



GGD
Amsterdam

Migrants and displaced people

a group with special needs in
Amsterdam

14 september 2018



Content presentation

- Numbers and figures: what is the context in Amsterdam?
- What kind of research do we have on these groups? What are the main (specific) health challenges?
- What are the actions we try to undertake to improve the health of migrants and displaced people?
- Questions

✘ ✘ ✘ Nationalities in Amsterdam

- 168 nationalities, ranging from 1 inhabitant (South Sudan) until 10.145 (Great Britain)
- 130.472 out of 854.316 inhabitants in total do not have the Dutch nationality
- Largest groups of migrants are from the Surinam, (Dutch) Antilles, Turkey and Morocco
- The different groups have different reasons for coming to the Netherlands and Amsterdam, be it former colonies or in search or invited to come to work in the Netherlands in the 60s/70s.

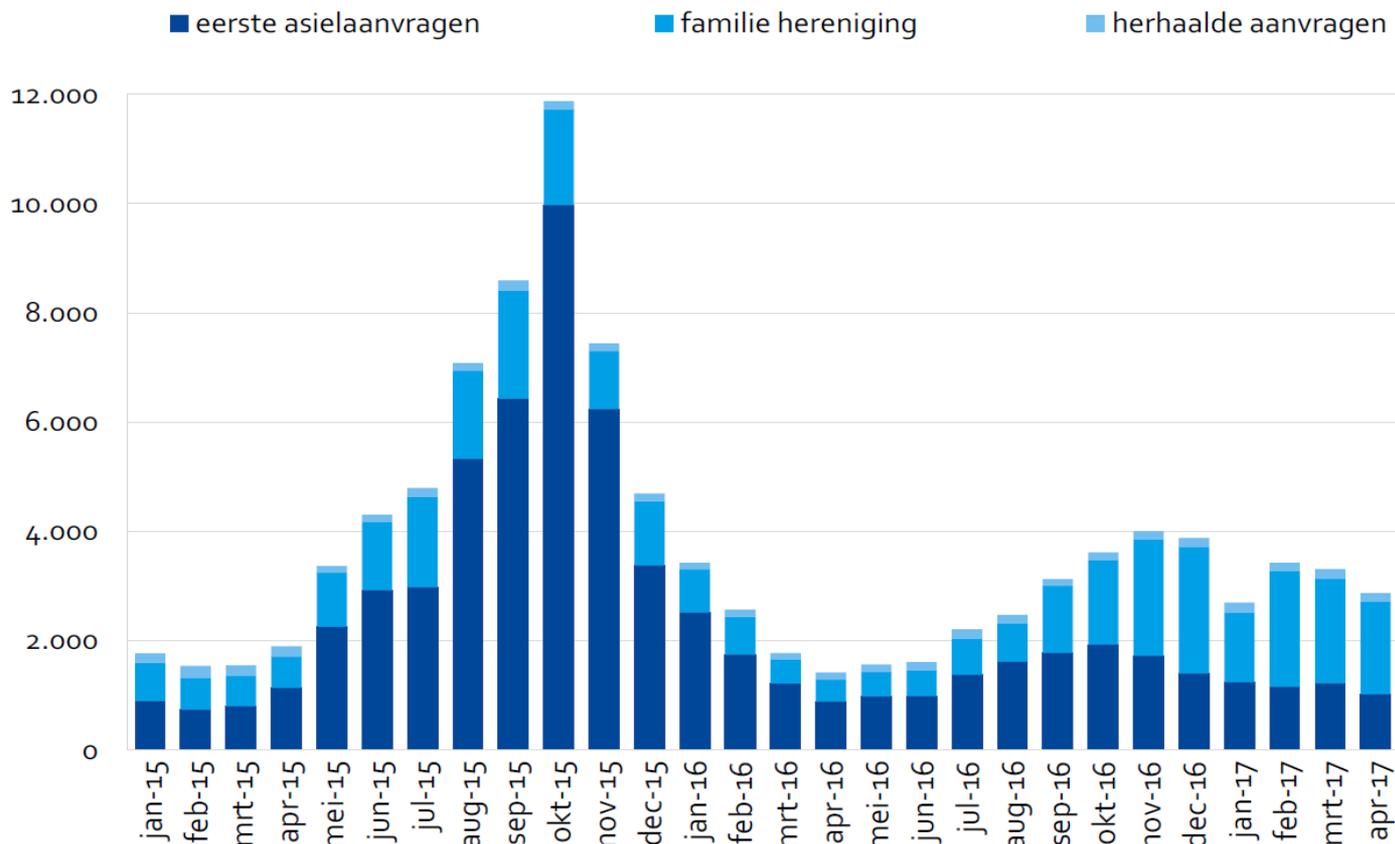
Figures on migration in Amsterdam

Migration Background	numbers		Dutch	Total	%	
	1st generation	2nd generation			1st generati	2nd generati
Surinam	35023	29931		64954	53,9	46,1
Antillean	6654	5557		12211	54,5	45,5
Turkish	22027	21474		43501	50,6	49,4
Moroccan	33839	42265		76104	44,5	55,5
Other non-western	71638	33890		105528	67,9	32,1
Total non-western	169181	133117		302298	56,0	44,0
Western	96268	57637		153905	62,6	37,4
Dutch			398113	398113		
Total	265449	190754	398113	854316	31,1	22,3



