



European Population Conference 2022

29 June - 2 July Groningen



Friday, July 1 / 11:00 - 12:30 • Heymans building room 0307

Session 42

Health and ageing of immigrants

Chair: **Wanda Van Hemelrijck** , *Netherlands Interdisciplinary Demographic Institute (NIDI)*

1. Cognitive Functioning of Foreign-Origin Population in Mid- and Old Age in Comparison to Host and Sending Countries: an Example from Estonia • **Liili Abuladze** , *Estonian Institute for Population Studies, Tallinn University*; **Luule Sakkeus**, *Tallinn University*; **Elena Selezneva**, *Higher School of Economics*; **Oxana Sinyavskaya**, *National Research University Higher School of Economics and Universiteit Maastricht*.
2. Social and Demographic aspects of aging among migrants in Italy • **Aldo ROSANO** , *National Institute for the Analysis of Public Policy*; **Pasquale Di Padova**, *National Institute for the Analysis of Public Policy*.
3. Gender Differences in Determinants of Loneliness among Moroccan and Turkish Older Migrants in the Netherlands • **Rowan ten Kate** , *University of Groningen*; **Tineke Fokkema**, *Netherlands Interdisciplinary Demographic Institute (NIDI)*; **Theo Van Tilburg**, *Vrije Universiteit Amsterdam*.
4. Older Immigrants – What Will Be Their Need for Care Services? • **Marianne Tønnessen** , *Oslo Metropolitan University*; **Astri Syse** , *Statistics Norway*.
5. Health Selection into Migration. Evidence from Matched Case-Control Analyses • **Thijs van den Broek** , *Erasmus School of Health Policy & Management*.



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Social and Demographic aspects of aging among migrants in Italy

Aldo ROSANO , *National Institute for the Analysis of Public Policy*
Pasquale Di Padova, *National Institute for the Analysis of Public Policy*

Population aging and the associated changes in demographic structures constitutes a key challenge across Europe with a rising demand for care and increasingly complex needs putting strong pressure on the health and social care systems. Simultaneously with the process of aging, the demographics of Europe are affected by increased migration. Although migrants are young when they arrive, they will themselves age if they are allowed to stay in the country of destination. Aging of migrant population is becoming a relevant issue to be addressed also in countries of recent immigration. Available demographic and epidemiologic data on aged migrants are scarce the evidence base is still fragmented, with little internationally comparable information. The aim of the study is to analyse the changes in the demographic structure of migrant population in Italy and the impact of aging on health outcomes, such as disability and chronic diseases. Preliminary results put in evidence that in Italy about 274 thousand migrant people are aged over 64 years, representing 5.4% of the citizens of other countries. The number of elderly migrants is as much as seven times larger than twenty years ago. The estimated number of migrants with disability in Italy is 199 thousand, and those suffering from chronic diseases are 726 thousand. With such an increase in the number of elderlies, the occurrence of disability and chronic diseases is becoming a serious issue among the migrant population in Italy also considering the inequalities in the access to health care and social services they experience.

[See extended abstract](#)

[Presented in Session 42. Health and ageing of immigrants](#)

Title: Social and Demographic aspects of aging among migrants in Italy

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Abstract

Population aging and the associated changes in demographic structures constitutes a key challenge across Europe with a rising demand for care and increasingly complex needs putting strong pressure on the health and social care systems. Simultaneously with the process of aging, the demographics of Europe are affected by increased migration. Although migrants are young when they arrive, they will themselves age if they are allowed to stay in the country of destination. Aging of migrant population is becoming a relevant issue to be addressed also in countries of recent immigration. Available demographic and epidemiologic data on aged migrants are scarce the evidence base is still fragmented, with little internationally comparable information. The aim of the study is to analyse the changes in the demographic structure of migrant population in Italy and the impact of aging on health outcomes, such as disability and chronic diseases. Preliminary results put in evidence that in Italy about 274 thousand migrant people are aged over 64 years, representing 5.4% of the citizens of other countries. The number of elderly migrants is as much as seven times larger than twenty years ago. The estimated number of migrants with disability in Italy is 199 thousand, and those suffering from chronic diseases are 726 thousand. With such an increase in the number of elderlies, the occurrence of disability and chronic diseases is becoming a serious issue among the migrant population in Italy also considering the inequalities in the access to health care and social services they experience.

