

# *Ageing and Diversity: Responsiveness to health needs of elderly migrants*

***Presentation at***

“Key issues in Current Health Research: Ageing – Health – Equity”  
(Bremen 29-30 June 2017)

**Dr. Jeanine Suurmond**

Dept Public Health, Academic Medical Centre/University of Amsterdam



# What am I going to do today?

1. Introduction: Elderly migrants in Europe
2. Health needs of elderly migrants
3. How can we explain ethnic differences in access to care?
4. How can we be responsive to health needs of elderly migrants?



# What is ethnicity?

What do you think is my ethnicity?

And what is your own ethnicity?



# Ethnicity - definition

“the social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race.” (Bhopal 2007)



# Ethnicity - operationalisation

US: 'race / ethnicity'  
(‘African Americans’, ‘Whites’)

UK: self identified ethnicity (‘South Asian’)

Continental  
Europe: country of birth (‘Turkish,  
Moroccan, Surinamese, Dutch’)



# How do we measure ethnicity?

**The Netherlands: Statistic Office, definition on basis of country of birth**

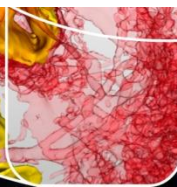
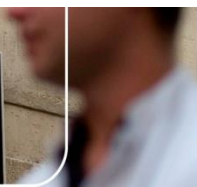
## **Non-Dutch ethnicity:**

- You are born outside the Netherlands and at least 1 of your parents is born outside the Netherlands (1st generation)
- You are born in the Netherlands and at least 1 your parents is born outside the Netherlands (2nd generation)





# Who?



# Increasing ethnic diversity

Niet-westerse allochtonen 2010  
prognose, per gemeente

Percentage van de bevolking

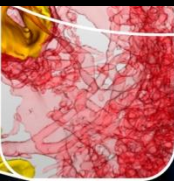
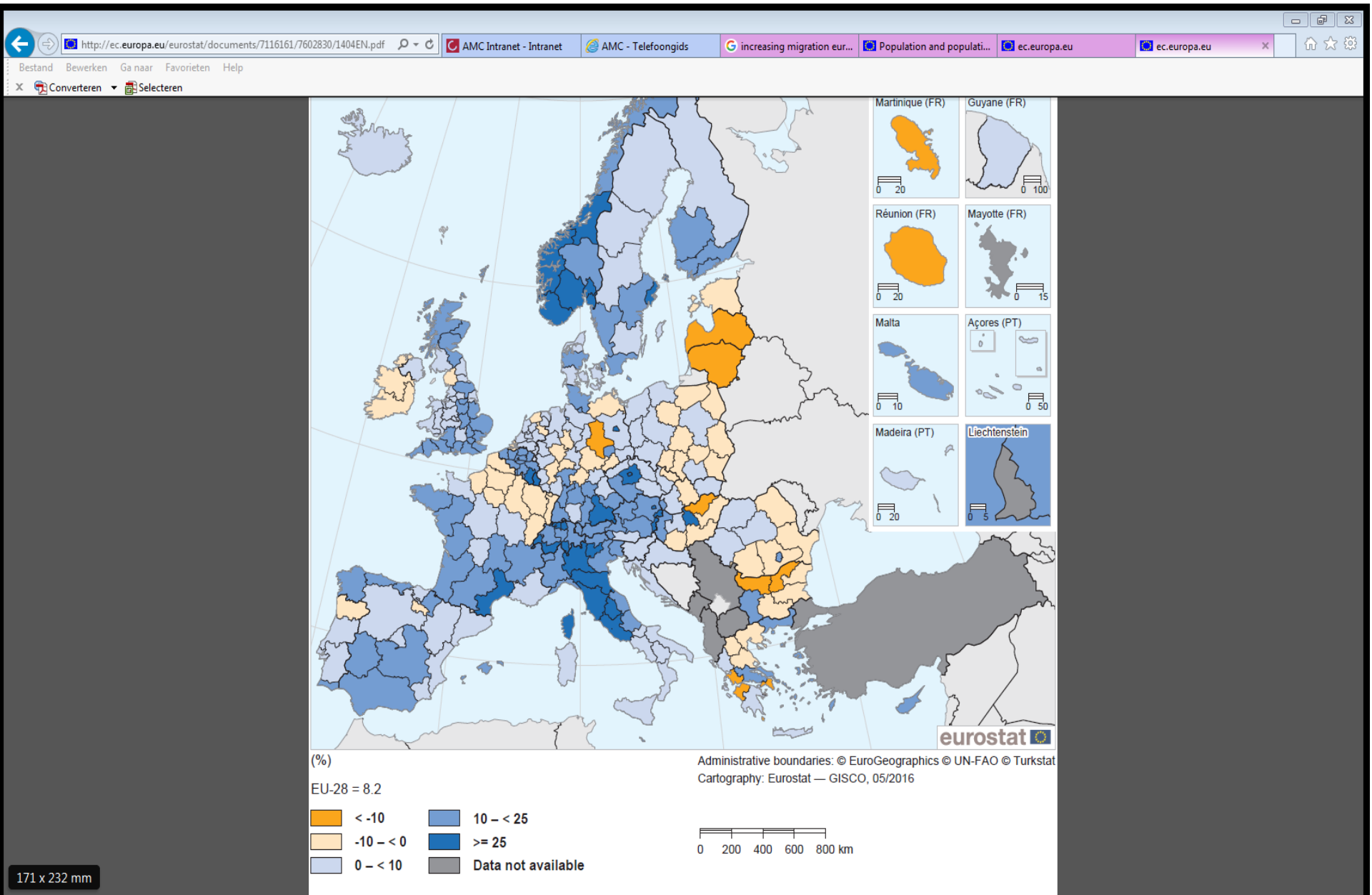


