Immigration, Health, and Health Care Satisfaction in Comparative Perspective
UMB-IALS Faculty Study/Research Abroad

Project Report

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INTRODUCTION

Immigration, Health, and Health Care Satisfaction in Comparative Perspective is the first project conducted as part of the new doctoral program partnership between the Department of Sociology at the University of Massachusetts Boston and the Medical Sociology Unit at the Hannover Medical School. The project was proposed by Professor Russell Schutt and funded by the University of Massachusetts Boston – International Academy of Life Sciences Faculty Study/Research Abroad Program, which supports visits to Germany by faculty and doctoral students who seek to study health and health care issues in Germany.

The project also initiated a planned collaboration between the Medical Sociology Department at Hannover Medical School in Hannover, Germany and the Sociology Department at the University of Massachusetts in Boston, Massachusetts. This collaboration will provide faculty and doctoral students with opportunities for scholarly partnerships that facilitate adding a comparative perspective to future research projects.

The Immigration and Health project was designed to explore health, health care, and health care satisfaction among migrants to Germany and native Germans and to evaluate the possibilities for systematic comparative research. One particular concern was to seek evidence of a migrant differential in health and health care satisfaction like that identified in prior research by Schutt and many others in the United States.

Two research questions guided the project:

1. Can migrant health care differentials in health, health care, and health care satisfaction be identified in extant survey data in Germany?
2. What are the current orientations and policy preferences of German health care leaders with respect to migrant health, health care, and health care satisfaction?

The two research questions were reflected in six specific project objectives:

1. To determine the availability of appropriate survey data;
2. To conduct preliminary tests of study hypotheses;
3. To determine the extent to which extant data meets appropriate standards for establishing measurement validity, causal validity, and generalizability;

4. To design a broader investigation of migrant health, health care, and health care satisfaction;
5. To identify health care leaders' awareness of health, health care, and health care satisfaction differentials among migrant groups and;
6. To explore orientations to changes in the health care system in response to health, health care, and satisfaction differentials.

Professor Schutt and Julianne Siegfriedt, MA, a new doctoral student with a background in medical sociology travelled to Germany to conduct the project in collaboration with Professor Siegfried Geyer, PhD, Director of the Medical Sociology Unit at the Hannover Medical School and with the support of Hilmar Stoelte, MD, President, International Academy of Life Sciences. Dr. Schutt and Ms. Siegfriedt conducted 6 interviews with German health care program leaders, researchers, and staff in Hannover, Hamburg, and Bieleford. They also reviewed multiple German data sources including those collected by the Medical Sociology Department at Hannover Medical School and publically available datasets from archives such as the German Central Archive for Empirical Social Research. Additionally, Dr. Schutt and Ms. Siegfriedt met regularly with Dr. Geyer and his colleagues to discuss migrant health care differentials and research conducted at the Medical Sociology Unit in Hannover and at the Department of Sociology in Boston in order to explore possibilities for additional collaborative projects. (See Attachment 1 for a complete log of research activities.)

KEY INTERVIEW FINDINGS

The six interviews included leaders of programs delivering health care to migrants and researchers who have focused on issues involving health and health care among various migrant populations in Germany. All interviewees spoke about migrant and native German health, health care, and health care satisfaction and access to health care in Germany.

One of the underlying themes of the interviews was that Germans see health care as a basic right and believe that access to health care should be impeded by financial barriers. The majority of the population (>85%) receives health care through enrollment in the "statutory" health insurance system. Employed individuals are paying 15.5% of their net income to the health insurance, and in return they are entitled to receiving health care according to (in US-terms) a national health care plan. A small percentage of the population (according to the Federal Statistical Office 11.4% in 2011) is eligible for a private health insurance. Their insurance premiums are mostly dependent on individual health risks and on type of employment. With some exception this refers to the upper 10% of the wage earners.

In spite of country-wide agreement on the importance of universal coverage, there are policy differences in health care provisions for migrants who are in Germany legally ("documented") and those who have entered or remain in the country without legal sanction ("undocumented"). Documented migrants have access to the same system of health care as native Germans. According to formal legal regulations, even undocumented migrants can receive health care for acute issues that require immediate

attention by going to a hospital or seeing a doctor in the community. However, undocumented migrants who have chronic health conditions have limited options for health care services in Germany. Those who receive health services are also subject to identification to the legal authorities and hence deportation. Fear of deportation can thus lessen the likelihood of receipt of health care services by undocumented migrants.

Irrespective of their legal status, migrants may also face challenges in obtaining health services that meet their needs because of language differences that interfere with communication, because of cultural differences in attitudes and behavior, and because of low levels of educational, economic, and some social resources that stem from their migrant status. Of course these challenges differ in type and severity between migrant groups, across generations, and with time spent in Germany.