Background

Population aging and the associated changes in demographic structures constitutes a key challenge across Europe with a rising demand for care and increasingly complex needs putting strong pressure on the health and social care systems. The importance of addressing population aging in Europe is underscored by changes in age dependency ratios, with a declining share of the population of working age and rising proportions in need of long-term and often complex health and social care in all European countries (Kristiansen, 2016).

Simultaneously with the process of population aging, the demographics of Europe are affected by increased migration. Although migrants are young when they arrive, they will themselves age if they are allowed to stay in the country of destination. Overall, migrants are younger than indigenous peoples in Europe, and although little data has been released so far on the percentage of migrants aging in Europe, an increase is expected as these groups age and with little indication of remigration. Available estimates of the age distribution of the migrant population show that it has, itself, been ageing even in countries where net migration gains are substantial (Beard, 2011).

Population aging is associated with growing health and social care needs. However, the implication of aging may be very different and burdensome for non-native people. Social and healthcare issues faced by aging migrants, to a large extent, overlap with those faced by socioeconomically disadvantaged aging people in the native populations (Ballarino, 2013). Some issues occur with age irrespective of migrant background, such as economic disadvantage and decline related to low income after retirement and increased out-of-pocket payments for treatment/ medicines; social isolation caused by functional decline or lack of social roles related to labour market participation (WHO, 2015). However, other factors shaping aging processes are specific for migrants, such as exposure to high rates of infectious diseases, malnutrition and traumatic experiences in the country of origin and/or during migration that influences their life-long risk of illness, further complicated by lack of or limited appropriate preventive care and medical treatment experienced in the hosted countries (Ingleby 2012; Rosano, 2018). Furthermore, migrants from non-Western countries are more likely to be disadvantaged in terms of socioeconomic position due to lower levels of educational achievement, un/underemployment and obligations towards relatives abroad (e.g. through sending of remittances) than native populations (Davies, 2010). Language barriers and low literacy are more common among aging migrants partly due to limited educational experiences and partly to the age-dependent reduction in second language abilities due to cognitive decline. They constitute additional risk factors for poor health and barriers to healthcare and social services. Moreover, the ageing of migrants makes their equal treatment in social security an issue that can be no more underestimated even in those States where immigration is a more recent phenomenon.

In southern European countries, such as Italy, Spain, and Greece, considerable migration fluxes are recent, as these countries have traditionally been emigration countries. In Italy, the migratory balance has been steadily positive since the early 1990s and the number of aged migrants has been increasing. Aging of migrant population is becoming a relevant issue to be addressed. Available demographic and epidemiologic data on aged migrants are scarce and the evidence base is still fragmented, with little internationally comparable information. The aim of the study is to analyse the changes in the demographic structure of migrant population in Italy, the impact of aging on health outcomes among migrants in Italy.

