

Older immigrants – what will be their need for care services?

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Abstract:

The number of older immigrants in Europe will increase in the future. As immigrants reach the oldest ages, their need for long-term care (LTC) services will increase. This article outlines possible characteristics of the future older immigrants in Norway and discusses implications for their future uptake of public LTC services.

We derive projections of older immigrants in Norway until 2060 by gender, age and country background from Statistics Norway's population projections. Next, we complement the information with population-wide detailed register data on immigrants' education, reason for migration, family relations and use of long-term care services, and discuss how these characteristics will evolve in the future.

The number of immigrants over the age of 80 in Norway is projected to increase fourfold within 20 years. A pronounced share is likely to have a low level of education, which is strongly linked to health. This might imply a higher future need for LTC services among older immigrants. The element of informal care may, however, be somewhat greater, since many live with a partner and are from areas where family care is relatively common.

Key words: Ageing, formal, health, informal, projections, welfare

Introduction and the Norwegian setting

The number of older immigrants in Europe will increase in the future (White, 2006), and in Norway the number of older immigrants (aged 80+) is projected to increase fourfold over the next 20 years (Gleditsch et al., 2020). In this article, we elaborate on likely characteristics of the oldest immigrants in Norway in the future, i.e. how many they will be, what education and what family relationships they will have and to what extent they may need public assistance in the form of municipal health and care services. The findings can bear relevance also to other European countries, as many immigrants tend to 'age in place' (cf. Johansson et al., 2013).

The British sociologist Peter Laslett (1989) has divided the modern life course into four: The 'first age' (growing up) is about dependency, socialization and education. The 'second age' (working life) is characterized by independence, work and social and family responsibility. Next comes the 'third age' (retirement), in which the work career and parental responsibilities have ended, and individuals are free to live on their own terms, before one reaches the 'fourth age' (old age in the true sense), where persons again experience new dependencies due to physical impairment and loss of function. During this last age, family care and the use of long-term care services (LTC) are central elements.

Currently, there are relatively few immigrants in the third (65-79 years) and fourth (80+ years) ages in Norway, since Norway had relatively little immigration before the 1970s and most immigrants arrive as relatively young adults. Since the 1970s, immigration has increased steadily and become quite heterogenous, but the large immigration cohorts from recent decades have not yet reached the third or the fourth age. Future immigration to Norway is expected to still be dominated by young adults. At the same time, emigration is generally quite high for younger people, and especially immigrants, but decreases markedly with increasing age. Hence, the number of older immigrants in Norway will primarily increase because those who already reside in the country will remain and grow old here ('aging in place').

The increased number of immigrants in the third age will put pressure on public expenditure on pensions, whereas the need for LTC primarily will be felt when immigrants reach the fourth age.

The health and well-being of the elderly is usually a shared responsibility between the family and the public sector, with supportive efforts from friends, neighbors and volunteers (WHO, 2002). Expenditure on health care, including LTC, accounts for more than 10% of GDP in Norway (OECD, 2019). This is higher than the OECD average (9%), but roughly in line with the other Nordic countries. Public spending on health is generally expected to increase in the years

ahead, which may influence the sustainability of the welfare state (Lorenzoni et al., 2019; OECD, 2019).

In Norway, the main responsibility for public LTC is decentralized to the municipalities, which are obliged to offer necessary health and care assistance to their inhabitants, including specific home services and institutional services (Kjønstad et al., 2017). In line with the framework for active aging, the proportion of recipients living at home has increased in the last decade, in Norway as in most other OECD countries (OECD, 2019). In addition, most municipalities offer non-statutory services such as food delivery, security alarms and care homes. In total, 7% of the Norwegian population used care services in 2016, and the number of unique users has increased significantly in the last decade (Mørk et al., 2017). The proportion of the population receiving LTC increases with age: In 2016, such services were used by 13% of those aged 65-79 years, close to half of those aged 80-89 years and around 90% of those aged 90+.

The use of public LTC is also affected by the availability of informal care. In 2016, 42% of all LTC users received some form of unpaid private assistance (Mørk et al., 2017). In Norway, family members outside the household, friends or neighbors contribute almost 100,000 man-years in care annually (ibid). Most of the informal care for the elderly is, however, provided either by a partner or by adult children (OECD, 2019). Increased international and internal geographical mobility, declining family size, changed family structures, expanded working life and increasing female participation in the labor market may mean that fewer will be willing and able to provide informal care in the future.

Data and methods

We use data from Statistics Norway's population projections and from national registries on population, education, and LTC. We separate between immigrants and natives (cf. Table 1). LTC uptake is measured as of December 31, 2012-2016, for everyone aged 65+. This sample comprises 4.3 million person-years and 1.05 million individuals. Immigrants make up 4.3% of the observations and 4.9% of the individuals (cf. Table 2).

First, we extract detailed data from Statistics Norway's latest population projections, which provide relatively reliable estimates of the number and proportion of immigrants in the oldest age groups, by sex, age, immigration status and origin area. Next, we use information about the level of education, cohabitation and parenthood and the reason for immigration, among today's older and younger immigrants, compared with today's older and younger natives, to

estimate likely scenarios along these dimensions for future older immigrants. Third, we use traditional statistical methods to examine the current LTC uptake among immigrants and natives, which we use together with the other results to estimate the likely LTC needs of future older immigrants.

