



MIGRANTS HEALTH AND CARE: A PROPOSAL OF A FRAMEWORK AND INSTRUMENTS FOR COMPARISONS IN EUROPEAN REGIONS

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INTRODUCTION

Migration radically changes demographic profiles of several countries in the world. An increasing number of multicultural communities is also seen in Europe. Health demand and access to health services of migrants is an important issue that should be further investigated, in particular in Regions that recently experienced increasing rates of immigration.

The **European Commission recognizes** the existence of **a knowledge gap** and state that "there is a clear need from policy, health and social services and research prospective for comprehensive data on migration policies and health, ..., migrants health assessments, ..." (EU. PROMINSTAT, 2010).

OBJECTIVE

To **share** existing **information systems** and develop a **standardized** approach that supports policy strategies to address **immigrant health** issues.

METHODS

In Italy a taskforce, consisting of several institutions and Regions, developed a standardized method to monitor health profile of immigrants. After defining the target population, a set of indicators has been developed by means of existing archives:

Population	Demographic outline
	Labour
demand and utilization of	Hospitalizations
	Mother-child health – obstetrical events
	Occupa-tional accidents
	Infectious diseases
	Mortality

Useful tools will be developed to carry out a **comparison among European Regions**:

- evaluation of **definitions** and **selected indicators**; sharing them **within an European Network**
- feasibility analysis of target population
 definition and of indicators estimation
- comparison with databases by international institutions describing immigrant population.

RESULTS

Data sources existing in Italy allow to describe population about:

- demography

- labour participation

health demand



- access to health services (hospitalizations, mother-child health, occupational accidents, infectious diseases, mortality)

Main result for **Italian Regions**: immigrants **health** conditions are very different from those of the **Italian population**.

For example, in Emilia-Romagna Region:

- <u>sharp increase in immigrants</u>, among the highest rates in Italy (10.2% in 2009 Vs. 3.8% in 2002)
- <u>moderate health problems</u> among immigrants, (young age profile, "healthy migrant effect")
- the majority of the contacts with the health services are due to <u>physiological events</u> (pregnancy for women), or caused by the <u>lack of prevention actions</u>, (injuries for men and abortion for women)
- <u>infectious diseases</u> still represent a major cause of hospitalization among immigrants
- <u>about antenatal care</u>: the proportion of women undertaking less than 4 visits during pregnancy, or the first visit after the first trimester is higher in immigrants.

However, if it is interesting to note that the gap between Italians and immigrants is falling, the introduction of this monitoring system, developed for the Italian Regions, has made it apparent that the health conditions of immigrants differ significantly from those of Italians.

An international approach for comparison is still need to be improved. On the basis of the results of the ongoing work it would be possible to study a systematic and standardized collection of indicators at European regional level for an appraisal of migrants' health.

CONCLUSIONS

Health conditions of immigrants and the way they use health services need to be thoroughly investigated in the future. **International databases should be developed**; in addition we propose a standardized system aimed at monitoring immigrants' health conditions.