Third, the investment in health care infrastructure can lead to an increase in employment (irrespective of the population's health outcomes). We examine effects on two outcomes: the probability that a person worked for at least 3 months, and the total number of days in (insured) employment in a given year. We find no statistically significant effect on employment (see *Table K3.3.2*). In future work, we plan on estimating effects on employability for persons suffering from specific long-term health conditions.

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K3.4 Health of Central and Eastern European Migrants*

ANIKÓ BÍRÓ

I analysed the health level of migrants from Central and Eastern Europe and Turkey (CEE, broadly defined) living in Germany, and how their health changes during the years spent in Germany. On average, population health in CEE is worse than in Germany. After moving to Germany, the health behaviours and healthcare use of the migrants might change, possibly affecting their health status.

The data used in my analysis originate from the German Socio-economic Panel (SOEP) database. The German SOEP is an annual panel survey of a representative sample of households living in Germany. I used data from years 1984–2013. The data cover lots of different topics, including demographic, socio-economic and health indicators, the country of origin and the integration to the host country. The first SOEP sample oversampled households with a Turkish, Greek, Yugoslavian, Spanish or Italian household head, which then constituted the main groups of foreigners in Germany. The first wave included 1,393 immigrant households and 4,528 native households. An immigrant sample was added to the SOEP in 1994–1995. This additional sample of 531 households consisted of households in which at least one household member had moved from abroad to West Germany after 1984. Finally, in year 2013, a migration sample of around 2,700 households was added, each household containing at least one person who had either immigrated to Germany since 1994 or whose parents had done so.

First, I conducted a descriptive analysis of the differences in health status in 2013 by the country of origin. On average, except for Turkish migrants and except for the indicators related to being overweight, the migrants with origins in CEE have better health than the native population. The better health of the immigrants can be due to the so-called *healthy migrant effect*, which is widely documented in the related literature (*Antecol–Bedard*, 2006, *Janevic et al.,* 2011). According to the healthy migrant effect, healthy individuals are more likely to migrate from a sending country, thus the immigrants in the host country have typically above average health status.

Next, I analysed with the help of regression models, how the estimated relation between the country of origin and health changes if individual level factors are netted out (age, gender, marital status, education level, labour force status, earnings, German language skills). The health differences remain even

* This chapter summarises the main results of *Bíró* (2018).

after netting out the influence of these individual level factors (*Table K3.4.1*). For instance, someone originating from an "other CEE country" (which group includes Hungary) is on average 8.7 percentage points more likely to report better health than a native German respondent in 2013, controlling for the other individual characteristics.

Table K3.4.1: Health differences between migrant and native groups in 2013

	Health satisfaction (0 to 10)	Good health (0/1)
Country of origin	(1)	(2)
Turkey	0.412***	0.0676**
	(0.158)	(0.0315)
Ex-Yugoslavia	0.870***	0.105***
	(0.143)	(0.235)
Russia, Ukraine, Belarus	0.742***	0.0511*
	(0.126)	(0.0267)
Other CEE	0.698***	0.0872***
	(0.119)	(0.0250)
Individual level controls	yes	yes
Number of observations	19,384	19,395

Notes: Robust standard errors in parentheses. Column (1) shows linear regression model results, column (2) shows average marginal effects from probit regression. *** 1 percent, ** 5 percent, * 10 percent significance levels.
Source: *Bíró* (2018).

I did not find evidence that the health of the immigrant population would deteriorate faster than the health of the native German population.

Further results show that the health advantage of the CEE migrants can be observed primarily among those who found employment in Germany. The lack of integration (reporting disadvantages due to origin) and limited German knowledge eliminate the health benefit. Thus, in order for a migrant from CEE to report good well-being, it is necessary to be sufficiently integrated in German society.

Overall, my analysis shows that typically the healthier individuals migrate from the CEE countries to Germany. If migrants can achieve good socio-economic conditions in terms of employment, earnings, and lack of isolation, then they are unlikely to impose additional burden on the health system of the host country.

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