



**Workshop on the project Health Status of Migrants within Europe:
Development of Cardiovascular and Diabetes Mortality and Morbidity
Indicators, hosted at the 2007 Joint Meeting of the Society for Social Medicine
and the International Epidemiological Association in Cork, Ireland, September
13.**

Workshop organisers:

Professor Raj S Bhopal, Edinburgh University

Dr Snorri Bjorn Rafnsson, Edinburgh University

General background

The 'Health Status of Migrants within Europe: Development of Health Indicators' (project acronym: MEHO) is a recently launched, 36-month, European Commission-funded project, the primary aim of which is the development of indicators for the monitoring of health status of ethnic minority groups in European countries (EU and EFTA countries). Specifically, the project focuses on the development of indicators for health monitoring in five critical areas (mortality, infectious disease, cancer, cardiovascular diseases and diabetes, and self-perceived health and health care use), in which ethnic minority groups and indigenous populations within and between European countries will be compared.

MEHO work package 6: Cardiovascular diseases and diabetes

Within the larger MEHO project, work package 6 (supervised by University of Edinburgh) focuses on cardiovascular and diabetes indicators in ethnic minority populations in European countries. Major deliverables include: 1) a network (termed MEHO-CVD network) of European public health professionals and researchers with an active interest in cardiovascular diseases and diabetes in ethnic minority groups; 2) an inventory or map of routinely available, European ethnic group-related cardiovascular and diabetes datasets. Several different approaches have been used in setting-up and recruiting expert colleagues into the MEHO-CVD network, including the use of personal contacts, the publication of announcements in the European Public Health Association's monthly newsletter etc. Also, with respect to the establishment of a European data inventory on ethnic minority cardiovascular and diabetes data,

different paths will need to be taken in order to identify and locate appropriate datasets. These include, for example, undertaking bibliographic searches of published data and accessing websites of official statistical offices and health departments etc. For the purpose of keeping a record of available data, a specific table (inventory) has been created, allowing the source, type, and outcome and ethnicity measures in each dataset to be specified for each country at a time. The work involved in filling in the data inventory is ongoing and the future plan is to disseminate the inventory to the MEHO-CVD network members for further completion and refinement.

Workshop aims and objectives

The migrant health workshop hosted by the Joint SSM/IEA Meeting in Cork provided a further opportunity to both expand upon and refine previous (and currently ongoing) approaches to recruiting colleagues to the MEHO-CVD network and filling in the inventory of ethnic group-related cardiovascular disease and diabetes data. Also, it provided the venue whereby colleagues would be able to give comments and feedback on the structure and content of the data inventory before being disseminated to a wider audience, including the MEHO-CVD network.

In addition to the special emphasis on the MEHO project, and work package 6 in particular, the workshop had a more general purpose. Namely, to foster a creative dialogue among the workshop delegates whereby the following open-ended questions were posed:

- 1) What is the current status of research into, or utilisation of, data systems on ethnicity and health in Europe, with a particular focus on diabetes and cardiovascular disease?
- 2) What is the quality of the current data systems? Scientifically? With respect to public health? Regarding health service delivery?
- 3) How do we go forward from here? What are the needs for information systems on ethnic group-related research, particularly on cardiovascular disease and diabetes?

Overall, the goals of the workshop were the following:

- 1) To introduce the EC-funded MEHO project and, in particular, to describe methods and current progress made in identifying ethnic group-specific cardiovascular disease and diabetes data in Europe.
- 2) To generate a dialogue amongst colleagues on the availability, quality, and limitations of ethnic group-related cardiovascular disease and diabetes in Europe.
- 3) To identify and prioritise future data needs, explore the possibilities for research, and evaluate the scope for collaboration in ethnic minority health research.

Workshop presentations

The workshop was attended by 21 delegates from various parts both within and outside of Europe. It commenced with an introduction and presentation by Professor Raj Bhopal from University of Edinburgh on inclusion and exclusion of ethnic minority populations in health statistics in Europe. In particular, the presentation highlighted the current gap in routinely collected statistics in Europe and the pressing need for high-quality, complete, routine ethnic coding in existing information systems. Moreover, Professor Bhopal emphasised how health statistics must identify the needs of ethnic minority populations in European countries, and that interim solutions to the limitations of current data systems, such as linking available data sets, need to be considered by researchers.

Following on from the above, Dr Snorri Bjorn Rafnsson from University of Edinburgh introduced the MEHO project, focusing in his presentation on its rationale, objectives, and methods. In particular, Dr Rafnsson discussed the sub-programme on cardiovascular disease and diabetes indicators, emphasising the need for members from different European countries to join the MEHO-CVD network. A special emphasis was placed on the ongoing work in identifying and locating ethnic-coded datasets with information on cardiovascular and diabetes mortality and morbidity indicators throughout the European region. The delegates were informed about their potentially valuable role in assisting with this process during the workshop's practical sessions.

Workshop practical sessions

Group session 1: ‘Filling out the map’

Following the division of the workshop members into two groups, each with its appointed chair and rapporteur, each of the delegates was presented with a copy of the data inventory for reviewing (**see attached sample copy**). In particular, the groups were asked to comment on the structure of the data form and help augment and refine potentially relevant sources of data which had been identified through bibliographic searches and visits to official websites and were included in the inventory. The specific objectives of this first session were:

- 1) To identify available sources of data that are appropriate for meeting the aims and objectives of the MEHO-CVD project (aim to complete the data inventory).
- 2) To identify potentially relevant sources that may contain ethnic group-specific CVD and diabetes data (aim to expand the list of already available data sources).
- 3) To exclude data delegates can confirm that do not include ethnic group-specific CVD and diabetes data (aim to refine the list of already available data sources).
- 4) To identify collaborators and participants in the MEHO-CVD network (aim to expand list of EU/IEA country-specific collaborators participating in the MEHO-CVD network).

