



Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

MODULE 2: KNOWLEDGE ABOUT MIGRANTS, ETHNIC MINORITIES AND THEIR HEALTH

Unit 1: Migrants' and ethnic minorities' health problems and health determinants

A collage of images in the background, including a hand holding a small object, a person sitting on a bench, and a "ONE WAY" sign.

ONE WAY

Elaborated by:

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Outline of contents

- Presentation: Social context of migrants and ethnic minorities
- Presentation: Social determinants of health
- Presentation: Needs and frequent types of health problems of migrants and ethnic minorities

DRAFT

Social context of migrants and ethnic minorities

- **Migrants** in the EU27: **10.1% of the total population** in 2013, 30% of them from other EU countries.
- **Asylum claims: increasing since 2010** and reached in 2013 the highest level in Europe for a decade. Main countries of origin: Syria, Russian Federation, Afghanistan, Iraq and Serbia/Kosovo.
- Numbers of **“irregular” migrants** hard to estimate: approx. 1% of the population of the EU (5 to 8 million).
- **Women** make up approx. half of the migrants in Europe; in some countries, female migrants outnumber males



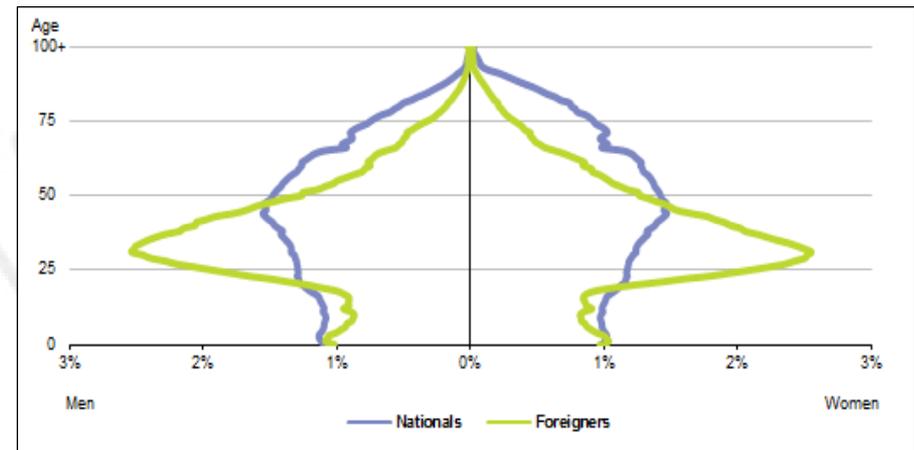
- Different terminology and definitions used when referring to **ethnic minorities**.

- **Data collection** not always disaggregated by ethnicity

- **SES** of MEM is **lower** and more likely to live in **poverty** than non-migrants and the majority population.

- **Worsening conditions** in some regions have led to an **increase in asylum seekers and migrants**.
More **restrictions** on migration lead to increase in number of **“irregular” migrants**.

- Migrants tend to be younger than the native population.



(Eurostat, <http://bit.ly/1qfH8dC>)

- **Roma** is Europe's **largest ethnic minority** (approx. 11 million). Most Roma live in Central Eastern Europe. Less than 20% are nomadic.
- Most **migrant European Roma** come from Eastern EU countries.