Results

In this section, we first present projections about the numbers and origins of Norway’s future older immigrants. Second, we show how information about today’s younger immigrants may provide further indication about future older immigrants’ characteristics, such as education, reason for migration, and family life. Finally, we present results about uptake of care services among today’s immigrants and natives, and we discuss whether these trends will continue also in the future.

Four times as many immigrants age 80 or more

Figure 1 shows how the projected age distribution of the immigrant population in Norway in the decades to come. The number of immigrants in the third age (65-79 years) is expected to increase from just under 46,000 today to almost 157,000 in 2040 (from 6 to 16%), according to Statistics Norway’s population projections’ main alternative. Among people in the fourth age (80+ years), the number will quadruple, from 10,000 to around 40,000 (from 4 to 8%).

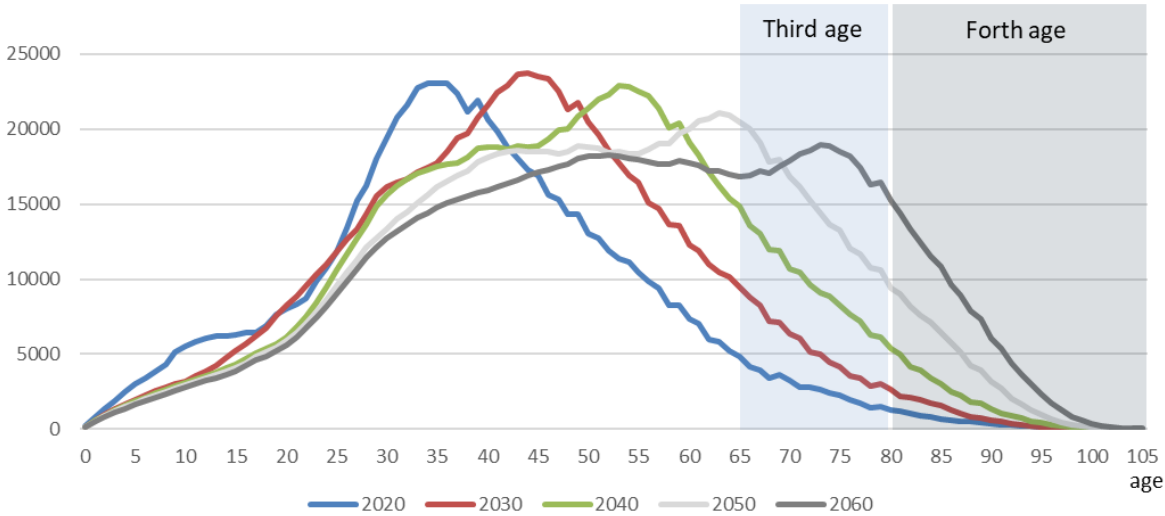


Figure 1. Age profiles of immigrants in Norway, registered for 2020 and projected for 2030-2060.

Source: Statistics Norway’s population projections, main alternative.

Largest group: Immigrants from Non-Western countries

Today, most of the oldest immigrants in Norway are from Western countries. However, the population projections show that the largest group of older immigrants in the future will likely be from Non-Western countries (i.e., Asia, Africa, Central and South America and Eastern Europe outside the EU), as shown in Figure 2. This is partly due to expected higher immigration from these areas, but also a result of their lower emigration propensity. Moreover, a relatively high proportion can be expected to be from eastern EU countries, since immigration to Norway from this area was high in the years after the 2004 EU-enlargement. The increase from western countries will be modest.