National numbers of displaced people applying for asylum

Figuur 1.1 Asielaanvragen in Nederland, 2015-april 2017 (aantallen)

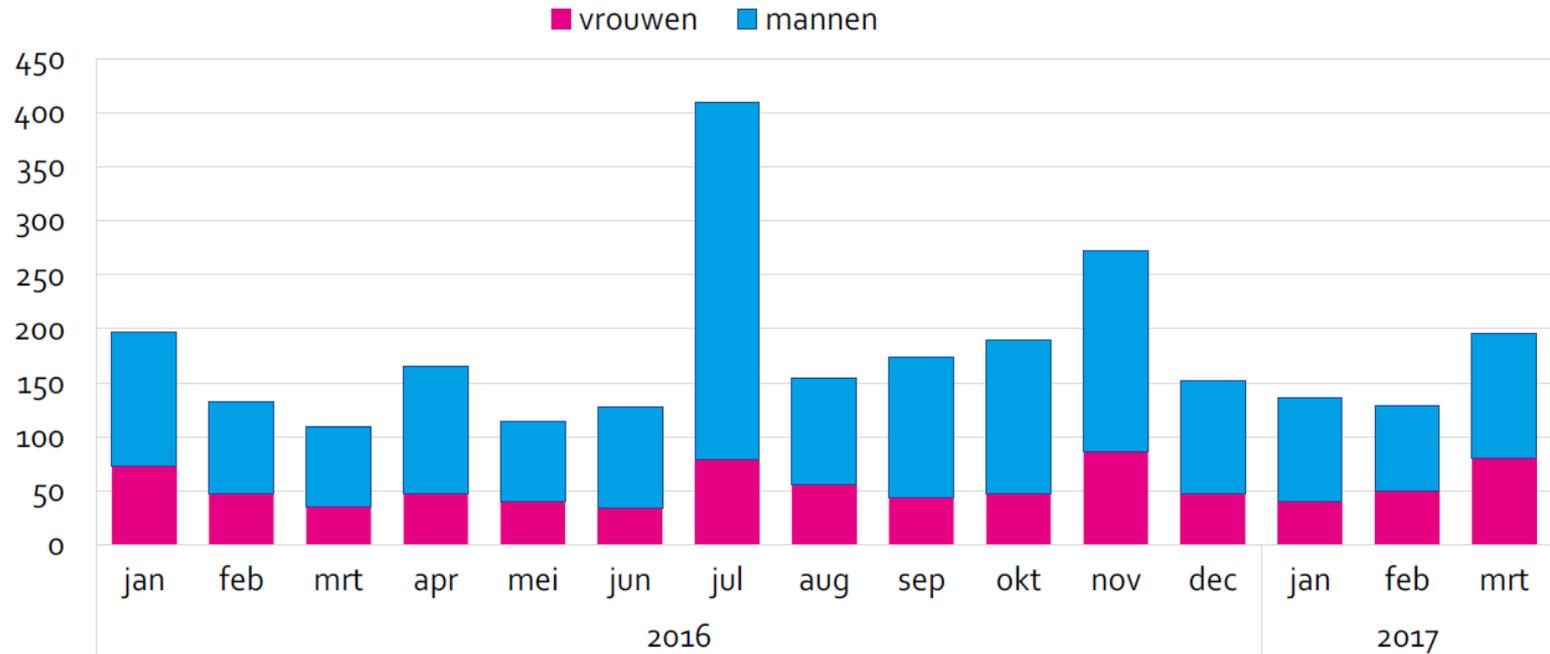


bron: IND, bewerking OIS



Figures of displaced people with asylum granted coming to live in Amsterdam

Figuur 1.3 Nieuwe statushouders naar instroommaand en geslacht, jan 2016-maart 2017 (procenten)

