



France

**Population**

67,099,000

Area

643,801 km²

Capital

Paris

3 largest cities

Paris (2,190,000)

Marseille (860,000)

Lyon (520,000)

Neighboring countries

Andorra, Belgium,

Germany, Italy,

Luxembourg, Monaco,

Spain, Switzerland

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1. Migration history

France has a long immigration history. To this day, the immigration situation is strongly influenced by the colonialism of the past centuries and the long tradition of recruiting foreign workers [1]. Overall, immigration has risen continuously since the mid-19th century [2]. Already in the 18th century, France admitted immigrants as a result of a labour shortage. After the two wars of 1870–71 and 1914–1918, France concluded agreements with Italy, Belgium, Poland, and Czechoslovakia for the recruitment of workers. In the 1930s, France was the second most important immigration country in the world (after the US). At that time, about 2.7 million immigrants lived in France (6.6% of the population). In the 1950s and 1960s, France again recruited large numbers of workers from Italy, Portugal, Spain, Belgium, Germany, and the Russian Federation. At the same time, immigration from the former colonies increased. After the Algerian war (1954–62), a large number of people from Algeria came to France.

In 1974, the government stopped the recruitment of foreign workers. From then on, family reunification became the dominant reason for immigration. In parallel, the composition of the migrant population has also changed. Between 1962 and 2005, the proportion of European immigrants fell from 79 to 40%. In 2005, for the first time, more migrants from Africa lived in France than from the European Union [1]. Despite the political shift from an open to a restrictive immigration policy towards refugees from Africa at the end of the 20th century [2], the migrant population (born abroad) has risen from 5.9 million to 8.3 million, with their proportion in the total population growing from 10.4 to 12.8% between 1990 and 2019 [3]. In 2015, the largest migrant groups (born abroad) in France were from Algeria (790,700), Morocco (741,200), Portugal (621,800), Italy (286,300), and Tunisia (269,900) (born abroad) [4]. As of 2020, the net migration rate is 0.6 [5].