Bron: PBL/CBS

www.zorgatlas.nl







# Elderly migrants in Europe

- Not much data on exact numbers of elderly migrants
- Labour migrants who arrived in the 60's and 70's and remained in the destination countries have now reached the old age.
- So-called sunset migrants comprise of aging north-western Europeans settling in Southern Europe after retirement, often with little integration into the local society
- Heterogeneous group
- Ageing is currently taking place fast in some old immigration countries in Europe

(Ruspini 2009)



# Needs of elderly migrants across Europe

- The preference for familial support;
- The poorer socio-economic situation compared to natives;
- Different variations in the command of the language of the host-country;
- Poor health conditions for significant proportions of elderly migrants
- Difficulties in access to services with variations by country and by ethnic group;
- Gaps between expectations and perceptions of service providers and delivered care

(‘Minority Elderly Care (MEC)’ project, 5<sup>th</sup> Framework Research Programme, Patel, 2004).



# Health needs

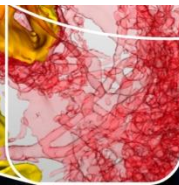
Culture

Genetics



Social  
context

Migration





# Health needs

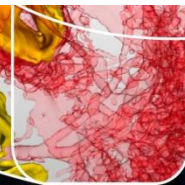
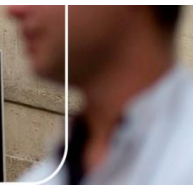
Culture



DIABETES & RAMADAN ?

Maak een afspraak met **DIABOSS** voor een plan!

Healthy migrant  
effect?

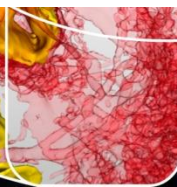
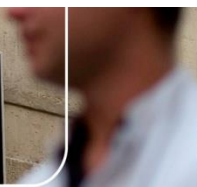




# Health needs



Social  
context



# Functionele HL

Fi uoy nac daer siht, tup ruoy tfel dnah no ruoy thgir redluohs  
dna esiar eht thgir dnah ni the ria.

If you can read this, put your left hand on your right shoulder and  
raise the right hand in the air.