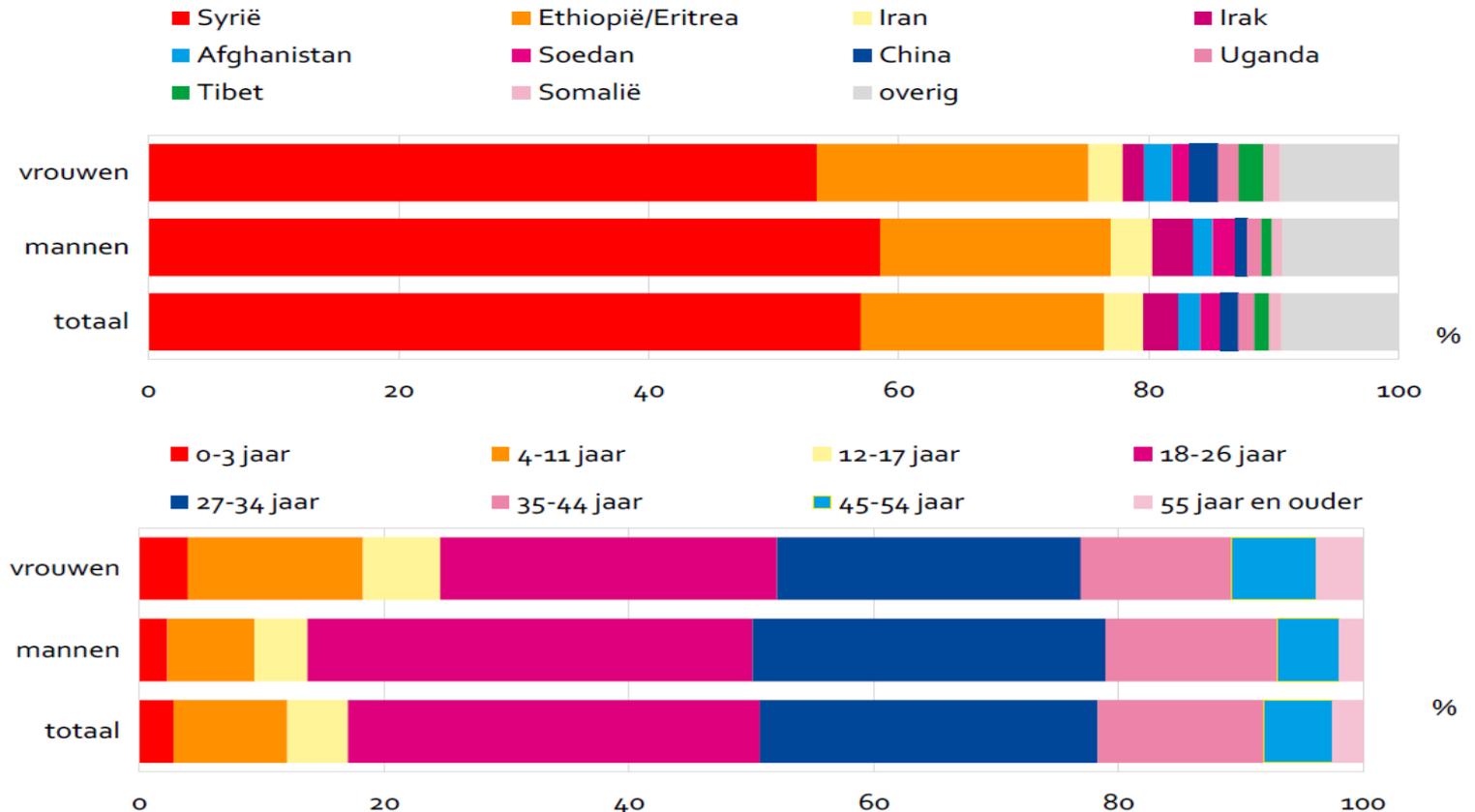


Bron: BRP, bewerking OIS



Nationalities new displaced people in Amsterdam

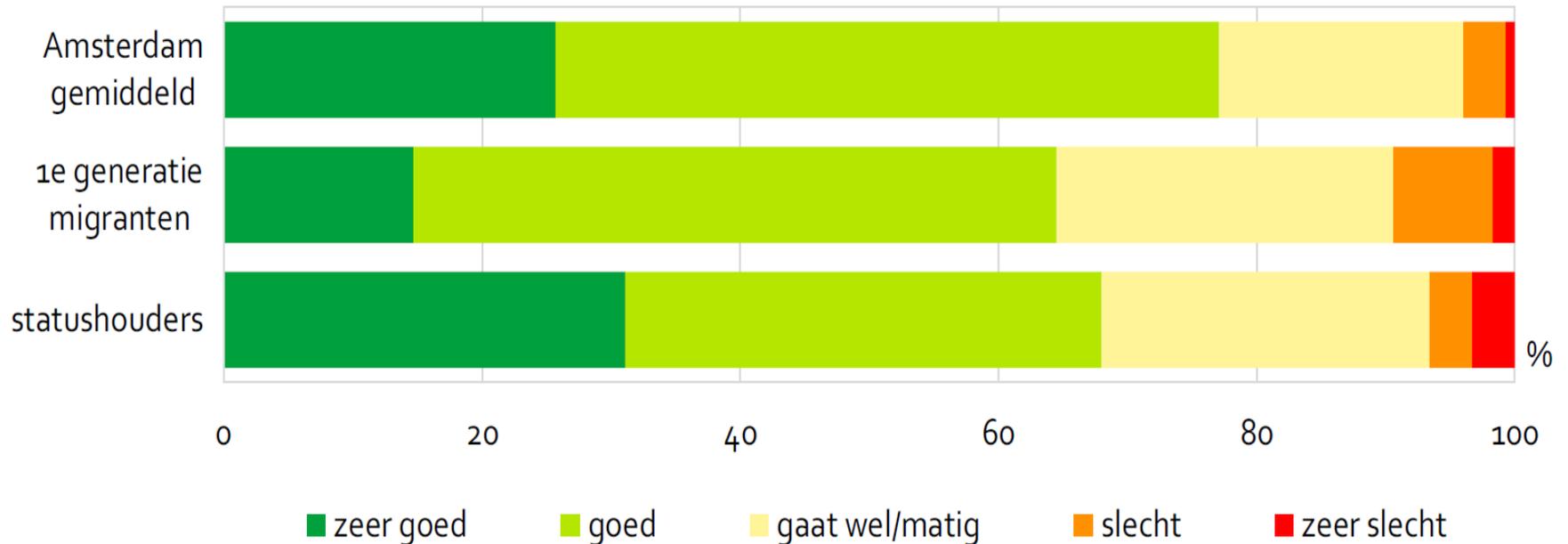
Figuur 1.4 Nieuwe statushouders naar geslacht en etniciteit, leeftijd en huishoudsamenstelling, jan 2016-maart 2017 (procenten)





Experienced health displaced people

Figuur 5 Ervaren algemene gezondheid, 2016 (procenten)