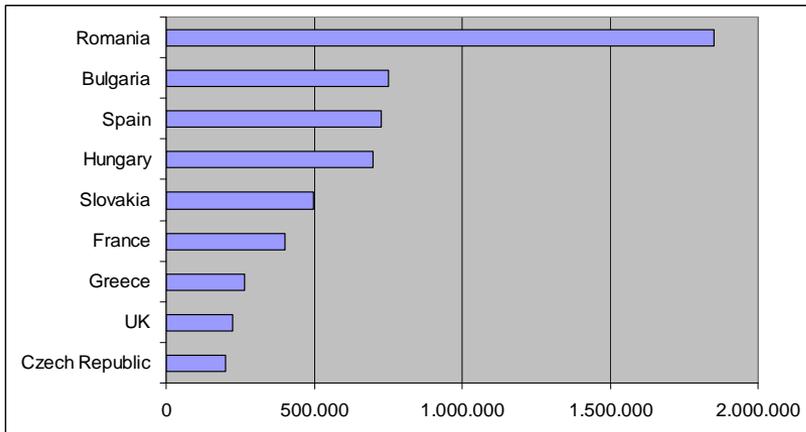
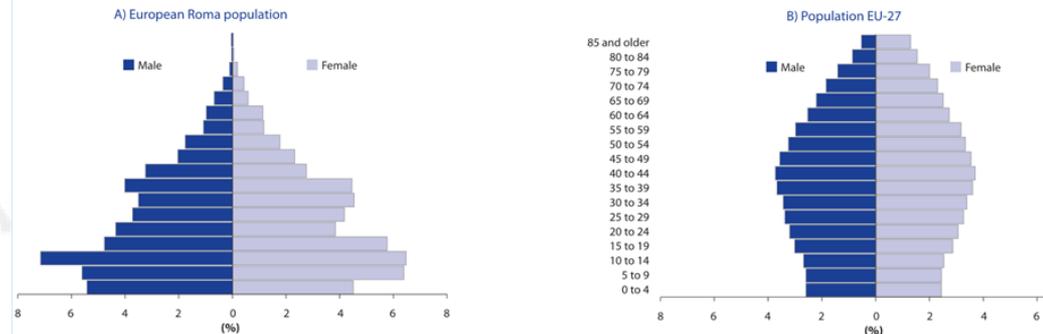


Figure 3 Population pyramids in Europe: Roma community and the European Union

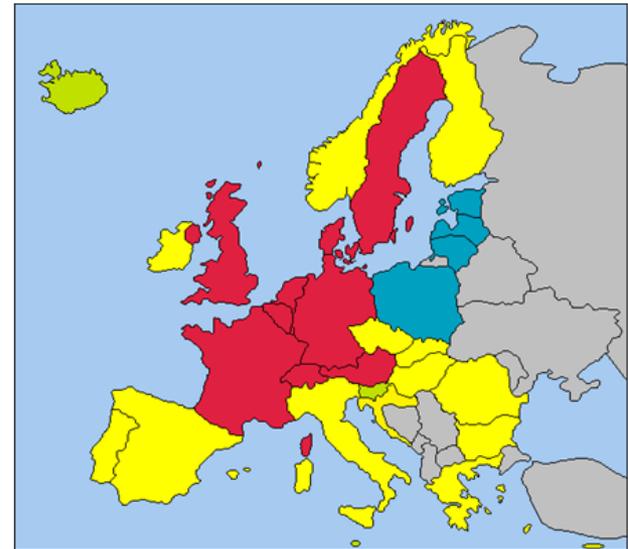


OSF, 2010. No Data—No Progress. Country Findings. Data Collection in Countries Participating in the Decade of Roma Inclusion, 2005–2015. <http://osf.to/1uyswGX>

Roma Health Report. European Commission, Health and Consumers.
http://ec.europa.eu/chafea/documents/health/roma-health-report-2014_en.pdf (accessed on 25th of November, 2014)

- In **red**: countries with rapid economic growth and net immigration in the 1950's and 1960's.
- In **yellow**: countries with increasing immigration during the 1980's and 1990's.
- In **green**: countries with increasingly positive migration balance since 2000.
- In **blue**: countries whose balance has remained (or become) **negative**.

