

# Denmark

**Population**

5,840,000

**Area**42,938 km<sup>2</sup>**Capital**

Copenhagen

**3 largest cities**

Copenhagen (632,000)

Aarhus (350,000)

Aalborg (217,000)

**Neighboring countries**

Germany, Sweden

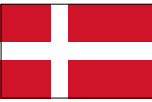
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## 1. Migration history

Denmark has a history of continuous immigration in recent centuries, beginning from the immigration of Dutch farmers in the early 16th century who were followed by Jewish migrants from various European countries in the 17th century; people from Germany between the mid-17th and 19th centuries; and unskilled workers from Poland, Germany, and Sweden between mid-19th century and World War One. Migration history in the 20th century is characterised by several waves of large-scale refugee immigration. As a result of the two world wars, many people from Eastern Europe and Germany as well as Jews came to Denmark. In the late 1960s and early 1970s, there was a short wave in which guest workers from Turkey, Pakistan, Yugoslavia, and Morocco migrated to Denmark. In addition, Denmark was the destination of about 1,000 refugees every year from Chile and Vietnam in the 1970s. The Cold War, the collapse of Yugoslavia and the Soviet Union, and the Middle Eastern conflicts in the 1990s resulted in the formation of new migrant groups (people from the Russian Federation, Hungary, Bosnia and Herzegovina, Iran, Iraq, and Lebanon). After an increasing number of refugees came from developing countries, a shift towards a restrictive policy took place in the mid-1990s. As a result, the number of refugees declined significantly [1]. Despite factors such as a stringent refugee policy, the implementation of the 1996 Schengen

Agreement from 2001 [2], and the increase in the number of workers from the Baltic States and Poland, after those countries joined the EU in 2004, non-Western immigrants still outnumber Western-origin immigrants in Denmark today. Although citizens from Western countries, especially from Scandinavian countries, the EU, and North America also arrive, they usually stay in Denmark for only a limited period to work or study. Most of the immigrants arriving in Denmark are asylum seekers and persons from non-Western countries who enter as family members of immigrant workers in accordance with the laws regulating family reunification [1, 3]. In 2017, the number of non-Western-origin immigrants living in Denmark was almost twice as high as that of Western-origin immigrants. While the net migration of Western-origin immigrants has languished since 2007, the net migration of non-Western-origin immigrants continues to increase [3]. Between 1990 and 2019, the migrant population (born abroad) more than tripled (235,200 to 722,900) and the proportion of this group in the total population more than doubled (4.6 to 12.5%) [4]. The net migration rate has always been positive and currently amounts to 2.6 [5]. In 2017, people from Turkey (62,700), Poland (44,900), Syria (33,600), and Germany (29,600) represented the largest migrant groups [3].



## 2. Estimated number of people with a migration background with dementia

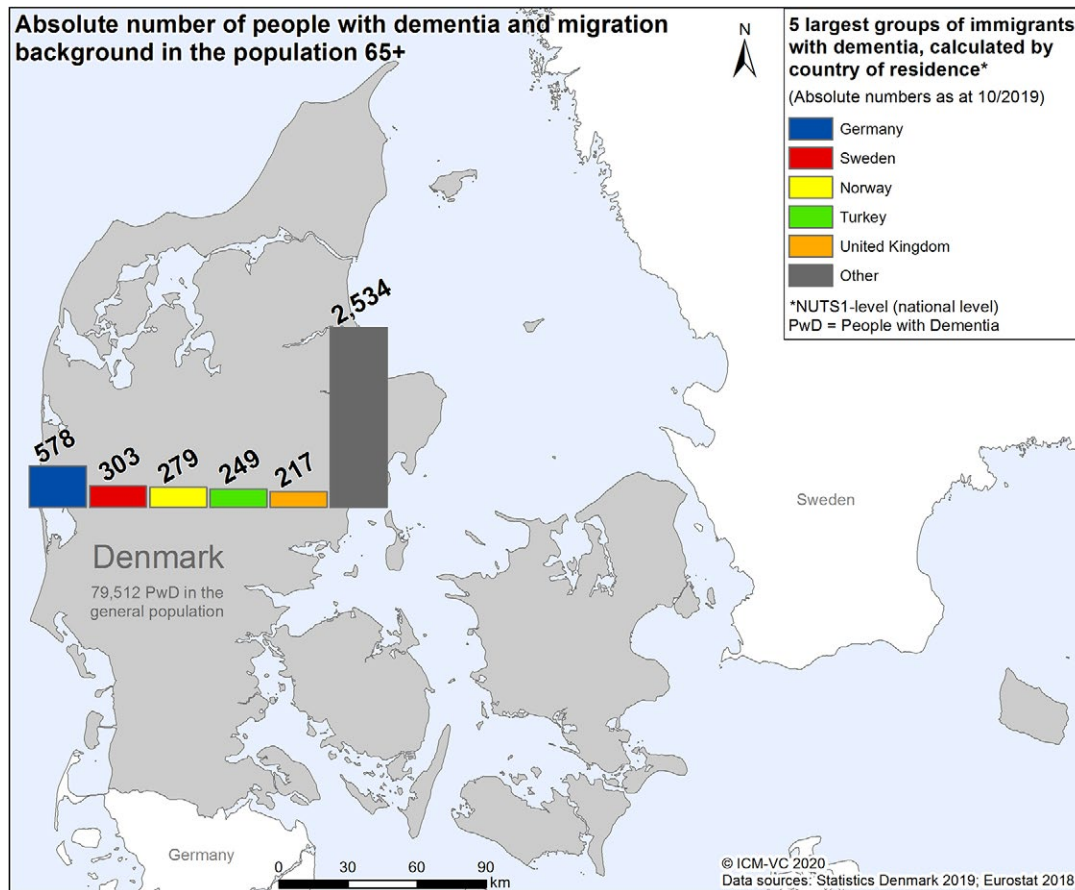


Fig. 3.7.7.1: Absolute number of PwM with dementia aged 65+ (Denmark – Nation)