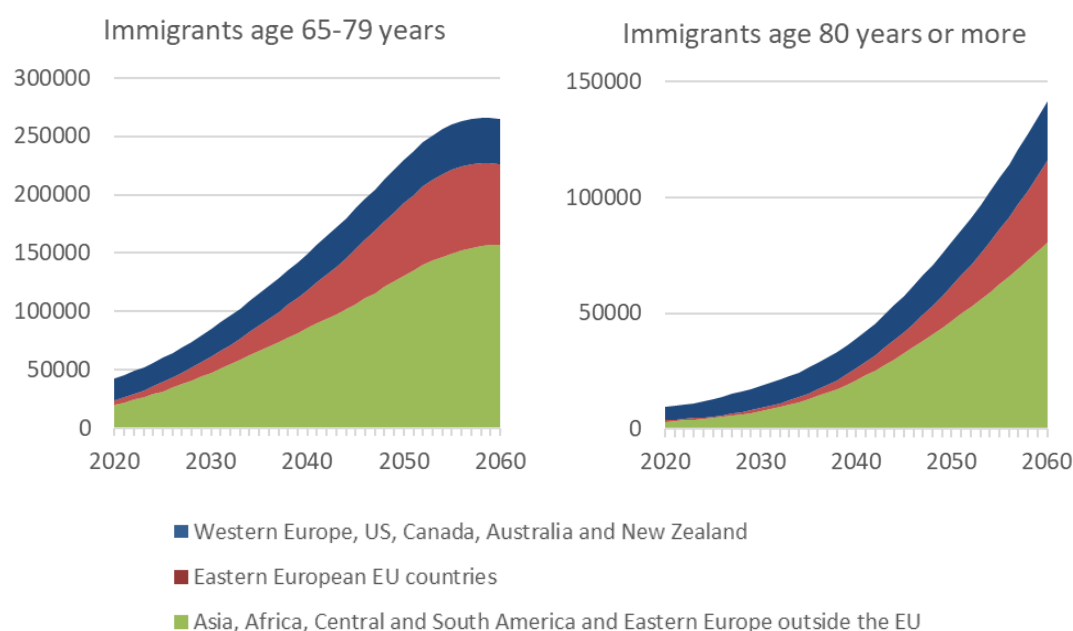


Figure 2. Age profiles of immigrants in Norway by origin, registered for 2020 and projected for 2030-2060.

Source: Statistics Norway's population projections, main alternative.

Older immigrants' education can be expected to be clearly lower than natives'

Statistics Norway does not project the population by education, reason for immigration or family situation. To make scenarios for these characteristics among Norway's future older immigrants, we use information about today's younger immigrants to infer what is likely to characterize these as they get older. The data is also presented in Table 1.

For education, Figure 3 shows how natives and immigrants in the older age groups are distributed by their highest education. The right part of the figure shows what ages these groups will have in 2040 – for instance, people who were 40-64 years in 2020 will be 60-74 years in 2040. Hence, the figure allows us to compare the educational distribution among today’s oldest immigrants with that of tomorrow’s oldest immigrants, as well as how this compares to the natives in the same groups.

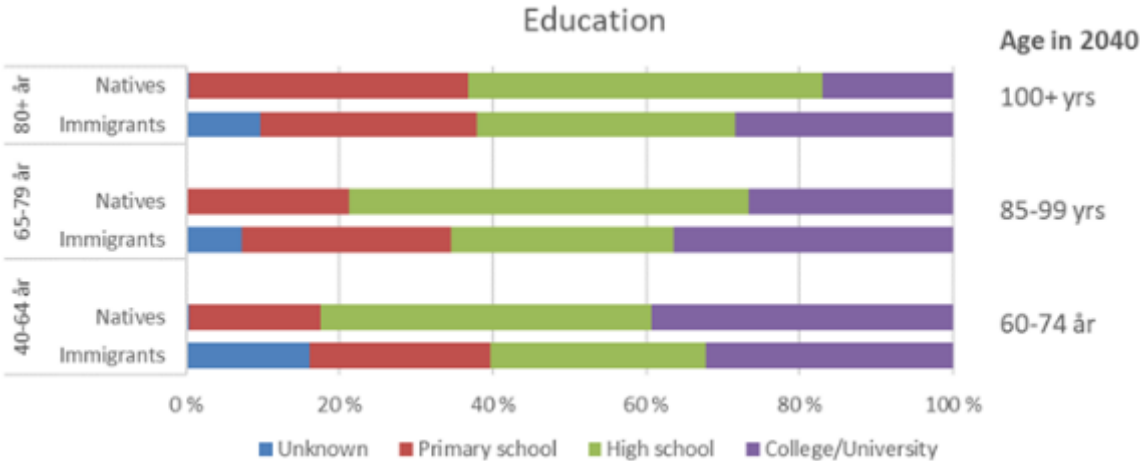


Figure 3. Immigrants and natives in Norway by highest level of education and age groups, 2020.

Source: Statistics Norway’s education statistics

For all these three age groups, the proportion who have primary school (or unknown education) as their highest level of education is higher among immigrants than natives, and more so in the younger age groups. The proportion with higher education is, perhaps somewhat surprisingly, higher for immigrants than for natives among today’s elderly over 65 years. However, it is clearly lower among those age 40-64 years, who will be 60-74 years in 2040. The education gap between natives and immigrants in older age groups may thus be expected to be clearly less favourable for immigrants in the future. This is especially the case for women (not shown in the figure).

Table 1. Descriptive statistics (%) for persons aged 40+ in 2020, by immigrant characteristics and age.

