

Chapter 4. Living conditions of immigrants

Immigrants are not integrated solely through the labour market or the education system. Integration also has economic, spatial and social facets. Immigrants' ability to generate sufficient income and to meet such essential needs as decent housing and healthcare is crucial if they are to take their place in the host society. Employment status and job quality largely shape living conditions in the OECD and EU, as earnings account for the bulk of family incomes and higher income is associated with better health and housing conditions. Moreover, decent living conditions can, in turn, trigger a virtuous circle leading to improved general well-being, which includes brighter employment prospects.

This chapter focuses on three major determinants of living conditions: income, housing, and health. Income is a decisive factor in many socio-economic outcomes. Poverty adversely affects the well-being of immigrants in the host society in a number of ways, such as poor housing and inhibited skills development. Beyond poverty itself, the inequitable distribution of income can lead to marginalisation and damage social cohesion.

Housing is also a key factor in well-being. The economic situation of some immigrants and their poor knowledge of the rental market may restrict their choice of accommodation. They may also be prone to discrimination from property owners. Lastly, health is integral to well-being, affecting the degree and manner of engagement with society as a whole. Healthier immigrants are able to work and earn more, and to build broader social networks.

This chapter looks first at disposable household income (Indicator 4.1) and the overall risk of poverty (Indicator 4.2). It then considers housing indicators: the incidence of overcrowding (Indicator 4.3), and general housing conditions (Indicator 4.4). Finally, it analyses self-reported health (Indicator 4.5) and the lack of medical treatment (Indicator 4.6).

Key findings

- The annual median immigrant household income is around EUR 20 000 in the OECD and EUR 16 000 in the EU – some 10% lower than that of natives in both areas. The gap between native- and foreign-born is largest in Austria and Southern Europe. By contrast, the gap is narrower in Central European countries, Portugal and the United Kingdom.
- Immigrants are over-represented in the lowest income decile in virtually all OECD and EU countries – 14% and 18% of immigrants are in this decile, respectively.
- Income inequality among the foreign-born tends to be greater than among host-country natives.
- Around 30% of immigrants live in relative poverty in both the OECD and the EU. Poverty rates are at least twice those of natives in the longstanding immigration destinations in Europe that host large numbers of low-educated foreign-born, as well as in the Scandinavian and Southern European countries (except Portugal).
- Relative poverty among the foreign-born is today more widespread than a decade ago in about two-thirds of countries. The OECD- and EU-wide poverty rates among immigrants increased by 1 and 5 percentage points, while remaining stable among natives.
- Having a job affords protection against poverty in all countries, although less so for immigrants. The immigrant in-work poverty rate is about 19% in the OECD and the EU, twice that of natives. Gaps are particularly wide in Denmark, Benelux, Austria and the Southern European countries. Over 53% of the foreign-born poor in the United States, Switzerland and Iceland are in employment.
- The immigrant housing overcrowding rate is 17% in the OECD and the EU, against 8% and 11% among the native-born, respectively. The widest differences between the foreign- and native-born occur in Austria, Greece and Italy, the United States and Sweden.
- One in four of the foreign-born lives in substandard housing in the EU against one in five of the native-born. Gaps between the two are particularly marked in Southern Europe and in some longstanding European destinations, such as Belgium, the Netherlands, the United Kingdom and Austria.
- Few people live in housing that is both overcrowded and substandard. 6% of foreign-born and 3% of native-born live in such housing in the EU. The share is below 1% in non-European OECD countries for both groups.
- In the EU, one-third of the foreign-born from the largest ethnic minorities stated that most inhabitants of their neighbourhoods were of the same ethnic background as them. Perceptions of ethnic spatial concentration were felt most acutely in Belgium and the Netherlands (where more than 50% of respondents reported living in such neighbourhoods) and, to a lesser extent, in France and Portugal.
- Immigrants are more likely than the native-born to say they are in good health in the OECD: 79% against 76% (shares adjusted by age). Although the shares are similar in the EU at around 67% for both groups, in fact immigrants are more likely than native-born to report good health only in one-quarter of countries, including Poland, the United Kingdom, Italy and Hungary.
- A similar share of foreign- and native-born (5.5%) report unmet medical needs across both the OECD and the EU. The incidence is higher than among the native-born in the Nordic countries and Italy, as well as in Greece and Estonia.

- Differences in access to care are wider with respect to dental health. Across the EU, the share of immigrants reporting unmet dental needs is 11.5%, against 8.5% for the native-born. Gaps are greatest in the Baltic and Nordic countries, as well as in longstanding European immigration countries and Greece.

4.1. Household income

Definition

A household's annual equivalised disposable income is the income per capita adjusted by the square root of household size. Income is expressed in euros (EUR) at constant prices based on purchasing power parity (PPP) for 2014. It includes earnings from labour and capital. The median income divides households into two halves: one-half receives less and the other more than the median income. One-tenth of the population has an income lower than the first decile (D1) and one-tenth higher than the ninth decile (D9).

Coverage

People aged 16 years old and over who live in ordinary housing (see glossary). The household's annual equivalised income is attributed to each individual member.

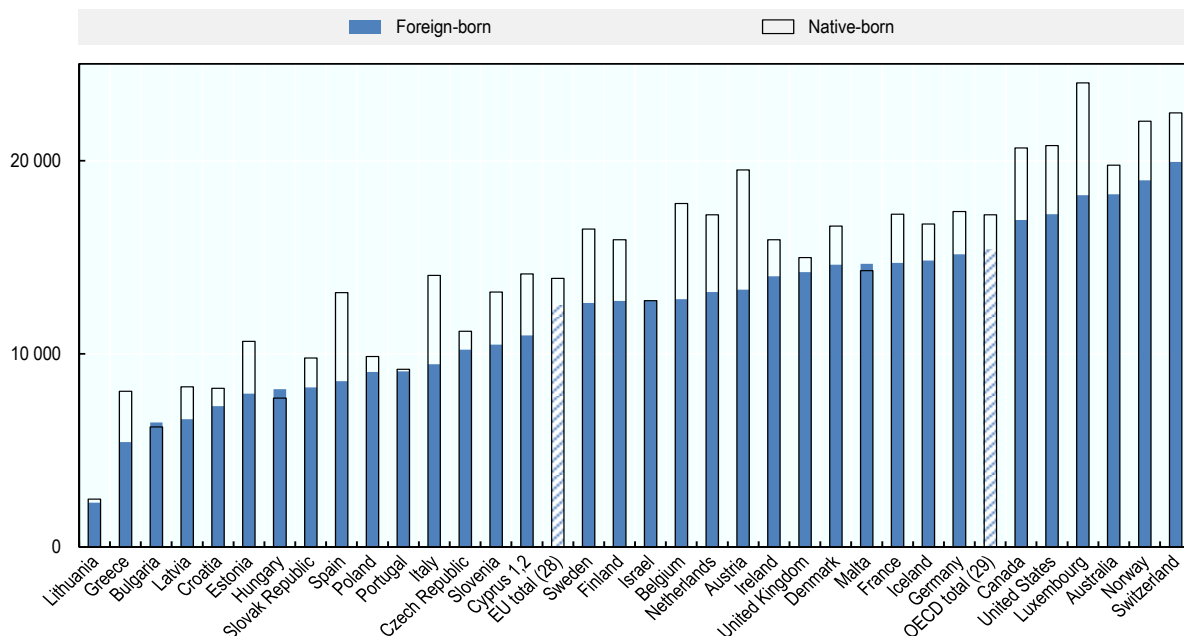
The median immigrant household income is around EUR 15 500 in the OECD and EUR 12 500 in the EU – some 10% lower than that of natives in both areas. The median income is even lower among non-EU migrants, with EUR 11 500 in the EU. By contrast, the median income of EU migrants (EUR 13 200) is similar to that of the natives. With the three exceptions of Malta, Hungary and Bulgaria, immigrants' incomes are lower than those of the native-born in all countries. In Austria and Southern Europe (though not in Portugal), they are up to one-third lower. By contrast, the gap is narrower in Central European countries, Portugal and the United Kingdom. Immigrants are over-represented in the lowest income decile in virtually all OECD and EU countries –14% and 18% of immigrants (20.5% of non-EU migrants) are in this decile, respectively (compared to 9% of the native-born in both areas. At the other end of the spectrum, only 8% of immigrants (6% of non-EU migrants) belong to the top income group in both areas and only as 5% in Austria, Estonia and the Southern European countries (excluding Portugal).

