Italy

Population
60,245,000

Area
302,068 km^2

Capital
Rome

3 largest cities
Rome (2,840,000)
Milan (1,400,000)
Naples (960,000)

Neighboring countries
Austria, France,
San Marino, Slovenia,
Switzerland,
Vatican City

1. Migration history

In recent decades Italy has developed from an emigration country to an immigration country. Between 1876 and 1976 almost 24 million people emigrated from Italy (mainly to America before the Second World War, and then to Northern Europe). Before the 1970s, immigration to Italy was mainly characterised by the arrival of small groups of people from the former colonies in East Africa (e.g. Eritrea) and Catholic countries in Latin America and Asia. In the 1960s, seasonal workers from Tunisia migrated to Sicily. In addition, some political refugees from Vietnam and Chile, and students from Iran and Greece were admitted. However, Italy first had positive net immigration in 1973. Since then, the foreign population has increased strongly and Italy has evolved into an immigration country. The reason for the change in the 1970s was the restrictive immigration policy of many Northern European countries after the oil crisis and Italy's lack of immigration policy. The first large immigration wave occurred between 1984 and 1989 when 700,000-800,000 people arrived in Italy. Most migrants came from Tunisia, Morocco, Senegal, and the Philippines. Many migrants came from Eastern Europe in the 1990s (Albania, Yugoslavia, Poland) and early 2000s (Romania, Ukraine, Moldova). In 2013, people from Romania were the largest migrant group with 832,100 people, followed by Albania (451,400) and Morocco (407,100) [1]. Between 2014 and 2017, a large number of migrants and refugees came to Italy by sea (624,700) [2]. In recent decades, the lack of immigration policy has resulted in an extremely heterogeneous composition of the migrant population in Italy (192 different countries of origin) and a large number of undocumented immigrants [1]. Overall, between 1990 and 2019, the migrant population (born abroad) more than quadrupled (1.4 to 6.3 million). The same happened for the proportion of migrants in the total population in the same period (2.5 to 10.4%). The net migration rate has been continuously positive since 2000 (2020: 2.5%) [3].