Bron: Staat van de Stad, 2016

Research in Amsterdam: HELIUS

HEalthy Life In an Urban Setting

www.heliusstudie.nl



Goal

To gain knowledge in ethnical health differences to diminish the health differences through prevention and tailoring of care



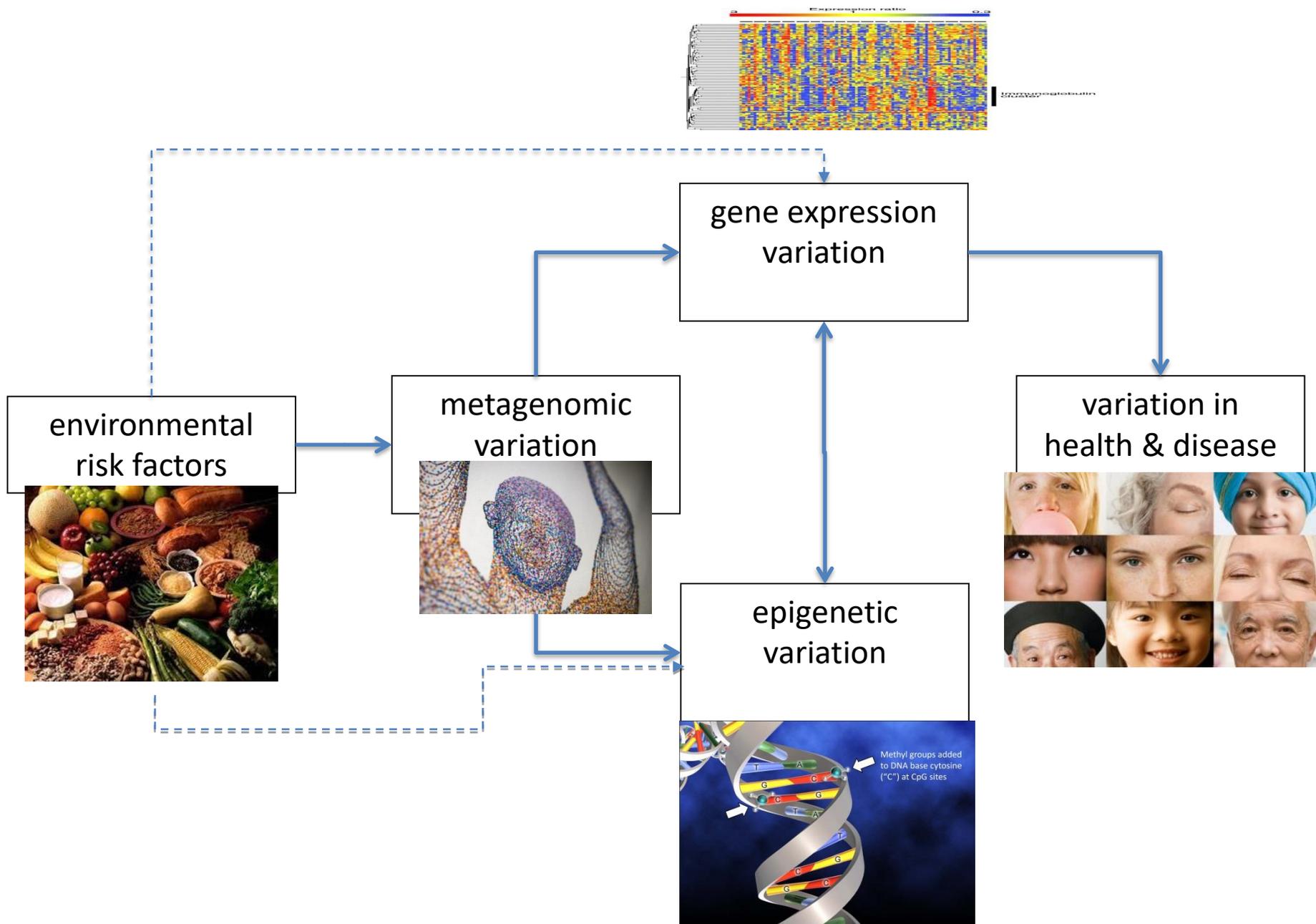
Academisch Medisch Centrum
Universiteit van Amsterdam