With acknowledgement to Prof. Rima Rudd, Harvard University, August 2009



# Health literacy



*House MD - Do I Look Like An Idiot  
(Asthma patient) – YouTube*



# HEALTH LITERACY

## Definition:

*Skills of individuals to obtain, understand and use health information in order to make health related decisions.*

**Level 1: Very low**

**Level 2: Low**

**Level 3: To understand complex reality**

**Level 4/5: High**

**In NL: 11 % level 1 (1.5 million)**

Film: <http://HLS-EU>

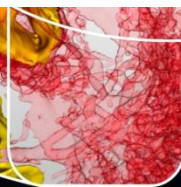




# Health needs



Migration





# Language barrier

<http://vimeo.com/38274391>

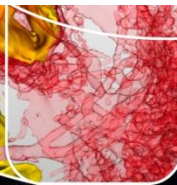
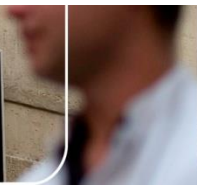


Figure 6. Canary Pete. Medisch Contact, January 27, 2012



# Health needs

Genetics



# Particular patterns of morbidity and mortality

- Older people in UK from ethnic minorities report poorer health outcomes even after controlling for social and economic disadvantages (Evandrou 2016)
- Health differentials between ethnic minority and the majority population increase with age for both men and women.



# Particular patterns of morbidity and mortality

- Most cancers are less frequent among migrants except stomach cancer and liver cancer.
- Some ethnic groups are at higher risk of diabetes and cardiovascular disease.
- Some ethnic groups have comparably higher rates of gastrointestinal diseases and higher risks of respiratory disease compared to native populations.



# Particular patterns of morbidity and mortality

- Self-rated health is poor among migrant and ethnic minority groups.
- Higher prevalence of poor mental health (specifically depression) among aging migrants across a range of European countries.
- For dementia, no clear pattern emerges, but higher prevalences in some ethnic groups may be related to vascular diseases.





# Particular patterns of morbidity and mortality

- Psychological distress may be more common among migrants of lower socioeconomic background.
- Suicide tends to be a less common cause of death.



# Access to health care

- Dementia
- Home care
- Palliative care



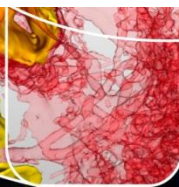
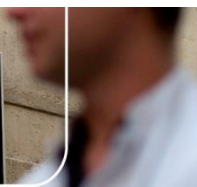
# Dementia

- Migrant elderly (Marocco, Turkey, Surinam) 3 - 4 times more often dementia (Uysal-Bozkir 2016).
- Cross-Cultural Screening Test
- Minimize cultural and linguistic barriers

<https://testweb.bsl.nl/tests/ccd/>



# Home care






barriers in home care.pdf - Adobe Reader

File Edit View Window Help

1 / 13 156%

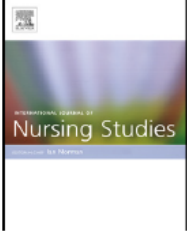
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**International Journal of Nursing Studies**

journal homepage: [www.elsevier.com/ijns](http://www.elsevier.com/ijns)



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## Barriers in access to home care services among ethnic minority and Dutch elderly – A qualitative study

Jeanine Suurmond<sup>1,\*</sup>, Doenja L. Rosenmöller<sup>1</sup>, Hakima el Mesbahi, Majda Lamkaddem, Marie-Louise Essink-Bot

*Department of Public Health, Academic Medical Center/University of Amsterdam, Meibergdreef 9, 1105 AZ Amsterdam, The Netherlands*

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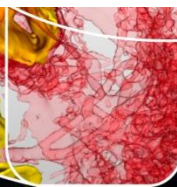
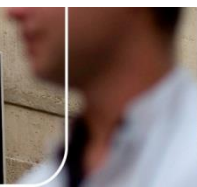
### ARTICLE INFO

**Keywords:**  
Home care

### ABSTRACT

**Background:** Ethnic minority elderly have a high prevalence of functional limitations and chronic conditions compared to Dutch elderly. However, their use of home care services is low compared to Dutch elderly.