Local governments and organizations respond in a variety of ways to the health care challenges faced by migrants and to the national regulations that limit health care services for migrants without papers. The city/state of Hamburg, for example, allots funds to a non-governmental organization called the "Refugee Center" that responds to the immediate health care needs of undocumented migrants. The Refugee Center connects migrants who need acute care with the services they need and can help them to start the process of gaining citizenship when that is possible. Other non-governmental organizations help undocumented migrants obtain health care for acute *and* chronic issues. One such organization, the Mediburo, was developed and organized by local physicians who volunteer some of their time on behalf of migrants. The Mediburo reserves a classroom at specific times so that migrants can come and be referred for health care services to other doctors and specialists who have agreed to participate without charging for services and without reporting illegal status to the authorities. However, because it is not explicitly sanctioned by the government, the Mediburo does not receive public resources and its activities are not formally monitored. Mediburo physicians who were interviewed believe that their program is preferred by migrants to the Refugee Center, because going through government-supported channels can result in deportation.

Turkey and Russia are the countries of origin of most officially registered migrants in Germany, together accounting for about two-thirds of the migrant population. Additional migrant groups include those from Bulgaria, Romania, India, and Latin America. It is important to note that any person moving to Germany from within the European Union (EU) does not have any systemic barriers to health care, because according to EU-law they are not technically considered to be "migrants" to Germany. However, government policies in some areas encourage migrants from EU countries in Eastern Europe to return to their home countries to receive health care.

Russia is also a unique case, since Germany created a law that provides German citizenship to those whose parents or grandparents (or even earlier generations) were German citizens at one time. This law resulted in many Russian citizens whose families had German origins to move to Germany. In particular after the collapse of the Soviet Union this led to a large immigration.

Migrants who come to Germany seeking asylum as a result of persecution or other problems in their home countries are eligible for services for a period of time, although their access to health care is limited.

The German health care system, like that in the United States, is quite complex and has undergone many changes over time. Navigating these rules is yet another obstacle migrants face when determining what services they may or may not be eligible to receive.

The interviews identified many topics that may be important factors to consider in future analyses of migrant-specific barriers to health care. Some health issues of particular concern for the migrant population include obesity, poor immunization status, increased prevalence of diabetes, poor nutrition, and depression and other mental health concerns. Increased stress can lead to other health problems as well. Migrants, and especially undocumented migrants, are likely to be of lower socioeconomic status—another predictor of poorer health status.

Language is one of the greatest barriers to accessing health care for migrants. One non-governmental institution, the Ethno-Medical Center, provides interpreters to help migrants communicate with doctors and other health care professionals when needed. The same organization has set up a program (MiMis- With Migrants for Migrants) that sends staff to cities throughout Germany to help train migrants, health care professionals, and community members about specific health care needs of migrants and to help these populations integrate into the German system.

Language also seems to be a significant barrier to accessing mental health services. Some interviewees remarked that a person can get a broken leg fixed while having limited knowledge of the German language, but that treating depression or PTSD is extremely difficult if there is poor communication or cultural misunderstanding of the provider. We interviewed a psychiatrist who discussed ways in which the Hannover Medical School is dealing with these challenges by using translation services, providing lists of hospital staff speaking a variety of languages, and hiring doctors who speak Turkish or Russian, the two largest migrant populations in the area. There are also some cultural barriers, some pertaining to gender norms, and other general cultural beliefs that result in migrants being less likely to seek mental health treatment when they need it than is true for the native German population.

There is an ongoing debate in Germany about the best method for addressing migrant-specific health care needs. Some believe that having specific specialized services and centers for migrants will result in the best treatment options for these populations. Others believe that integrating services for migrants into the existing structure and increasing awareness of migrant-specific needs is the best way to help the various migrant groups that have settled in Germany. This debate itself suggests the potential value of continued research about migrant health and health care.

Based on the interviews conducted, the health care of migrants is clearly an important issue in Germany. Information about this issue from many different perspectives was collected, and various efforts to address the problem were also observed. It is clear that

the intersection of health care and migration is an important social problem in Germany and that a permanent solution to these issues does not yet exist.

SUMMARY OF SECONDARY DATA

Since its founding in 1990, the Medical Sociology Unit at the Hannover Medical School has collected much quantitative and qualitative health data. Most of the resulting datasets focus on social factors and other issues in relation to diseases such as cancer and congenital heart disease. Social factors that were measured in some or all of these studies include social inequalities, social mobility, and ways of coping and types of adversity. Dr. Geyer and his colleagues have developed a number of qualitative and quantitative instruments such as survey tools, interview guides, and rating procedures that include standard measures used in research around the world and that have been tested for reliability and validity.

