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# Self-Rated Health Associations among Middle-Aged and Older Foreign-Origin Population

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# Background

- ▶ Health and mortality improvements - in old age
- ▶ Self-rated health (SRH) is a good predictor of morbidity and mortality
- ▶ Includes cognitive and social elements, and provides an overview of health by asking a single question
- ▶ Differentials and factors of SRH among older migrants still unclear

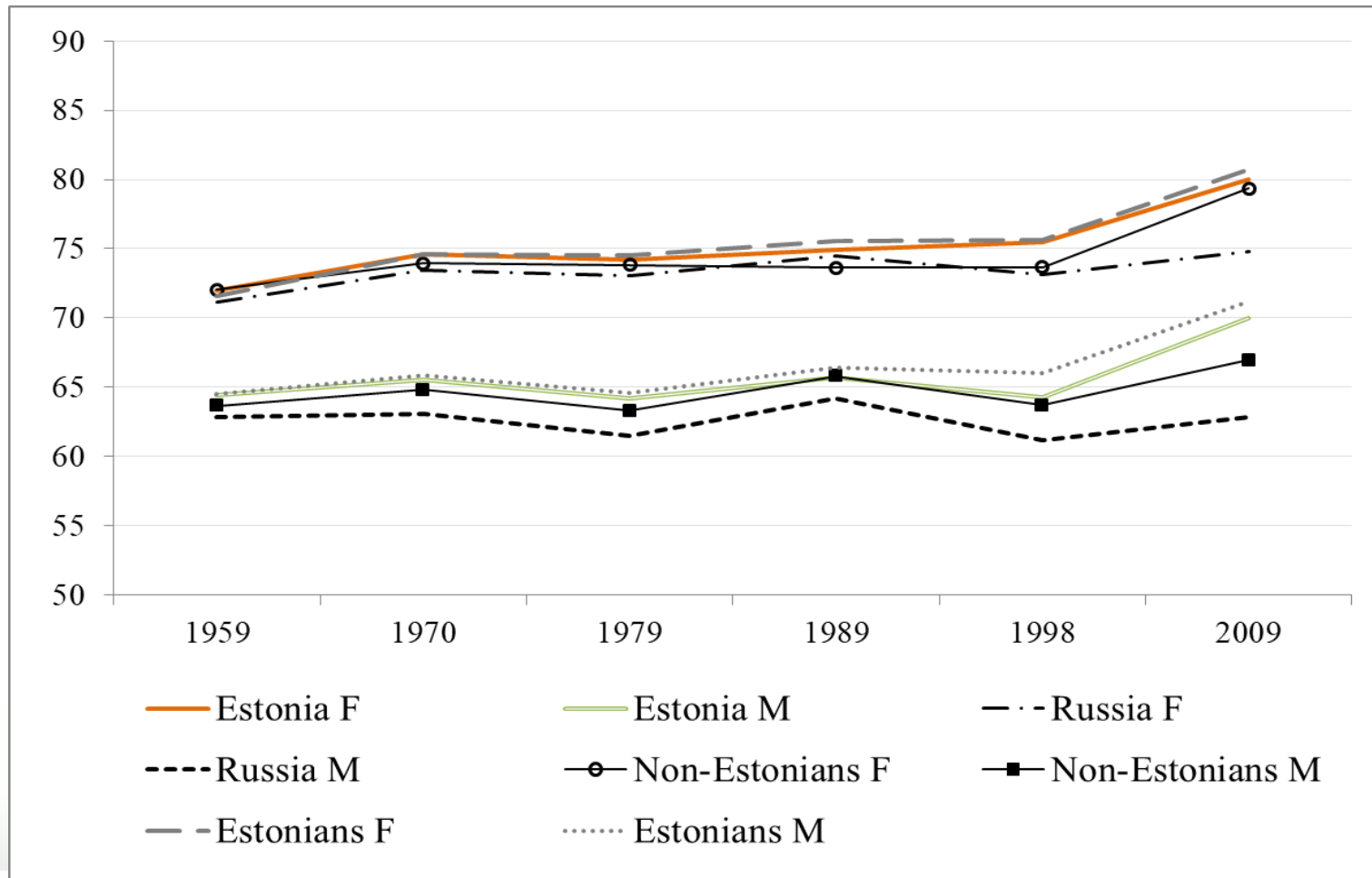


# Background (2)

- ▶ Europe: 18% migrants → 52% out of EU
  - ▶ 1.8 mln Russian origin
- ▶ Estonia: Among 50+, foreign-born and descendants constitute 33% (2011)
  - ▶ Formed largely during post WWII decades
  - ▶ Lower life expectancy, worse physical health outcomes
- ▶ In migration and health research, the “healthy migrant effect” is the most common finding
  - ▶ Disregards some contexts, and the effect of ageing



# Life expectancy (e0) developments



Katus & Puur 1992, Sakkeus 2007,  
 Statistics Estonia 2021, HMD 2021



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# Health care comparison

	Estonia	Russia
Health care expenditure (%)	7% (2009)	5.4% (2009)
Out-of-pocket payments (%)	20% (2000s)	29% (2009)
Outpatient care (%)	43% (2017)	26% (2017)

OECD 2011, Popovich et al. 2011



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# Research aims

- ✓ Understand the factors of self-rated health in later life in an Eastern European setting
- ✓ Explore the health outcomes and effects in case of ageing (of) migrants



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# Data

	Estonia	Russia
Survey	SHARE 2010/2011	SAGE 2007/2010
Sample	Aged 50+; Based on population register	Aged 50+; Based on 2003 WHO Health Survey + 2002 census
Sample size	2652 Estonians, 1477 Russians (35.8%)	2441 Russians



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Sample size	2652 Estonians, 1477 Russians (35.8%)	2441 Russians
Outcome variable	Self-rated health grouped into three categories	
Control for	age, household size, marital status, making ends meet, ownership of dwelling, employment, years in education, parents' education, alcohol consumption, smokin, physical activity, BMI, depressiveness, satisfaction with relations, trust in people, receipt of care, number of hospitalizations, activity limitations	





# Methods

- ▶ Multinomial logistic regression models of poor/moderate self-rated health, separately for men and women
- ▶ Controls added: demographic factors + socio-economic + parents' education + health and health behaviour + social integration + hospitalisations & activity limitations

