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Elderly migrants in outpatient and inpatient care services in Baden-Württemberg/Germany

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ABSTRACT

Objective: Given the expected underrepresentation of elderly migrant populations in healthcare utilization we examined their proportion in nursing homes and care services for the elderly. We expected that cultural aspects were rarely addressed in the services´ concepts.

Methods: A questionnaire was administered to all care providers; 66.3% of 2724 in- and outpatient services in Baden-Württemberg, Germany participated.

Results: 78% of the services provided healthcare to migrants, who accounted for 14.1% of the clientele. This proportion was higher in urban (e.g. Heilbronn: 16.1%) than in rural areas (e.g. Lake Constance: 7.7%) and was significantly ($r = 0.545, p < .05$) correlated with the proportion of migrants in the general population. 39.1% of the migrants came from Russia, Poland and Turkey. Migrants from Turkey preferred outpatients´ rather than inpatients´ services. While 87.4% of services employed migrants, only 20% of services provided measures to increase intercultural competency to their employees.

Conclusions: Migrants utilize inpatient and outpatient services regularly as their proportion was closely associated to that of the general population. Although their number will likely increase in the near future, the vast majority of nursing facilities did not provide specialized measures to better meet the demands of residents with a migration background.

1. Introduction

Since the 1950s, the Federal Republic of Germany has enjoyed substantial immigration mainly from other European countries yielding immigration backgrounds in 20% of Germany's population (Statistisches Bundesamt, 2017). While originally expecting that “guest workers” returned to their countries of origin, recent surveys demonstrate a preference to stay in the Federal Republic after retirement (BAMF, 2015). Moreover, an increasing amount of individuals immigrate to Germany to seek refuge or to relocate (Diehl and Preisendörfer, 2007). Currently, approximately 1.5 million migrants aged 65 and above reside in Germany (Statistisches Bundesamt, 2011) with Baden-Württemberg as one of the more attractive and prosperous states holding one of the highest migrant proportions (Statistisches Landesamt Baden-Württemberg, 2009).

The usage of in- and outpatient services by elderly migrants has only been investigated on a regional level in the cities of Munich and Bremen (Lotze and Hübner, 2008; Landeshauptstadt München, 2010). These respective reports support the hypothesis that elderly migrants make little use of in- or outpatient services (Razum et al., 2004; Huth, 2005; Gesundheitsamt Bremen, 2008; Beauftragte der Bundesregierung für Migration, Flüchtlinge und Integration, 2014; for review see Gladis et al., 2013; Ta et al., 2014) even though they do not indicate lower care needs within this particular population. Aside from a comparatively smaller share of very old people and better availability of caregiving resources within families (Olbermann, 2003), entry barriers are supposed to be primarily responsible for lower utilization of professional caregiving services (for review see Schopf and Naegele, 2005). These barriers include paucity of information, communication difficulties, cultural differences, financial and legal issues, lack of consulting services, shortage of culturally sensitive personnel, and finally, segregation attitudes and behaviors of caregiving providers (Dietzel-Papakyriakou and Olbermann, 2001; for review see Schopf and Naegele, 2005; Beauftragte der Bundesregierung für Migration, Flüchtlinge und Integration, 2014).

At the same time, experiences directly linked to migration in the

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state of origin as well as the host state, i.e. living and working conditions, life style, stress, social issues, socio-economic disadvantage, discrimination, separation experiences, as well as cultural and identity conflicts are associated with increased risk of disease (e. g. environmental diseases and infectious diseases, stress disorders) in elderly people (RKI, 2008; BAMF, 2009, 2012; Bermejo et al., 2010; Razum and Spallek, 2012; Schimany et al., 2012; Statistische Ämter des Bundes und der Länder, 2013). Along with this, Streibel-Gloth (2008) states that ageing starts 10 years earlier in people with immigration backgrounds making an earlier onset of dementia conceivable (see also, Jonas, 2007). On the other hand voluntary migration has been associated with healthy lifestyles and low rates of chronic illnesses, as discussed in the context of the *Healthy Migrant Effect* (review of Lassetter and Callister, 2008; Lindert et al., 2009). Likewise, immigration is associated with bilingualism (Bialystok et al., 2007; Kowoll et al., 2015), which is likely to be protective in terms of an increased cognitive reserve (for an overview see Schröder and Pantel, 2011) and may therefore delay the onset and progression of dementia diseases. Overall, people with immigration backgrounds represent a heterogeneous group of people with diverse origins, life plans, reasons of migration, habits, living conditions, needs, resources, and limitations making general estimates of dementia risk difficult.