Regarding the data inventory, delegates generally agreed on its structure and usefulness in collecting and reporting on the main features of available routine ethnic-coded health data in different European countries. Specific suggestions for improvement included the following: the necessity for adding a link to the MEHO project’s website on the cover page of the inventory; the need for a further clarification of table headings, such as data source, data type, by inserting an explanatory footnote to the table; the importance of adding a column on how particular data are collected; the possibility of making the data inventory available on-line; the need to include examples of how ethnicity may be measured (direct measures or proxy indicators such as country of birth etc.) for those filling in the form; and

possibly complete the form for one country (e.g. for Scotland) as an example of how to fill in the inventory.

Delegates also provided information on additional data sources that might be worth checking for inclusion of ethnic-coded health data. As an example, it was pointed out that Statistics Norway routinely collects data on country of birth and ethnic background, that these may be linked with health outcome data provided by population studies. Moreover, it was reported that the French-based (but global) non-governmental organisation Medecins du Monde has projects spread out over 11 European countries designed to place undocumented migrants (and vulnerable persons) in contact with health care services. Recently, Medecins du Monde created the European Observatory on access to health care for asylum seekers and undocumented migrants. They currently hold a pan-European database on one of the hardest to reach groups of migrants and have basic medical records of individuals who have sought help which will include the variables relevant to the current project. On the other hand, France was mentioned especially as a European country in which it may be difficult to obtain ethnic-coded health data. Although it may be possible to gather data on the nationality or the birthplace of the subjects, no other information on the racial origin or no ethnic data could be gathered. Thus, it may be impossible to study second, third or fourth generation migrants. In addition, it was pointed out that the social pressure is so high that information on the nationality or the birthplace remain scarce and essentially confidential. Furthermore, it was suggested that regional data may be worth looking at, although these must be evaluated with respect to representation of the general population; ideally MEHO aims at seeking national data or at least data from a major region in each country.

Group session 2: ‘Generating solutions’

The second group work session focused on discussing how the collection of ethnic-coded health data, their quality, sharing and utilisation might be improved. In particular, the session addressed the following objectives:

- 1) To discuss how the collection of ethnic group-specific diabetes and cardiovascular data for routine monitoring at national level can be improved and what needs to be done (what are the issues and experiences in different countries?).

- 2) To discuss current data quality issues and what improvements are necessary e.g. for Europe-wide comparison of cardiovascular and diabetes data in ethnic minorities.
- 3) To discuss how data sharing may be improved and facilitated at EU level.
- 4) To discuss how data may be better utilized e.g. based on purpose.

The session generated a lot of discussion around the identification and inclusion of ethnic minority populations in health research in general, and in the MEHO project, in particular. For example, delegates were keen on knowing more about what ethnic minority populations in particular MEHO intended to focus on. In Western European countries, immigrant ethnic populations will be compared to indigenous populations. However, because of a different pattern of immigration in Central and Eastern European countries, the Roma population will be focused on as it is currently the major ethnic minority group in these countries. Other questions posed and debated by delegates included whether Sami populations in northern Norway will be included since there is health outcome data available for these groups, whether MEHO intended to focus on short-term or long-term migration, and whether so-called hard-to-reach groups will be left out since these may not appear in official statistics (e.g. asylum-seekers). A fruitful discussion arose around how ethnic minority groups might be identified in databases and how ethnicity or proxy measures may be introduced to routinely collected data. One suggestion was that it is important to demonstrate benefits of collecting such data in the first place. Another related point was made that routine data are often collected for different purposes (e.g. administrative or statutory purposes), and often by institutions not directly affiliated with departments of health, so the interest in public health so evident to some might not be immediately appreciated by others.

Plenary: 'Plan for the Future'

The final workshop session was the plenary which was chaired by Professor Peter Whincup from St George's Hospital Medical School. The specific objectives of the plenary session included the following:

- 1) To outline the immediate and long-term priorities for research into ethnicity and health at both national and EU level (with a particular focus on cardiovascular diseases and diabetes).
- 2) To discuss and list relevant funding options available for this area of research at both national and EU level.
- 3) To identify the scope for collaboration at both national and EU level.

The workshop concluded with delegates agreeing on the necessity of better ethnic-coding of health data and the importance of further research of the health of ethnic minority populations, emphasizing the need for studies providing data of sufficient quality for meeting both scientific and public health interests. Moreover, studies of the health of migrants may need to take more notice of recent trends in immigration in Europe e.g. such as the migration of Polish people to Britain.

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European Data Inventory: Sample Copy

1. Austria

-Are nationally-relevant, ethnic group-specific data on prevalence/incidence/mortality from CHD, stroke and diabetes available for this country?

-Collaborators:

Please specify the <u>source</u> of the data set	Please specify the <u>type</u> of the data set	Please specify the type of <u>CVD/diabetes</u> available in the data set	Please specify how <u>ethnicity is measured</u> in the data set

Available general data sources:

Vital statistics: a) The National Mortality Registry (MORT) accessed through the National Statistics Office of Austria

Surveys/Cohort studies: a) The National Health Interview Survey (NHIS); b) The Austrian Stroke Prevention Study

Sentinel GP networks: Sentinel Network of General Practitioners

Hospital discharge data: The National Hospital Discharge Registry (NHDR)

Disease registers: a) Austrian Stroke-Unit Register; The Vienna Stroke Registry c) WHO ischaemic heart disease register Innsbruck 1971/72