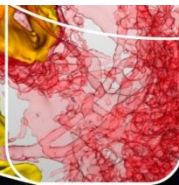
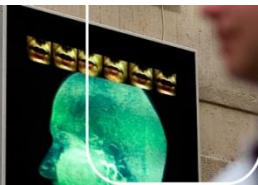
**Objective:** Explore the barriers to access to home care services for Turkish, Moroccan



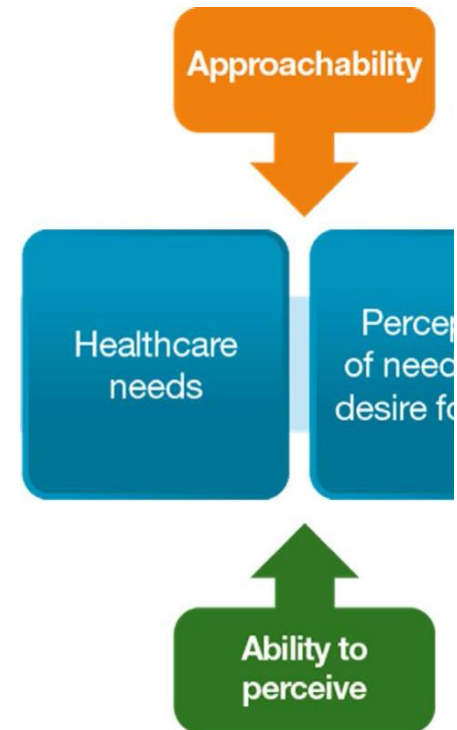


# How to explain differences in access?

(Levesque 2013)



# How to explain differences in access?

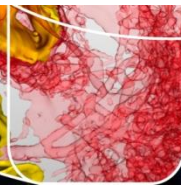
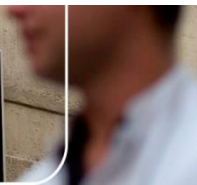


# Ability to perceive

- Lack of knowledge: Elderly had functional limitations that made them eligible for home care but did not perceive this as a need for home care
- Preference for family members to provide home care



# How to explain differences in access?



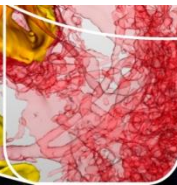


# Ability to seek

- Lack of knowledge about how to find home care
- Unmet expectations (eg GP)



# How to explain differences in access to home care?

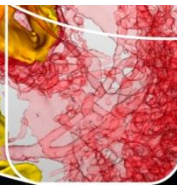
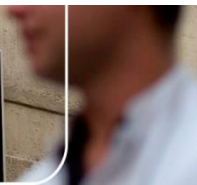


# Ability to reach

- Not relevant here
- ---



# How to explain differences in access?



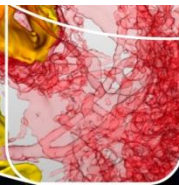
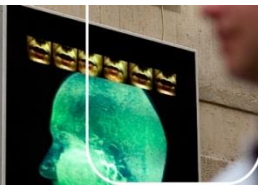


# Ability to pay

- If you have a *health insurance* you also have an '*own risk*'. This is the amount you have to pay yourself before the insurance company covers the medical costs.



# How to explain differences in access?



# Ability to engage

- Language: If I say she has to do this, I can't tell her, or if she has to do that. I tell her 'door', she understands 'outside'. I can't tell her. [Group interview with Turkish women]
- Continuity



# Preference for informal home care

- Does not seem to be a specific cultural need ([De Graaff and Francke, 2003](#); [Grady, 2014](#))
- Intertwined with lack of knowledge, due to language and a communication barriers about when and how to get access to formal home care ([Denktaş et al., 2009](#)).
- May also be due to 'stereotyping' on the side of care providers





# Preference for informal home care

- High burden for the informal care providers ([Schulz and Paula, 2008](#)).
- This may result in a possible neglect of the elderly but also in compromised mental and physical health ([Beach et al., 2005](#); [Van Durme et al., 2012](#); [Wilkins et al., 2009](#))