Over the last decade, the share of those immigrants themselves in the lowest income decile increased by 1 percentage point across the OECD and 3 points EU-wide. That rise mainly affected immigrants born outside the EU. While the foreign-born are particularly at risk to be in the lowest income decile in Southern European countries and Austria, they are less so than 10 years earlier in about a quarter of countries. The largest declines occurred in Finland, Luxembourg and the Czech Republic. However, the proportion of immigrants in the highest income decile also declined over the same 10-year period in about three-quarters of the countries, with the sharpest drops happening in Norway and the Slovak Republic. In some Central and Eastern European countries, as well as in Greece and the United States, the share of immigrants increased in both the lowest and the highest deciles.

Income inequality among the foreign-born tends to be greater than among natives. Across the OECD, those in the top income decile boast 5.6 times the income of their peers in the lowest. The figure is 4.8 among the native-born. In the United States, the OECD country with the highest level of income inequality, the top decile outstrips the bottom by a factor of 7.4 among the foreign- and 6.6 among the native-born. As for the EU, the income gap among immigrants is again more pronounced than among the native-born, and particularly so in Spain, Italy and Sweden. It is, by contrast, similar between the two groups in a quarter of the countries and narrower among immigrants than natives in Israel, Iceland, Ireland, and Estonia.

Figure 4.1. Median income

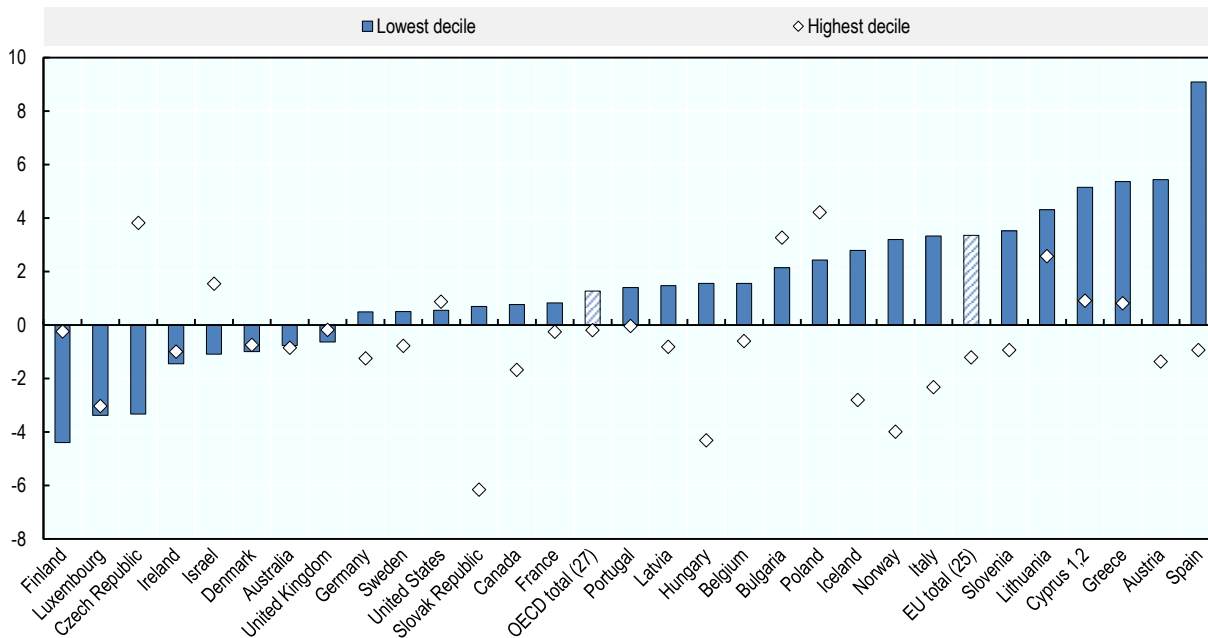
EUR in constant prices (based on 2014 PPP), population aged 16 and over, 2015



StatLink <http://dx.doi.org/10.1787/888933843059>

Figure 4.2. How shares of foreign-born in the lowest and highest income decile have evolved

Changes in percentage points, aged 16 and above, between 2006 and 2015



StatLink <http://dx.doi.org/10.1787/888933843078>

Notes and sources are to be found at the end of the chapter.

4.2. Relative poverty

Definition

The relative poverty rate is the proportion of individuals living below the poverty threshold. The Eurostat definition of the poverty threshold used here is 60% of the median equivalised disposable income in each country.

Coverage

All people aged 16 years old and over living in ordinary housing (see glossary). The annual equivalised household income is attributed to each individual.

