



Monitoring the Health Status of Migrants within Europe:

Development of indicators

Marleen Foets, PhD

MEHO

Migrant and Ethnic Health Observatory

Coordinating centre:

Department of Health Policy and Management

Erasmus Medical Centre

Rotterdam

The Netherlands

Background: ethnic minorities in Europe

Western European countries have shifted from emigrant to immigrant societies, due to:

- independence of former colonies
- need for cheap labour forces
- political reasons

In Central and Eastern Europe the Roma population is the largest ethnic minority group.

Background: public health consequences

Consequences of the ethnic minority status on health are scarcely documented:

- The available evidence points to a rather disadvantaged position of most ethnic minority groups, which partly is related to their disadvantaged social position
- Roma communities are characterised by pervasive health problems, widespread poverty, and discrimination

Background: problems in research confined to separate countries

1. Due to relatively small populations of each ethnic group in a specific country, evidence for separate ethnic groups has to rely on small numbers.
2. Similar ethnic minority groups settled in different areas of Europe

Thus epidemiological data should not be bounded to national borders.

3. By comparing data from various ethnic groups living in different countries a more comprehensive overview of the health status can be provided.

Objectives

Main general objective:

To develop indicators to monitor the health status of immigrant/ethnic minority groups in Europe and compare it with the native populations

Main objective of first year:

To make an inventory of available and appropriate databases and survey data that contain ethnic minority specific health data.

Objectives

Western countries:

migrants

choice for five critical areas (mortality, infectious diseases, cancer, cardiovascular diseases, perceived health)

Central / Eastern Europe:

Roma

at least three critical areas (reproductive health, infectious diseases, and cardiovascular diseases).

Methods regarding the first objective

Identification of as many health related databases in Europe containing ethnic specific data as possible:

1. By an inventory making use of a questionnaire distributed among an extensive network of public health professionals in various European countries.
2. By literature review assessing availability of information and data using published scientific literature.

Methodological support in separate work package

Agenzia di Sanità Pubblica della Regione Lazio, Rome, Italy

L. Cacciani

1. Questionnaire to collect information on existing data sources which include variables on health and ethnicity. Questions on the accessibility of these databases, on the available variables, as well as on their geographical coverage, completeness and quality were included.
2. Identification of criteria to define our target populations and which can be comparable among EU countries.

Migrant status: definition

ANY PERSON:

- entering to the EU-15-countries

AND

- coming from a country outside the former EU-15-countries
herewith excluding North America, Japan, Israel, Switzerland,
Norway and Australasia

AND

- staying as a resident i.e. not a visitor, asylum seeker, temporary worker or student

Mortality

Erasmus Medical Centre, Rotterdam, the Netherlands

J. Mackenbach, A. Kunst, I. Stirbu

Infectious diseases

Faculty for Life Sciences, Hamburg University of Applied
Sciences, Germany

R. Reintjens

Department of Public Health Medicine, University of Bielefeld,
Germany

A. Kramer & M. Akmatov

Cardiovascular diseases and diabetes

University of Edinburgh Medical School, United Kingdom

R. Bhopal, S. Rafnsson

Cancer

School of Public Health, University of Bielefeld, Germany

O. Razum, J. Spallek

Self-perceived health and health care use

Faculty of Health Sciences - Institute of Public Health

Department of Health Services - University of Copenhagen

A. Krasnik, S. Nielsen

The health of Roma

Institute of Hygiene, Slovakia

R. Kvetoslava, V. Lovayova

Problems encountered

1. Obtaining relevant data is easier for some work packages than for others
 - e. g. mortality data versus data on cardiovascular disease
2. Lack of data:
 - e.g. lack of reliable data on ethnic differences in mortality in Eastern European countries and even complete lack of data on mortality of Roma population

Problems encountered

Survey data:

- Difficulties in understanding the various languages
- Different ways of data collection (e.g. written / oral questionnaires)
- Sometimes low response rates among ethnic minorities: external validity?
- Crosscultural validity (wording, translation etc)