	Total sample				Immigrants				Natives			
	All	40-64 yrs	65-79 yrs	80+ yrs	All	40-64 yrs	65-79 yrs	80+ yrs	All	40-64 yrs	65-79 yrs	80+ yrs
N	2,7 mill	1,7 mill	729 300	236 400	381 600	325 900	45 500	10 300	2,3 mill	1,4 mill	683 800	226 300
Isodemographic characteristics												
Men	49,5	51,1	49,0	36,7	52,5	53,4	49,6	35,4	49,1	50,6	49,9	39,9
Education												
Unknown	2,3	3,3	0,7	0,8	14,8	16,0	7,3	9,6	0,3	0,3	0,2	0,4
Primary school	20,8	18,5	21,4	36,0	24,2	23,6	27,3	28,3	20,3	17,3	21,0	36,4
High school	43,5	40,2	50,6	45,7	28,3	28,1	28,9	33,7	46,0	43,1	52,1	46,2
College/University	33,3	38,0	27,3	17,5	32,7	32,3	36,5	28,4	33,4	39,3	26,7	17,0
Family relations												
Marital status												
Married	54,6	53,7	62,0	38,8	63,2	64,3	61,0	37,4	58,2	51,3	62,0	38,8
Separate/divorced	16,9	17,3	18,3	9,4	17,5	17,3	20,0	13,4	16,7	17,3	18,2	9,2
Widow/widower	8,2	1,4	11,8	47,2	4,5	2,0	13,1	45,2	8,9	1,3	11,7	47,3
Never-married	20,3	27,6	7,9	4,6	14,8	16,4	5,9	4,0	21,2	30,1	8,1	4,6
Living alone	22,2	17,5	25,7	46,5	17,9	16,1	25,0	43,4	23,0	17,8	25,8	46,7
Children in Norway												
0	15,5	18,1	11,1	9,7	30,3	31,3	25,1	24,1	13,1	15,1	10,2	9,1
1	13,6	14,6	12,2	10,5	16,6	16,8	15,3	15,9	13,1	14,1	11,9	10,2
2+	70,9	67,3	76,3	70,8	53,1	51,9	59,6	60,0	73,8	70,8	77,9	80,7
Immigrant characteristics												
Immigrant	14,1	18,7	6,2	4,3	100,0	100,0	100,0	100,0	N/A	N/A	N/A	N/A
Areas of origin												
Western countries	3,5	3,9	2,6	2,5	24,6	21,1	42,5	58,8	N/A	N/A	N/A	N/A
Eastern European EU countries	3,2	4,8	0,6	0,3	23,0	25,4	9,3	6,6	N/A	N/A	N/A	N/A
Africa, Asia etc.	7,4	10,0	3,0	1,5	52,4	53,5	48,2	34,5	N/A	N/A	N/A	N/A
Reason for immigration												
Labor	3,8	5,8	0,4	0,0	27,2	30,9	6,2	0,4	N/A	N/A	N/A	N/A
Family	3,6	5,3	0,7	0,4	25,7	28,1	11,7	10,1	N/A	N/A	N/A	N/A
Refugee	2,2	3,1	0,8	0,4	15,8	16,5	12,5	9,3	N/A	N/A	N/A	N/A
Education	0,3	0,5	0,0	0,0	2,3	2,6	0,1	0,0	N/A	N/A	N/A	N/A
Nordic	0,9	0,8	1,1	1,3	6,4	4,0	18,0	29,0	N/A	N/A	N/A	N/A
Other and unknown (incl. <1990)	3,3	3,2	3,2	2,2	22,6	17,9	51,5	51,2	N/A	N/A	N/A	N/A
Mean (SE)												
Duration of stay (yrs)	50,8 (0,009)	45,0 (0,011)	60,2 (0,010)	64,1 (0,021)	19,4 (0,022)	16,4 (0,019)	34,7 (0,071)	46,2 (0,176)	55,9 (0,005)	51,6 (0,005)	61,9 (0,005)	64,9 (0,019)

More often with a partner but less often with children

Table 1 and Figure 4 show that there are also significant differences between immigrants and natives when it comes to family relationships. The proportion who are never-married is substantially lower among immigrants than natives, especially in the younger age groups, and fewer immigrants than natives live alone – in all age groups. At the same time, there are more immigrants than natives who do not have children (in Norway). So while we can expect that a relatively high share of futures’ older immigrants will be living with a partner, we can also expect that having children in Norway will not be as common for older immigrants as for older natives.