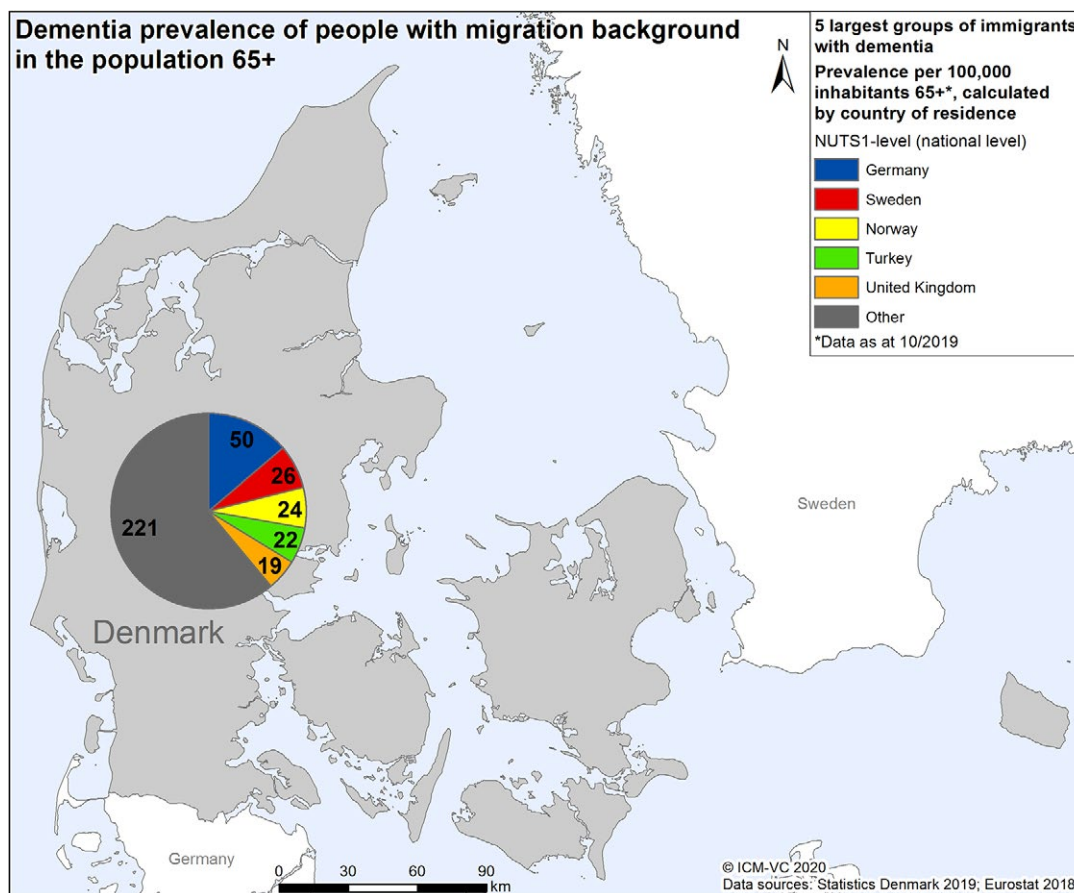
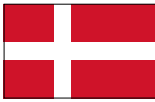


Fig. 3.7.7.2: Dementia prevalence of PwM in the population 65+ (Denmark – Nation)

**Tab. 15: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Denmark – Nation)**

NUTS	Total	DK	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other group
Absolute Numbers								
Denmark	79,512	75,343	DE 577	SE 303	NO 279	TR 249	UK 217	2,544
Prevalence/10,000 inhabitants with migration background 65+								
Denmark	13,161	-	DE 96	SE 50	NO 46	TR 41	UK 36	421
Prevalence/100,000 inhabitants 65+								
Denmark	6,900	6,538	DE 50	SE 26	NO 24	TR 22	UK 19	209

Data source: Statistics Denmark (2019)



There are 60,400 PwM aged 65 or older. Of those, approx. 4,200 are estimated to exhibit some form of dementia. Figure 3.7.7.1 shows the most affected migrant groups presumably originate from Germany (approx. 600), Sweden (approx. 300), Norway (approx. 300), Turkey (approx. 300), and United Kingdom (approx. 200). The second graph highlights the number of PwM with dementia in Denmark per

100,000 inhabitants aged 65 or older (figure 3.7.7.2). Table 15 displays the values depicted in the maps on the national level. The following maps show the distribution of non-migrants with dementia and PwM with dementia from Germany, Sweden, Norway, Turkey, and the UK throughout the country in the NUTS2 regions (figures 3.7.7.3 – 3.7.7.8).