Data and methods

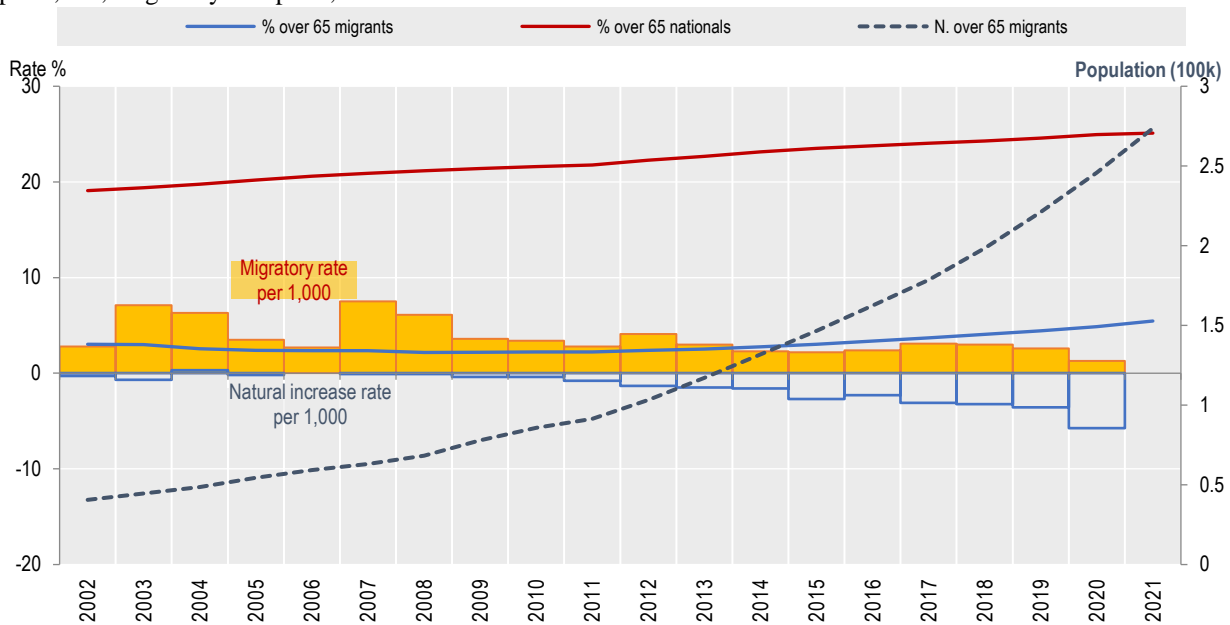
Demographic data are drawn from the demographic statistics of the Italian National Institute of Statistics (ISTAT) for the years from 2002 to 2021. Figures on chronic diseases and disability are drawn from the Italian version of the European Health Interview Survey (EHIS), 2019 edition. Data are analysed by citizenship (nationals; foreigners). When appropriate, data are compared between migrants and natives in order to put in evidence any difference. In order to take into account the different age and sex structure of native and migrant population, the comparison of the risks of suffering from disability or chronic diseases between migrants and natives was analysed through a logistic regression model (LRM), adjusting for

age, gender and education as potential confounding factors. The results of the LRM are expressed in terms of odds ratio (OR): an OR above 1 means that there is a greater likelihood of having the outcome (disability/chronic diseases) and an OR of below 1 means that there is a lesser likelihood of having the outcome.

First results and preliminary conclusions

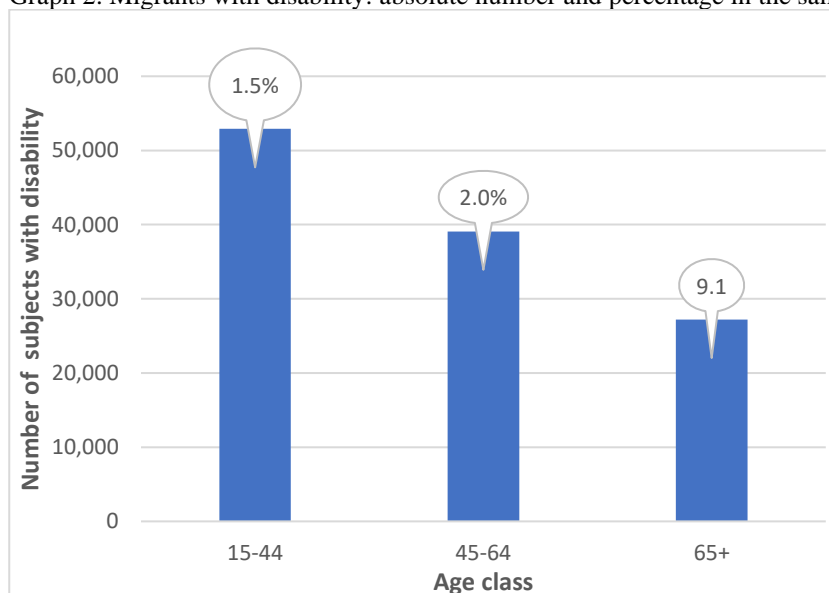
In the study period the number of migrants aged 65 and over increased from 41 thousand to 274 thousand, with the percentage of elderly in the migrant population in Italy increasing from 3.0% to 5.4%. Correspondingly, percentage of elderly in the native population in Italy increased from 19.1% to 25.1%. Since almost 30 years, Italy is interested by a negative natural increase rate, that is only partially compensated by positive migratory rates. In the last years the natural balance has reached large negative values, no more compensated by positive migratory rates, in decrease since 2018 (Graph 1). It is noteworthy the fact that the share of older people is higher among females (7.0%) than males (3.8%) (data not shown).