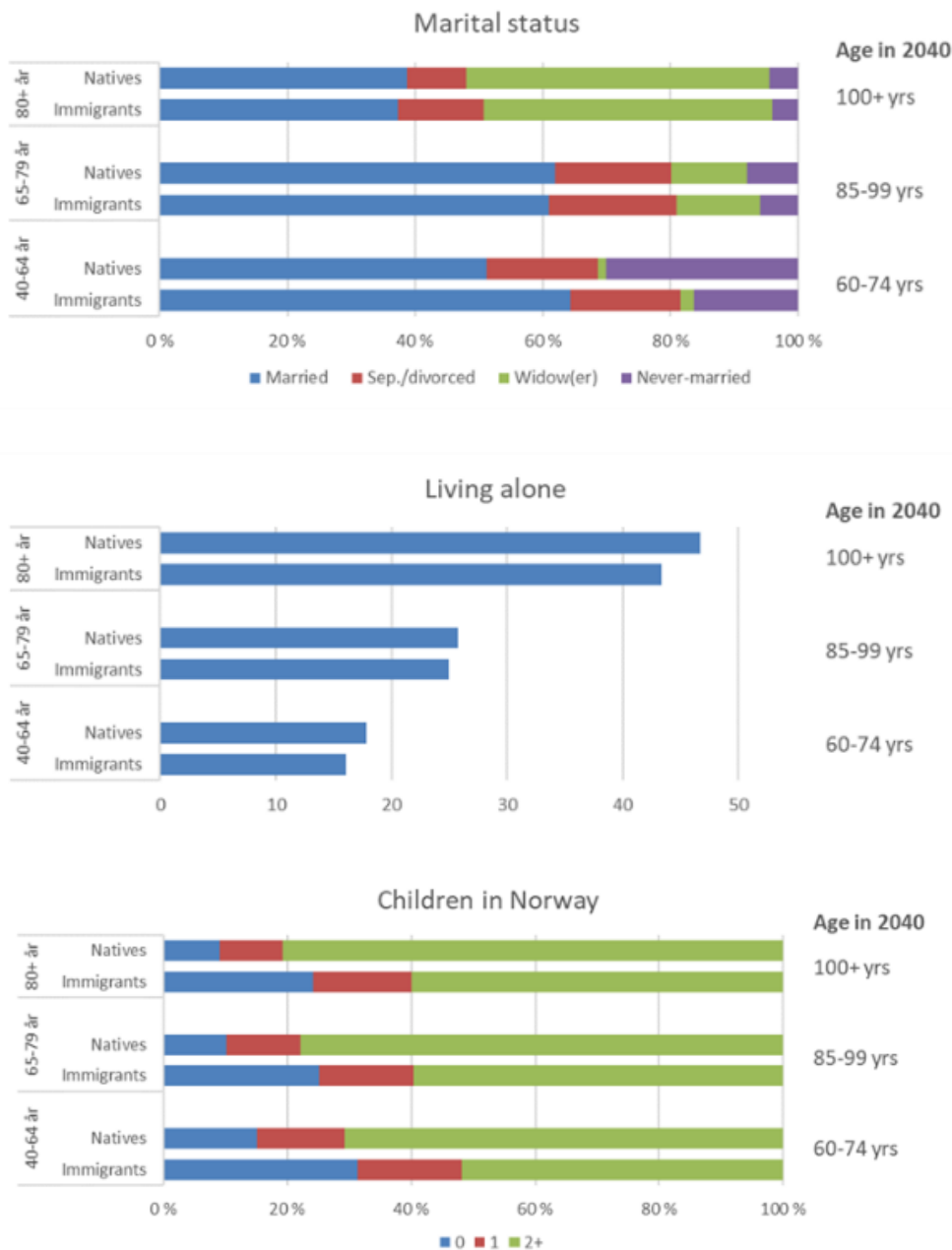


Figure 4. Immigrants and natives in Norway by family characteristics and age, 2020.

Source: Statistics Norway's household statistics and authors' calculations

Many refugees and family migrants

Also reason for immigration differs between the age groups. While work, family and flight are important reasons for immigration among those aged 40-64 years (who will be 60-84 years in 2040), there are far more Nordic immigrants among immigrants in the older age groups (Figure 5). Since reason for immigration has been registered only from 1990 onwards and many of today's older immigrants came to the country before that time, many also have an unknown

reason for immigration. Nevertheless, it is likely that a larger share of the older immigrants of the future will have come to Norway as refugees and family immigrants. Labor migrants have a greater probability of emigration, so we can expect that their share will decrease somewhat as today's immigrants in the age group 40-65 years grow older. If we see the reason for immigration and country group in context, people with a Nordic background and labor migrants comprise the largest share among Western migrants, while labor migrants comprise a large proportion of Eastern EU migrants, and people who have come as family migrants or refugees comprise the largest share among those from Africa, Asia etc.

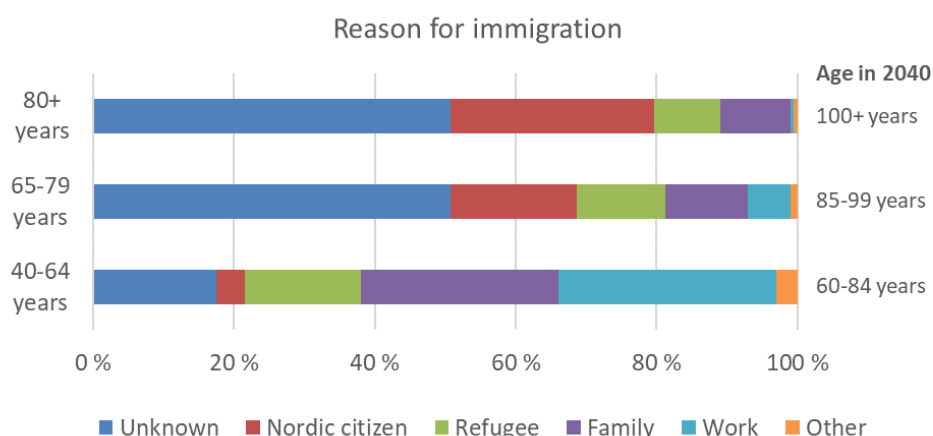


Figure 5. Immigrants in Norway by reason for migration and age groups, 2020.

Source: Statistics Norway's immigration statistics

Less use of formal care services among immigrants than natives

Table 2 shows that the LTC needs of immigrants are viewed to be lower than those of natives. The estimates in bold show areas where the use among today's older immigrants is more common than among natives, and this only applies to 'other services', i.e. services that do not include practical assistance, home health nursing or institutionalized care. For the latter three services, the use is generally higher among natives, irrespective of age. The elevated uptake of 'other services' among immigrants is primarily due to a higher uptake of rehabilitation services and care pay.