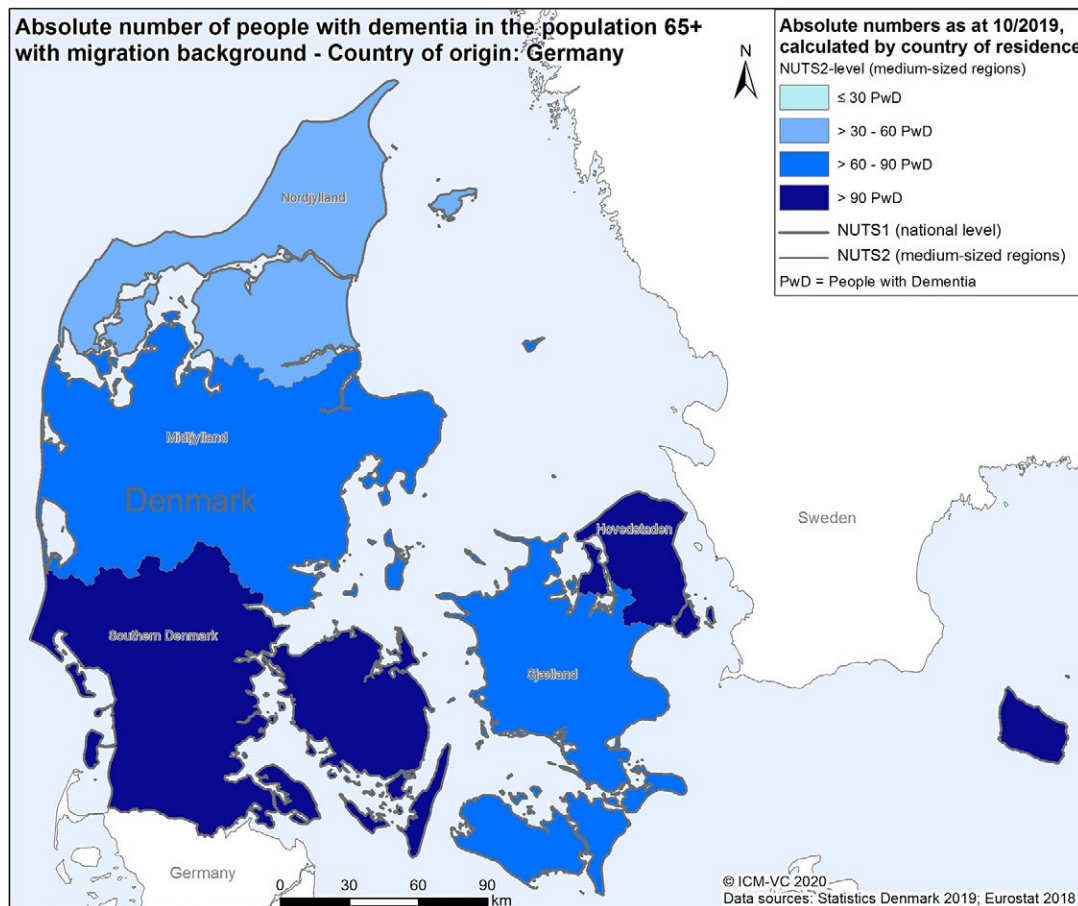


Fig. 3.7.7.3: Absolute number of PwM with dementia aged 65+. Country of origin: Germany (Denmark – NUTS2)

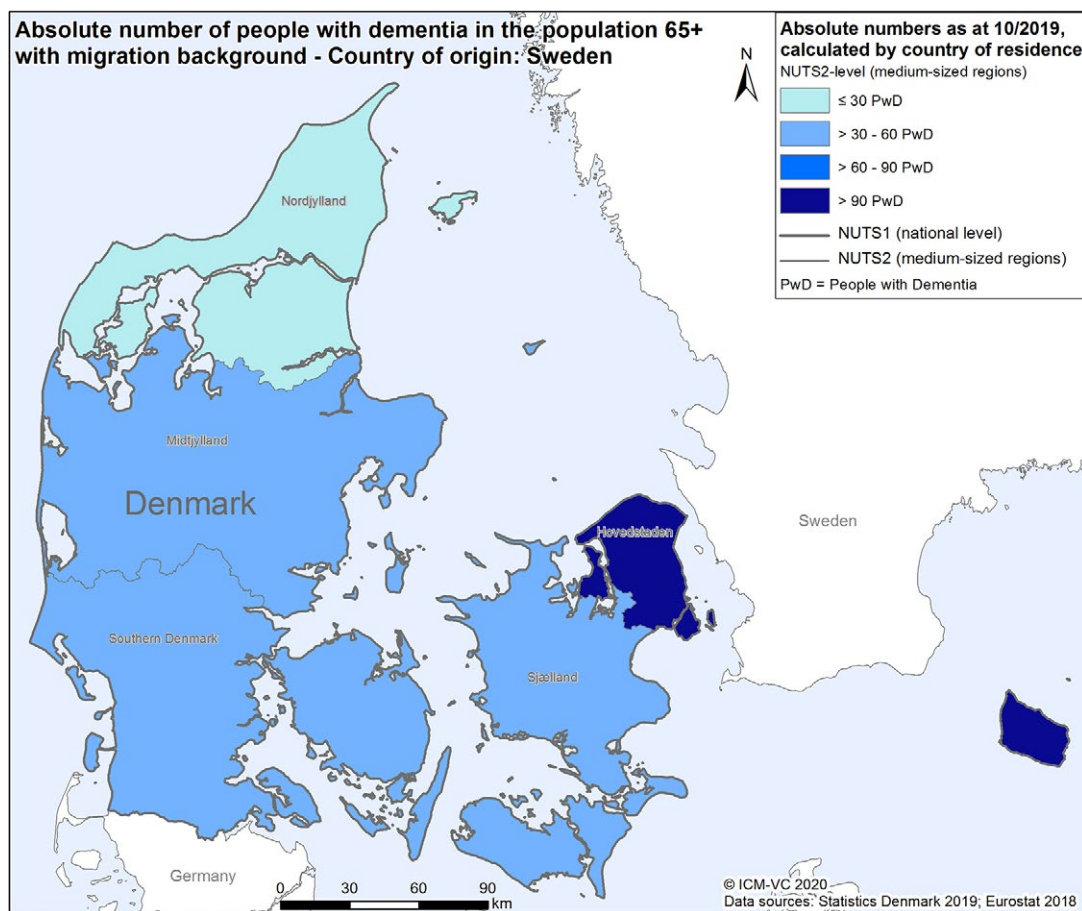


Fig. 3.7.7.4: Absolute number of PwM with dementia aged 65+. Country of origin: Sweden (Denmark – NUTS2)