What is HELIUS?

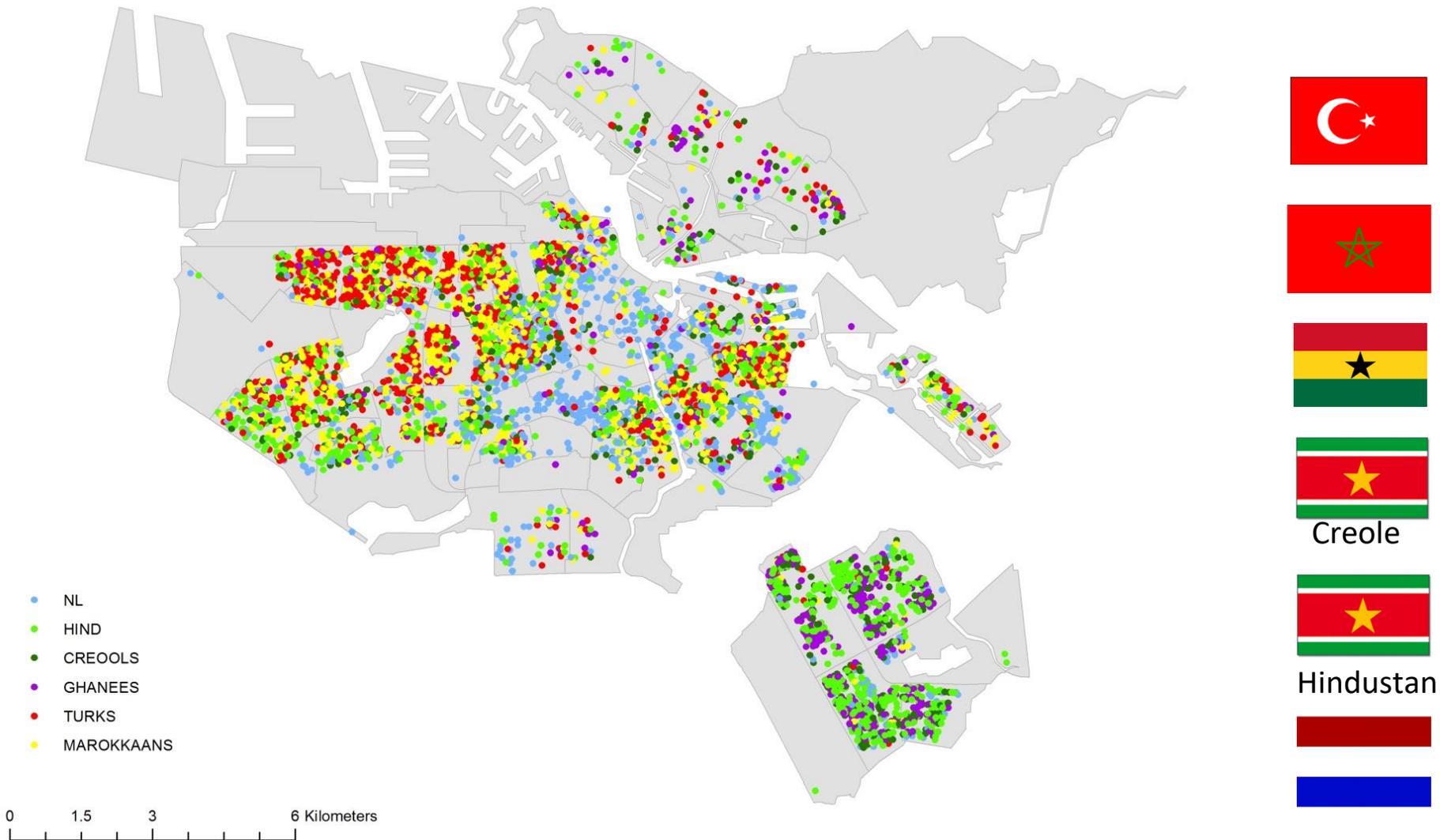


- Cohort study among the general population, 6 ethnical groups, unique
- Ethnical differences in health, which cannot be explained by social economic differences (or traditional risk factors) More knowledge is needed about these differences in health and the causes of it.
- Focus is on cardiovascular diseases, mental health and infectious diseases
- Gains: interconnectivity various themes, usage of each others data, working together on the methodology, accumulation of expertise