Figure 4: Economic growth and immigration in Europe after 2000



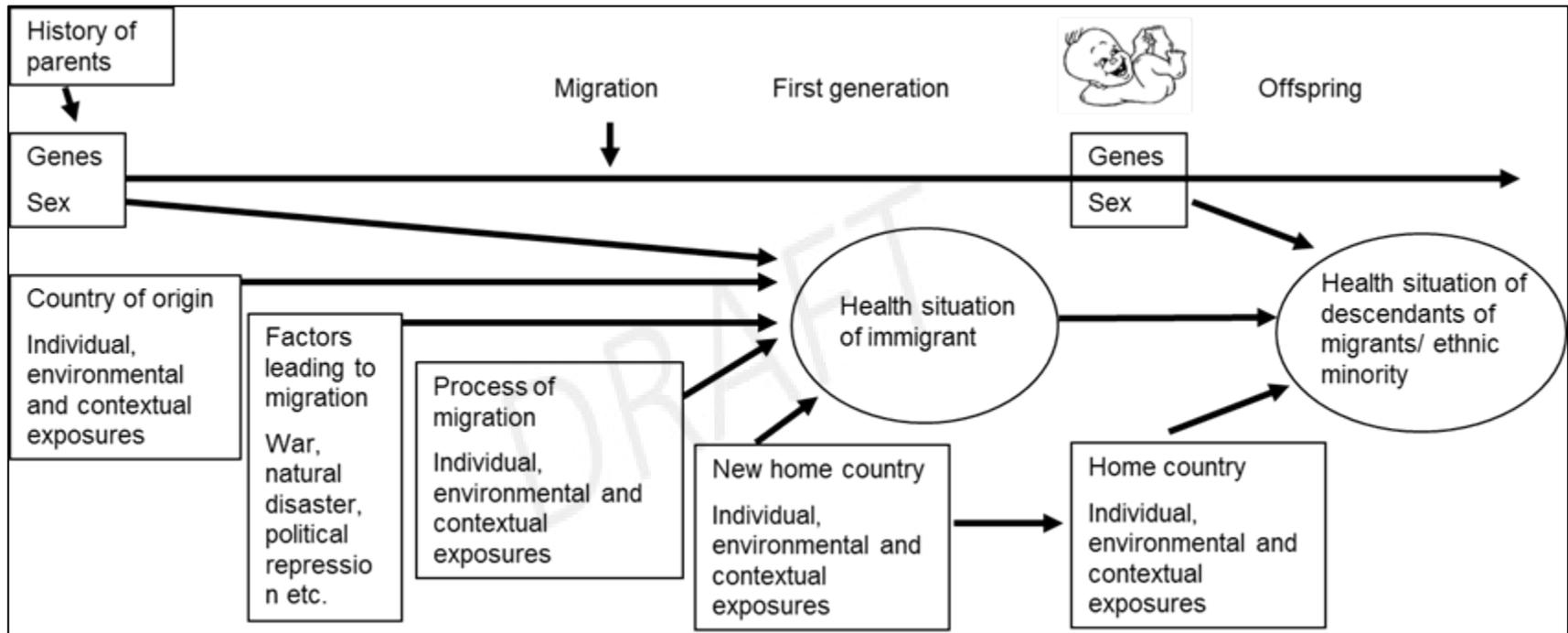
- 2007 Economic crisis: policies have weakened the social position of migrants and **limited their access to health care**. **Anti-immigration feeling** has increased, health and social services have been cut.

