Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Federal Department of Home Affairs FDHA

Federal Office of Public Health FOPH
Health Policy Directorate

Health monitoring of the migrant population in Switzerland II (GMM II)

1. Background

The national Migration and Public Health programme (2008–2013), currently being implemented by the Federal Office of Public Health (FOPH), comprises measures and projects in the areas of prevention, healthcare, education and research. The goal is to improve migrants' health, which is poorer than that of the indigenous population overall, and to promote their integration.

The first programme designed to monitor the health of the migrant population in Switzerland was implemented by the FOPH in 2004; now, a second health monitoring programme (GMM II) has been initiated.

2. Goals and questions

GMM II aims to generate knowledge in the following areas:
- Health differences between the indigenous population and the migrant population in Switzerland
- Health differences within the migrant population studied in Switzerland
- Main determinants of the health inequalities identified

The research should allow the following questions to be answered:

I. What are the main health differences between the indigenous population and the migrant population in Switzerland with regard to
   - health status
   - health behaviour
   - health skills
   - access to health services

II. Which groups within the migrant population in Switzerland are most vulnerable with regard to health, as defined by origin, and status and duration of residence

III. What are the main determinants of the health differences identified, and how significant are the effects of the various factors [gender, age, employment/income, education, social integration, migration background (conditions in country of origin, migration process, ethnicity, legal status of residence, language skills)]
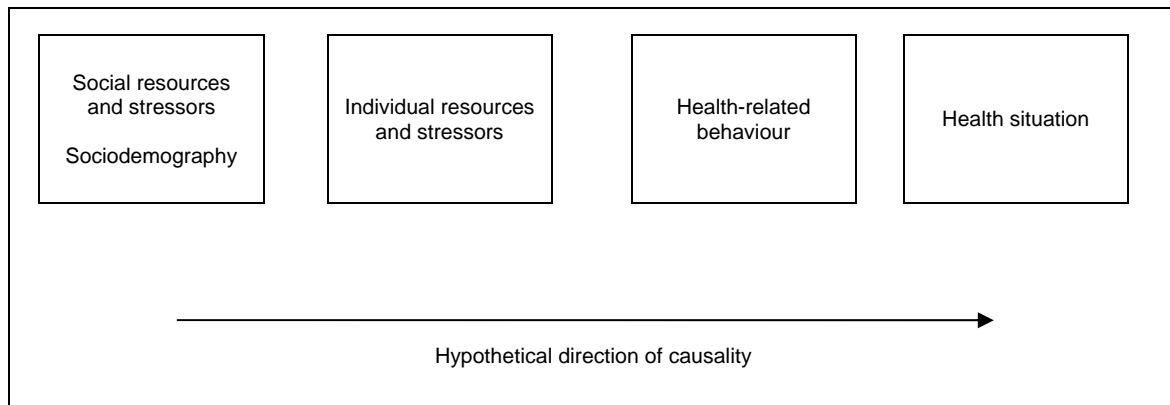
3. Content

3.1 Conceptual framework
The working model underlying the survey is based on the biopsychosocial model of health and illness and on Antonovsky's salutogenic model. Psychological and sociological concepts of health are also integrated. Both resources and stressors are found at all system levels. A person's health and health behaviour are determined by various systems.

In the working model shown in Fig. 1, the classification of the indicators reflects the main components of a demand/resource model of health (e.g. Lazarus and Folkman 1984; Freidl 1997; Becker 2006). Taking this model and this understanding of the indicators as a starting point, the study is based on a structure leading from the social to the health situation:

Fig. 1: Levels defined in the demand/resource model

| Social resources and stressors Sociodemography | Individual resources and stressors | Health-related behaviour | Health situation |

Hypothetical direction of causality

Source: Vienna Health and Social Survey (2001)

Individual and social resources play a key role in coping with stressors. Individual resources are to be found at the behavioural/psychological level and social resources in the social (macro- or micro-)environment. Health-related social behavioural norms are laid down for the individual by the macro- and micro-environment. The individual's social situation is of central importance, as it determines unequal life positions and unequal resource distribution. Thus, for example, an unfavourable socioeconomic situation, stressful working conditions and an uncertain residence status may represent increased health stressors for parts of the migrant population, compared with the indigenous population. The experience of migration in itself may possibly also be detrimental to health.

Taken as a whole, the interacting physical, psychological and social systems determine individual health and health behaviour. It therefore follows that the indicators are not restricted to health as traditionally understood or to health behaviour, but encompass a broader spectrum, including social situation, social support systems, health-promoting structures and programmes, welfare and health policy, knowledge and motivation for health behaviour, quality of life, well-being and personal resources.

3.2 Survey topics and structure
The design of the questionnaire is based on the 2007 Swiss Health Survey and on GMM I. Following on from these two surveys and in accordance with the conceptual considerations given above, the following topics are covered in GMM II:

1. Sociodemographic characteristics I: age, gender, housing situation
2. Health status and health skills
3. Use of medical services/health insurance
4. Resources I: occupational and housing situation
5. Health behaviour: medication/diet/physical condition and exercise/alcohol/tobacco/screening examinations
6. Resources II: social support – locus of control
7. Resources III: integration/discrimination
8. Sociodemographic characteristics II: marital status/education/origin/income

4. Methods

4.1 Population
The study population consists of persons aged 15–74 with a migration background, including naturalized individuals and individuals in the asylum process. In total, 3000 people are to be surveyed.

4.2 Sample
The sample is made up as follows:

GMM II sample	Countries	Stratified by	No.
Core sample	Portugal, Turkey, Serbia, Kosovo	Nationality, gender, country of birth (CH/abroad), duration of residence (3 categories)	1800
Additional sample I: Recent arrivals	Turkey, Serbia	Nationality, gender, reason for entry (occupational migration – rejoining family members)	400
Additional sample II: Recent naturalizees	Turkey, Serbia	Nationality, gender	400
Additional sample III: Asylum process	Somalia, Sri Lanka	Nationality, gender, asylum status (procedure pending – ongoing)	400
Total			3000

Serving as the Swiss comparison sample is the sample from the 2007 Swiss Health Survey:

2007 SHS sample	No.
Swiss subjects (total)	16 322

4.3 Interviews
As in GMM I, a computer-assisted telephone interview (CATI) no longer than 30 minutes is to be conducted in the subject's native language.
Interviews will be conducted in the following languages:
- German
- French
- Portuguese
- Turkish
- Albanian
- Serbo-Croat
- Somali
- Tamil

4.4 Schedule

Sampling concept	May 2010
Completion of questionnaire design including translation	May 2010
Completion of pretest	August 2010
Data collection	September to December 2010
Completion of data analysis	March 2011
Draft of final report	May 2011
Final version of final report	June 2011

4.5 Project organization

**Steering group
FOPH, FOM, SFSO, FSIO**
Expert opinion on deliverables

Client FOPH, FOM

**Scientific advisory board
NN**
Expert opinion on specific methodological questions and on deliverables

**Group of contractors
Büro BASS/MIS Trend/ZHAW/ISPM Bern**

Büro BASS
(J. Guggisberg, K. Künzi, etc.)
- Overall project management
- Survey design, instrument development
- Sampling plan, migration expert report
- Data analysis

MIS Trend
(Christoph Müller, etc.)
- Sampling
- Interviewing
- Dataset preparation

ZHAW
(P. Rüesch, Th. Volken)
- Survey design
- Expert opinion: psychosocial aspects
- Data analysis

ISPM Bern
(Th. Abel, S. Ackermann)
- Survey design
- Expert opinion: equal opportunities