Study population HELIUS studie

24.789 inhabitants of Amsterdam, 18-70 jaar



Examples baseline results

Overweight, Diabetes and smoking (rough data)

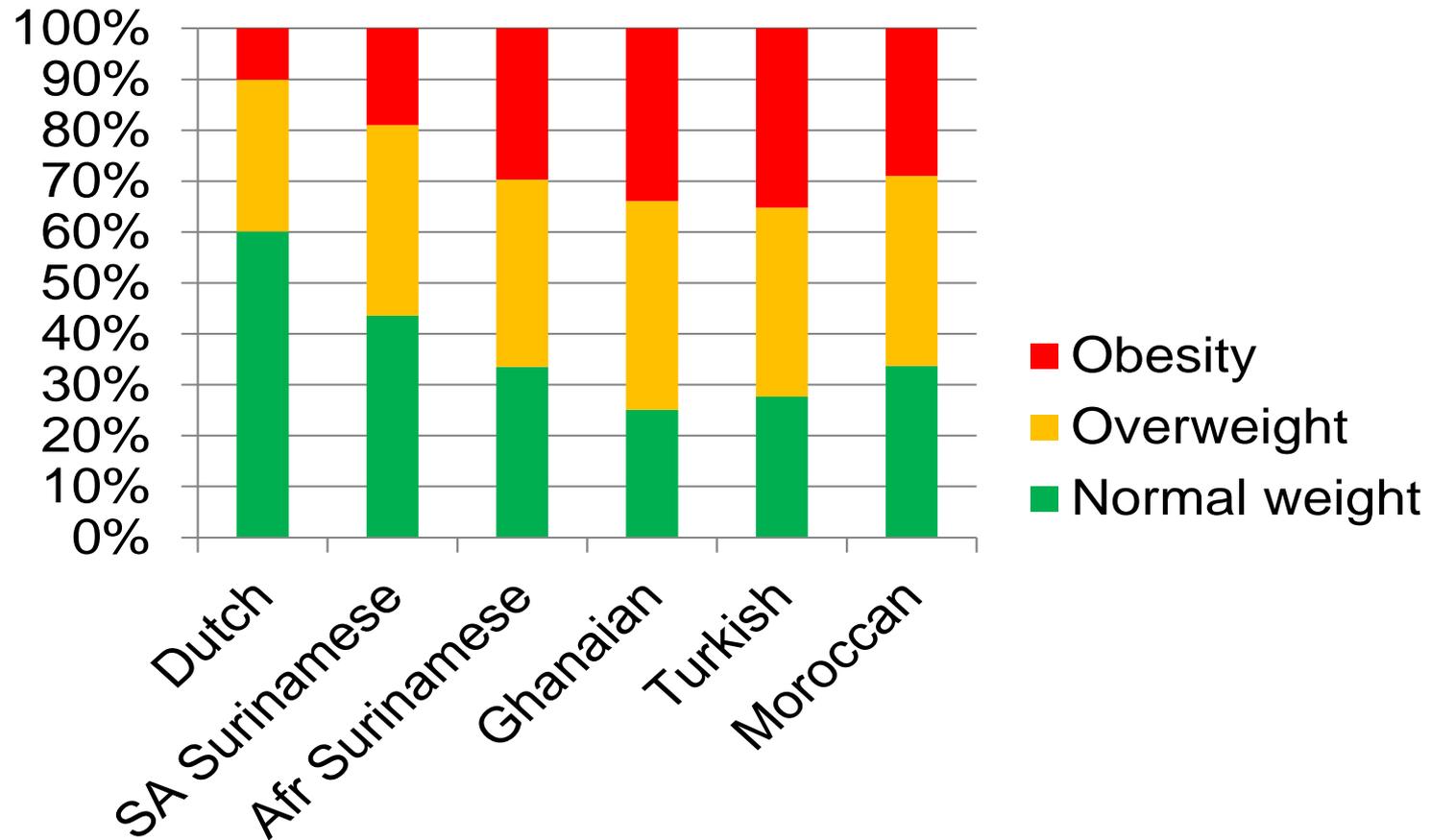


Bron: Amujao et al. Sleep Med 2016