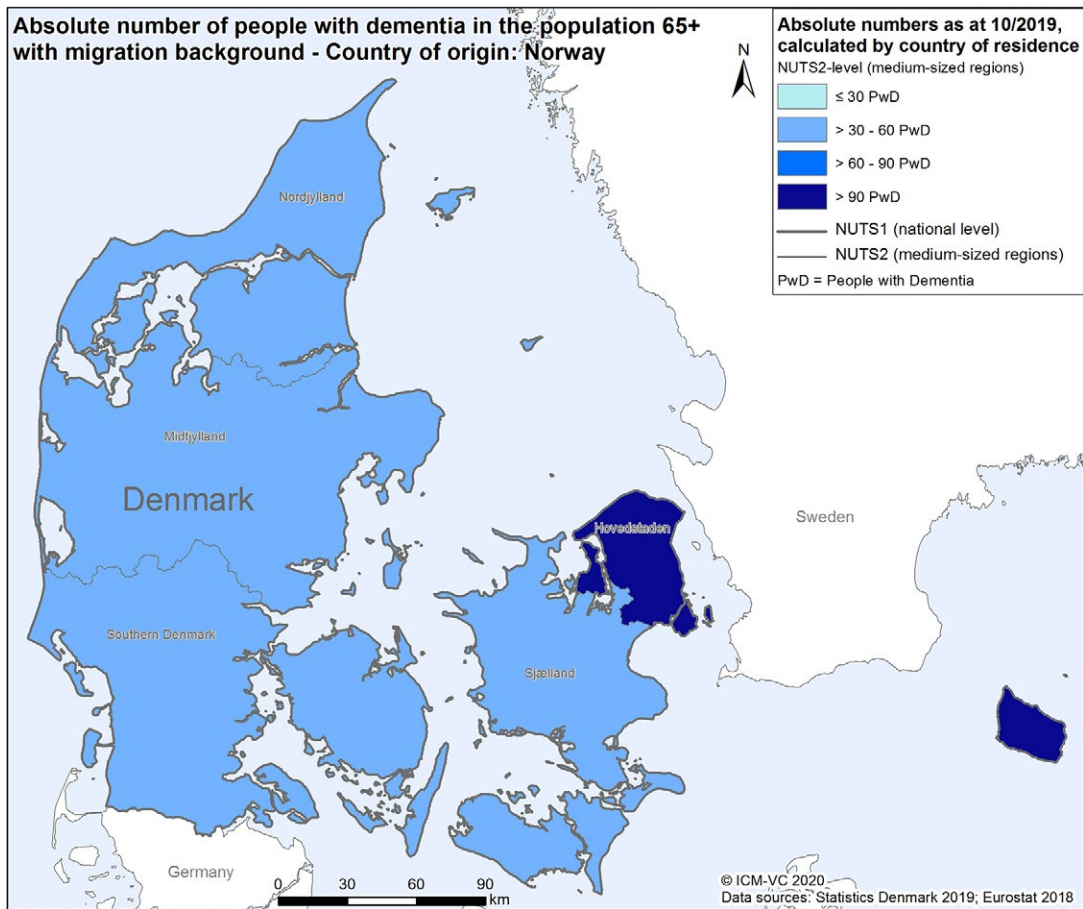
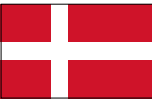


Fig. 3.7.7.5: Absolute number of PwM with dementia aged 65+.  
Country of origin: Norway (Denmark – NUTS2)

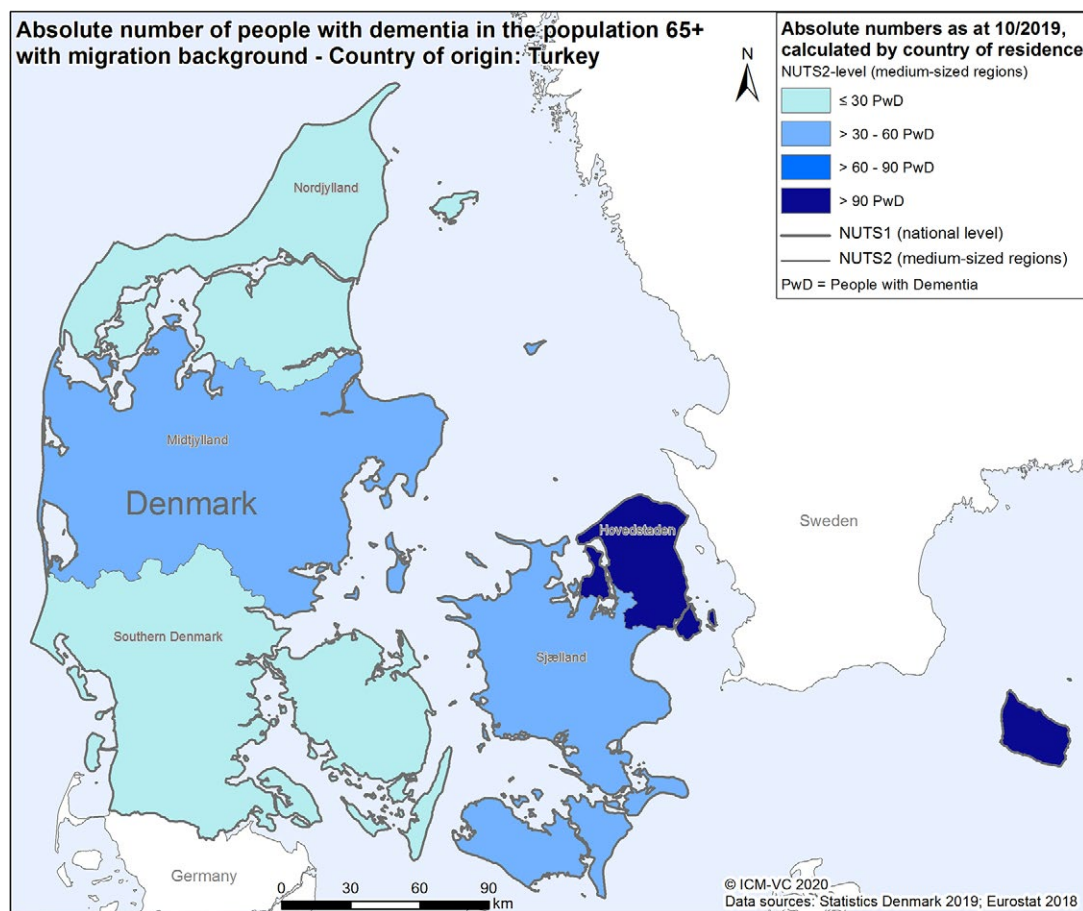


Fig. 3.7.7.6: Absolute number of PwM with dementia aged 65+. Country of origin: Turkey (Denmark – NUTS2)