Table 2. Descriptive statistics (%) for persons aged 65+, by immigrant status and age, 2012-2016.^a

	Total sample			Immigrants			Natives		
	All	65-79 yrs	80+ yrs	All	65-79 yrs	80+ yrs	All	65-79 yrs	80+ yrs
Person-years (N)	4,3 mill (1,05 mill)	3,1 mill (757 800)	1,2 mill (291 100)	186 200 (49 200)	150 200 (40 400)	36 000 (8 800)	4,1 mill (1,0 mill)	3,0 mill (717 400)	1,2 mill (282 300)
Municipal LTC services									
LTC uptake	24,9	11,4	59,5	17,9	10,0	50,6	25,2	11,4	59,8
Service type									
Practical assistance	10,2	4,2	25,6	6,3	2,9	20,6	10,3	4,2	25,7
Home health nursing	14,7	7,0	34,5	10,0	5,8	27,9	14,9	7,0	34,7
Institutionalized care	9,5	3,3	25,5	5,6	2,3	19,5	9,7	3,4	25,6
Short-term	5,7	2,4	14,3	3,6	1,7	11,6	5,8	2,4	14,4
Long-term	5,1	1,3	14,9	2,8	0,8	10,7	5,2	1,3	15,0
Other services	3,1	1,6	6,7	3,3	2,2	7,8	3,1	1,6	6,7
Other services, in detail									
Rehabilitation	2,1	1,1	4,8	2,2	1,3	6,0	2,1	1,1	4,8
Day-care activities	2,5	0,9	6,5	1,5	0,7	5,2	2,6	1,0	6,6
Social assistance	0,9	0,8	1,2	0,6	0,6	1,0	0,9	0,8	1,2
Meals on wheels	3,2	1,1	8,8	1,2	0,5	4,5	3,3	1,1	9,0
Alarm	9,8	2,9	27,7	6,5	2,3	24,3	10,0	2,9	27,8
Emergency help	0,2	0,1	0,5	0,2	0,1	0,5	0,2	0,1	0,5
Caretaking responsibilities	0,3	0,2	0,3	0,6	0,5	1,1	0,2	0,2	0,3
Service needs									
Unknown	1,4	1,0	2,2	1,6	1,2	2,7	1,4	1,0	2,2
Low/medium	14,5	5,8	36,9	9,8	4,9	30,5	14,7	5,8	37,1
High	9,0	4,6	20,4	6,5	3,9	17,4	9,1	4,6	20,5

^a 6 200 immigrants, and 208 100 native received LTC services. 150 600 received institutionalized care; 171 900 home health nursing; 130 300 practical assistance; and 46 000 other services. Since many use multiple types of services, the sum of the users of individual services exceed the total number of unique users. A majority of the sample are women (69%), but the gender distribution was similar for immigrants and natives.

Table 3 shows that the uptake of LTC services among today's older immigrants is lower also when age and gender differences are accounted for (Model I). There is also variation across areas of origin, their reason for immigration, as well as their length of stay in Norway (Model II). Only refugees have a higher LTC uptake than natives. When we adjust for differences in sociodemographic characteristics (Model III), the estimates remain virtually unchanged (e.g. the increased uptake of LTC among refugees remains). Stratified analyses by gender (Figure 6) reveal minor differences across areas of origin but marked differences across reason for immigration.

Table 3. Modeled estimates of immigrant characteristics and other sociodemographic factors for long-term care uptake.