Social determinants of health relevant for migrants and ethnic minorities

Making The Connections: Our City, Our Society, Our Health

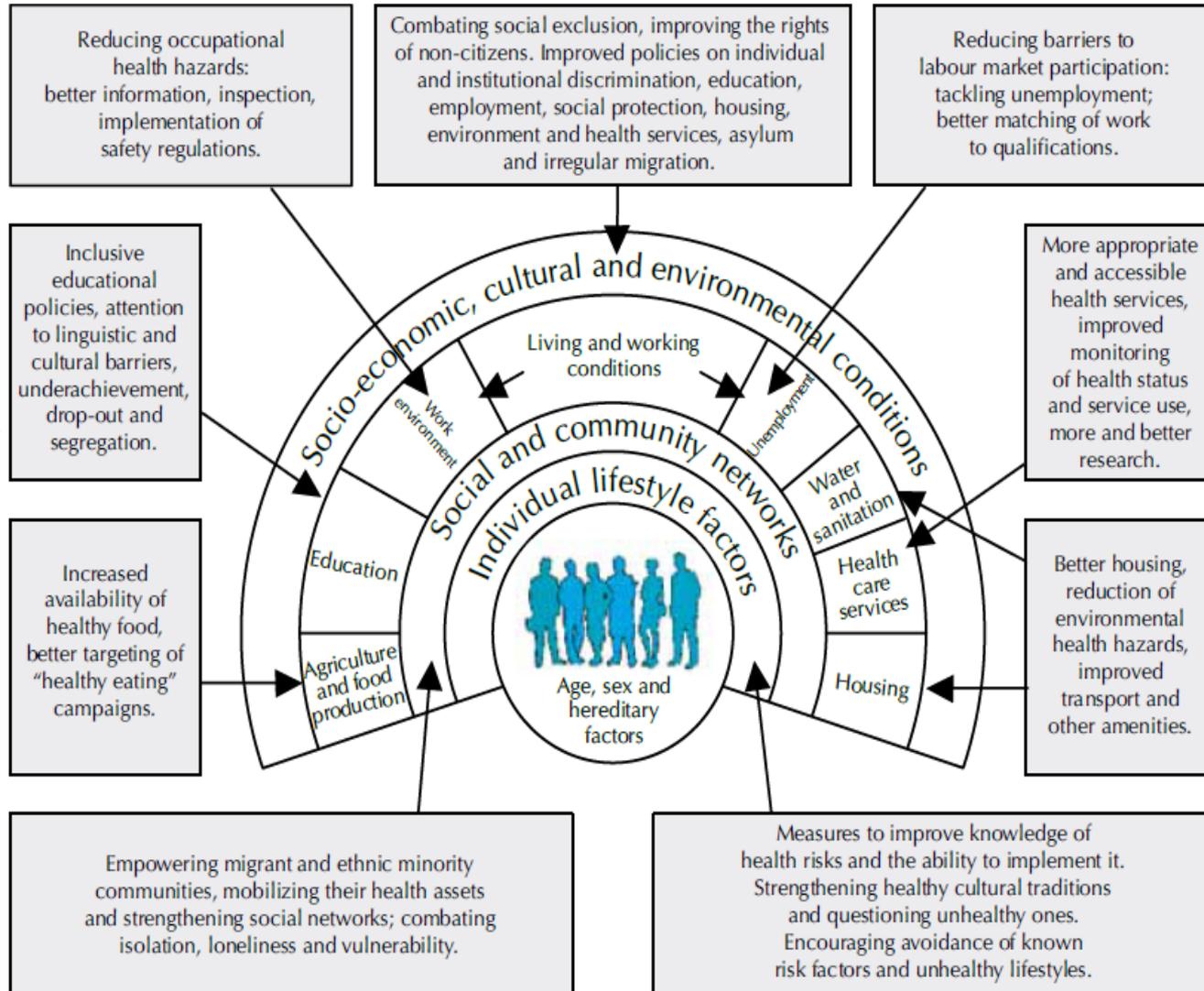
- Many factors combine together to **affect the health** of migrants and communities. The **determinants of health** include:
 - the social and economic environment,
 - the physical environment, and
 - the person's individual characteristics and behaviours
- Origin of health problems may lie in the **country of origin**, the **journey**, or in the **host country**.
- **'Life-course'** considers highly complex interactions between all factors.
- **"Healthy migrant effect"**
- Scarce data is available on **descendants of migrants' Health**

Figure 5: Different exposures during the life course on the health of migrants



Reeske, A. and Spallek, J. (2012) *Obesity among migrant children and adolescents: a life-course perspective on obesity development*. In: Ingleby, D., Krasnik, A., Lorant, V. & Razum, O. (Eds.) *Health inequalities and risk factors among migrants and ethnic minorities*. COST Series on Health and Diversity, Volume I (pp. 237-256). Antwerp/Apeldoorn: Garant