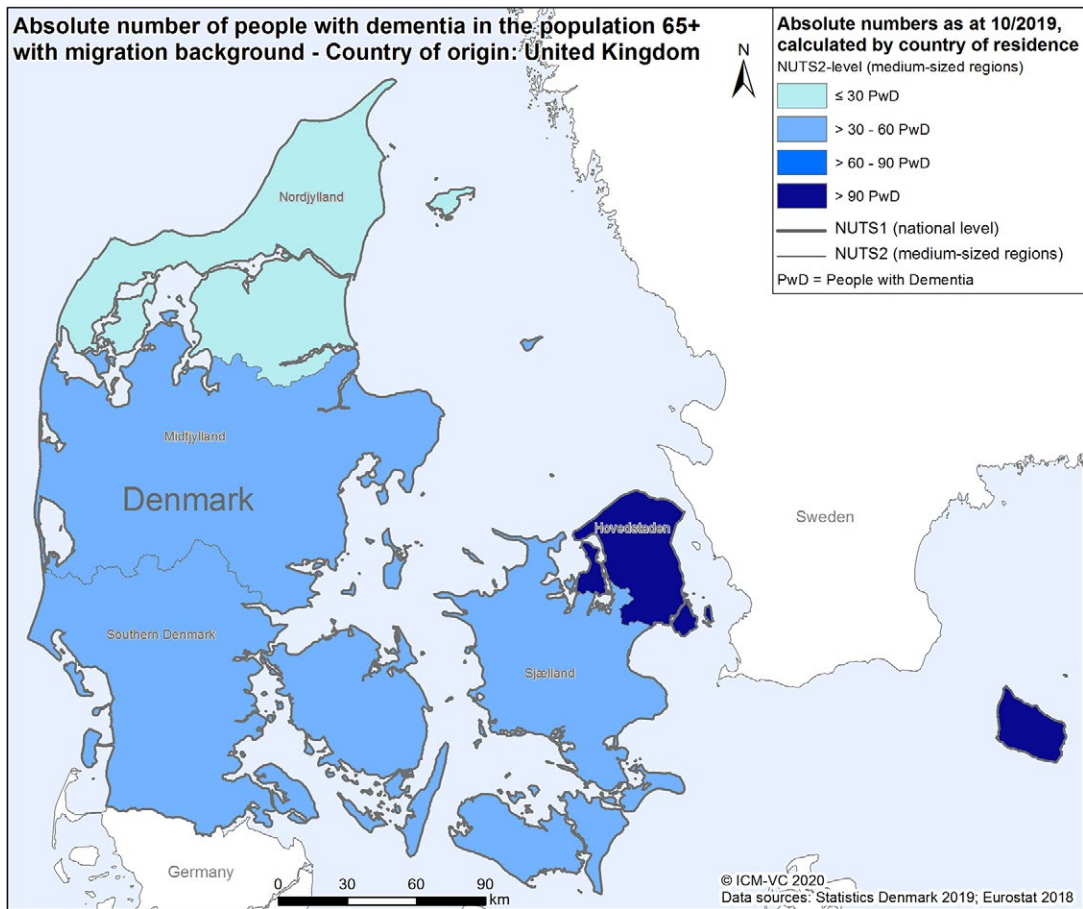
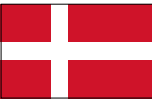


Fig. 3.7.7.7: Absolute number of PwM with dementia aged 65+.  
Country of origin: United Kingdom (Denmark – NUTS2)