Given a decreasing probability of migrants to return to their state of origin with increasing age, the proportion of elderly people with immigration backgrounds is expected to increase (Brecht, 1995; review in Schopf and Naegele, 2005). While some individuals are simply unable to return to their state of origin, a relatively better healthcare system, closeness to family members, unattained migration goals and/or increased emotional, social, and political detachment from the state of origin are the most important reasons for deciding to reside in Germany (for an overview see Schopf and Naegele, 2005).

In the light of migration-specific constraints and resources (e.g. Lanari and Bussini, 2011; Kowoll et al., 2015) and the growing number of migrants reaching retirement age, migrant-appropriate care will be of increasing importance. This is particularly the case for immigrants suffering from dementia, who are bound to rely on outpatient services in the beginning stages and nursing home placement toward later stages of the disease. Accordingly, Heikkila et al. (2006) demonstrated that cultural congruency incorporating the residents' mother tongue, shared ethnic background with staff, and shared customs may promote well-being of older Finnish immigrants in Sweden.

The aims of our study were therefore twofold: (i) to investigate the hypothesis that elderly migrants use in- and outpatient services less frequently than the general population; and (ii) to explore important characteristics of their care. We therefore established and compared the proportion of migrants[2] among the clientele and staff of nursing homes and outpatient care services in the different counties of Baden-Württemberg.

2. Methods

2.1. Procedure

In a first step, all relevant inpatient and outpatient services in Baden- Württemberg (size: 35.751 km^2, population: app. 10. 63 million; Statistische Ämter des Bundes und der Länder, 2014) were identified on bases of the registries available. In order to obtain a comprehensive register of the relevant facilities two listings provided by the federal association of a health insurances and by the medical service of the health funds were compared. The latter contains all inpatient and outpatient services that have been revised by the medical service of the health funds in 2011 (a total of 1.980 addresses). Services that were classified as child care, respiration care, or care for handicapped people were excluded. A sequential approach for data collection, including three survey methods, was used:

1) *Online survey:* services, of which e-mail addresses were available, were contacted and asked to complete the questionnaire online (https://www.soscisurvey.de).
2) *Written survey:* services, of which e-mail addresses were not available, received the questionnaire by mail.
3) *Telephone interview:* some services were contacted by telephone so that the questionnaire could be completed directly.

To encourage participants questionnaires could be answered anonymously. The majority of in- and outpatient services were contacted repeatedly (up to seven times) at intervals of 3–5 weeks applying differing survey methods to increase response rates. Moreover, an official letter by the principle investigators and the Ministry for Work, Social Order, Family, Women and Senior Citizen provided information on the study and encouraged services to participate. The countries of origin and further information regarding the care recipients were reported by care providers who consulted the patient charts if necessary. The study was approved by the Ethical Committee of the University of Heidelberg.

2.2. Facilities

2.801 relevant services including 1.321 outpatient care services and 1.480 inpatient services were identified and contacted. Our research group was unable to get hold of 77 facilities (51 outpatient care services and 26 inpatient care services) leaving a final sample of 2.724 facilities. The supply areas of services were divided into urban (more than 100.000 inhabitants), medium city (population between 20.000 and 100.000) and rural regions (less than 20.000 inhabitants).

2.3. Design of questionnaire and examined dimensions

For the first wave of survey a questionnaire was designed in close cooperation with the Ministry for Work, Social Order, Family, Women and Senior Citizen Baden-Württemberg after an extensive literature review. In order to check manageability and comprehensibility of the questionnaire it was first presented to professional caregivers in leading positions. The resulting questionnaire[3] comprised 33 questions assessing six dimensions "structural features", "patients/residents", "employees", "communication with patients/residents with immigration background", "intercultural aspects" and "assessment of future development" (see overview in the Appendix).

2.4. Data analysis

Statistical analyses were purely descriptive. χ2-tests were used where appropriate.

3. Results

3.1. Sample

In total 1807 services participated in our study (response rate: 66.3%). 45.0% of the surveyed services were outpatient care services; 55.0% were inpatient services (response rate for the outpatient care services 51%; for inpatient services 54%). 36.6% of services was rather small ($\leq$ 50 residents), 32.8% of facilities provided care to 51–100 people; 15.4% from 101 to 150 persons and 15.2% to more than 151 people. 18.0% of inpatient care services and 41.1% of outpatient care services provided care to more than 100 people.

[2] In this article the terms "migrants" and "with immigration background" are used interchangeably.

[3] The questionnaire will be sent on request.