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

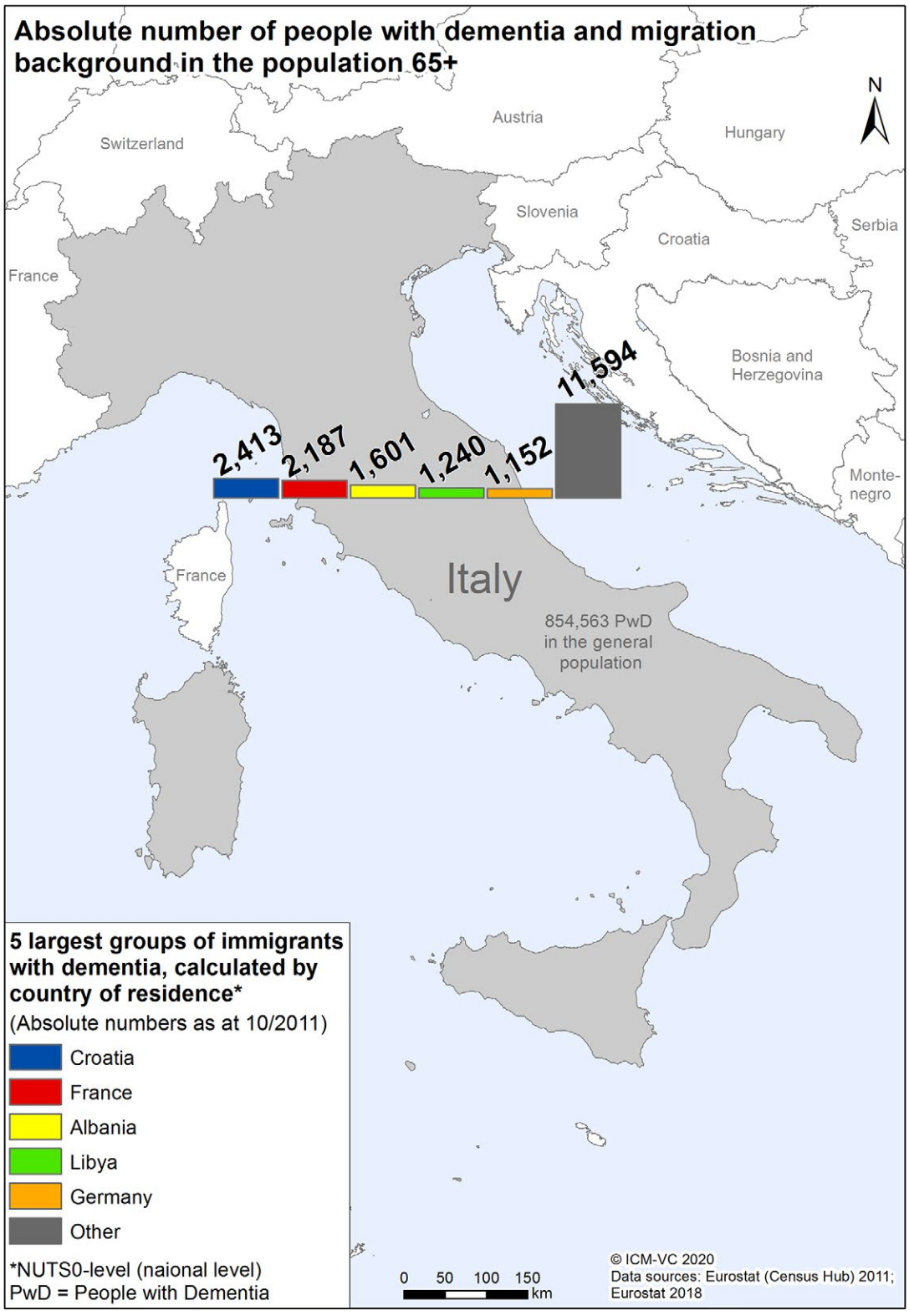

Fig. 3.7.16.1: Absolute number of PwM with dementia aged 65+ (Italy – Nation)