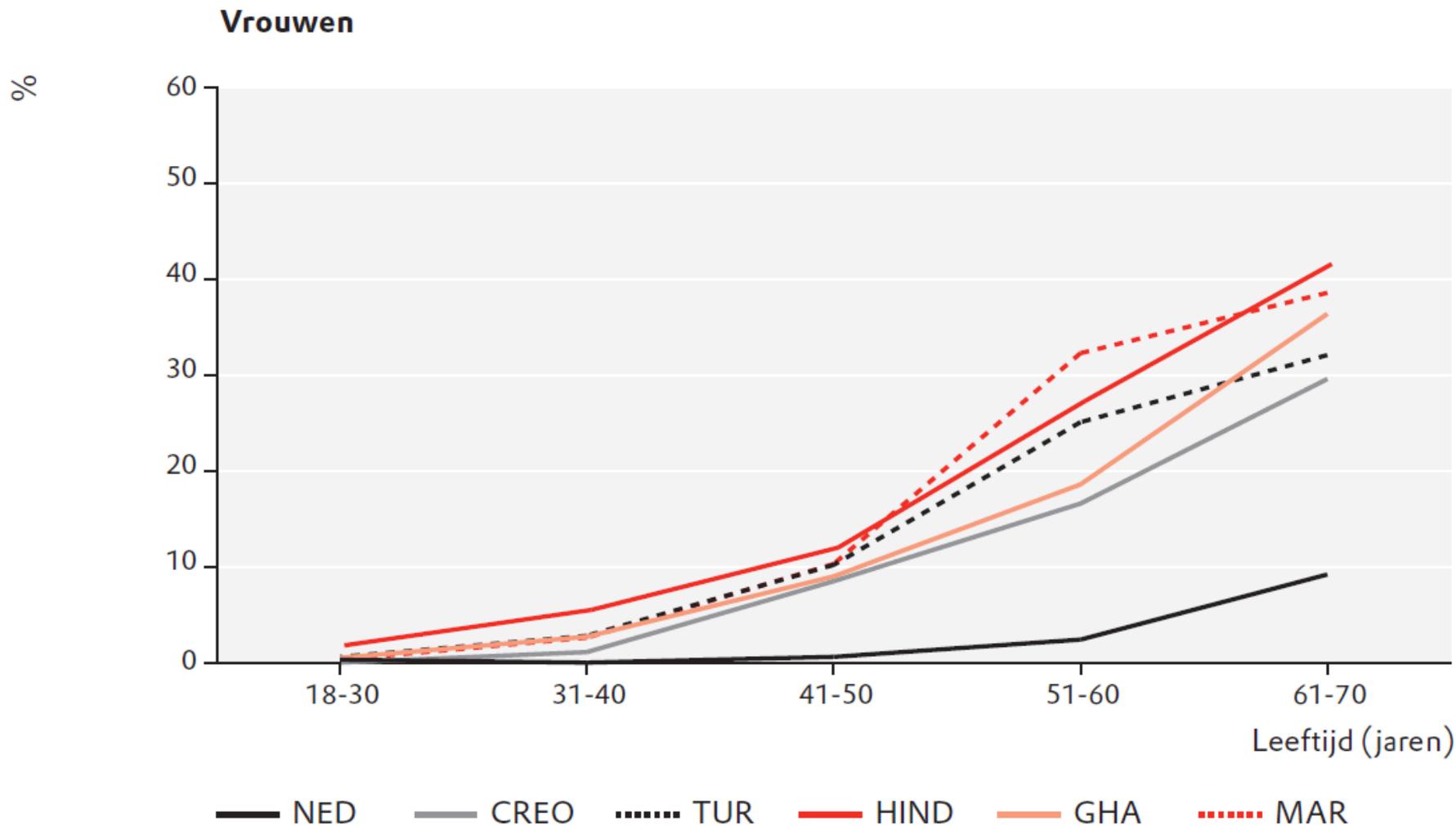
	Sleep (hours, average)	Overweight %	Diabetes %	Smoking % current
NLs	7,3	9,8	3,6	25,4
Hindustan	6,9	19,3	19,7	28,0
Creole	6,7	29,9	12,0	30,5
Ghanaian	6,8	33,3	11,9	4,7
Turkish	7,1	36,1	10,5	33,9
Moroccan	7,2	30,1	11,4	13,3