Figure 6:
‘Rainbow’
diagram
showing
social
determinants
of migrant
health



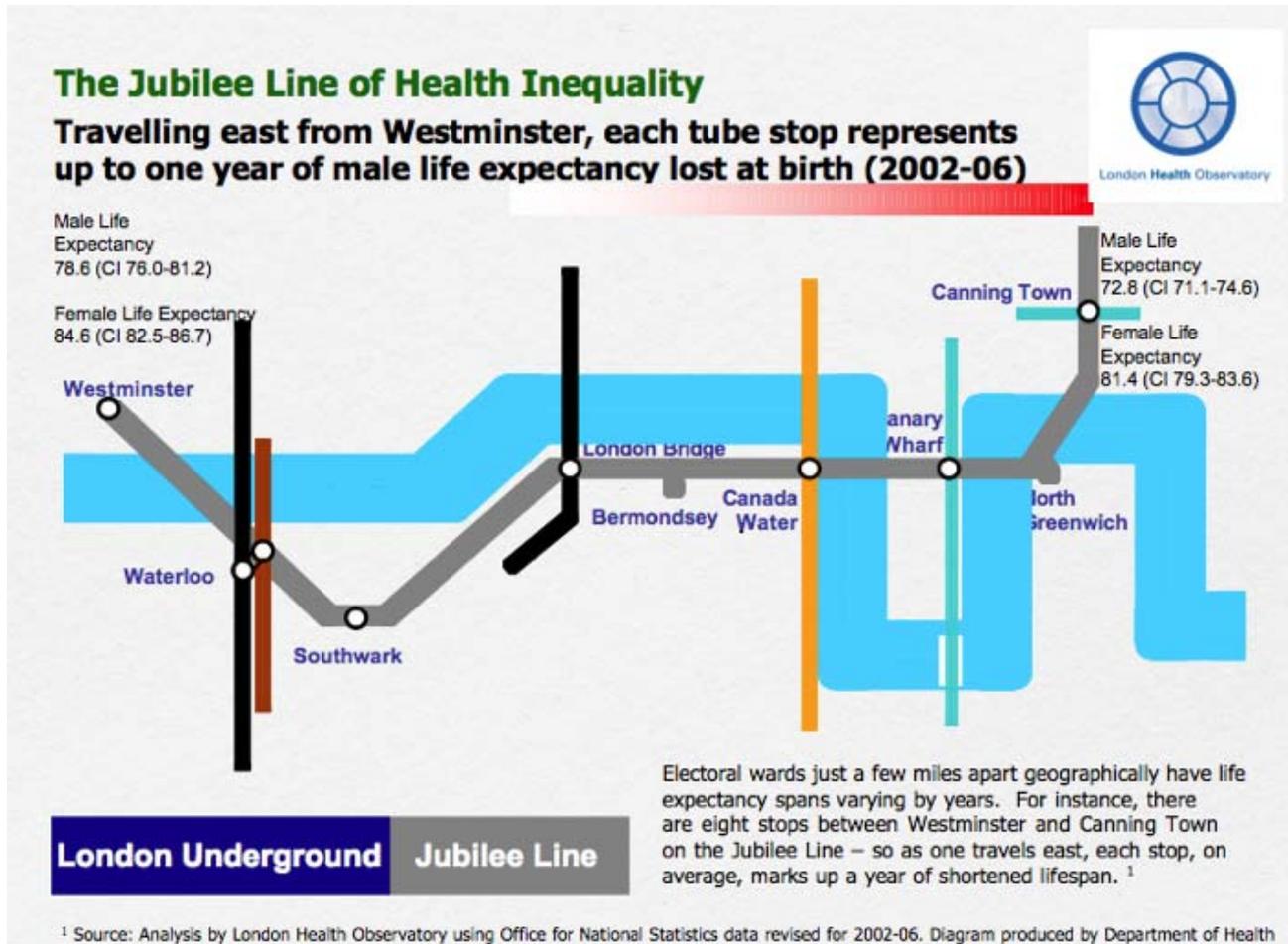
Dahlgren G & Whitehead M (1991) Policies and strategies to promote social equity in health. Institute for Future Studies, Stockholm. WHO (2010), op. cit.