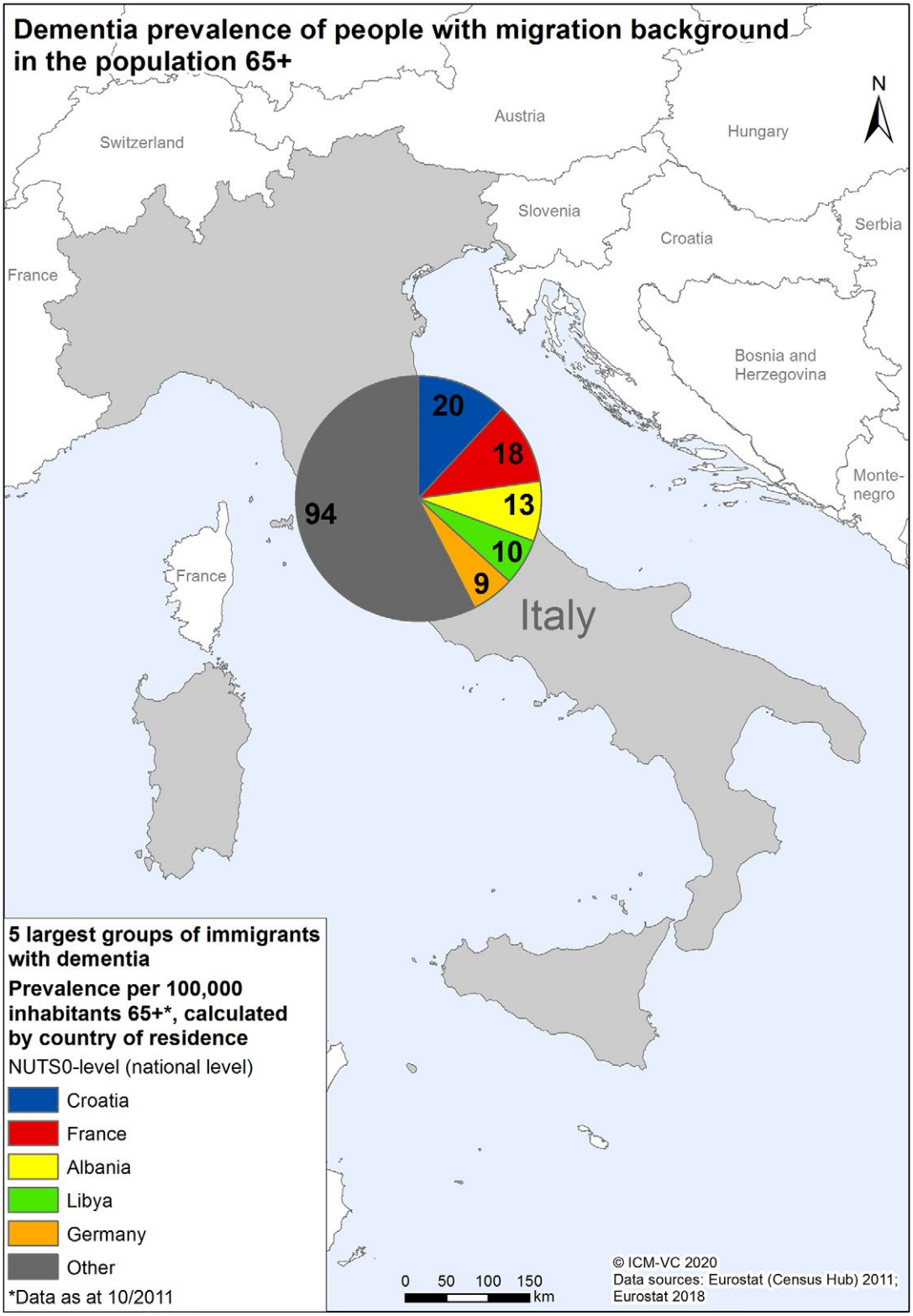

Fig. 3.7.16.2: Prevalence of PwM with dementia among the population aged 65+ (Italy – Nation)

Tab. 30: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Italy – Nation)

NUTS	Total	IT	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Italy	854,563	834,377	HR 2,413	FR 2,187	AL 1,601	LY 1,240	DE 1,152	11,593
Prevalence/10,000 inhabitants with migration background 65+								
Italy	29,210	-	HR 82	FR 75	AL 55	LY 42	DE 39	397
Prevalence/100,000 inhabitants 65+								
Italy	6,900	6,737	HR 19	FR 18	AL 13	LY 10	DE 9	94

Data source: Eurostat (2011)

There are 292,600 PwM aged 65 or older. Of those, approx. 20,200 are estimated to exhibit some form of dementia. Figure 3.7.16.1 shows the most affected migrant groups presumably originate from Croatia (approx. 2,400), France (approx. 2,200), Albania (approx. 1,600), Libya (approx. 1,200), and Germany (approx. 1,200). The second graph highlights the number of PwM with dementia in Italy per 100,000 inhabitants aged 65 or older (figure 3.7.16.2). Table 30 displays the values depicted in the maps on the national level [4-6].

3. National dementia plan

For Italy, two documents could be identified entitled 'The new Italian National Strategy' from 2014 and 'National Dementia Plan – The State of the Art' from 2019.

'The New Italian National Strategy' on dementia from 2014 is 13 pages long. It consists of the topics: Italy and dementia (population size of older people and people with dementia in Italy, the estimated number of family caregivers), health services for dementia in Italy, the national plan on dementia (addressed areas: prevention, the network of services, integrated care, research, ethics and empowerment of patients/caregivers, fight against stigma), objectives of the plan, actions, and future developments. In none of these topics, a reference is made to migration [7].

The document 'National Dementia Plan – The State of the Art' from 2019 is 25 pages long and focuses on the topics definition and causes of dementia, the influence of the environment, cognitive impairment and frailty, demographic change and Italian incidence, health and socio-medical policy interventions and actions, implementation of strategies and interventions in care, supportive activities, physical activity and rehabilitation, technological innovations, raising awareness and reducing stigma, increasing quality of life, research, dementia observatory, Italian guidelines, and existing international tools. In this document, the project 'Dementia in immigrants and ethnic minorities living in Italy: clinical-epidemiological aspects and public health services' (ImmiDem) is cited, which is the first Italian project to address the prevalence of dementia in the immigrant pop-

ulation and among ethnic minorities. However, no further reference is made to the topic of dementia and migration [8].

4. National dementia care and treatment guidelines

According to a representative of the Italian Society for Gerontology and Geriatrics, no Italian guidelines for the treatment of dementia exist. There is only a version of the English guidelines translated into Italian by the Gruppo Italiano per la Medicina Basata (=Italian Group for Evidence-Based Medicine) (GIMBE) [9].

