



Conference Report

Migrant and ethnic health research: Report on the European Public Health Association Conference 2007

KEYWORDS

Migrant health;
Europe;
EUPHA;
MEHO

Summary Europe largely shifted from being a region of net emigration to one of net immigration during the second half of the 20th Century. Multi-ethnic societies in Europe are faced with a multiplicity of challenges, including meeting the diverse health and healthcare needs of ethnic-minority groups. A major issue facing Europe is filling the current gap in the availability of high-quality data on health determinants, health status and health service use among migrant populations throughout the region. As evidence-based decision making in public health and healthcare greatly depends on the availability of relevant health information, improving the collection of valid and comparable ethnic-minority health data should be regarded as a high priority. Migration, ethnicity and health researchers across Europe have been building alliances, particularly through the migrant health section of the European Public Health Association (EUPHA). The 2007 EUPHA Conference in Helsinki highlighted the public health challenges and opportunities facing an ever-growing and increasingly diversified European region, and provided public health professionals and researchers a platform to share their work, concerns and visions for the future. As the ethnic diversification of Europe continues, the challenges to the unification of its many populations become even more unpredictable. Such diversity may ease unification or could exacerbate existing political and economic tensions. It behoves us to take the actions now that will make Europe a more cohesive and successful place in the years to come.

Over the past 50 years or so, Europe has largely shifted from being a region of net emigration to one of net immigration. Based on figures from EURO-STAT for 2004, the number of non-European Union (EU) nationals in the 25 member countries was approximately 25 million, accounting for approximately 5.5% of the total population.¹ Many migrants have, of course, taken the nationality of the country in which they reside. Migration is a force that underlies the creation of modern, multi-ethnic societies. Migrants and their children comprise what we call ethnic-minority populations. Multi-ethnic societies in Europe are faced with a multiplicity of challenges and opportunities.

With its population ageing, Europe is currently in need of migrants for driving both population and economic growth, and sustaining its public service and business infrastructures.² Maximizing the potential contribution of migrant populations, and their offspring, requires that their health is as good

as possible and their access to health services is facilitated.

Despite the heterogeneity between migrant populations in terms of origin, socio-economic position, age, sex, culture, religion and reasons for migrating, collectively, migrants may share commonalities in their health needs³; for example, increased vulnerability of migrants to infectious diseases, change in lifestyle and the diseases of affluence (diabetes, heart disease, cancers) is of major concern. Adoption of European lifestyles, including increased use of alcohol, tobacco, drugs, high-calorie diets and reduction in exercise, can influence the health of migrants. Indeed, higher rates of hypertension, diabetes, coronary heart disease and stroke have been observed in many migrant populations in Europe.^{4–6}

A common factor for many migrant populations is inadequate access to health services, which is influenced by legal status, literacy and language

skills. Wider living and working conditions of migrants, including access to education, housing conditions, work environment, and social and community networks, are likely to influence, either directly or indirectly, both health status and health service access and utilization among migrant populations.^{2,7}

A huge challenge in Europe is filling the current gap in the availability of high-quality information on health determinants, health status and health service use in migrant populations.^{8,9} Currently, information is scattered and has not been collected systematically.¹⁰ Thus, there is an urgent need for more systematic research and surveillance on aspects of migrant health in European countries, the objective of which should be to facilitate comparisons of health data across EU Member States and evidence-based decision making. Migration, ethnicity and health researchers across Europe have been building alliances for some years, particularly through the migrant health section of the European Public Health Association (EUPHA). This year, this work has demonstrably paid off.

'The Future of Public Health in the Unified Europe', the EUPHA's 15th Annual Conference, hosted in Helsinki on 10–13 October 2007, highlighted the public health challenges and opportunities facing an ever-growing and increasingly diversified European region, and provided public health professionals and researchers a platform to share their work, concerns and visions for the future.¹¹

In addition to a pre-conference with 15 individual presentations/panel discussions, there were four parallel sessions with 20 presentations addressing the health of migrants and ethnic minorities in European countries. Among topics presented and debated were the quantity and quality of health-care use among immigrant groups, the inclusion of migrants in basic healthcare and rehabilitation services, and the transnational competence of mental healthcare personnel in working with immigrant psychiatric patients.

