



Female immigrants in a state healthcare system

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- Austria has a semi state-run healthcare system that **covers all immigrants** living in Austria.
- The largest immigrant population in Austria is **Turkish**.
- Our healthcare system offers **free access** to out-patient and in-patient medical care.

- This system is designed as a **social system** that aims to prevent discrimination of individuals or groups.
- Do female Turkish immigrants have an **equal chance** in this system?

Risk factors and cardiovascular disease in Turkey Altan Onat

Artherosclerosis, Vol. 156, Iss. 1, May 2001, p. 1-10
...Turks rank highest in Europe in regard to coronary mortality. Turkish men's CHD mortality, similar to that of Scotland or Finland, is only exceeded by men from Russia and the Baltic countries, while CHD mortality of Turkish women seems not to be surpassed... The prevalence of CHD in Turkish women has been estimated as 5% and to rise rapidly.

So, what about the Turkish women?

The heart risk for women in Turkey is estimated as the highest throughout Europe and migration does not improve health.
So, we organized prevention programs for Turkish women at 28 local mosques.

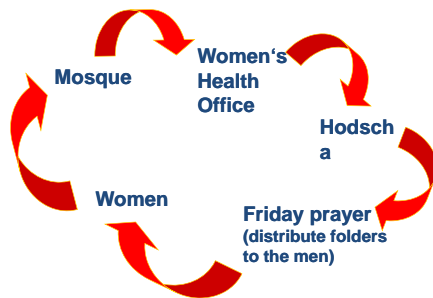
- In the year 2002 we carried on our **annual mosque programme on Turkish women** and used standardised, anonymous questionnaire for self-assessment of personal health with particular emphasis on heart disease.
- The questionnaire also included questions on the healthcare system.

In Tyrol, we have 28 mosques for five different sects:

- ❖ Diyanet
- ❖ Islam Kültür
- ❖ Türk Kültür
- ❖ Milli Görüs
- ❖ Altevitische Vereine



Circular Distribution Pattern



Slide Show [Sigara içmek](#)

1 gün	Kalp krizi riskosu düşüyor	1 Tag	Herzinfarktrisiko sinkt
3 gün	Solumun iyileşiyor	3 Tage	Atmung bessert sich
3 ay	Akciğer kapasitesi %30'a kadar yükseliyor	3 Monate	Lungenkapazität erhöht sich bis zu 30%
1 yıl	Koroner kalp hastalığı riskosu yarıya iniyor	1 Jahr	Risiko der Herzkreisläuf-erkrankungen halbiert sich
2 yıl	Kalp krizi riskosu sigara içmeyenlerle aynı	2 Jahre	Herzinfarktrisiko wie bei Nichtrauchern
5 yıl	Beyin kanaması riskosu sigara içmeyenlere eşit	5 Jahre	Schlaganfallsrisiko wie bei Nichtrauchern
10 yıl	Akciğer riskosu sigara içmeyenlere eşit	10 Jahre	Lungenkrebsrisiko wie bei Nichtrauchern
15 yıl	Kalp ve kan dolaşım sistemi hastalıkları sigara	15 Jahre	Herz-Kreislauf-Erkrankungen wie bei Nichtrauchern

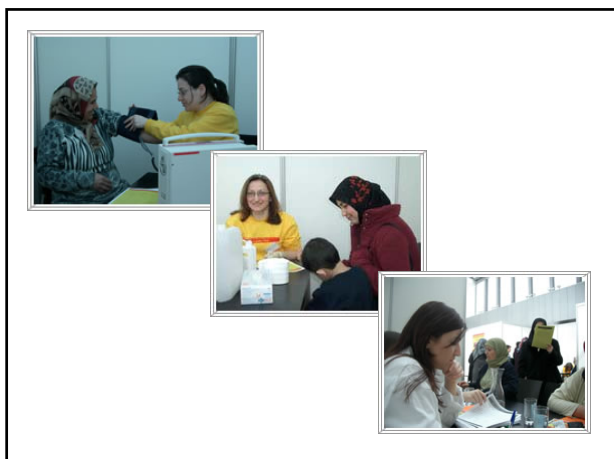
Migration – Health Risk

Migration **increases** health risk!