Graph 1. Demographic indicators: N. over 65 migrants; % over 65 migrants; % over 65 nationals; Natural increase rate per 1,000; Migratory rate per 1,000. Years 2002-2021



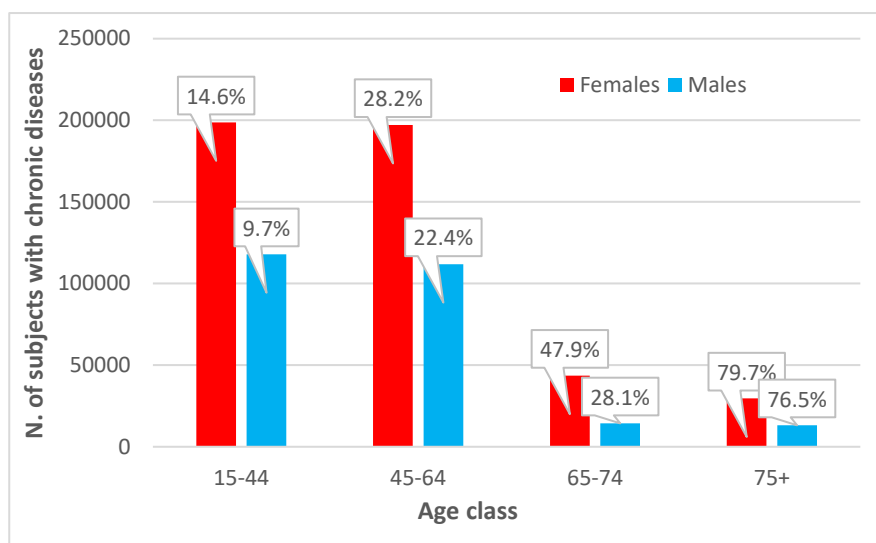
The ageing of migrant population implies that the number of subjects with disability and/or chronicity has reached substantial figures. It is about 119 thousand of people with disability, with a higher proportion among those aged 65 and over. (Graph 2)

Graph 2. Migrants with disability: absolute number and percentage in the same age class. Year 2019



The estimated number of migrants suffering from chronic diseases is 726 thousand (459 thousand among females and 257 thousand among males) with proportions over 70% among those aged 75 year and over. (Graph 3)

Graph 3. Migrants with chronic conditions: absolute number and percentage in the same age class by sex. Year 2019



Considering the different age and sex distribution of migrants and native population, the risk of suffering from disability or chronic diseases is 15% (17% for disability and 14% for chronic diseases) lower among migrants than nationals, even though not statistically significant. Overall, the risk of disability is significantly higher among females (+39%) as well as the risk of suffering from chronic disease (+22%). The analysis also highlights the expected increasing risks by age. Education was a clear protective factor both for disability and for chronic diseases (Table 1)