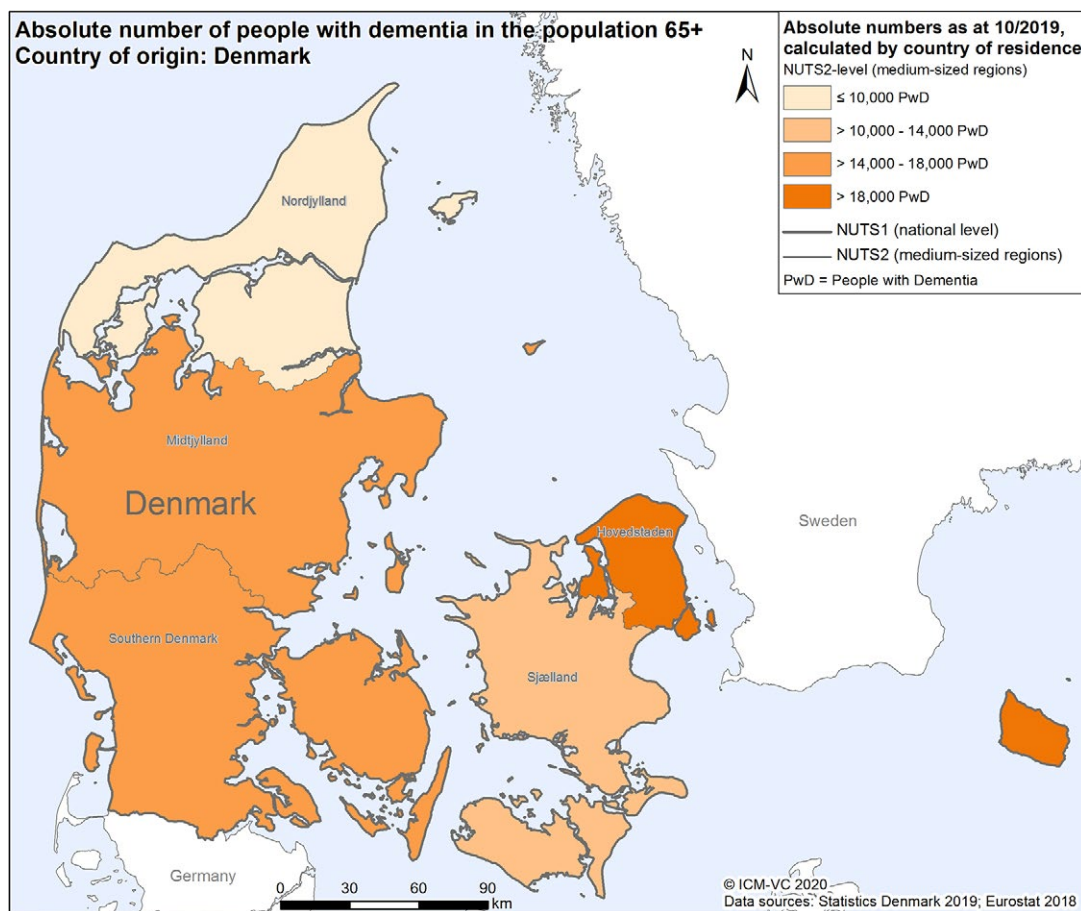


Fig. 3.7.7.8: Absolute number of PwM with dementia aged 65+.  
Country of origin: Denmark (Denmark – NUTS2)



The graphics below highlight which immigrant groups are estimated to be the most affected at the NUTS2 level. The first map illustrates the absolute numbers of PwM with dementia in the NUTS2 regions (figure 3.7.7.9). The

second graph shows the number of PwM with dementia per 100,000 inhabitants aged 65 or older in the NUTS2 regions (figure 3.7.7.10). The values from the NUTS2 level can be found in table 16 [6-8].

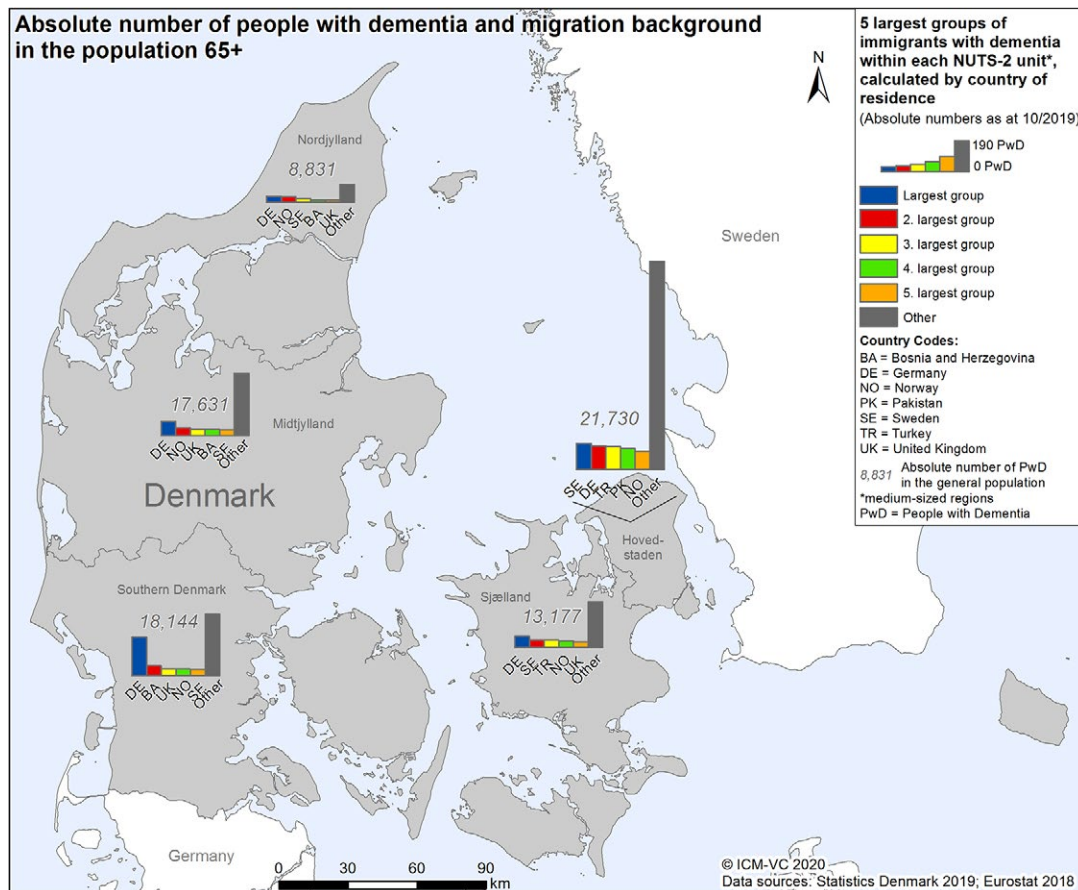


Fig. 3.7.7.9: Absolute number of PwM with dementia aged 65+ (Denmark – NUTS2)