In addition to the datasets maintained by the Medical Sociology Unit at Hannover Medical School, a number of publically available datasets about Germany and European countries are available from the Central Archive for Empirical Social Research, ICPSR, and other publically available archives. These datasets include the General Social Survey-Germany (ALLBUS), the Eurobarometer, the European Values Study, the Job Mobilities and Family Lives in Europe (First Wave) Survey, and a national general household data survey, the Socio-Economic Panel (SOEP); all incorporate both health and migrant status data that may be used in a comparative analysis with existing data on immigration and health care in the United States. The SOEP seems to be the most helpful data source because it includes information collected every year about migrant status, health, health care, health satisfaction, along with variables that could be used to test a variety of hypotheses about migrant health care.

One important variable that has not yet been found in the secondary data sources is a measure for health care satisfaction among a migrant population. Some individual studies have been conducted about migrant health care satisfaction, but those data are not readily available to Hannover Medical School or via public databases. This could prove to be a valuable area to investigate further if future health care system research endeavors are pursued with a comparative perspective.

OPPORTUNITIES FOR COLLABORATION

It became clear through the many conversations between Dr. Geyer and his colleagues, Dr. Schutt, and Ms. Siegfriedt, that there is a shared interest in continuing a comparative project about migrant health care in Germany and the United States. Through the collaboration between Hannover Medical School and the University of Massachusetts Boston, a larger-scale research project could be designed to work directly with at least one of the groups or organizations interviewed during this project. Possibilities for such new research include working with the physician-directed Mediburo or the migrant-oriented Ethno-Medical Center. Evaluating the role of these organizations in providing support and services to migrants would be a valuable contribution for health care providers and community leaders in Germany. The Ethno-Medical Center is already

collecting data on the events that they organize and on specific community needs reported by migrants and community members. Such an evaluation could be conducted in a way that would provide a valuable comparison with programs in the US that use similar approaches for migrant populations.

Additionally, given the UMass Boston Sociology Department's commitment to conducting interdisciplinary research and the wide base of knowledge and expertise on health-related sociological research of the Medical Sociology Unit in Hannover, there is considerable potential for collaboration on education and training. One possibility results from the fact that the Medical Sociology Unit instructs medical students at Hannover Medical School about comparative health care systems including the United States. Dr. Geyer teaches these classes and is interested in having a faculty member from UMass Boston come to instruct a section on health care in the United States. Likewise, UMass Boston also provides a comparable graduate course and it would be mutually beneficial to have a Medical Sociologist from Hannover provide a unique perspective to UMass Boston students about health care in Germany. This is just one example of many collaborative opportunities that were discussed throughout the project.

REVIEW OF RESEARCH OBJECTIVES

By conducting a variety of interviews, investigating secondary data sources, in collaboration with the Hannover Medical School, the research questions posed in the original application have been addressed. In two short weeks, the following objectives have been achieved as a result of this research project:

1. *Determine the availability of appropriate survey data*. Extensive conversations regarding data collected by the Medical Sociology Unit at Hannover Medical School and an investigation of existing public databases have shown that data regarding health and health care utilization among German migrants and German natives exist. One survey (SOEP) was discovered that collects annual data on most of the variables of interest including health satisfaction. There still remains an absence of a health care satisfaction variable, although the SOEP was the closest fit for other topics of interest.

2. *Conduct preliminary tests of study hypotheses.* The first research question regarding the existence of migrant health care differentials in health, health care, and health care satisfaction in extant survey data in Germany was addressed. Data currently exists regarding the health and health care utilization of migrants and native Germans. Data have not been found for health care satisfaction, however. Additionally, specific differentials were brought up in the interviews that could be further explored in secondary analyses pertaining to gender, ethnicity, and age variants both within the migrant population and when compared to the general German population.

The second research question aimed to determine the current level of awareness and preferences for policy of Germany health care leaders with respect to migrant health, health care, and health care satisfaction. It is clear from this preliminary investigation that Germany health care leaders are focusing much attention on these issues and that the

German parliament has developed regulations about migrant health care that makes distinctions based on the acuteness of the health issue, the migrant's country of origin, and the availability of health care in the migrant's native country. Other groups that include social activists, physicians, researchers, and psychiatrists are trying to work within the existing German regulations as they pertain to health care for migrants while still providing care and services for this population. These other groups focus more attention on the ways in which migrants are accessing health care and their level of satisfaction of health care services.

3. Determine the extent to which extant data meets appropriate standards for establishing measurement validity, causal validity, and generalizability. The measures used in the Medical Sociology Unit are based on existing and accepted international standards for collecting quantitative data and involve internationally accepted survey designs. Qualitative data in one large study were coded using an adaptation of a widely accepted measure and this new coding resource was tested at multiple intervals for reliability of the measure and the staff who use it.