Table 1. Probability of being disabled/suffering from chronic diseases associated with citizenship, age and gender. Probability expressed in terms of odds ratio (OR) with 95% confidence interval (95% CI).

| Disability | | | | Chronic diseases | | | |
|----------------------------|-------|-------|-------|----------------------------|-------|-------|-------|
| Variables | OR | Inf | Sup | Variables | OR | Inf | Sup |
| Gender | | | | Gender | | | |
| <i>Males (reference)</i> | 1.00 | | | <i>Males (reference)</i> | 1.00 | | |
| <i>Females</i> | 1.39 | 1.29 | 1.50 | <i>Females</i> | 1.22 | 1.17 | 1.27 |
| Age | | | | Age | | | |
| <i>18-24 (reference)</i> | 1.00 | | | <i>18-24 (reference)</i> | 1.00 | | |
| <i>25-44</i> | 2.05 | 1.51 | 2.78 | <i>25-44</i> | 1.92 | 1.71 | 2.16 |
| <i>45-64</i> | 4.99 | 3.78 | 6.58 | <i>45-64</i> | 4.84 | 4.34 | 5.39 |
| <i>65+</i> | 28.05 | 21.40 | 36.78 | <i>65+</i> | 13.98 | 12.54 | 15.57 |
| Education | | | | Education | | | |
| <i>Basic (reference)</i> | 1.00 | | | <i>Basic (reference)</i> | 1.00 | | |
| <i>Intermediate</i> | 0.44 | 0.39 | 0.48 | <i>Intermediate</i> | 0.78 | 0.74 | 0.82 |
| <i>Advanced</i> | 0.26 | 0.22 | 0.31 | <i>Advanced</i> | 0.70 | 0.66 | 0.82 |
| Citizenship | | | | Citizenship | | | |
| <i>Italian (reference)</i> | 1.00 | | | <i>Italian (reference)</i> | 1.00 | | |
| <i>Not National</i> | 0.83 | 0.65 | 1.05 | <i>Not National</i> | 0.86 | 0.77 | 0.96 |

Preliminary conclusions

In Italy about 274 thousand migrant people are aged over 64 years. They represent 5.4% of the citizens of other countries in Italy. The number of elderly migrants is as much as seven times larger than twenty years ago and the percentage in the migrant population has almost doubled. With such an increase in the number of elderlies, the occurrence of disability and chronic diseases is becoming a serious issue also among the migrant population in Italy. The estimated number of migrants with disability in Italy is 199 thousand, and those suffering from chronic diseases are 726 thousand. The share of people with disability and suffering from chronic diseases is lower among migrants than natives, also taking into account the different age structure of the population. Possible reason is the known “healthy migrant effect”: individuals who are in better health are more likely to choose to migrate.

Strengths and limitation

We presented demographic data on aging of migrants in Italy by citizenship. In previous publications on the same topic data were analysed by country of birth (WHO, 2018). The analysis by citizenship is more appropriate because Italy is a country of recent immigration and, mainly, because there is a large number of Italians born abroad, sons of Italian migrants. In Italy, estimates on the occurrence of chronic diseases among migrants have been rarely investigated as well as the number of persons with disability. The results on health outcomes can be easily compared with other countries as the data source is a harmonised survey (the EHIS) conducted in all EU countries. Among the limitations it should be reported that it was not possible to distinguish between those who age in the country of destination (ageing in place) and those who have recently arrived, who may have different characteristics. As well as no distinction was possible for the different migrant status, such as a refugee, migrant and asylum seeker, while migrants in irregular situations, who may represent a large share of migrants, were not included as they do not appear in the official statistics.

Most people experience the majority of years spent living with poor health after the age of 65, and can, on average, expect to spend around half of their later years living with a life-limiting health condition or disability. Ageing of migrants in Europe has become an important policy issue, especially within the context of health inequalities and increasing health care costs.

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