	Model I		Model II		Model III		Model III - Women		Model III - Men	
	OR ^a	95% CI ^b	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Immigrant characteristics										
Immigrant (ref=native)	0,82	0,80-0,85	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Area of origin (ref=Norway)										
Western countries	N/A	N/A	0,83	0,81-0,86	0,89	0,86-0,92	0,89	0,85-0,93	0,86	0,81-0,91
Eastern European EU countries	N/A	N/A	0,73	0,66-0,82	0,71	0,63-0,79	0,71	0,62-0,83	0,70	0,59-0,83
Africa, Asia etc.	N/A	N/A	0,83	0,77-0,89	0,83	0,76-0,89	0,83	0,75-0,93	0,84	0,75-0,93
Reason for immigration (ref=none)										
Labor	N/A	N/A	0,41	0,29-0,59	0,36	0,25-0,50	0,62	0,35-1,09	0,24	0,15-0,37
Family	N/A	N/A	0,69	0,60-0,80	0,78	0,67-0,90	0,82	0,68-1,01	0,95	0,74-1,21
Refugee	N/A	N/A	1,47	1,32-1,65	1,54	1,37-1,72	1,48	1,25-1,75	1,62	1,39-1,88
Duration of stay (yrs)										
<5	N/A	N/A	0,86	0,73-1,01	0,75	0,63-0,89	0,67	0,53-0,84	0,84	0,66-1,08
05.sep	N/A	N/A	1,20	1,04-1,39	0,88	0,76-1,02	0,86	0,70-1,06	0,86	0,69-1,08
10-19	N/A	N/A	1,02	0,91-1,14	0,79	0,70-0,89	0,71	0,60-0,84	0,91	0,77-1,07
20+	N/A	N/A	0,80	0,72-0,89	0,68	0,61-0,76	0,53	0,45-0,62	0,90	0,78-1,04
Sociodemographic characteristics										
Men (ref=women)	0,61	0,60-0,61	0,61	0,60-0,61	0,80	0,79-0,81	N/A	N/A	N/A	N/A
Age (ref=80-84 yrs)										
65-69	0,11	0,10-0,11	0,11	0,10-0,11	0,13	0,13-0,13	0,12	0,11-0,12	0,14	0,14-0,14
70-74	0,18	0,18-0,18	0,18	0,18-0,18	0,20	0,20-0,21	0,19	0,18-0,19	0,23	0,22-0,23
75-79	0,39	0,38-0,39	0,39	0,38-0,39	0,42	0,41-0,42	0,40	0,39-0,40	0,44	0,44-0,45
85-89	2,79	2,76-2,83	2,79	2,76-2,83	2,60	2,56-2,63	2,77	2,72-2,82	2,40	2,35-2,44
90+	10,36	10,15-10,58	10,37	10,15-10,58	8,43	8,25-8,61	9,86	9,58-10,16	6,89	6,67-7,11
Education (ref=primary school)										
High school	N/A	N/A	N/A	N/A	0,73	0,72-0,74	0,73	0,72-0,74	0,74	0,73-0,75
College/University	N/A	N/A	N/A	N/A	0,51	0,50-0,52	0,50	0,49-0,52	0,53	0,52-0,54
Unknown	N/A	N/A	N/A	N/A	0,48	0,44-0,52	0,49	0,44-0,54	0,50	0,45-0,56
Marital status (ref=married)										
Separated/divorced	N/A	N/A	N/A	N/A	1,42	1,38-1,45	1,41	1,36-1,47	1,22	1,17-1,26
Widow/widower	N/A	N/A	N/A	N/A	1,20	1,17-1,22	1,23	1,20-1,27	1,04	1,01-1,08
Never-married	N/A	N/A	N/A	N/A	1,41	1,38-1,45	1,48	1,43-1,52	1,21	1,16-1,27
Living alone (ref=not living alone)	N/A	N/A	N/A	N/A	2,33	2,29-2,38	2,05	2,01-2,10	2,98	2,88-3,08
Children in Norway (ref=0)										
1	N/A	N/A	N/A	N/A	0,82	0,80-0,84	0,86	0,83-0,89	0,78	0,75-0,81
2+	N/A	N/A	N/A	N/A	0,72	0,71-0,74	0,74	0,73-0,77	0,71	0,69-0,73
Additional controls^c										
	x		x		x		x		x	
Modellinformasjon										
Log likelihood/Pseudo R2	-1 757 924/0.27		-1 757 537/0.27		-1 659 980/0.31		-959 803/0.34		-697 764/0.25	
# obs./LTC uptake	4,3 mill/1,1 mill		4,3 mill/1,1 mill		4,3 mill/1,1 mill		2,4 mill/714 207		2,0 mill/357 997	

^aOdds ratio. Estimates not in bold are statistically significant (p<0,05). ^bConfidence interval, estimated using robust cluster errors. ^cAll analyses are controlled for calendar year (2012-2016) in addition to the variables shown.