**Figure 7:
Risk factors
for
migrants’
health**

	Direct determinants	Indirect determinants
Nutrition	Lack of targeted health promotion, unawareness of dangers of Western food, too little variation in diet.	Healthy food unavailable, unaffordable, or too time-consuming; necessity of relying on processed and ready-made food
Education	Non-recognition of qualifications, inequities in education system (e.g. unfair assessments, lack of opportunity for newcomers to catch up)	Barriers to good education (schooling and training) for the less well-off.
Work environment	Lack of targeted safety measures at work (e.g. bilingual instructions and warnings). Discrimination on the work floor.	Low-paid jobs often dangerous as well as poorly regulated and inspected
Living and working conditions	Diverse forms of social exclusion based on ethnicity or migrant status. Some connected with immigration policy, e.g. detention (which is a health threat in itself) or difficult family reunion.	Diverse forms of social exclusion based on low socioeconomic status
Employment	Discrimination in hiring and promotion, non-recognition of qualifications	Precarious work, long hours, strenuous and stressful work, poor working conditions
Water, sanitation, housing	Discrimination in allocation of housing, fewer rights for non-citizens	Poorer neighbourhoods are unhealthy ones
Health services	Fewer entitlements, poorer accessibility of services, lower quality (lack of ‘difference sensitivity’). Inadequate screening and vaccination programmes.	Health services insufficiently adapted to those with low language ability, ‘health literacy’ and social capital
Social and community networks	Networks may be weakened by uprooting. Segregation helps social contact but makes upward social mobility harder	Lack of leisure time, low participation in community activities, less social capital
Individual lifestyle factors	Lack of effectively targeted health promotion. Cultural habits may undermine but also support health	Lack of effectively targeted health promotion. ‘Unhealthy lifestyles’ have determinants further upstream.

Ingleby, J.D. (2014) Social determinants of migrants' health. Presentation at workshop entitled "Health Impact Assessment: a tool to support healthier decision-making." EUPHA 5th European Conference on Migrant and Ethnic Minority Health, April 2014.

Social determinants of health and the influence of SES





WHO Europe:

- *"access to employment is a major aspect of social and economic inclusion. Levels of poverty are noted to be higher in the unemployed and other inactive members of society (...)*
- *Rates of unemployment vary by country, but there is evidence to indicate that employment income is reduced in migrant populations, particularly those of irregular migrants (...)*
- *Working people whose income is less than 60% of the median national income are at greater risk of poverty-associated outcomes (...)*
- *Some migrant populations are at particular risk of poverty (...) migrants in an irregular situation; asylum seekers; single-parent migrant families, specifically those headed by women; those traumatized or tortured during the migratory process; and the victims of human trafficking"*

- **Health risks** correlated with migrant' and ethnic minorities' social conditions:

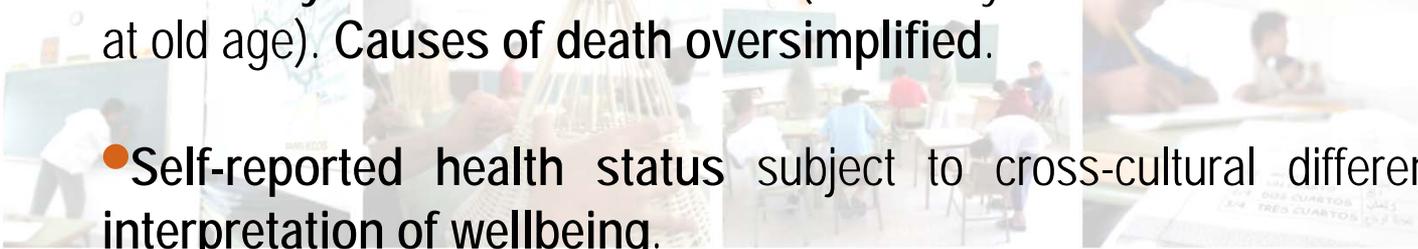
- ✓ **poverty** related to social exclusion;
- ✓ lack of appropriate **housing/accommodation**;
- ✓ **poor diet**;
- ✓ **low level of income** associated to low education level or to employments not commensurate with their education.



