolivia</td>
<td>5.7</td>
</tr>
<tr>
<td>Ecuador</td>
<td>5.0</td>
</tr>
</tbody>
</table>
WHO ARE THE INTERNATIONAL IMMIGRANTS IN CHILE?

When grouping them by socio-economic status (SES)*:

<table>
<thead>
<tr>
<th>Better SES</th>
<th>Medium SES</th>
<th>Low SES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High SES (n=398)</strong></td>
<td><strong>Medium SES (n=889)</strong></td>
<td><strong>Low SES (n=587)</strong></td>
</tr>
<tr>
<td>48% women</td>
<td>54% women</td>
<td>60% women</td>
</tr>
<tr>
<td>High rate of working age-group 16-65 (94%)</td>
<td>Mixture of age groups</td>
<td>High rate of under 15 years olds (30%)</td>
</tr>
<tr>
<td>Almost 60% from richest quintile</td>
<td>Over 50% from quintiles 3 &amp; 4</td>
<td>2 poorest income quintiles only</td>
</tr>
<tr>
<td>58% employed</td>
<td>66% employed</td>
<td>46% employed</td>
</tr>
<tr>
<td>High proportion of managerial (10%) and private system employees (56%)</td>
<td>All categories, including self-employed, private sector employee and domestic service</td>
<td>No managerial occupation</td>
</tr>
</tbody>
</table>

* Hierarchical cluster analysis combining income, educational level and being employed
WHO ARE THE INTERNATIONAL IMMIGRANTS IN CHILE?

<table>
<thead>
<tr>
<th>HEALTH OUTCOMES</th>
<th>International immigrants’ socio-economic status</th>
<th>Chilean-born population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High SES</td>
<td>Medium SES</td>
</tr>
<tr>
<td>Disability</td>
<td>2%</td>
<td>6%</td>
</tr>
<tr>
<td>Any health problem or accident in the last month</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>Any chronic condition or cancer in the past year</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Any hospitalization or surgery in the past year</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Any mental health attention received in the past three months</td>
<td>10%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Access to different types of health provision by migration status in Chile, CASEN 2006

International immigrants have a higher rate of “no provision” and “other provision” than the Chilean-born.
OTHER FINDINGS AMONG INTERNATIONAL IMMIGRANTS IN CHILE...

When conducting statistical models to explore the independent relationship between each provision type and the different social determinants of health [socio-demographic, socio-economic, material living standards]:

- **Chilean-born**: wide range of social determinants affecting their access to the different health provision types [sex, age, living standards, income, education]

- **International immigrants**: access to health care mostly affected by their socio-economic status [income and educational level in particular]
TAKE HOME MESSAGES

1. Who are the international immigrants living in Chile?

2. What does this study add to the current knowledge on immigrants in Chile?

3. What do we still need to understand about international immigrants in Chile?
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