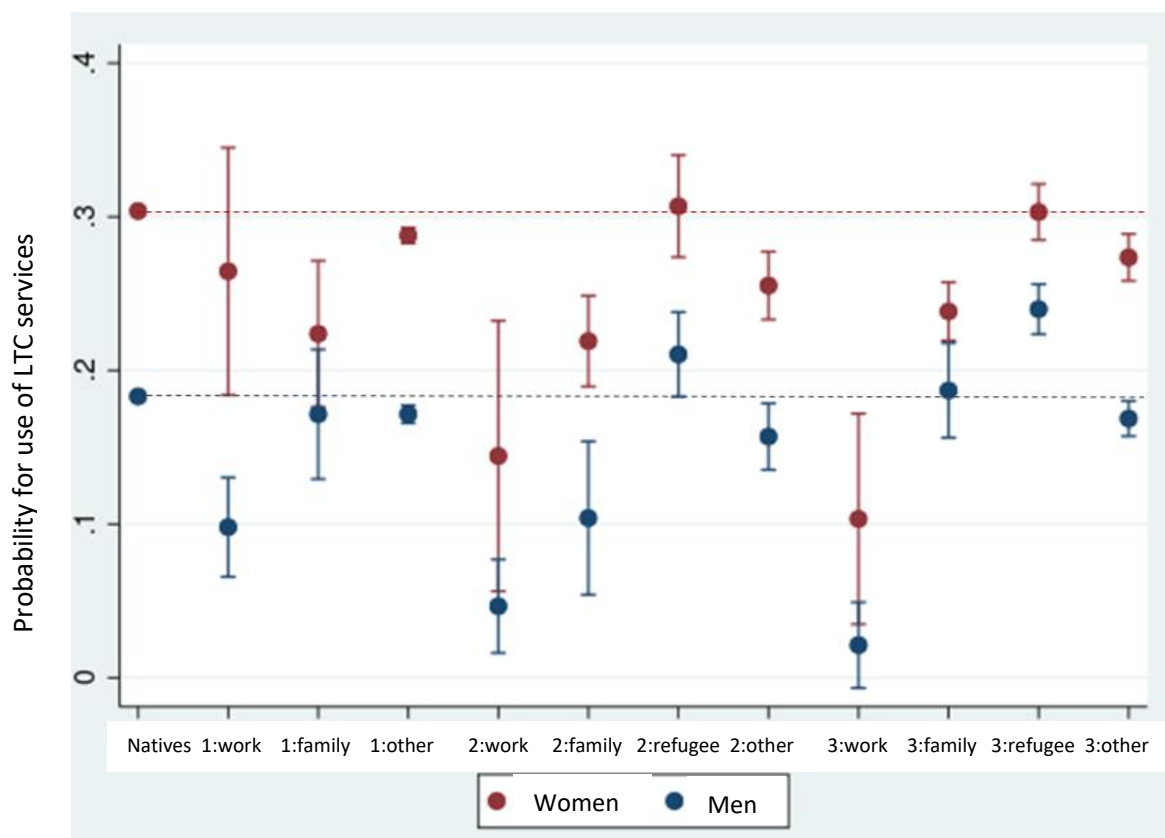


Figure 6. Uptake of long-term care (LTC) services, natives (horizontal lines) and different groups of immigrants, by sex, 2020. Origin groups: 1 = Western Europe, US, Canada, Australia & New Zealand, 2 = Eastern EU countries, 3 = Asia, Africa, Central & South America, Eastern Europe outside EU.

Discussion and conclusions [to be finalized prior to the EPC conference]

The number of immigrants in the third and fourth age will increase substantially in Norway in the decades to come. In this paper, we have aimed at estimating characteristics of this group that are relevant both for their future health and their need for formal long term care (LTC) services. Although the uptake of LTC services is lower among today's older immigrants than natives at the same age, this may change as the composition of older immigrants in Norway change.

We have shown that whereas many of today's older immigrants are from Western countries, we can expect a marked increase in the numbers from Non-Western countries, where both language and cultural understanding can constitute a barrier, with possible implications for managing one's own health as well as one's functional level and mastery. Among other things, it remains to be seen how, for example, dementia will affect language skills and the need for

formal care (Goth & Strøm, 2018). Many of the immigrants from Non-Western countries are refugees, which is a group where the LTC uptake is relatively high. A substantial share of the refugees and family migrants from Africa, Asia etc. also belong to low-income groups, which may be linked to health both in the second, third and fourth ages as well as the opportunities to buy health services in private markets if warranted. Moreover, education is closely linked to health and as we have shown, the older immigrants of the future are expected to hold lower levels of education than older natives and today's older immigrants. In addition, fewer of the older immigrants will have children in Norway, and more childless people may indicate an increased need for public care, particularly if one becomes unpartnered. All these factors may point in the direction of increased LTC uptake among older immigrants.

On the other hand, the proportion living alone will probably be slightly lower among older immigrants than among older natives, this applies especially to those who have come as family migrants. The element of informal care may also be somewhat greater, since relatively many will be from countries where family care is more common. Further research should assess to what extent immigrants will continue to assist with and receive family care, or whether older immigrants adapt to the Norwegian system for the use of services related to health, care and nursing.

Examples from other countries may provide useful input on how future health and care services can be adapted to immigrants. Examples from European cities indicate that immigrants prefer follow-up from family and friends in the local community, and they favor local meeting places and activities that reflect their cultural and linguistic background. Experiments with separate group activities for senior immigrants in the Netherlands have contributed to adapted help services and improved coping (ESPON/ACPA, 2019). In line with findings from Denmark (Hansen, 2014), we find differences in the use of institutionalized care. For immigrants, moves to institutionalized care might go against cultural norms and expectations, i.e. that the family takes care of their own (Arora et al., 2020). Overall, there is scarce knowledge of what 'active aging' implies for immigrants (WHO, 2002). Furthermore, little is known about preferences for formal versus informal care among older immigrants (ibid). Our results indicate that family migrants will make up a larger group of the oldest immigrants, and even though this group has family in Norway, our results show that the use of care services is generally higher in this group than among labor migrants. Moreover, immigrant women may feel obliged to take on a traditional care role rather than letting the formal care apparatus assist (Sagbakken et al., 2018), which may imply a lower formal labor

supply among immigrant women in their 50s and 60s who have parents in their 80s and 90s, and the labor supply in this group is already relatively low.

Although the results we have presented in this article are projections and scenarios and hence somewhat uncertain, the number of elderly immigrants in Europe will definitely increase in the near future. Irrespective of the development in the relative differences between older natives and older immigrants, the increased number of older immigrants means that the LTC services inevitably will encounter more users with an immigrant background in the years to come. To enable 'active ageing' across political sectors, health policies need to reflect the projected increase in elderly immigrants, whereas integration policies on the other hand need to reflect immigrants also as future users of LTC services.

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