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

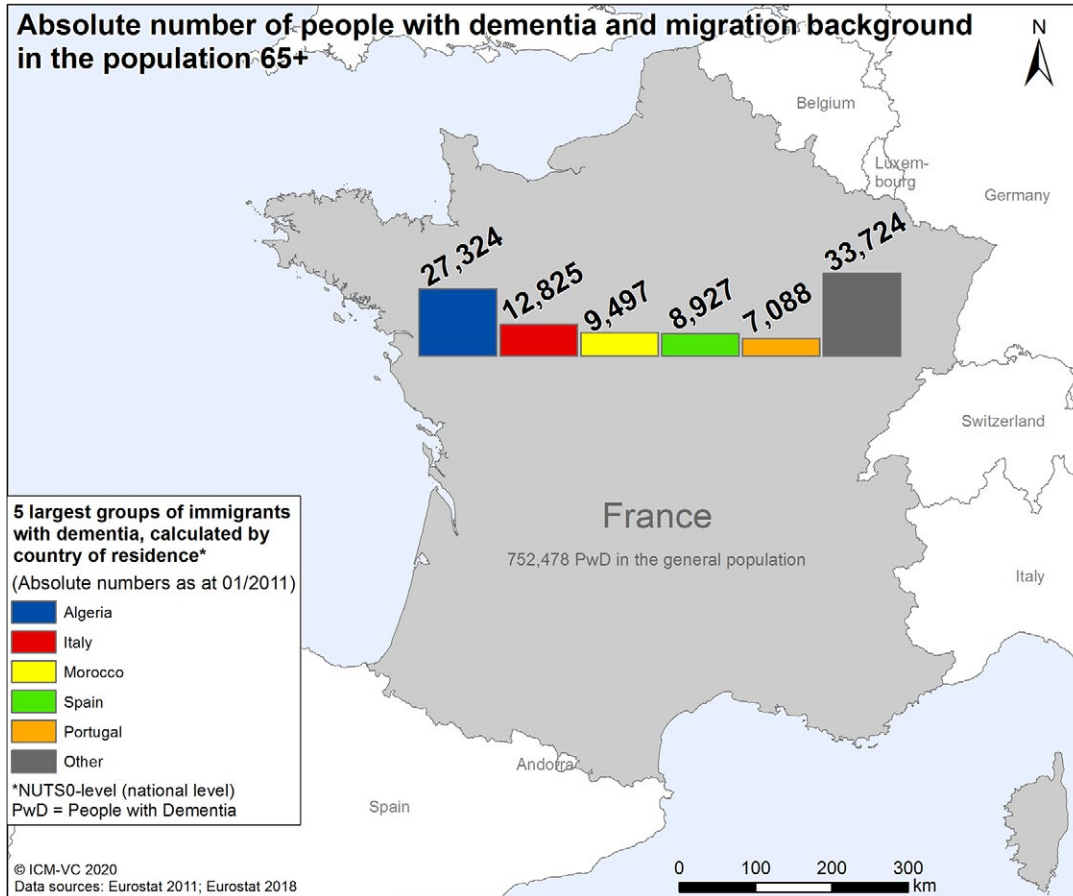


Fig. 3.7.10.1: Absolute number of PwM with dementia aged 65+ (France – Nation)

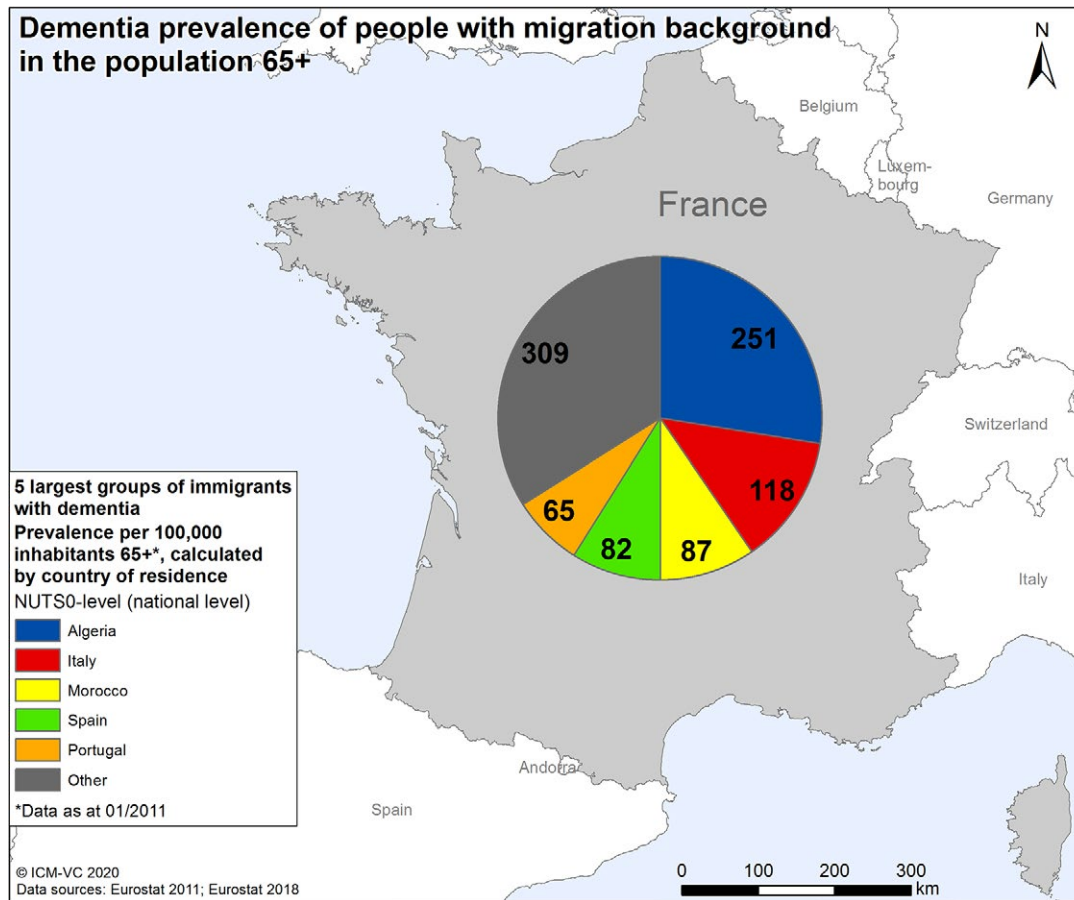


Fig. 3.7.10.2: Prevalence of PwM with dementia among the population aged 65+ (France – Nation)

Tab. 20: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (France – Nation)

NUTS	Total	FR	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
France	752,478	658,094	DZ 27,324	IT 12,824	MA 9,497	ES 8,927	PT 7,088	33,724
Prevalence/10,000 inhabitants with migration background 65+								
France	5,224	-	DZ 190	IT 89	MA 66	ES 62	PT 49	234
Prevalence/100,000 inhabitants 65+								
France	6,900	5,989	DZ 251	IT 118	MA 87	ES 82	PT 65	308

Data source: Eurostat (2011)



There are 1,440,400 PwM aged 65 or older. Of those, approx. 99,400 are estimated to exhibit some form of dementia. Figure 3.7.10.1 shows the most affected migrant groups presumably originate from Algeria (approx. 27,300), Italy (approx. 12,800), Morocco (approx. 9,500),

Spain (approx. 8,900), and Portugal (approx. 7,100). The second graph highlights the number of PwM with dementia in France per 100,000 inhabitants aged 65 or older (figure 3.7.10.2). Table 20 displays the values depicted in the maps on the national level [6-8].