Weight HELIUS participants

bron: Snijder et al, BMC Open 2017

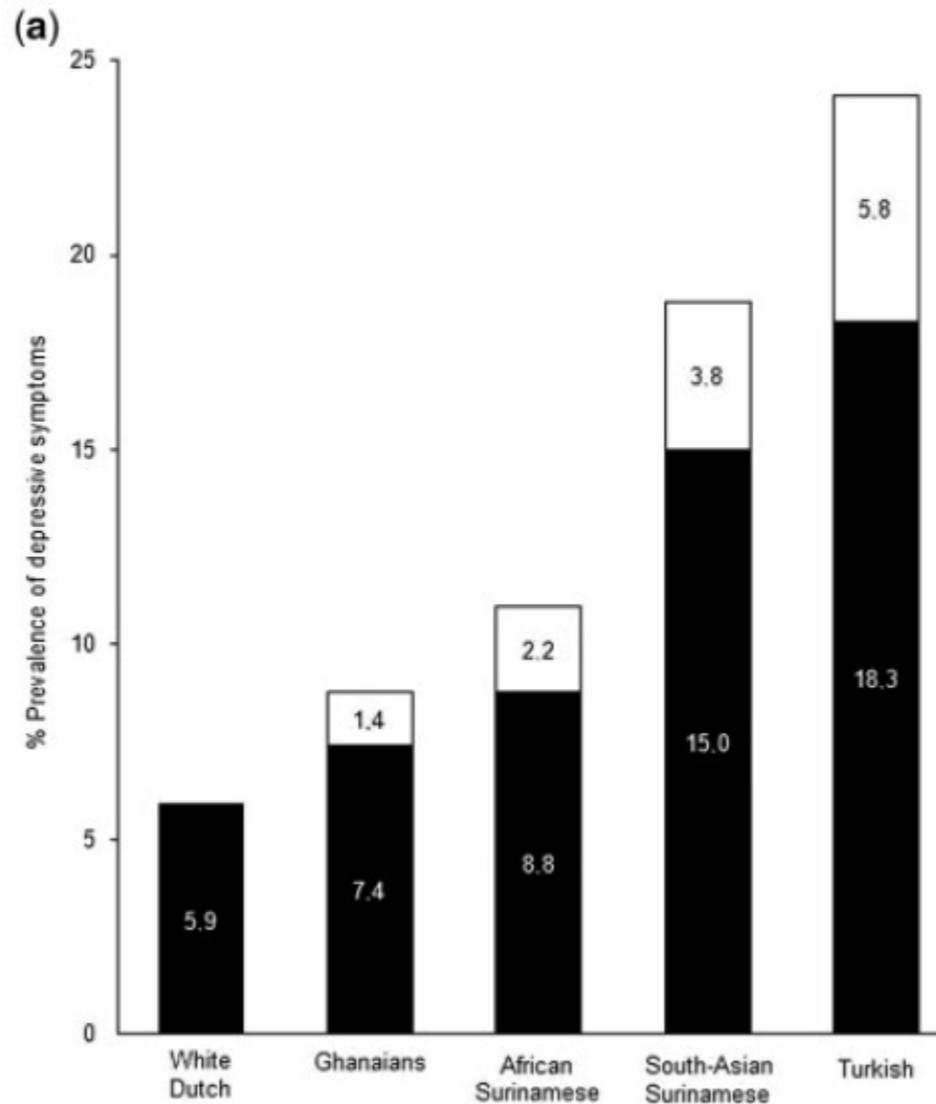


Amsterdam female inhabitants of non-Dutch origin suffer more often (up to 4 times) and earlier in life (up to 20 years) from diabetes



Bron: Snijder et al., Hartstichting 2017

Signs of depression occur a lot more often among inhabitants of Amsterdam of non-Dutch origin, linked to experienced discrimination (white part of beam)



Bron: Ikram et al. 2014



Biggest health problems displaced people

- Post traumatic stress syndrom
- Depression and fear
- Overweight and obesity
- Too little excercise
- Chronic conditions like diabetes, cardiovascular disease, high blood pressure



What are successful approaches in Amsterdam?

- Different targets for (lifestyle) interventions for different sub populations, depending on the health condition of those populations
- Various determinants for health in case there are differences between sub populations
- Different ways to reach sub populations. For example specific channels sub populations use more often
- Different ways in execution of the interventions, including the usage of language (including low literacy levels)



What are successful approaches in Amsterdam?

- Not all approaches are specifically targeted towards migrants, but towards the population with a low social economic status, which often includes migrants.
- There are special interventions aimed at displaced people, with peer educators explaining the Dutch health system, the Dutch society, special support based on an assessment of the needs of the specific individuals, including mental health problems caused before or during the displacement process
- Of course data is used when certain migrant groups show certain health behaviour that could be a risk to their health, such as smoking among Turkish people



Specific courses for migrants

- Cooking courses
- Specialized balance training to prevent falls for older migrants
- Physical exercise for migrants with light mental problems to try and break the negative spirit
- Specialized course for people with signs of depression for Turkish and Moroccan people`
- Assertiveness training for migrants who want to improve on this
- Colourful days: professional network aimed at reducing depression of Moroccan and Turkish 50+ inhabitants