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Is informal care a substitution for home care among migrants in The Netherlands?

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Background

Among migrants the level of home care use seems to be lower than among the native population. As migrants may prefer informal care for several reasons, they possibly use these sources of care instead of home care.

We therefore, examined the use of home care in relation to household characteristics and the use of informal care, in order to see how these factors contribute to the explanation of ethnic disparities in home care use.

Method

Data were used from a survey among the native population aged ≥18 years, carried out in the framework of the second Dutch National Survey of General Practice (N= 7772). An additional sample was drawn from the four largest migrant

Results

Of the 7772 cases, 13% received home care, 22% received informal care, and 65% did not receive any. Among migrants, home care use was significantly lower than among the native population. The majority of the sample consider mediation should be a permanent service for the health system, whilst professionals, as well as for patients that cannot speak the official languages used in Catalonia or that have different cultural backgrounds.

Conclusions

The mediation services improve communication between professionals, as well as for patients that cannot speak the official languages used in Catalonia or that have different cultural backgrounds.

Methods

A total of 75 interviews were carried out and through an exploratory study, using qualitative research techniques. A total of 75 interviews were carried out and through an exploratory study, using qualitative research techniques.

Background

Over the last decade Catalonia has been one of the Spanish regions that have received more immigration. In this context, the Catalan health system created the Immigration Health Plan (IHP) as an instrument to plan and to define the strategies to improve health care for migrant population. Considering that, in 2006 the IHP created an intercultural mediation programme of the Ministry of Health for several reasons, they possibly use these sources of care instead of home care.

Conclusions

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Results

Four focus groups were organized between May and September of 2009. The informants who integrated the sample belonged to different regions that have received more immigration. In this context, the Catalan health system created the Immigration Health Plan (IHP) as an instrument to plan and to define the strategies to improve health care for migrant population. Considering that, in 2006 the IHP created an intercultural mediation programme of the Ministry of Health for several reasons, they possibly use these sources of care instead of home care.

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groups in The Netherlands, i.e. those originating from Surinam (N=297), the Dutch Antilles (N=262), Morocco (N=370) and Turkey (N=400). The survey contained information on home care use, informal care, indicators of need, household composition, informal social contacts, language mastery and acculturation.

**Results**

Among the native population 6.2% was using home care. Among migrants this percentage varied from 6.3% among Antilleans, 4.8% among Surinamese, 4% among Turks and 2.2% among Moroccan. After correcting for need, household characteristics and the use of informal care, home care use was lower among all migrant groups compared with the native population, except among the Antilleans. Use of informal care did not reduce but rather enhanced the use of home care. It did not explain ethnic disparities in home care use.

**Conclusions**

Household composition and use of informal care are related to use of home care, but cannot explain ethnic disparities in utilization. Informal care use seems to function as a supplement to home care, possibly bridging the gap to home care use.