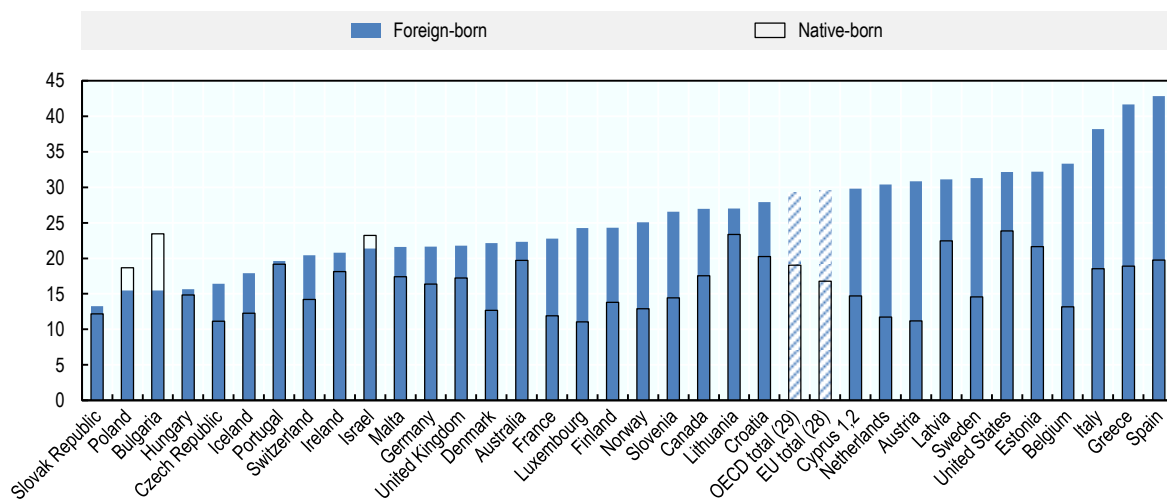
Around 30% of immigrants live in relative poverty in both the OECD and the EU. They are more likely to be poor than the native-born in all countries, with the exceptions of Poland, Bulgaria and Israel. The ratios of foreign- to native-born poverty rates are lowest in Central European countries (except for the Czech Republic), Germany, Australia and the United Kingdom. Rates are, however, at least twice those of natives in the longstanding immigration destinations in Europe that host large numbers of low-educated foreign-born, as well as in the Scandinavian and Southern European countries (except Portugal). In Spain and Greece, more than 40% of immigrants live below the poverty threshold. Among the immigrant population, non-EU migrants are particularly affected, with a EU-wide poverty rate of 31%, and are more likely to be poor in all countries but the Czech Republic. Rates are three times those of the native-born in Austria and the Benelux.

Over the last decade, the OECD- and EU-wide immigrant poverty rates increased by 1 and 5 percentage points, respectively, while remaining stable among natives. Poverty is today more widespread among the foreign-born than before the economic crisis in about two-thirds of countries. Changes in immigrant poverty rates were generally more pronounced than among natives. In Southern Europe and Austria, for instance, native-born poverty rates fell (apart from Greece), while rising among immigrants – by as high as 17 percentage points in Spain. In addition, in countries like Sweden and those of Central and Eastern Europe which saw native-born poverty levels increase, the increase was twice as high among the foreign-born. At the same time, in a quarter of the countries where poverty levels dropped – e.g. Denmark, Australia, Ireland and the United Kingdom – the drop was steeper for the foreign-born. In the United States, France and Germany, changes in poverty rates between the foreign- and native-born were not significant.

Having a job affords protection against poverty in all countries, although less so for immigrants, particularly where they are over-represented in low-skilled, low-paid occupations – e.g. in the Southern European countries, Austria, Benelux, and Denmark. About 11.7 million migrant workers aged 15 to 64 live in poverty in the OECD and more than 4.4 million in the EU – an in-work poverty rate of about 19% in each area, twice that of natives. Over 53% of the foreign-born poor in the United States, Switzerland and Iceland are in employment, 10 percentage points more than natives.

Figure 4.3. Relative poverty rates

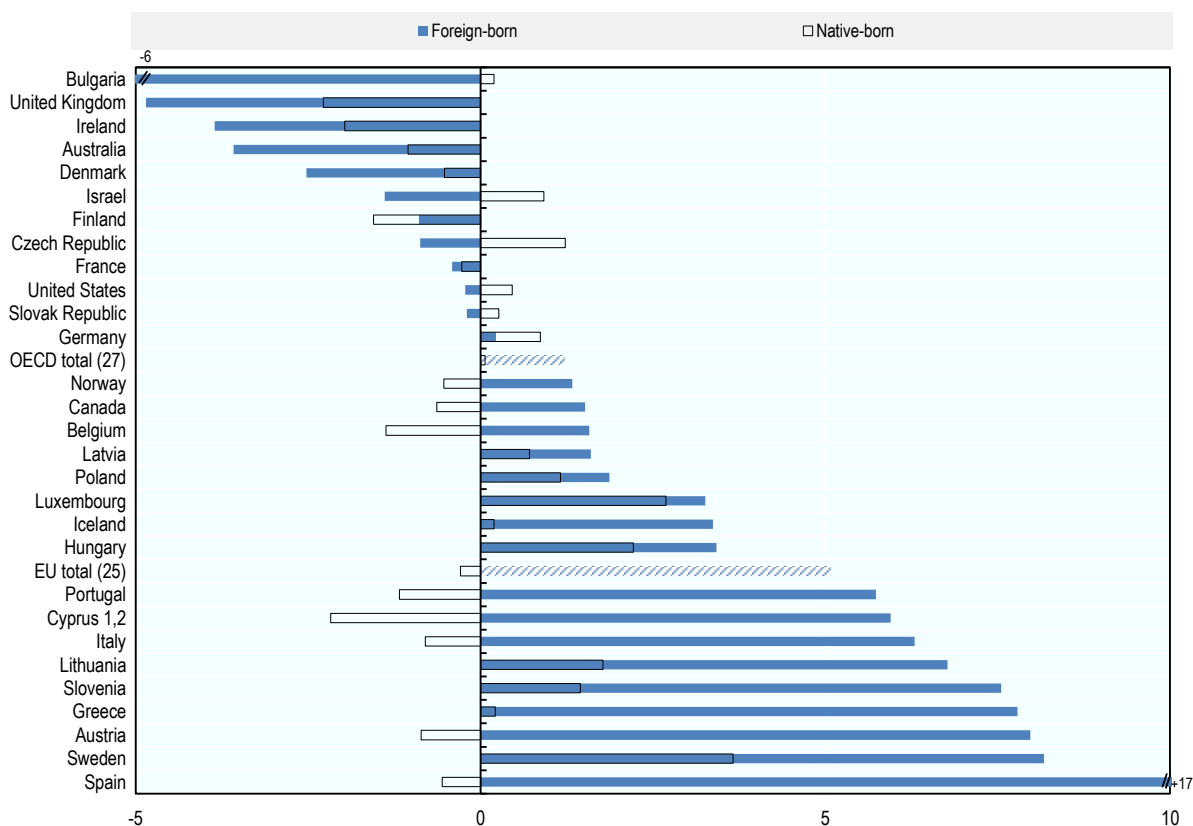
Percentages of the population, aged 16 and above, 2015



StatLink <http://dx.doi.org/10.1787/888933843097>

Figure 4.4. How foreign-and native-born relative poverty rates have evolved

Changes in percentage points, aged 16 and above, between 2006 and 2015



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Notes and sources are to be found at the end of the chapter.

4.3. Overcrowded housing

Definition

A dwelling is considered to be overcrowded if the number of rooms is less than the sum of one living room for the household, plus one room for the single person or the couple responsible for the dwelling (or two rooms if they do not form a couple), plus one room for every two additional adults, plus one room for every two children.