Mosque

- ❖ Turkish medical students give a Turkish slide presentation on heart risk, prevention and risk factors.
- ❖ Discussion follows.
- ❖ Flyers on all risk factors and a questionnaire.



Mosque campaign 1999-2000:
878 questionnaires received
621 (70.7%) first generation
257 (29.3%) second generation

Mosque campaign 2000-2001:
658 questionnaires received
517 (78.6%) first generation
141 (21.4%) second generation

Campaign	First generation (%)	Second generation (%)
MC 1	70.7%	29.3%
MC 2	78.6%	21.4%

**How many speak German?
How many use only Turkish-language media
(TV, radio, newspapers)?**

MC = mosque campaign	first generation	only Turkish-language media
MC 1999/2000	70.7%	58.3%
MC 2000/2001	78.6%	59.1%



Self-evaluation for cardiac risk factors

Self-evaluation	Yes	No	Don't know
Diabetes	6.3%	44.1%	49.6%
Hypertension	10.0%	48.6%	41.4%
High cholesterol	33.4%	9.2%	57.4%
Smoking	14.5%	85.2%	0.3%
BMI > 30	30.5%	61.8%	7.7%
Sports	26.5%	72.7%	0.8%
Healthy diet	59.9%	39.6%	0.5%

Can we prove any benefit?

	MC 1999/2000	MC 2000/2001	Trend
Self-evaluation of blood pressure			
high	10.0%	16.4%	↑
normal	48.6%	53.5%	↔
don't know	41.4%	30.1%	↓
Blood pressure measured			
high	24.7%	17.5%	↓
normal	75.3%	82.5%	↑

**Comparison
MC 1999/2000 & MC 2000/2001
„don't know“ reply for risk factors**

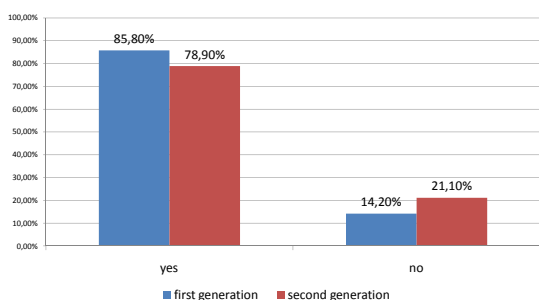
Self-evaluation	MC 1999/2000	MC 2000/2001	Trend
Hypertension	41.4%	29.6%	↓
Diabetes	49.6%	32.6%	↓
High cholesterol	57.4%	45.2%	↓

They went to family doctor for a check-up.

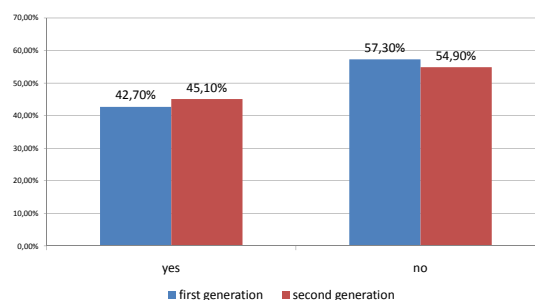
**University Hospital
Questionnaire for Turkish patients**



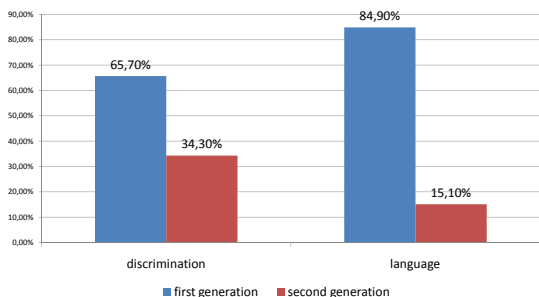
**Problems accessing the Austrian
healthcare system**



**Receiving same treatment
as Austrian women**



Reason for different treatment



In conclusion,

Beside the language problems there exists a cultural problem too. Turkish women seem not to want to mix up with Austrian born women at health care providers mainly based on a not very immigrant-friendly atmosphere in our society.

We start a **Turkish Women's Health Clinic** at our University Hospital.