A newly launched, EU-funded project termed 'Monitoring the health status of migrants within Europe: development of indicators', now known as MEHO (Migrant and Ethnic Health Observatory), outlined its goal of developing indicators for the routine monitoring of the health status on ethnic-minority populations in Europe using existing health-related data sources.¹² MEHO aims to generate a European overview of existing and exchangeable data, and to provide valid comparisons of health status data between ethnic-minority and indigenous groups within and across European countries. In this sense, the project will be a major

first step towards systematically documenting and addressing the current gap in available health data on ethnic minorities in Europe through multicountry collaboration.

Work on health inequalities in Roma minority populations highlighted the grim reality of the largest ethnic-minority group in Eastern Europe.¹³ High levels of poverty, unemployment, risk factor levels such as smoking, and exclusion from health-care present major challenges to the health of Roma in Eastern European countries. Even in the context of the Scandinavian welfare model, Roma people face difficulties with social integration and discrimination, as is evident in high levels of risk behaviours and adjustment problems such as school absenteeism among Roma children.¹⁴ More and better data on the health of Roma people are needed, so the inclusion of this group within MEHO is welcome. Governments need to be involved in the systematic collection and analysis of health data on Roma people. Data collection priorities need to be identified, and Roma people as well as external collaborators should, if possible, become involved in generating better health data.

Regional infant mortality rate differences within Slovakia seem to be largely accounted for by differences in the proportion of Roma people in different districts, more so than by the unequal distribution of indicators of socio-economic status including income and employment levels.¹⁵ The data give a clear message to those involved in forging health and social policy, for inequalities in infant mortality are unlikely to be corrected without addressing the health of Roma populations within respective countries.

Nationwide health survey data from first- and second-generation Turkish migrants to Germany showed a higher prevalence of smoking and obesity in the former group compared with the native German population, whereas the prevalence of these risk factors was lower in the second-generation migrants and converging towards the German reference group.¹⁶ Population-based data on immigrants from the Former Soviet Union migrating to Israel between 1990 and 2003 demonstrated how the mortality experience of migrants approximated that of the host population.¹⁷ Mortality in migrants proved to be significantly lower compared with country of origin for major causes of death, particularly circulatory diseases. There were important exceptions, however, including mortality from stomach cancer, which was twice as high in the migrants compared with the host population, and mortality from external causes, highlighting the opportunities and challenges in designing culturally sensitive and targeted health promotion activities.

The opportunities for epidemiological advances must not be overlooked by public health scientists.

The growing number of ethnic minorities in Europe is likely to pose important challenges for existing health systems, and comprehensive data on ethnic-minority health are fundamental to informed, successful and just planning of health services. In Denmark, ethnic-minority groups have significantly more contacts with both primary care and hospital services than Danish citizens, particularly when it comes to problems such as diabetes, skeletal muscle disease and asthma.¹⁸ However, the Vietnamese population was an important exception to the above, demonstrating once again the need to avoid generalizations when it comes to the health of migrants.

The unique challenge for health services is to reach out to all people equally, migrant/ethnic-minority groups and host populations alike. As the ethnic diversification of Europe continues, the challenges to the unification of its many populations become even more unpredictable. Such diversity may ease unification or could exacerbate existing political and economic tensions. It behoves us to take the actions now that will make Europe a more cohesive and successful place in the years to come.

In its Presidency of the EU Council (beginning 1 July 2007), Portugal has declared health and migration to be a central issue and is leading in a shared vision on this issue. The vision is based on common values and principles outlined by the Council of Europe in June 2006, including the recognition of the increasing cultural diversity of the region, respect for human rights when delivering health services, the particular vulnerability of ethnic minorities to health problems, and the need for diversity-based policies in addressing ethnic inequalities in health and healthcare.² Setting priorities for actions, reaching agreements on common EU approaches, and taking the necessary actions is the next step. A new era of improved health and health care for migrants and settled ethnic minorities in Europe may be on the horizon. Migration, ethnicity and health have come of age in Europe. Public health and healthcare systems need to be ready to act.

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