Coverage

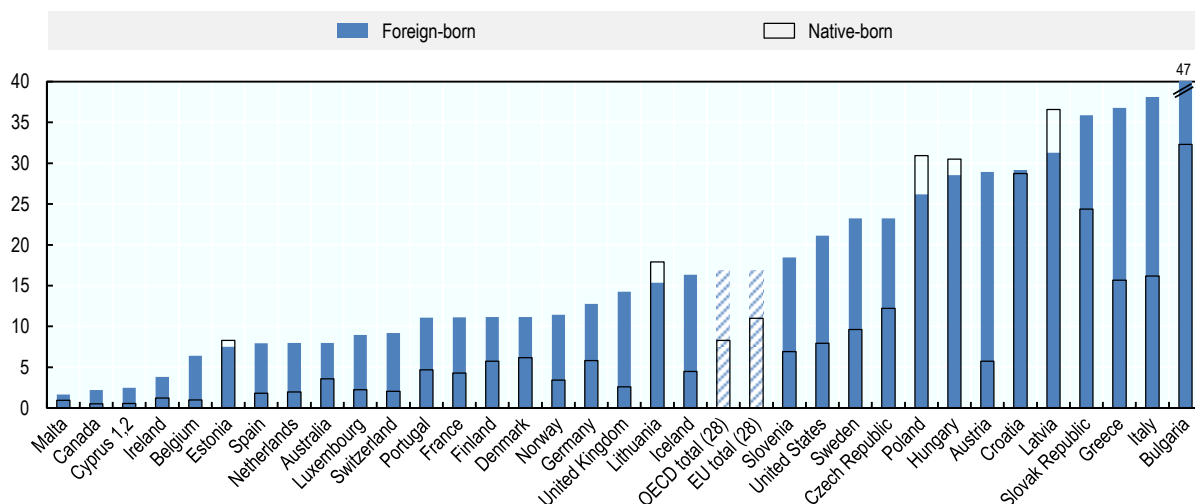
People aged 16 years and over living in ordinary housing (see glossary).

Almost 17 million immigrants in the OECD and over 7 million in the EU live in overcrowded accommodation – a rate of 17% in both areas, against 8% and 11% among the native-born, respectively. Foreign-born overcrowding rates are lowest where they are also low among natives, as in Malta, Canada, and Ireland. However, they exceed one immigrant in three in Bulgaria, Italy and Greece. In two-thirds of countries, the foreign-born are more than twice as likely to live in overcrowded conditions as the native-born. They are less likely, however, in the Baltic countries, Poland and Hungary. The widest differences between the foreign- and native-born occur in Austria, Greece and Italy, where they exceed 20 percentage points, and in the United States and Sweden with over 13 points. Overcrowding is much more an issue among non-EU migrants in all countries, with the exceptions of Denmark and the United Kingdom. Indeed, one non-EU foreign-born in five lives in an overcrowded dwelling EU-wide, against only one EU migrant in seven.

Over the last decade, the foreign-born overcrowding rate rose in half of all OECD countries, particularly in longstanding European destinations such as Germany, the Netherlands and the United Kingdom. Even more marked, however, were the rises in Sweden and Iceland among the foreign-born, while the share of the native-born living in overcrowded conditions climbed only slightly. The other half of OECD countries saw overcrowding among the foreign-born decline over the same period and, with the exception of Hungary and the Czech Republic, more markedly than among the native-born. In Baltic countries and Slovenia, the proportion of immigrants in overcrowded conditions in 2016 was at least 15 percentage points down compared to ten years earlier. In Denmark, too, it dropped 7 points, while rising slightly by 2 points among the native-born. Similar trends occurred in Greece and, to a lesser extent, in the United States.

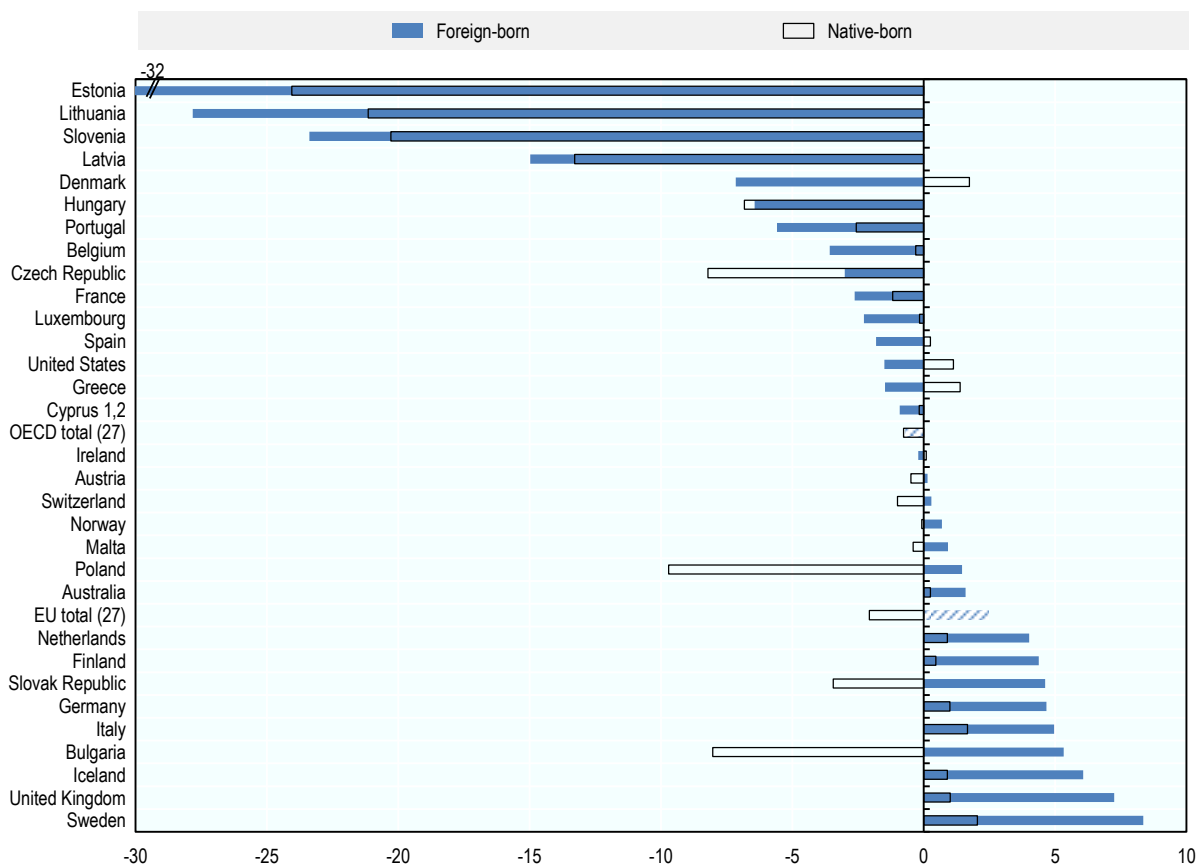
Among both the foreign- and native-born, overcrowding is more common in rented than in owned accommodation. OECD-wide, it is 3 times higher among immigrant tenants than home-owners. As for the native-born, it is around 2.5 times greater. In the EU, too, immigrant tenants are almost 3 times as likely to live in overcrowded conditions as those who own their homes – a gap of 16 percentage points. Native-born tenants are only a little more likely, however, to live in overcrowded accommodation. In Austria, where the gap is widest, almost four in ten immigrant tenants live in overcrowded housing, compared to only 1 in 20 immigrant home-owners.

Figure 4.5. Overcrowding rates
 Percentages, aged 16 and above, 2016



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Figure 4.6. How overcrowding rates among the foreign- and native-born have evolved
 Changes in percentage points, aged 16 and above, between 2008 and 2016



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Notes and sources are to be found at the end of the chapter.

