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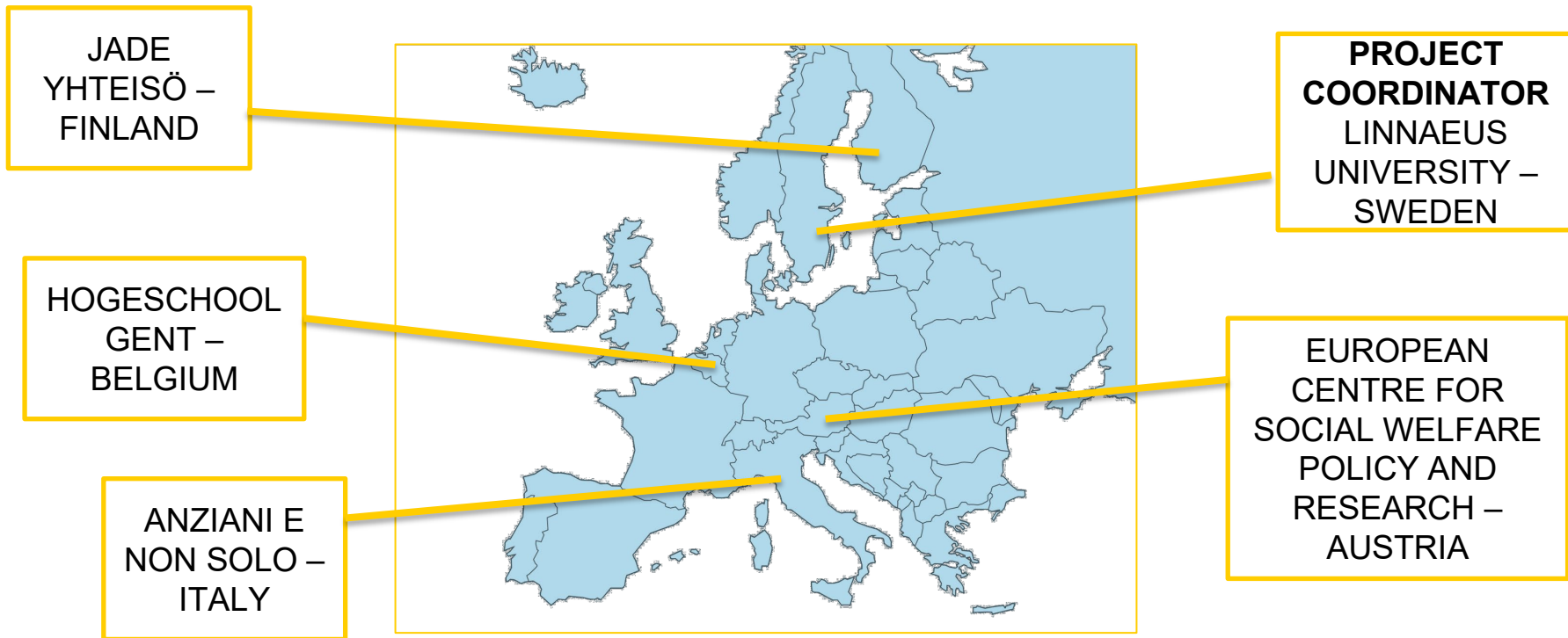


**DI.S.C.O.P.M.B.**

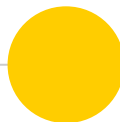
DIVERSITY SENSITIVE CARE OF OLDER PEOPLE WITH  
MIGRANT BACKGROUND AND THEIR FAMILIES

**THE ERASMUS+ DI.S.C.O.P.M.B. PROJECT**

# THE PARTNERSHIP



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## Introduction : A Global Imperative

- **Key Trends** International migration, population ageing, and COVID19 are reshaping global health systems.
- **Call to Action:** Healthy ageing must be inclusive of all individuals—irrespective of background or ethnicity (WHO 2017; UN 2018).



## Policy Foundations

- **Legal & Ethical Frameworks**
  - Swedish Health Care Act (SFS 2014:82)
  - WHO, UN values on equality, dignity, respect for beliefs and customs.
- **Core Principle** Health care should be *individually appropriate* and rooted



## Challenges for Older Migrants

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- **Health Risks**
  - Psychosocial disorders (esp. in women)
  - Low socioeconomic status, discrimination, age on arrival (Reus-Ponset al., 2018)
- **Barriers to Care:**
  - Social isolation, poor access to services, language & cultural barriers (Salma & Salami 2019; Giebelet al. 2015).
- **Outcome:** Lower utilization of nursing homes and delayed care (Molsa et al. 2019; Basic et al. 2017).



## Importance of Person-centered, diversity sensitive care

- **Best Practices**
  - Respect identity, routines, and beliefs (Montayre et al., 2018; duToit & Buchanan, 2018).
  - Avoid assumptions—understand personal stories and health behaviors (Purnell & Paulanka 2008).
- **Outcome:** Improved satisfaction and care quality (Giebelet al. 2015; Plejert et al. 2014).



## DISCOPM Project Goals

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- **Main Aim:** Person-centered, diversity-sensitive care rooted in social, political, and economic awareness.
- **Educational Tools:**
  - **Interactive Learning** Tutorials, internships, guided reflections.
  - **Digital Resources** Videos, interviews, real stories from practitioners and patients.



## DISCOPM Project Goals-ongoing

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- **Content Focus**
  - Communication styles, decision-making, gender issues, racism, family roles (Epner & Baile 2012).
- **Target Audience:**
  - BA & MA students, professionals (nurses, doctors, social workers), university educators.





## Implementation & Impact

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- **Work Package Focus**
  - **WP2 & WP3** Engage 200+ students and professionals through CPD and university programs.
  - **WP4:** Involve 200+ stakeholders—policy makers, service managers, health educators.
- **Innovation:**
  - Mixed Online and Offline Learning (MOOL) for broad accessibility.
  - Addresses gap in diversity-sensitive ageing education across Europe.
- **Stakeholder Engagement**
  - Direct input from older migrants via storytelling and participatory methods.



## Policy and Academic Integration

- **Policy-Level Aim:** Develop best practices and standards for EU level adoption.
- **Curricular Gap:** No steady integration of ageing & diversity in current HE programs.
- **Transferability:**
  - Applicable in higher education, vocational education, and adult education.



## Conclusion & Future Direction

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- ◎ **Vision:** Build socially responsible care systems that see the person, not just the patient
- ◎ **Sustainability:** Promote inclusive, high quality care across Europe
- ◎ **Next Step:** Collaborate across academia, policy, and practice to transform healthcare education.

# FOR MORE INFORMATION

**VISIT THE DI.S.C.O.P.M.B. WEBSITE ON**

[www.diversitysensitivitycare.eu](http://www.diversitysensitivitycare.eu)

**LINNEUNIVERSITETET (PROJECT COORDINATOR)**

[www.lnu.se](http://www.lnu.se)

**HOGESCHOOL GENT**

[www.hogent.be](http://www.hogent.be)

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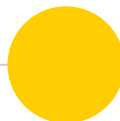
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