3. National dementia plan

The 'National Plan for "Alzheimer and Related Diseases" 2008-2012' from 2008 comprises 84 pages, with the content arranged into 3 large sections. The first section entitled 'Improving Quality of Life for Patients and Carers' declares multiple objectives, some of which are: increasing support for carers, enabling patients and their families to choose support at home, improving access to diagnosis and care pathways, developing and diversifying respite structures, improving health monitoring for family carers, and implementing a system for giving diagnosis and providing counselling. The second section entitled 'Knowledge for Action' discussed various objectives and measures concerning the generation of knowledge and the creation of a scientific basis for future action. It declared many objectives such as making unprecedented efforts in research and, organising epidemiological surveillance and follow up. It discussed measures such as creating a foundation for scientific cooperation to stimulate and coordinate scientific research, conducting further clinical

research on Alzheimer's disease, and improving evaluation of non-drug therapies. The third section entitled 'Mobilising Around a Social Issue' declared the objectives of disseminating information for general public awareness and, making Alzheimer's disease care a European priority [9]. In addition, the 'Plan Maladies Neurodégénératives 2014 – 2019' was published in 2014. This document has 124 pages and includes, inter alia, the following topics: promoting quality diagnosis, promoting a general and shared assessment of the situation, access to quality care throughout life with the disease, adapting the training of professionals to improve the quality of response to sick people, making it easier to live with the disease in a respectful and inclusive society, supporting caregivers (including family caregivers), mitigating the economic consequences of the disease and helping young patients to maintain their careers as well as strengthening and better coordinating research [10]. In none of the two documents is the topic of migration addressed at any point.



4. National dementia care and treatment guidelines

For France, four documents containing guidelines or recommendations at the national level could be identified: 1. 'Synthèse du guide parcours de soin de la maladie d'alzheimer ou d'une maladie apparentée' from 2018 (the guide comprises four pages), 2. 'Adapter la mise en oeuvre du projet d'établissement à l'accompagnement des personnes âgées atteintes d'une maladie neuro-dégénérative en ehpad' from 2018 (18 pages), 3. 'L'accueil et l'accompagnement des personnes atteintes d'une maladie neuro-dégénérative en pole d'activités et de soins adaptés' from 2017 (eight pages), and 4. 'L'accueil et l'accompagnement des personnes atteintes d'une maladie neuro-dégénérative en unite d'hébergement en unite d'hébergement renforcés' from 2017 (eight pages). The 'Guide for Care for Alzheimer's disease or a related condition' (first document) provides recommendations for accompanying a patient to specialist counselling, preserving the patient's environment, supporting the caregiver, dealing with sudden deterioration in cognitive abilities or mental status, managing chronic behavioural disorders, and providing care until the end of life [11]. The second document (Adaptation of the implementation of the founding project for the support of elderly people with a neurodegenerative disease in Établissements d'Hébergement pour Personnes Âgées Dépendantes [=Residential

Facilities for Dependent Elderly Persons] [EHPAD] has three main priorities: 1. improving diagnosis and patient care, 2. Ensuring the quality of life of patients and residents, and 3. developing and coordinating research [12]. In the third document (The inclusion and support of people with neurodegenerative diseases in an appropriate activity and care centre), EHPAD managers who have established or want to establish an activity and care centre are given recommendations regarding the implementation of a Pôle d'Activité et de Soins Adaptés (=Activity and Adapted Care Center) (PASA) project, the organisation of cooperation between EHPAD and PASA, the inclusion and support of people in PASA, activities related to the therapeutic concept of unaccompanied persons, and a specific internal professional organisation [13]. The fourth document (Reception and support of people with neurodegenerative diseases in reinforced housing) is divided into three chapters. The first chapter deals with the implementation of the reinforced housing project, the second chapter with the organisation of the arrival of the residents, and the third chapter with the reception and support of residents accommodated in reinforced housing [14]. However, none of the chapters of the four guideline/recommendation documents refer to migration.



5. References

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