- Some of these factors are **shared with other groups affected by poverty** + factors specifically associated with the migratory process and the ethnic minority condition like **barriers to access health care and discrimination and racism**

Needs and frequent types of health problems of migrants

- **Few generalizations** can be made (depending on health problem, origin and host countries, sex and age, reason for migration, legal status and SES).
- **“Healthy migrant effect”** affected by factors before and during migration.
- **Negative impact of migration** when comparing health outcomes between migrants and host country populations.
- **Mortality rates underestimated** (tendency to return to their country of origin at old age). **Causes of death oversimplified.**
- **Self-reported health status** subject to cross-cultural differences in the interpretation of wellbeing.



Non-communicable diseases

- **Cardiovascular diseases**

- ✓ The **risk of mortality varies** according to the migrants' country of origin.
- ✓ Complex **interaction of factors** which may underlie the higher risks of CVD among certain migrant and ethnic minority groups

- **Diabetes**

- ✓ **Age-standardised diabetes prevalence is higher** in migrant populations regardless of the country of origin of migrants.

- **Cancer**

- ✓ Cancer risk seems to be **lower in migrant populations**.
- ✓ **Screening programmes** play an important role in the detection and early treatment
- ✓ Data is scarce.



Communicable diseases

- Implementation of screening programmes varies and the practices are different among countries



- HIV

- ✓ **Certain groups** of migrants have a **higher risk** of HIV infection. This may be connected with prevalence of HIV in the countries of origin but infections may also be contracted in the host country.

- Tuberculosis

- ✓ TB notifications rate are **higher in foreign born** population than in native born population in Europe

- Other infectious diseases

- ✓ Higher risk of **hepatitis B, malaria and Chagas.**
 - ✓ EU focus on **vaccinations** to hard to reach groups

Mental health

- Depression and anxiety disorders
 - ✓ **Social disadvantage and lower SES** are associated.
 - ✓ Perceived **discrimination or racism** can increase rates of common mental disorders
- Schizophrenia and related psychotic disorders
 - ✓ **Overall prevalence is low** (around 1%), but raised levels are found in some migrant groups
- Post-traumatic stress disorder (PTSD) and refugee mental health problems
 - ✓ Mental health problems among **refugees** are not simply a matter of **post-traumatic stress reactions**. Origin may lie not in the country of origin, but **in experiences endured during the journey and the asylum application procedure**

Maternal and child health

- Higher risk of maternal mortality, low birth weight, premature birth, perinatal mortality and morbidity and congenital malformations
- The **obstetric complications** associated with **FGM** present challenges to health service providers.



Occupational health and safety

- MEM exposed to increased health risks while working in “3D jobs”
- High **prevalence of overtime work** and related risks for accidents and ill health among migrant workers
- Unreported and untreated **work-related illnesses**.
- **Language-related barriers** to communication and training in OHS

Needs and frequent types of health problems of ethnic minorities

- Roma in Europe suffer significant **health inequalities** when compared to the majority non-Roma population.
- Roma are estimated to live approx. 10 years **less** than non-Roma
- **Social and environmental determinants:** lower income, poor living conditions, discrimination and racism, and barriers to accessing health services.
- Research on **other national ethnic minorities** is limited. **Sami** population (Norway, Finland and Sweden) reported to be in **worse health** specially Sami women. They experience discrimination and language barriers when accessing to health services