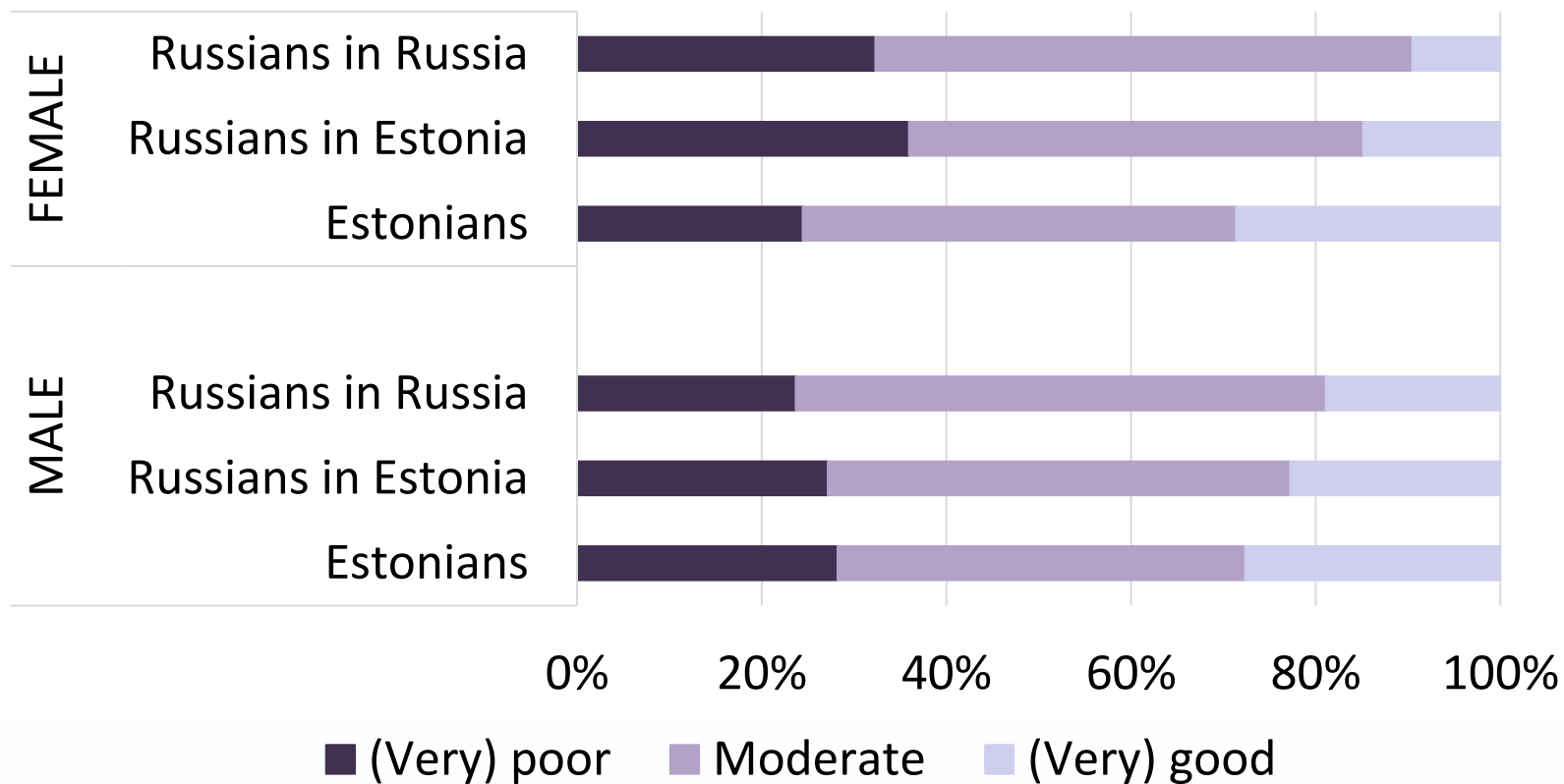


# Results

	Women			Men		
	Estonians	Russians in EE	Russians in RU	Estonians	Russians in EE	Russians in RU
Mean age (SD)	68.4 (10.3)	67.4 (10)	66.5 (10.4)	67.4 (9.5)	66.4 (9.7)	64.4 (10.1)
Mean years in education (SD)	12.1 (3.5)	11.1 (3.4)	11.2 (3.7)	11.9 (3.7)	11.4 (3.3)	11.5 (3.6)
No trust in people (%)	12.7%	10.8%	30.1%	13.7%	16.2%	33.9%
Mean number of hospitalisations (SD)	0.18 (0.56)	0.20 (0.60)	0.24 (0.67)	0.30 (0.97)	0.26 (0.79)	0.23 (0.53)



# Results



# Results – Moderate (vs Good) SRH

Ref: Russians in EE	Women		Men	
	Unadjusted RRR	Adjusted RRR	Unadjusted RRR	Adjusted RRR
Estonians	1.40 ***	1.07	0.85	0.60 **
Russians in RU	1.32 **	1.06	1.32 *	1.42
N	4167	4167	2403	2403
R2	0.0264	0.2784	0.0069	0.2908

Physical activity (Estonians);

Physical activity (Estonians);

Parents' education, alcohol (Russians in RU)

Alcohol, depressiveness, disability decrease;  
soc. integration increase differences (Russians  
in RU)



# Conclusions

- SRH as a predictor of ethnic differences in morbidity and mortality
- “Healthy migrant effect” not visible in this setting
- Health behavior differences still important in explaining group differences
- Differences remain and are larger among men – look further into disability and social integration differences



Thank you for your attention!

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