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 generally considered as a vulnerable population consisting of people from Romania, Ukraine, Peru and North African countries such as Morocco, Tunisia, Algeria and Libya. The healthcare system recognizes them and their needs. But while the topic of health and migration is considered a very important one, dementia and migration is still such a new concept that has generated low interest and attention so far, according to the expert. As of today, only one national initiative focuses on dementia and migration – the ImmiDem project. The expert noted that PwM are a vulnerable group in terms of diagnosis and access to formal healthcare services. Dementia is under-diagnosed in this population, which also makes their needs under-recognised. Moreover, PwM do not use healthcare services much. If they display some cognitive problem they might go to their general practitioner or their community but usually do not seek further medical help or specialised services.

Italy tries to follow an integrative healthcare strategy, in which PwM with dementia utilize existing healthcare services. However, the expert pointed out that in reality the services are not suitable for patients with dementia from different backgrounds and cultures since it is such a recent topic in Italy. There are many barriers, such as language barriers, health illiteracy, as well as unknown barriers that the healthcare system and healthcare providers are possibly not aware of, that lead to PwM with dementia not using the services. So, PwM with dementia are only slightly included in the healthcare system. From experience, the expert noted that mostly fitter, wealthier, and more integrated migrants access specialized services. Information on dementia in different languages for PwM is only available in a few regions. The ImmiDem project aims to set up a website where PwM can find out about centres where their language is spoken and where they can find the address and contact details to improve and increase access to services. The expert stated that currently there are no specialiced services for PwM with dementia in inpatient and outpatient care in Italy. From the 600 memory clinics in Italy, only a few deliver culturally sensitive care. In some centres in some regions, cross-cultural cognitive tools and information material in languages other than Italian are available and used, for

example in Milan or Trento. A few individual centres or services are working with general practitioners to facilitate access to memory clinics and disseminate information. Some are developing or using measures, tools or information material for PwM such as the RUDAS as a cognitive screening instrument, but this happens only on a local basis. So, there is no uniform, culturally sensitive approach to diagnostics to also support and involve families in the process. Usually, most centres use the same diagnostic procedures for PwM that they use for non-migrants, meaning they use the MMSE and other tests that are strongly influenced by cultural aspects. Thus, the expert estimated that existing services are only suitable non-migrants with dementia.

The expert stated that overall, it is crucial to develop a culturally competent approach to dementia in general, and there is a responsibility to improve the provision of care. This is not just a matter of meeting the current needs of PwM. Right now, dementia and migration is a peripheral concern, but it is going to grow more important gradually, so it is important to anticipate a great need for such services in the future. Additionally, it is imperative to forge collaborations amongst general practitioners, other healthcare professionals, specialiced services, religious communities and other organisations to raise awareness on the topic.

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

According to the expert, culturally sensitive care is not part of the professional qualification, and professional training possibilities in intercultural care exist only as a few isolated initiatives.

The proportion of professional caregivers with a migration background in outpatient care is exceptionally high, as stated by the expert. They mostly originate from East European countries like Romania and Ukraine as well as Peru and the Philippines. Depending on the cultural background, the care they deliver varies. For example, professional caregivers from Peru are extremely gentle and kind with patients with dementia. The situation is very similar in inpatient care. The proportion of professional caregivers with a migration background is high. They mostly originate from East European countries like the Russian Federation, Ukraine, Romania, Sri Lanka, Bangladesh, and other South Asian countries as well as from South America. But the need for culturally sensitive care is not being met by sufficiently qualified professionals in inpatient and outpatient care.

7. Support for family caregivers

The expert stated that the family as well as migrant organisations, religious communities and service providers are significant in supporting family caregivers. However, there may be some variations in their importance due to the heterogeneity of PwM. For example, for some PwM, the religious communities might be a more important source of support than for other PwM. But overall, the importance of all these networks is very high.

There are major differences in the suitability and utilisation of existing services between PwM and non-migrants because the healthcare system currently not equipped to serve

PwM effectively, as stated above. Therefore, a very high need for specialised services for PwM was recognized. The expert noted that it is essential to develop a better system to provide information and support to family caregivers of people with dementia in Italy, irrespective of the migration background.

8. References

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