- **Non-communicable diseases**

- ✓ **Higher prevalence of cardiovascular disease, diabetes and obesity**

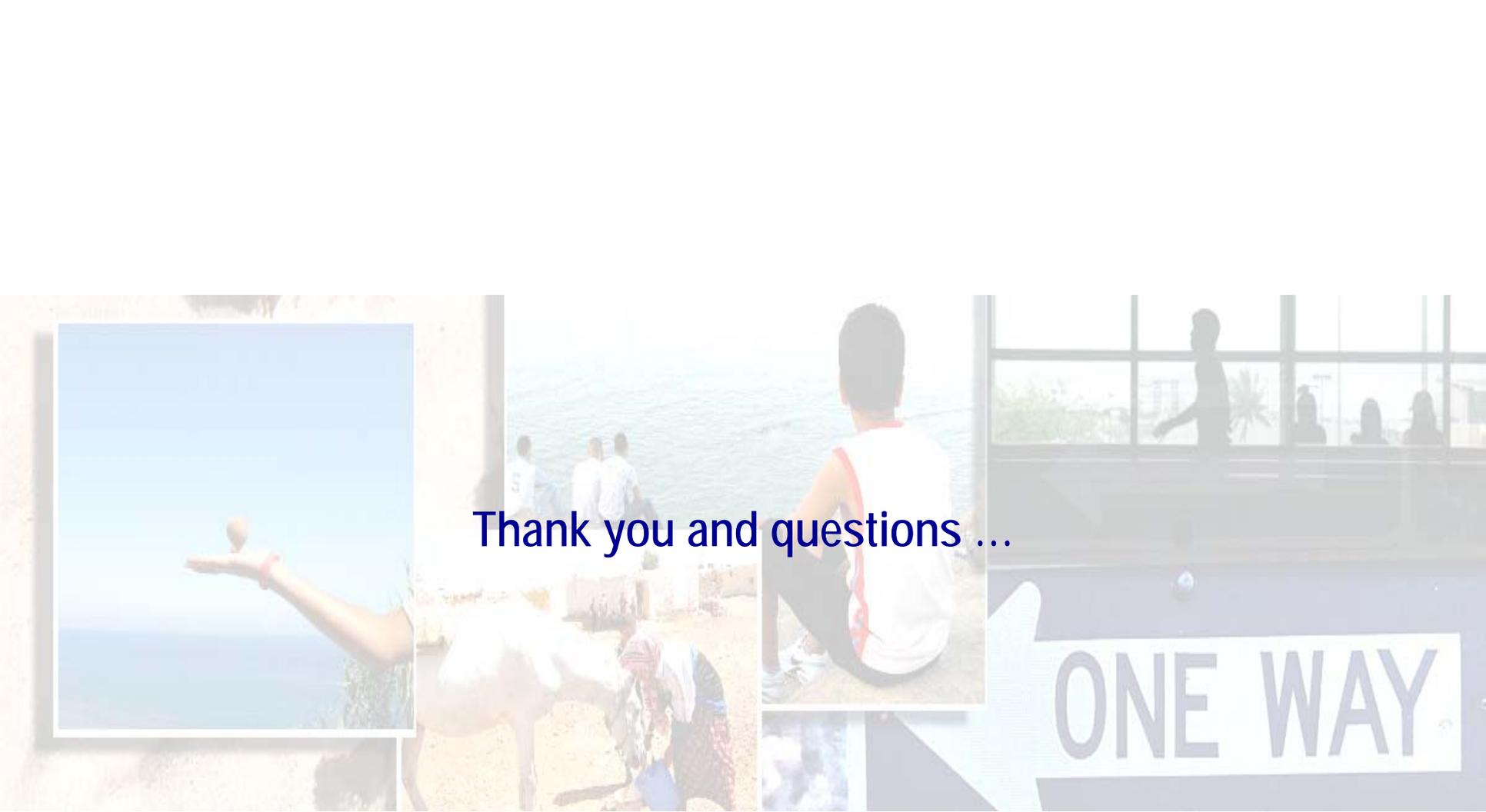
- ✓ **Roma women** experience higher prevalence of some of these health problems than Roma men

- ✓ Influence of **lifestyle related factors** (smoking, limited physical activity and inadequate diet)



- **Communicable diseases and Mental health**

- ✓ **Negative impact of low SES, discrimination, racism, poverty, and marginalisation; higher rates of certain communicable diseases**



Thank you and questions ...

*Pictures: Andalusian Childhood Observatory (OIA, Observatorio de la Infancia de Andalucía) 2014;
Josefa Marín Vega 2014; Redlsir 2014; Morguefile 2014.*

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