Migration-sensitive Cancer Registration in Europe

Challenges and Potentials

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1. Introduction

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Establishing migration-sensitive cancer registration in Europe would mean establishing a routine monitoring of cancer occurrence in migrant and ethnic minority groups within and between European countries. It is a basic requirement for describing their health status and revealing cancer risk disparities, both between similar migrant groups in different European countries, as well as between migrants and autochthonous populations, in order to develop adequate strategies to prevent or reduce health inequalities between migrants and non-migrants.

The majority of European countries has to face a growing diversity of its populations especially due to heterogeneous groups migrating to Europe or staying there in the second or third generation. Migrants in Europe are quite heterogeneous with respect to origin, age, socioeconomic status, reason of migration, migrant generation as well as health risks and resources. So far, in many European countries, there is a lack of information and data that are collected on these groups. Data are not collected routinely or systematically and hence these countries are not able to obtain an overview of the health situation of the migrants residing there.

Aim of this book is to (i) describe the status quo of migrant-sensitive cancer registration in Europe and (ii) reveal and discuss the potentials regarding a routine monitoring of the health and cancer patterns among migrant populations in Europe. The book will give an overview and methodological discussion of migration-sensitive cancer registration and explain the idea of developing common indicators in order to conduct scientific, potentially transnational, analyses and to perpetuate adequate monitoring of the health of migrant populations in future.

One of the basic problems regarding the lack of health reporting in migrant groups in Europe is the difficulty of defining migrants or ethnic groups. There is no standardised definition available in most EU countries and comparisons between countries are hardly possible. Migration background or ethnicity are often described by approximating measures, e.g. by country of birth, language or origin [1]. In some countries, nationality is the only indicator for migration background. Before it will be possible to monitor and describe cancer patterns (and
other health risks and outcomes) among migrants across countries, it has to be agreed on a uniform migrant definition.

In this book, we used a broad definition of ‘who is a migrant’ in order to take account of the huge number of existing migrant definitions in Europe and to avoid the inclusion of migrants solely based on country of birth or nationality. Furthermore, ethnic minority groups which are not defined as migrants by the common definition are included, when they present an important group in terms of cancer risk patterns (e.g. the Skolts in Finland, see Chapter 4).

Developing migration-sensitive health indicators for monitoring constitutes one of the major aims of the EU-funded Migrant and Ethnic Health Observatory” (MEHO)-project. Some of the results presented in this book are part of MEHO, funded by the European Commission and conducted between 2006 and 2009. The coordination of the project was headed by the Erasmus Medical Center at Rotterdam University. The project comprised nine work packages with associated partners in other European countries and focussed on the lack of routinely collected information on migrant status in health databases and encouraged the EU member states to share experiences regarding this topic.

The main objectives of the MEHO project were

(1) to make an inventory of existing data sources on migrant health across Europe,
(2) to tackle conceptual, methodological, ethical and practical issues of identifying immigrants in these health databases and
(3) to develop recommendations on migrant and ethnic-specific indicators to routinely monitor the health status of migrant groups in six different areas, including cancer and on how to achieve comparability between data bases in the EU countries.

1 Partners were:
– Institute of Health Policy and Management, Erasmus Medical Centre, University Medical Center, Rotterdam, The Netherlands
– Department of Public Health, Erasmus Medical Centre, University Medical Center, Rotterdam, The Netherlands
– Lazio Sanità, Agency for Public Health, Rome, Italy
– Division of Community Health Sciences – Public Health Sciences Section, University of Edinburgh Medical School, Edinburgh, Scotland
– Faculty of Health Sciences – Institute of Public Health – Department of Health Services Øster, University of Copenhagen, Denmark
– Economic Department, Institute of Hygiene, University of P.J. Safarik Kosice, Slovakia
– Department of Public Health Medicine, University of Bielefeld, Germany
– Faculty for Life Sciences, Hamburg University of Applied Sciences, Germany
– Department of Epidemiology and International Public Health, School of Public Health, University of Bielefeld, Germany
Cancer was one of the main areas addressed in the MEHO project. Monitoring cancer mortality and incidence among migrants is of particular interest, because studies have shown that cancer risk (for specific cancer sites) can differ between migrants and autochthonous populations [2-5].

During the course of the MEHO project, the Department of Epidemiology & International Public Health at Bielefeld University (Germany) was in charge of the work package “cancer/cancer registration”.

Specific objectives of this work package cancer and cancer registration were:

• to identify existing databases in European cancer registries with information on cancer cases/incidence according to migrant status,
• to identify the different ways in which information on migrant status is collected in European cancer registries,
• to assess data on the coverage and completeness of the registries,
• to develop indicators for cancer patterns among immigrants in Europe,
• to develop recommendations for a uniform definition of migrant status in EU cancer registrations and for further improvements of “migrant sensitivity”.

Findings of the MEHO project and additional evidence collected emphasise the need for intensified monitoring of cancer risk among migrants. Migration-sensitive cancer research and monitoring have important implications for equity-related health policies and can help to investigate cancer causes. Thus, a functioning network and collaboration of experts in this field is vital and worthwhile.

The first content chapter of the book (chapter 2) depicts a brief outline of the development of cancer registration in Europe. Essential aspects being discussed are the quality, comparability and completeness of data throughout European registries. Against this backdrop, a short introduction on possibilities and difficulties of cancer registry-based migrant research is given.

Chapter 3 addresses theoretical and methodological issues, discussing challenges with respect to definitional difficulties and indicator development in the field of migrants and cancer. Aiming at getting an overview on the current evidence concerning cancer patterns in migrants, a background chapter covers current knowledge of cancer risk diversity in non-Western migrants coming to Europe in comparison to autochthonous populations in Europe based on a literature overview (chapter 3.1). During the MEHO, project the development of indicators was initiated with identifying and compiling the ways information on migrant status is collected in migration-sensitive cancer databases in Europe. Therefore, a survey among all population-based cancer registries in EU-countries was conducted regarding migration-sensitive data collection, coverage and completeness of data. Results of this survey are presented in chapter 3.2.
Based on current literature, survey results and available migration-sensitive health reports, recommendations for a set of indicators, definitions and measures are developed that could be used in migration-sensitive cancer registration and research (chapter 3.3).

The core of the book is constituted by country reports, describing the potentials and barriers concerning migration-sensitive cancer registration and research in these European countries. Case studies of six countries (namely Scotland, Sweden, Finland, Germany, Denmark and The Netherlands) are presented, each arisen from close collaborations with local experts. Every country report contains a description of the specific situation with regard to cancer registration, studies on cancer among migrant populations in this country and possibilities of establishing a routine monitoring or conducting dedicated studies on the cancer risks of migrants (chapter 4).

Finally, the country-specific insights will be summarized, compared and evaluated based on the standards developed in order to provide references for the future (chapter 5).

The editors want to thank all persons involved in compiling this book. We are especially grateful to the (co-)authors of the introducing chapter on cancer registration in Europe as well as the country reports for their valuable and constructive work in writing and approving the chapters.

References