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New migrant health transitions

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Introduction

- Institute for Research into Superdiversity – Health and Well-being focus
- Superdiversity and migration in Birmingham
- Why look at migrants' health transitions
- Methods
- The findings
- The future

Superdiversity

- Diversity that supersedes anything previously experienced (Vertovec 2012)
- Emergence of new migration early 1990s
- Fragmented – from many migrants from a few countries to a few from many
- Complex – gender, status, age, ethnicity, reason for migration, class, faith...
- Multi-layered – indigenous/old ‘migrant’/ new migrant

Migrants in Birmingham

- 238,313 people born overseas in Birmingham
- 106, 272 migrants arrived since 2001
- since 1991
 - from 14.3% to 22% born overseas
 - from 23% BME to 42%
- Spread – from inner city to everywhere
- Super-mobile – circular, onward and return migration – change as the norm

Why study migrant health transitions?

- Numbers!!!!
- Outcomes and prevalence rates (obesity, diabetes, TB, infant mortality, A&E usage)
- Legal duty under Single Equality Act 2010
- Right to be treated fairly, without discrimination, as an individual and with respect and dignity
- Equality and fairness
- Important to understand what shapes migrants' health beliefs, behaviours and health seeking