4.4. Housing conditions

Definition

Housing is considered substandard or deprived if it is too dark, does not provide exclusive access to a bathroom, or if the roof leaks. No comparable information on housing quality is available for the United States.

Coverage

People aged 16 years and over living in ordinary housing (see glossary).

In the EU, one foreign-born in four (whether from inside or outside the EU) lives in substandard housing against one in five native-born. Differences between the two are particularly marked in Southern Europe and in some longstanding European destinations, such as Belgium, the Netherlands, the UK and Austria. 38% of all foreign-born residing in Belgium live in deprived housing, in contrast to 22% of the native-born. The respective shares in the Netherlands are 31% and 19%. Gaps are narrowest in Central and Eastern Europe (except in Hungary), Portugal and Germany. In one-quarter of countries only, there is less chance that immigrants live in substandard housing than natives, notably in settlement destinations (e.g. Canada and Australia) and the Baltic countries. Indeed, foreign-born in Latvia and Canada are at least 6 percentage points less likely to live in substandard housing than the native-born.

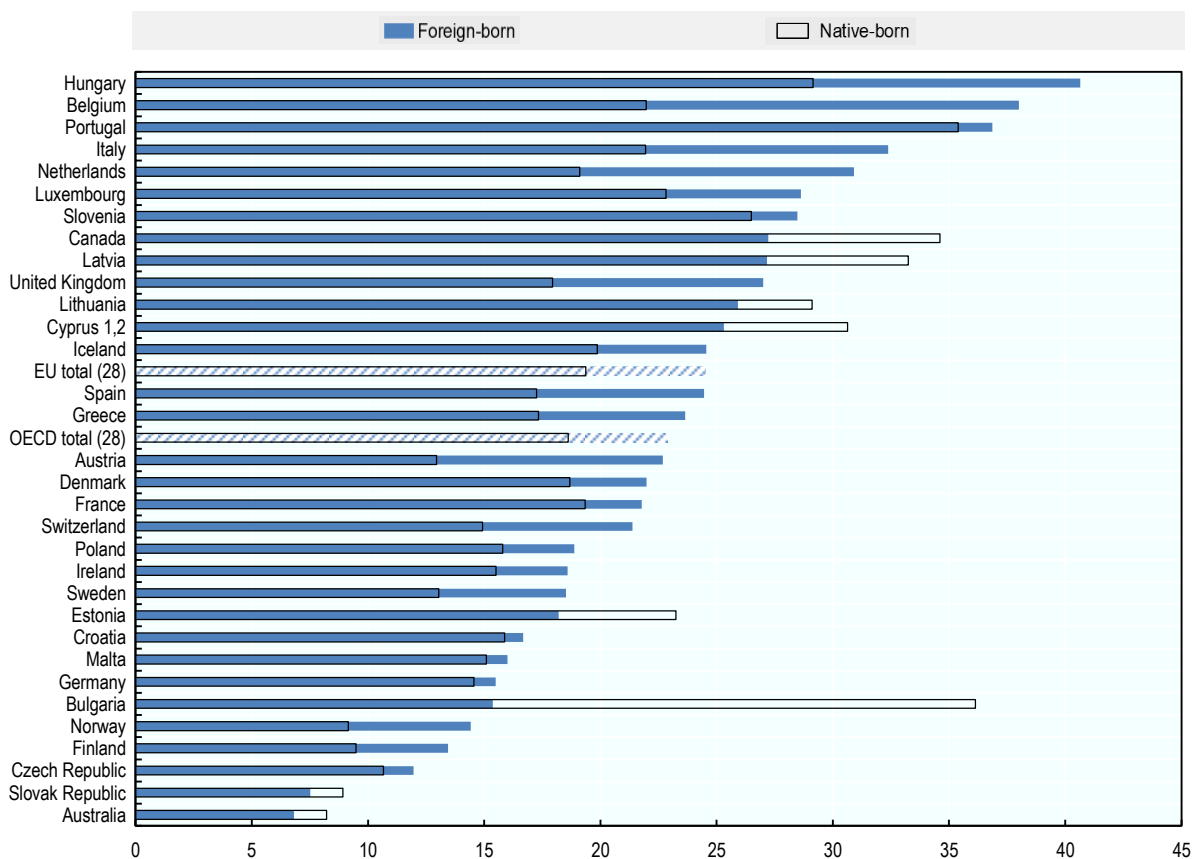
Housing conditions are better for home-owners OECD- and EU-wide. For the immigrant population in both areas, the share of tenants living in substandard housing exceeds that of home-owners by over 10 percentage points. The same pattern also arises among the native-born in 3 countries out of 5. Housing conditions in both the OECD and EU are slightly better in accommodation rented at market rates than in housing at reduced rates.

Few people live in housing that is both overcrowded and substandard: 6% of foreign-born and 3% of native-born in the EU. The share is below 1% in non-European OECD countries for both groups. The widest gaps between immigrants and natives living in such accommodation are to be found in Southern Europe (with the exception of Spain), Austria, and the United Kingdom – over 4 percentage points to the detriment of the foreign-born. In Central and Eastern European countries, non-European OECD countries and Denmark, by contrast, shares are not significantly different. Overall, though, over one-third of all immigrants (and two in five among non-EU migrants) occupy an accommodation that is either overcrowded or deprived in the EU, against one-fourth of the native-born. Gaps are at least 20 percentage points in Greece, Austria and Italy.

In addition to actual housing conditions, the characteristics and composition of neighbourhoods are also an important factor in integration. In the second wave of the European Union Minorities and Discrimination Survey (EU-MIDIS II), one-third (31%) of the non-EU migrants in the largest ethnic minorities stated that most inhabitants of their neighbourhoods were of the same ethnic background as them. Perceptions of ethnic spatial concentration were most widespread among immigrants from Turkey and North Africa. They were felt most acutely in Belgium and the Netherlands (where more than 50% of respondents stated that they live in such area) and, to a lesser extent, in France and Portugal. One immigrant respondent in seven also lived in an area with environmental problems (e.g. air or water pollution, offensive smells), especially in France and the Netherlands.