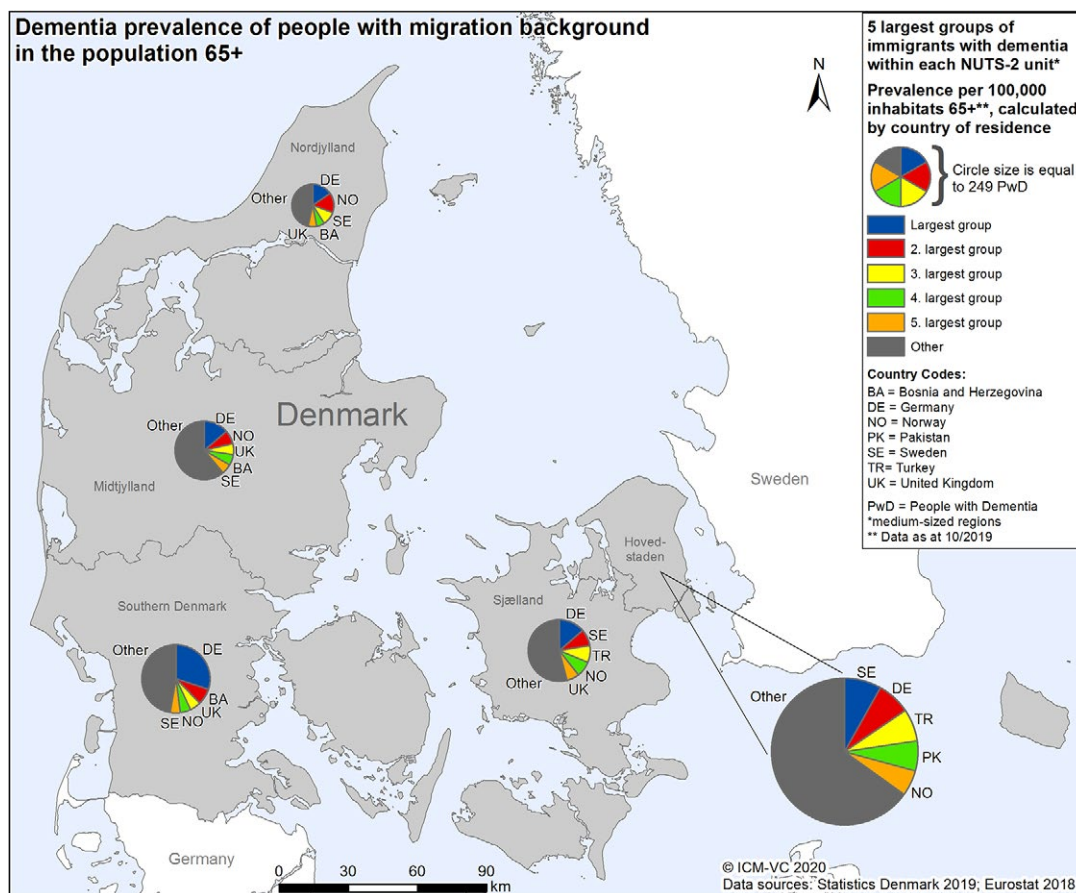


Fig. 3.7.7.10: Prevalence of PwM with dementia among the population aged 65+ (Denmark – NUTS2)

Tab. 16: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Denmark – NUTS 2)

NUTS	Total	DK	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other group
Absolute Numbers								
Hovedstaden	21,730	19,726	SE 162	DE 149	TR 143	PK 132	NO 115	1,303
Sjælland	13,177	12,670	DE 69	SE 44	TR 44	NO 41	UK 33	276
Syddanmark	18,144	17,360	DE 234	BA 62	UK 40	NO 39	SE 37	372
Midtjylland	17,631	16,995	DE 88	NO 48	UK 38	BA 38	SE 35	389
Nordjylland	8,831	8,592	DE 37	NO 36	SE 24	BA 15	UK 15	112



NUTS	Total	DK	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Prevalence/10,000 inhabitants with migration background 65+								
Hovedstaden	7,484	-	SE 56	DE 51	TR 49	PK 45	NO 40	449
Sjælland	17,932	-	DE 94	SE 60	TR 60	NO 56	UK 45	375
Syddanmark	15,970	-	DE 206	BA 54	UK 35	NO 35	SE 33	327
Midtjylland	19,149	-	DE 96	NO 52	UK 42	BA 41	PL 38	421
Nordjylland	25,487	-	DE 107	NO 104	SE 69	BA 44	UK 43	323
Prevalence/100,000 inhabitants 65+								
Hovedstaden	6,900	6,264	SE 51	DE 47	TR 45	PK 42	NO 36	403
Sjælland	6,900	6,635	DE 36	SE 23	TR 23	NO 21	UK 17	132
Syddanmark	6,900	6,602	DE 89	BA 23	UK 15	NO 15	SE 14	128
Midtjylland	6,900	6,651	DE 35	NO 19	UK 15	BA 15	PL 14	137
Nordjylland	6,900	6,731	DE 29	NO 28	SE 19	BA 12	UK 12	75

Data source: Statistics Denmark (2019)

### 3. National dementia plan

There is a Danish 'National Action Plan on Dementia 2025' from 2017. It consists of 14 pages and focuses on five objectives: 1. Early detection and better quality of examination and treatment, 2. improved quality of care, nursing, and rehabilitation, 3. support and guidance for the relatives of people with dementia, 4. dementia-friendly communities and housing, and 5. increasing knowledge and professional skills. Across different sections, 23 initiatives are mentioned; for example, the section on objective 4 presents Initiative 15, which concerns establishing 98 dementia-friendly municipalities. However, neither the five objectives nor the 23 initiatives refer to PwM [9]. In addition

to the NDP, Denmark has published a white paper 'Denmark - a Dementia-Friendly Society' in 2018. This document is 36 pages long and addresses several distinct topics: early detection of dementia, high quality diagnosis, evaluation and treatment, dementia-friendly hospitals, quality of care and rehabilitation, support of person-centred care through digital care planning, support for family caregivers, support of people with dementia and their families through technological tools, improvement of the safety of people with dementia, increasing knowledge and professional skills, and interactive technology-based staff training. The white paper also has no reference to migration or PwM [10].