# Access to health care

- Palliative care



# Palliative care

- Less used (eg hospice) or not adapted to cultural or language needs
- Cultural needs: eg about breaking bad news, pain medication
- Misunderstandings (linguistic barriers, low health literacy): eg dismissed from hospital to die at home)

<https://www.youtube.com/watch?v=s5CAPtOi4r8>





## A black and white cartoon illustration. On the right, a man with a mustache, wearing a suit, sits in a chair behind a desk. He has his hands clasped and is speaking. A large speech bubble originates from him, containing the text: "FOR A FAIR SELECTION EVERYBODY HAS TO TAKE THE SAME EXAM: PLEASE CLIMB THAT TREE". On the left, a group of animals are gathered. From left to right: a small bird, a monkey sitting on the ground, a penguin standing and looking towards the man, a large elephant standing, a cat sitting, and a dog standing. In the background, there is a large, leafy tree on the left and a landscape with hills and a body of water on the right.





# Equity

Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided.

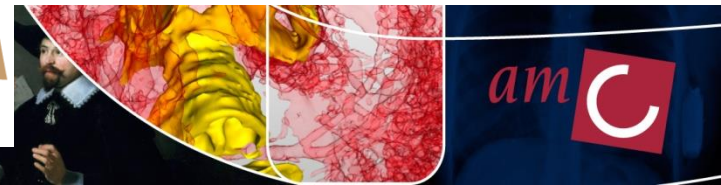
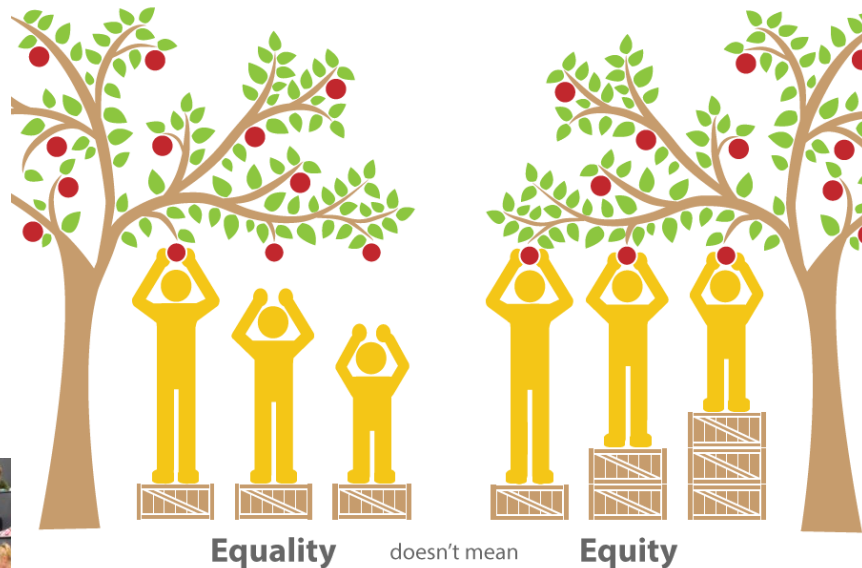
The aim of policy for equity and health is not to eliminate all health differences so that everyone has the same level and quality of health, but rather to reduce or eliminate those which result from factors which are considered to be both avoidable and unfair.

Equity is therefore concerned with creating equal opportunities for health and with bringing health differentials down to the lowest level possible. (Whitehead 1990)



# 'Equity' in health care

1. 'Treat like as like': ('horizontal equity')
2. 'Treat unlike as unlike': ('vertical equity')



# Responding to increasing number of aging migrants in Europe

- Migration as a determinant of healthy aging in policy approaches
- Adapting healthy aging interventions to include aging migrants
- Including migrants in healthy aging research

(Kristiansen et al. 2016)



# Questions?



[j.suurmond@amc.uva.nl](mailto:j.suurmond@amc.uva.nl)