Figure 4.7. Substandard accommodation

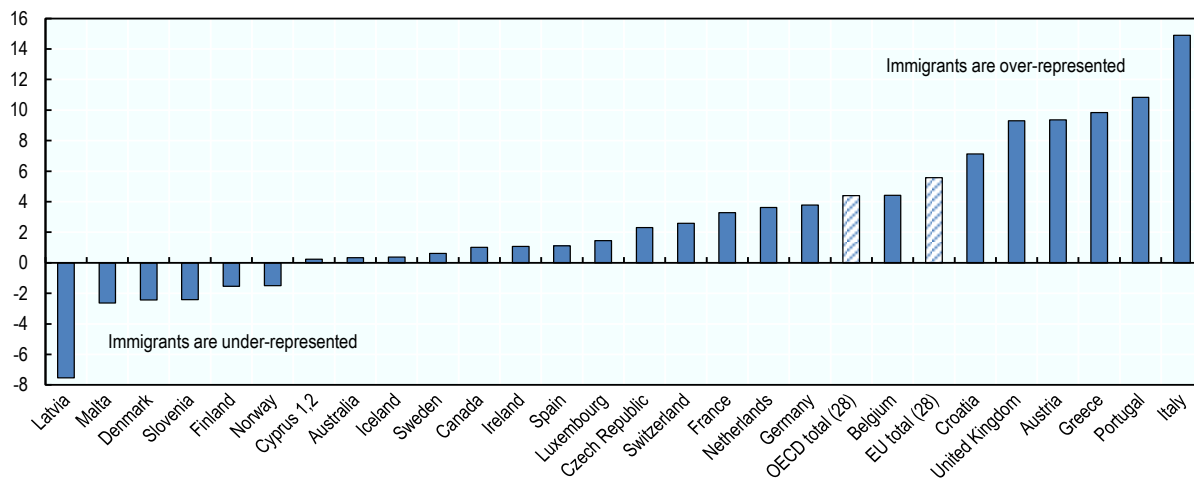
Percentages, aged 16 and above, 2016



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Figure 4.8. Shares of tenants who live in substandard and overcrowded dwellings rented at market rates

Differences in percentage points between the foreign- and native-born, aged 16 and above, 2016



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Notes and sources are to be found at the end of the chapter.

4.5. Self-reported health status

Definition

Self-reported health status denotes how people perceive their physiological and psychological health. Individuals who rate their health as “good” or better are considered as in good health. As health status is strongly age-dependent, and immigrants tend to be younger in most countries, health status of immigrants is adjusted to estimate what outcomes would be if immigrants had the same age structure as the native-born.

Coverage

People aged 16 years and over.

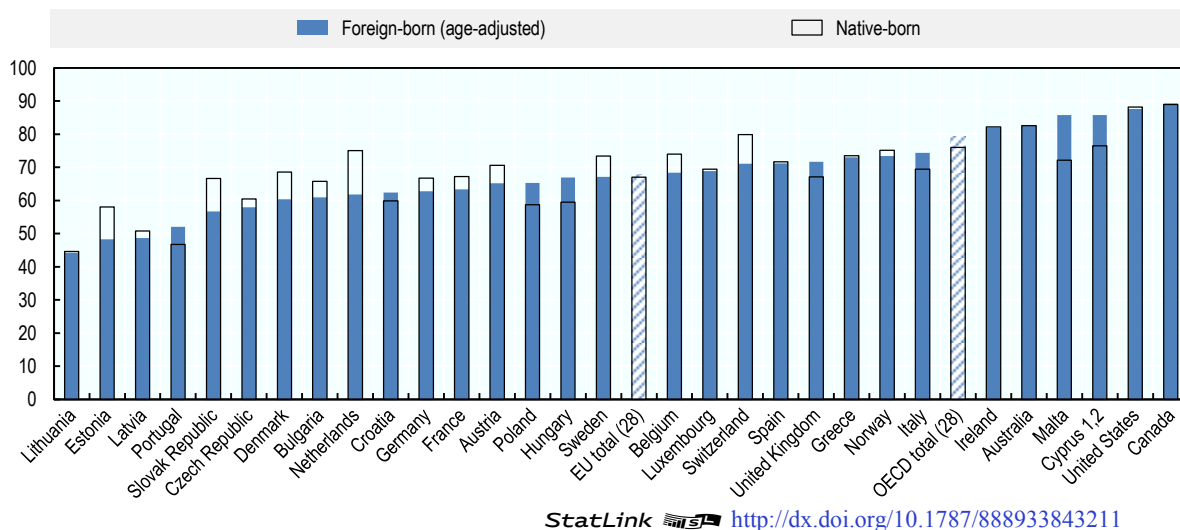
Immigrants are more likely than the native-born to say they are in good health in the OECD and the EU: 81% against 76%, and 71% against 67%, respectively. After controlling for age, immigrants have still a better health status in the OECD, with 79% reporting to be in good health. Although shares for both groups are similar in the EU – at around 67% after controlling by age – the native-born in fact claim good health more often than their immigrant counterparts in half of all countries. Self-reported health is especially poor in the Baltic countries, Portugal and in the Czech and Slovak Republics. In these countries, overall health is low in international comparison. Accordingly, so is the share of immigrants in good health.

Immigrants have similar or better reported health than the native-born in about half of countries. These include countries that are host to highly educated recent arrivals, such as the United States, the settlement countries and some new destinations like Ireland. They are more likely to report good health than native-born in seven countries, including Poland, the United Kingdom, Italy and Hungary. In the other countries, where native-born reported better health than their immigrant peers, the differences are largest in the Netherlands, Switzerland and Denmark, where the incidence of good health status among the foreign-born is 10 percentage points less than among the native-born.

Over the past decade, the share of the foreign-born reporting good health status rose in about half of all countries. The steepest increases were in Latvia and certain Central European countries – as high as 13 percentage points in Latvia, compared to 5 points among the native-born. Norway and Germany also saw a sharper increase among the foreign-born than the native-born. Portugal and most longstanding European immigration destinations, by contrast, recorded declines in the incidence of immigrants reporting good health. It was particularly noteworthy in Portugal, where it fell by 5 percentage points, while rising by 4 points among the native-born. The opposite was observed in Sweden, where the share of those with good health fell among the native-born but rose among immigrants. In a quarter of countries, good health rates dropped more strongly among the native- than the foreign-born – especially in Denmark, Luxembourg and the United Kingdom. In the latter, the share of the native-born who described themselves as in good health fell by 10 percentage points, against 3 points among immigrants.