### 4. National dementia care and treatment guidelines

For Denmark, four clinical guidelines for dementia at the national level were identified: one for dementia and medicine, one for diagnosing mild cognitive impairment and dementia, one for examining and treating dementia, and one for preventing and treating behavioral and psychological symptoms in people with dementia. The 'National Clinical Guideline on Dementia and Medicine' from 2018 and the 'National Clinical guideline for the Prevention and Treatment of Behavioral and Mental Symptoms in People with Dementia' from 2019 do not refer to the topic of migration [11, 12]. The 'National Clinical Guideline for the Diagnosis of Mild Cognitive Impairment and Dementia' from 2018 makes a brief reference to migration and points out that in Denmark a validation of the Rowland Universal Dementia Assessment Scale (RUDAS) exists, a dementia screening tool developed in Australia as an interculturally appropriate measurement. This validation is based on tests of 137 patients, including 34 PwM [13]. The 'National Clinical Guideline for the Examination and Treatment of Dementia' from 2013 has a short section with two paragraphs on ethnic minorities. It points out that the number of immigrants older than 65 years (approximately 16,000 in 2013) will increase in the next decades. Fur-

thermore, the group of people from non-Western countries is highlighted as a vulnerable group with regard to the diagnosis of dementia. The heterogeneity of this group in terms of cultural background, language skills, and educational level may make it difficult to examine and assess cognitive functions. If educational and language skills are not taken into account, there is a significant risk of overdiagnosis of cognitive impairment. According to a study from 2010, there are almost 1,000 immigrants from non-Western countries living in Denmark who are over 65 years old and have dementia. Moreover, it is pointed out that the cognitive function test MMSE (Mini Mental Status Examination) is sensitive to the influence of language skills. The guideline concludes that there may be particular difficulties in the assessment of dementia in immigrants from non-Western countries [14].

The following parts on services and information for PwM with dementia, professional care and support for family caregivers are based on a conducted interview and reflect the experience and opinion of the expert. A selection bias in information and a discrepancy to results from the previous sections might ensue.

### 5. Services and information for people with a migration background with dementia

According to the expert, PwM are in principle identified as a vulnerable group in Denmark. PwM mostly originate from Turkey, Pakistan, Arab speaking countries, and Yugoslavia. While there is a general awareness of this issue, it is not a focus area and, is only seen as partly important. It is clear that dementia in PwM is treated as important only in the major cities like Copenhagen, rather than in other

parts of Denmark where fewer PwM live. Challenges related to PwM concern cognitive assessments, the use of professional interpreters, adherence to clinical recommendations and treatment plans, and how dementia care should be organised for this population. The main issues identified by the expert are an increased risk for development and progression of dementia, under-diagnosis, and lack of ac-





cess to formal healthcare services.

The expert stated that in general Denmark follows an integrative healthcare strategy in which the mainstream services accommodate the special needs of people with dementia. Information material and fact sheets about dementia, Alzheimer's disease, and vascular dementia are published in ten different languages (Danish, English, Turkish, Urdu, Farsi, Croatian, Bosnian, Serbian, Polish, Somali) and have been verified by people from the different language or ethnic communities. There are no specialised services for PwM with dementia as well as no specialised services for any specific minorities according to the expert. However, there are two specialised immigrant clinics, located in Copenhagen and Aarhus, which treat patients with complicated medical histories. They take into account the economic situation, immigration issues, medical and psychiatric illness etc. of patients. There is also an ethnic resource team in Copenhagen that organizes home care. Their personnel have different ethnic and language backgrounds and they are matched with care receivers who wish to have professional caregivers of the same ethnicity and language as their own. A nursing home in Copenhagen specializes in multicultural care

and caters to the dietary needs and different religious backgrounds of the people.

As stated by the expert, existing services for dementia are suitable for the care of non-migrants but not for people from ethnic minority groups. There is a high need for specific information and services because the needs often differ from what is provided in mainstream services. Without any specialized information or services many caregivers cannot really access those services.

Furthermore, the expert pointed out that in order to improve the situation of PwM with dementia different projects were or are being executed. A current project is focusing on spreading awareness and knowledge about dementia in minority groups by reaching out to them at places where they socialize or congregate with others from their community, such as cultural centres, and also at private homes. Different projects are concentrating on intercultural care and trying to map the care needs of older PwM. There is another project investigating the needs of people and families from minority groups by directly talking to them so that services can be based on real needs rather than assumptions.

## 6. Professional qualification and people with a migration background in healthcare

The expert interview showed that options for continuing education in cross-cultural encounters and communication exist but it is mainly provided in the major cities. Furthermore, culturally sensitive care is part of the curriculum in most programs for healthcare professionals but it is not a mandatory part of any curriculum or continuing education.

The high proportion of professionals with a migration background working in healthcare is another point that was of special interest in

the interview. Professional caregivers in Denmark mostly originate from Turkey, Pakistan, or Arab speaking countries. The cultural differences between care givers and receivers leads to various cultural challenges in healthcare. Discrimination and racism towards the care personnel can arise. Sometimes such care personnel are not familiar with the culture-based needs of the care receiver and also might not be able to communicate effectively in Danish. Also, opinions on 'good care' can



differ. 'Good care' in Denmark refers to rehabilitation and focuses on helping older people to manage on their own. But many of the young women with a migration background are perceived to come from family-oriented cultures

where one cherishes older people, meaning that good care is doing everything for them. That is counterproductive to rehabilitation. At the moment, the need for culturally sensitive care for PwM is rated as not being met.

## 7. Support for family caregivers

The expert highlighted that the main support for the family caregivers and the people living with dementia comes from the immediate family – and in many cases only the family – and service providers, healthcare professionals or social workers. The ethnic and religious communities as well as the migrant organisations are not seen to play a role in dementia care.

Additionally, the expert pointed out that there are major differences in terms of accessibility of services and information between family caregivers with and without a migration background. In the absence of specialised support and guidance, PwM are unable to access the available services. Therefore, they are in high need of specialised services.

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## 8. References

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