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Exploring the health of culturally and linguistically diverse (CALD) populations in Queensland: 2016–17 to 2019–20

Fact sheet 1: Overview of report.

Purpose of this factsheet: To provide a brief background and summary of the report, including key overall findings, recommendations and considerations.

This fact sheet is part of the Queensland Health CALD Data Report release.
For more information, see the full report on the *Queensland Health website*.

Background

The Australian Bureau of Statistics (ABS) defines the CALD population mainly by country of birth, language spoken at home, English proficiency, or other characteristics (including year of arrival in Australia), parents' country of birth and religious affiliation.

The experience of migration is a key determinant of health and wellbeing.

22.7% of Queensland's population were born overseas according to the 2021 Census (More than one in five Queensland residents).

The proportion of overseas-born individuals in Queensland has increased over time (from 12.3% in 1971 to 22.7% in 2021).

There are some known systemic challenges for some CALD populations in accessing and navigating the health care system.

CALD health requires a high level of understanding of intersectionality and health data information to understand the full picture.

Understanding health outcomes within CALD populations is crucial for addressing their specific healthcare needs.

More than 300 languages are spoken in Queensland.

The *Queensland Multicultural Policy* requires Queensland Government agencies (including Queensland Health & Hospital and Health Services) to collect information on 3 minimum CALD indicators: country of birth, preferred language, and interpreter required. An additional desirable indicator recommended is Ethnicity (or cultural identity).

Please note: This report was developed to inform evidence-based health service planning and delivery. It should not be interpreted as performance indicators for the communities mentioned. The findings present an opportunity for further discussion and exploration to unpack underlying issues at community and system levels.

About the report

Explored and analysed existing CALD-related health data collected by Queensland Health from 2016-17 to 2019-20.

The study utilises robust data analysis, with a view to inform policy responses and promote equitable service delivery.

Data sources explored: hospitalisations data, mortality data, population data (Australian Bureau of Statistics (ABS) 2016 Census), and mental health data.

This report seeks to enable evidence-based health service planning and should not be interpreted (or attributed) as performance indicators for the communities presented in this report.

For regions and countries of birth classifications, the Standard Australian Classification of Countries (SACC) are published by the ABS and was used to guide the categories used in this report.

Population health indicators reported include potentially preventable hospitalisations and related subcategories (vaccine-preventable, acute and chronic conditions), hospitalisation rates (all-causes), death rates (all-causes), and potentially avoidable deaths.

Purpose of the report - update and broaden the previous analysis to identify potential disparities in health outcomes for CALD populations in Queensland, compared to people born in Australia.

Limitations

- This report should be referred to as a factual exploration of available data and does not explain why certain trends are observed.
- This report is not representative of all CALD populations in Queensland. It only analyses the overseas born population.
- All data is based on Queensland residents admitted to Queensland hospitals only.
- Country of birth is the only indicator analysed as it is the most reliable data captured to produce quality data analysis.
- The current ABS Census 2021 data had not been released at the time of research for this report.

What does the report tell us?

CALD population in Queensland is diverse.

Analysing data at an aggregate level (such as NESB and MESB populations) masks differences in health outcomes among specific CALD population groups.

Differences in health outcomes between CALD groups become more visible when data are disaggregated by region of birth or countries of birth.

The naming of these regions is aligned with ABS classification.

Queensland residents born in Other Oceania and Antarctica, North African and Middle East regions most often reported poorer health outcomes when compared to the Australian-born population.

The study does not explore the migration status of the CALD population, but it is assumed that a significant proportion of residents born in North African and Middle East regions are people from a refugee background based on recent data on humanitarian arrivals to Queensland.

Summary of key findings for each of the health outcomes analysed as well as region of birth analysis can be found on the other factsheets in *Queensland Health website*.

Complexities associated with reporting on the health of CALD populations

- CALD populations in Queensland and Australia are diverse, encompassing various cultures, languages, and migration pathways.
- The term CALD can be defined in different ways, including country of birth, ethnicity, spoken languages, ancestry, parental origins, and religious affiliation, etc.
- The health of CALD populations is influenced by multiple factors, such as environmental, economic, behavioral and socio-cultural aspects both in their home country and in Australia, as well as their migration experience. However, capturing these factors consistently in data is challenging.
- Existing health data collections at national and state levels often lack sufficient indicators for cultural or linguistic diversity and migration status, hindering the identification of disparities among CALD populations.
- Sometimes, the collected CALD data may not be of high quality or might not have enough observations to draw meaningful conclusions at a population level. This limits further research and exploration that can aid understanding of any underlying causes of disparity.

Key recommendations and considerations

The policy risk of relying on aggregated analysis is that certain populations with concerning disparities in health outcomes become invisible, and consequently do not receive the attention or response that they may need.

The report provides an opportunity to further understand and respond to poorer health outcomes among CALD populations.

Ensuring quality data collection on CALD indicators is crucial for accurate analysis and reporting of health outcomes at a population level.

Engagement with CALD communities is essential to better understand underlying factors and implement targeted interventions for improved outcomes.

CALD populations change over time, so regular analysis and reporting on CALD health is needed to have a more current understanding of outcomes.

Data linkage initiatives, such as the *ABS Multi-Agency Data Integration Project* (MADIP), can support more comprehensive analysis of health outcomes for CALD populations by utilising a wider range of datasets and indicators.

A nationally consistent approach to measuring and analysing health outcomes for CALD populations would facilitate comparisons across different jurisdictions and support further research.

Considerations for potential future CALD data projects in Queensland may include exploring relevant issues like mental health, maternity and childbirth, and analysing outcomes at the Hospital and Health Service (HHS) level for targeted interventions.

Future analysis of other CALD data indicators that Queensland Health collects such as whether an interpreter service is required and preferred language, could provide insights into how language barriers may influence health outcomes.

Collecting and analysing CALD data is just one step in a multifaceted and complex web of factors needed to address healthcare inequalities, but improved visibility of CALD populations in outcomes data is an important starting point.

NESB *– Non-English Speaking Background* ***MESB*** *– Mainly English Speaking Background* ***CALD*** *– Culturally and Linguistically Diverse*

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