Figure 4.9. Good health status

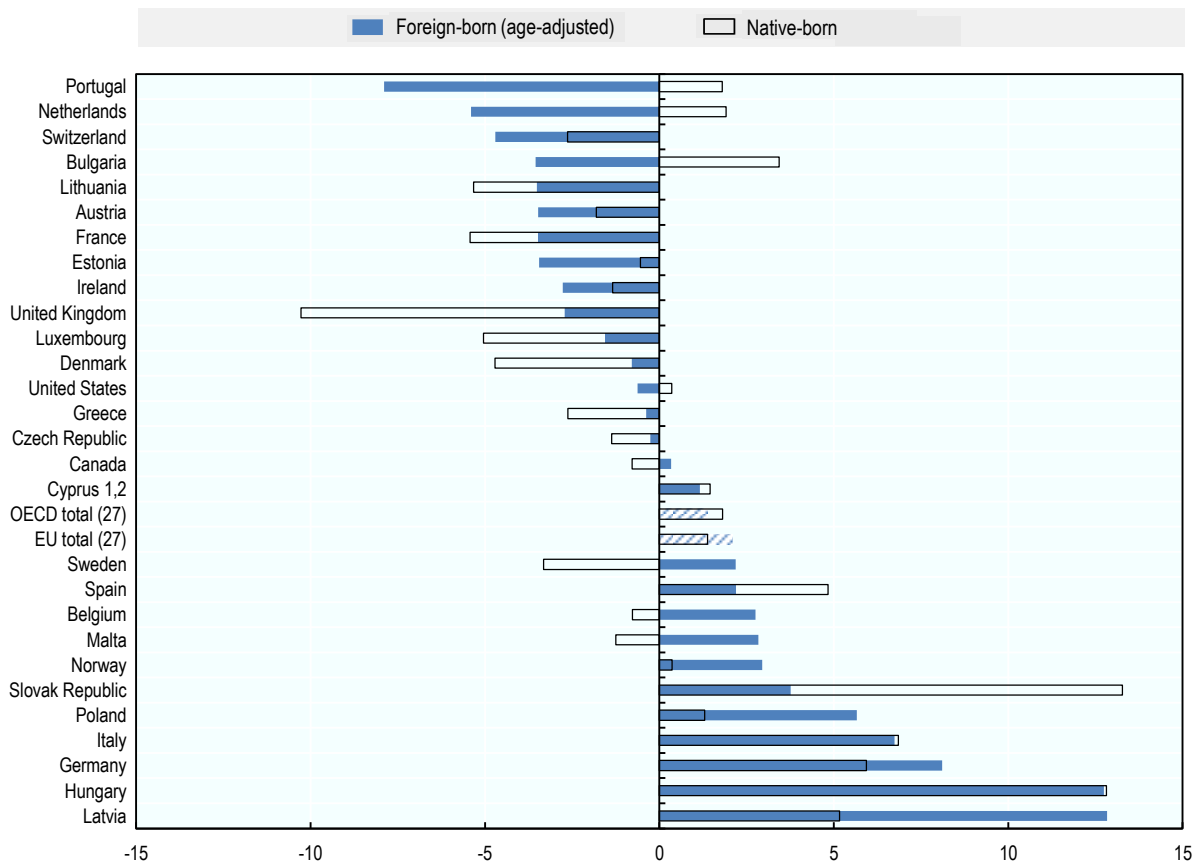
Percentage, aged 16 and above, 2016



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Figure 4.10. How shares of foreign- and native-born in good health have evolved

Changes in percentage points, aged 16 and above, between 2007 and 2016



StatLink <http://dx.doi.org/10.1787/888933843230>

Notes and sources are to be found at the end of the chapter.

4.6. Unmet health care needs

Definition

Share of people who reported needing but not receiving medical healthcare or dental care in the previous 12 months. The indicator is adjusted to estimate what outcomes would be if immigrants had the same age structure as the native-born.

Coverage

People aged 16 years and over.

Similar shares of foreign- and native-born (5.5%) report unmet medical needs across both the OECD and the EU (whether the share is age-adjusted or not). However, while the share for the native-born is not significantly different from that of EU migrants in most countries, differences between native-born and immigrants from third countries are particularly large in Sweden, Estonia, Italy, and Greece, where one in four immigrants claim unmet healthcare needs against one in six among their native peers.

Differences in access to care are wider with respect to dental health. Across the EU, the share of immigrants reporting unmet dental needs is 11.5%, against 8.5% for the native-born. Gaps are greatest in the Baltic and Nordic countries, as well as longstanding European immigration countries and Greece. As with medical health, immigrants are less likely to report unmet dental needs in only three countries: Portugal, Poland and the Slovak Republic.

Across the OECD and the EU, both the foreign- and native-born were only slightly less likely to report unmet medical needs than before the economic crisis. In Latvia, Portugal and Germany, however, they were at least 7 percentage points less likely. By contrast, the situation worsened in Greece, Denmark, Estonia, Italy and Belgium, particularly among immigrants. In Greece, for instance, the increase in the share of immigrants reporting unmet medical needs was twice that of the native-born over the last decade.

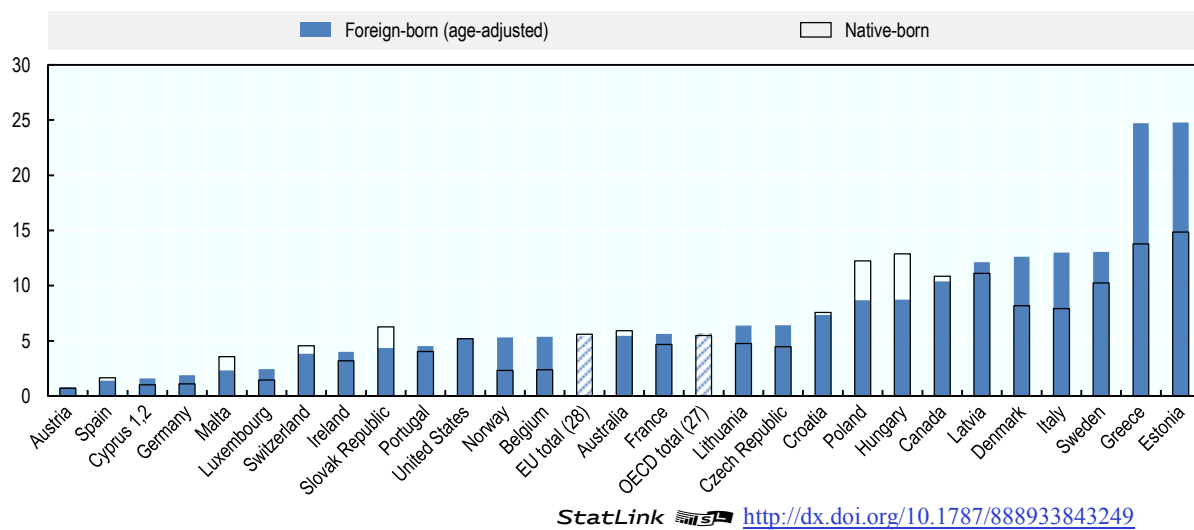
Immigrants' higher tendency to have unmet medical needs could be attributable to individual socio-economic factors such as poorer education, incomes, working conditions, and social integration – all of which tend to adversely affect access to health care services.

In the EU, the EU-MIDIS II survey found that 6% of non-EU migrants from the largest immigrant groups did not have a medical examination or treatment in the previous 12 months each time they really needed it. Among that group:

- 39% could not afford it (too expensive or not covered by the insurance);
- 16% preferred to wait until they got better;
- 11% thought the waiting list was too long.