Additional secondary sources that are publically available meet national and some even international standards for validity and generalizability. The methodologies of the surveys and other data source vary, but all are documented and reviewed for quality. If any of these datasets are used for analysis, a thorough and detailed description of the methodology used for that particular research would be provided.

4. Design a broader investigation of migrant health, health care, and health care satisfaction. This initial exploration of health care resources in Germany has revealed many opportunities for additional research in Germany. The initial contacts and interviews conducted with health care professionals and leaders of organizations that help with migrant access to health care in addition to the collaboration with Dr. Geyer have set the groundwork for additional research in this area. Though the design of a broader investigation has only begun, initial possibilities include an evaluation of the Ethno-Medical Center to directly address the issues of migrant barriers to health care in comparison to similar existing "patient navigator" positions in the United States.

5. *Identify health care leaders' awareness of health, health care, and health care satisfaction differentials among migrant groups.* Representatives from the Department of Social Affairs were interviewed in Hamburg, Germany. Their responses indicated awareness of migrant health needs and a belief in the adequacy of the current system of addressing the issue of migrant health care needs through provision of funds to the Refugee Center. The officials did not report on how often and successful the Refugee Center was in addressing the health care needs of migrants. The role of the department in relation to this issue was general oversight of the funds; the services provided by the Refugee Center were described as being positive but for the most part, self-sustaining and not subject to strict oversight by the German parliament.

6. Explore orientations to changes in the health care system in response to health, health care, and satisfaction differentials. A variety of viewpoints were explored. Those who were aligned with migrant groups advocated for more integration of the migrant groups

and sought system-level changes; in fact, the Ethno-Medical Center has worked with policymakers and community leaders to help initiate such changes as making the system easier to navigate for migrants. One prime focus of the Ethno-Medical Center is on educating health care providers and leaders on the specific needs and barriers that exist for migrants. The Mediburo organization has also been active in advocating for changes in the health care system. Some have met with government representatives to explain the issue from the perspective of doctors who are actively seeing migrants and understand the status of their health care. The primary goal of the Mediburo is to provide quality health care to migrant populations and this is quite difficult to do with the existing system structure.

On the other hand, the interview with representatives from the Department of Social Affairs revealed that there is general satisfaction with the way the current health care system is set up and that given the relative newness of this collaboration between the Refugee Center and the government, an evaluation of the success of this collaboration has not yet been conducted. Less than a year ago, the Refugee Center was allotted funds of 500,000 Euros over the course of three years. The general position of the German parliament appears to be that everyone has access to acute and emergency care and that unless a migrant has or is seeking asylum status, all attempts should be made for the individual to receive health care in their country of origin or go through the traditional means of becoming a German citizen.

A debate was also mentioned in a few of the interviews about the best method of dealing with migrant-specific needs for those who are legally able to be in Germany and receive health services. Some believe that having specialized services for migrants would best serve these populations, but others advocate for the integration of migrant-sensitive services within the existing system. A final decision on this issue does not appear to be likely to occur in the near future.

CONCLUSION

This exploratory research project successfully met each of the six objectives and revealed the potential for additional research in the area of immigration and health, health care, and health care satisfaction. Additionally, many relationships were fostered and future projects discussed that we are confident will lead to additional research opportunities and continued academic and professional development and collaboration.

Of particular interest is a comparative research project that investigates similarities and differences between the German and United States health care systems. There are many areas for collaboration where a comparative analysis between two similar yet distinctive health care systems could be beneficial to the areas of research and public policy for both countries. Particularly in the area of migrant access to health care, the final stages of the Affordable Care Act will likely make undocumented migrants in the near future the largest uninsured group in the U.S. This will make the U.S. health care system more like the current state of affairs in Germany, where undocumented migrants do not have regular legitimate means of access to health care for chronic illnesses. Migrants with a legal status do have access to health care and insurance but barriers still exist for this

group as well, primarily pertaining to language and cultural differences. Studying the reaction of local NGOs, doctors, health care professionals and government authorities could provide unique insight to the barriers and responses that might be expected in the United States. It is also important to note that Germany is distinctive in their position of migrant health care as they are the only country in the European Union that does not provide comprehensive health care to undocumented migrants.

Finally, given the numerous research projects being conducted by the Medical Sociology Unit at Hannover Medical School and the University of Massachusetts Boston, additional projects related to comparisons of health care systems in both the US and Germany would prove to be tremendously beneficial to both institutions. This exploratory project has succeeded in achieving its objectives pertaining to understanding migrant health care in Germany and building a foundation for additional future collaboration.