Figure 4.11. Unmet medical needs

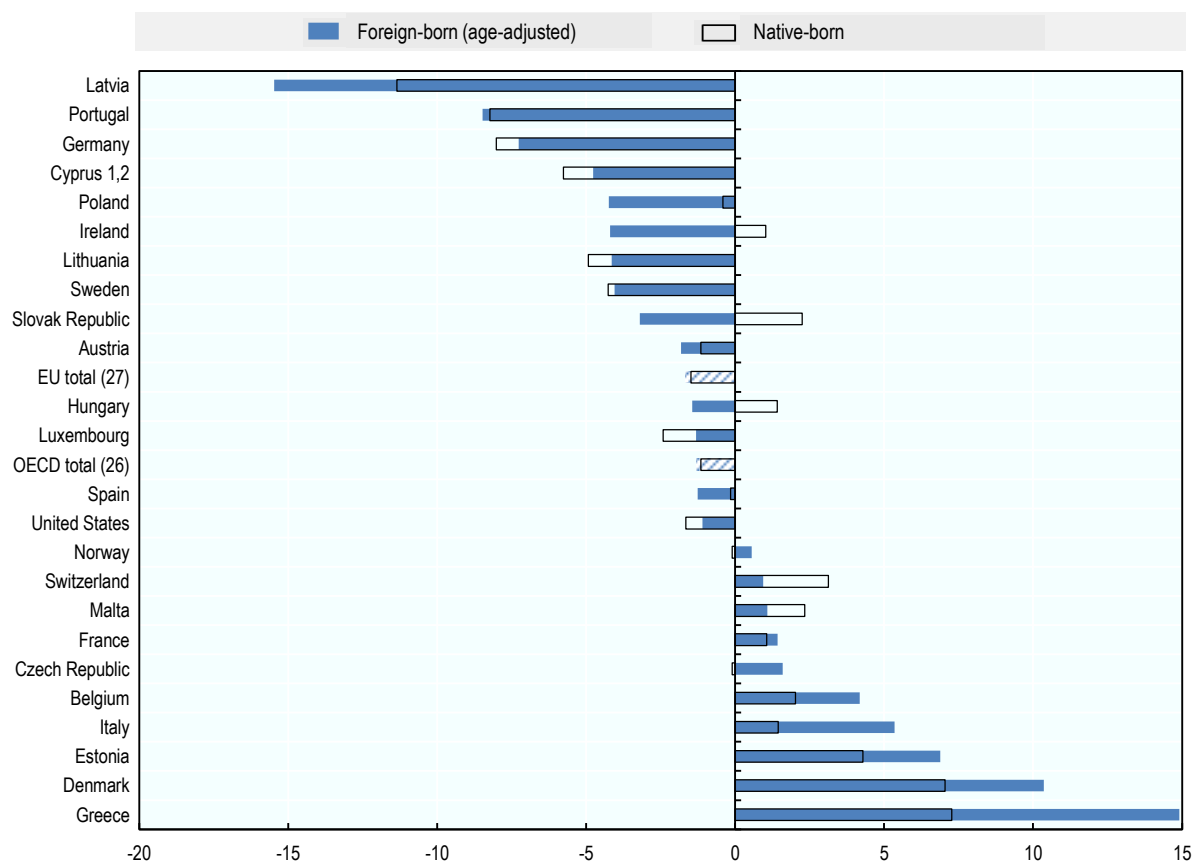
Percentages, aged 16 and above, 2016



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Figure 4.12. How shares of individuals reporting unmet medical needs have evolved

Changes in percentage points, aged 16 and above, between 2007 and 2016



StatLink <http://dx.doi.org/10.1787/888933843268>

Notes and sources are to be found at the end of the chapter.

Notes and sources

Notes on Cyprus

1. *Note by Turkey*: The information in this document with reference to “Cyprus” relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of the United Nations, Turkey shall preserve its position concerning the “Cyprus issue”.
2. *Note by all the European Union Member States of the OECD and the European Union*: The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

Note on Israel

The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Notes on figures and tables

Lithuania was not an OECD Member at the time of preparation of this publication. Accordingly, Lithuania does not appear in the list of OECD Members and is not included in the zone aggregates.

Figure 4.2 and Figure 4.4 do not include Estonia and Switzerland in changes between 2007 and 2016 due to a break in series data.

Indicators 4.3 and 4.4: Data for Germany cover the population aged 18 years and over.

Indicator 4.3: The overcrowding rate for the United States uses the number of bedrooms, instead of the number of rooms. A dwelling is therefore considered overcrowded if the number of bedrooms is less than one bedroom for the single person or the couple responsible for the dwelling (or two bedrooms if they do not form a couple), plus one bedroom for every two additional adults, plus one bedroom for every two children.

Indicators 4.5 and 4.6: Data for Australia and Germany are not age-adjusted.

Indicator 4.6: Data from the United States refer only to medical needs that go unmet for reasons of cost. Data for Australia refer to people who could not obtain healthcare of either type when it was needed.

Data for Australia and Canada cover populations aged 15 years and over.

All panel survey designs tend to under-represent recent arrivals. EU Statistics on Income and Living Conditions (EU-SILC) update one quarter of the panel every year. Newly arrived immigrants are included if they appear in an updated quarter or join a resident household in the other three quarters, e.g. through family reunification or formation.

Averages factor in rates that cannot be published individually because sample sizes are too small.

For further detailed data, see Annex C.

Table 4.1. Sources by indicator

	4.1 Household income	4.2 Relative poverty	4.3 Overcrowded housing	4.4 Housing conditions	4.5 Reported health status	4.6 Unmet health care needs
OECD/EU						
Australia	SIH 2005-06 & 2015-16	SIH 2005-06 & 2015-16	SIH 2005-06 & 2015-16	SIH 2015-16	GSS 2014	GSS 2014 (medical care only)
Austria	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Belgium	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Bulgaria	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Canada	Census 2006 & 2016	Census 2006 & 2016	Census 2006 & 2016	Census 2016	NPHS 2007-08 & 2013-14	NPHS 2013-14 (medical only)
Chile	..	..	..	..	..	..
Croatia	EU-SILC 2016	EU-SILC 2016	EU-SILC 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2016	EU-SILC 2016, EU-MIDIS II 2016 (reasons)
Cyprus ^{1,2}	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Czech Republic	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Denmark	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Estonia	EU-SILC 2016	EU-SILC 2016	EU-SILC 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2016	EU-SILC 2016, EU-MIDIS II 2016 (reasons)
Finland	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
France	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Germany	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Greece	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Hungary	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)

	4.1 Household income	4.2 Relative poverty	4.3 Overcrowded housing	4.4 Housing conditions	4.5 Reported health status	4.6 Unmet health care needs
Iceland	EU-SILC 2007 & 2015	EU-SILC 2007 & 2015	EU-SILC 2008 & 2015	EU-SILC 2015	EU-SILC 2007 & 2015	EU-SILC 2007 & 2015
Ireland	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Israel*	IHS 2015	IHS 2015	..	..	..	..
Italy	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Japan	..	..	..	..	..	..
Korea	..	..	..	..	..	..
Latvia	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Lithuania	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Luxembourg	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Malta	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2008 & 2016	EU-SILC 2008 & 2016, EU-MIDIS II 2016 (reasons)
Mexico	..	..	..	..	..	..
Netherlands	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
New Zealand	..	..	..	..	..	..
Norway	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016
Poland	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Portugal	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Romania	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Slovak Republic	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Slovenia	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Spain	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)

	4.1 Household income	4.2 Relative poverty	4.3 Overcrowded housing	4.4 Housing conditions	4.5 Reported health status	4.6 Unmet health care needs
Sweden	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
Switzerland	EU-SILC 2016	EU-SILC 2016	EU-SILC 2008 & 2016	EU-SILC 2016	EU-SILC 2008 & 2016	EU-SILC 2008 & 2016
Turkey	..	..	..	..	..	..
United Kingdom	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016	EU-SILC 2008 & 2016	EU-SILC 2016, EU-MIDIS II 2016 (neighbourhood)	EU-SILC 2007 & 2016	EU-SILC 2007 & 2016, EU-MIDIS II 2016 (reasons)
United States	CPS 2007 & 2017	CPS 2007 & 2017	ACS 2008 & 2016	..	NHIS 2007 & 2016	NHIS 2007 & 2016 (medical only)

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