June 2023

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

Fact sheet 9: Overview of health outcomes for people from Asian regions.

Purpose of this factsheet: To provide a summary of key findings highlighted in this report for people from Asian regions (North-East Asia, South-East Asia, Southern and Central Asia).

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*.

Countries included in this region

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 ABS categorises the countries of the world into nine major groups. However, for the purpose of this report, these groups were further classified into three broad categories based on country of birth:

- Australian born

- Born outside Australia and from a country with a mainly English speaking background (MESB)

- Born outside Australia and from a country with a non-English speaking background (NESB).

The assignment of MESB and NESB population groups were based on a person's self-reported country of birth, regardless of whether English was their first or preferred language, or their length of residence in Australia.

The three broad categories mentioned above were further disaggregated into 14 regions and countries. For more info, see Appendix B of the *full report* (page 92).

> **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.

Countries included in Asian regions
(North-East Asia, South-East Asia, Southern and Central Asia):

North-East Asia

1. China (excludes SARs and Taiwan)
2. Hong Kong (SAR of China)
3. Japan
4. Korea, Democratic People's Republic of (North)
5. Korea Republic of (South)
6. Macau (SAR of China)
7. Mongolia
8. Taiwan

South-East Asia

9. Brunei Darussalam
10. Cambodia
11. Indonesia
12. Laos
13. Malaysia
14. Myanmar
15. Philippines
16. Singapore
17. Thailand
18. Timor-Leste
19. Vietnam

Southern and Central Asia

20. Afghanistan
21. Armenia
22. Azerbaijan
23. Bangladesh
24. Bhutan
25. Georgia
26. India
27. Kazakhstan
28. Kyrgyzstan
29. Maldives
30. Nepal
31. Pakistan
32. Sri Lanka
33. Tajikistan
34. Turkmenistan
35. Uzbekistan

Key findings: Analysis at the level of **region of birth**

Potentially preventable hospitalisations (PPH) rate

When compared to the Australian-born population, people from **North-East Asia** region had:

1.77 × higher rate of vaccine-preventable conditions

Lower rates of chronic conditions

Lower rates of acute conditions

Only one significantly higher PPH condition was seen in people from North-East Asia region:

Other vaccine-preventable conditions
5.85 × higher than Australian-born population

When compared to the Australian-born population, people from **South-East Asia region** had:

2.39 × higher rate of vaccine-preventable conditions

Lower rates of chronic conditions

Lower rates of acute conditions

Top three PPH conditions seen in people from South-East Asia region:

Other vaccine-preventable conditions
7.52 × higher than Australian-born population

Perforated/bleeding ulcer
1.41 × higher than Australian-born population

Hypertension
1.40 × higher than Australian-born population

People from **Southern and Central Asia region** had similar rates of vaccine-preventable conditions, lower rates of chronic conditions and lower rates of acute conditions when compared to Australian-born.

Top three PPH conditions seen in people from Southern and Central Asia region:

Other vaccine-preventable conditions
1.58 × higher than Australian-born population

Diabetes complications
1.23 × higher than Australian-born population

Iron deficiency anaemia
1.17 × higher than Australian-born population

The naming of these regions is aligned with ABS classification.

Hospitalisation rate (all causes)

When compared to the Australian-born population, people from Asian regions had lower rates of hospitalisations.

Potentially avoidable deaths rate (all causes) and Death rates (all causes)

When compared to the Australian-born population, people from the Asian regions did not reveal any significant findings for potentially avoidable death rates than Australia-born population.

Key findings: Analysis at the level of country of birth

Potentially preventable hospitalisations (PPH) rate

When compared with Australian-born population, people from the following countries in Asian regions had significantly higher rates of PPH (all causes)

Afghanistan (Southern and Central Asia)
1.40 × higher

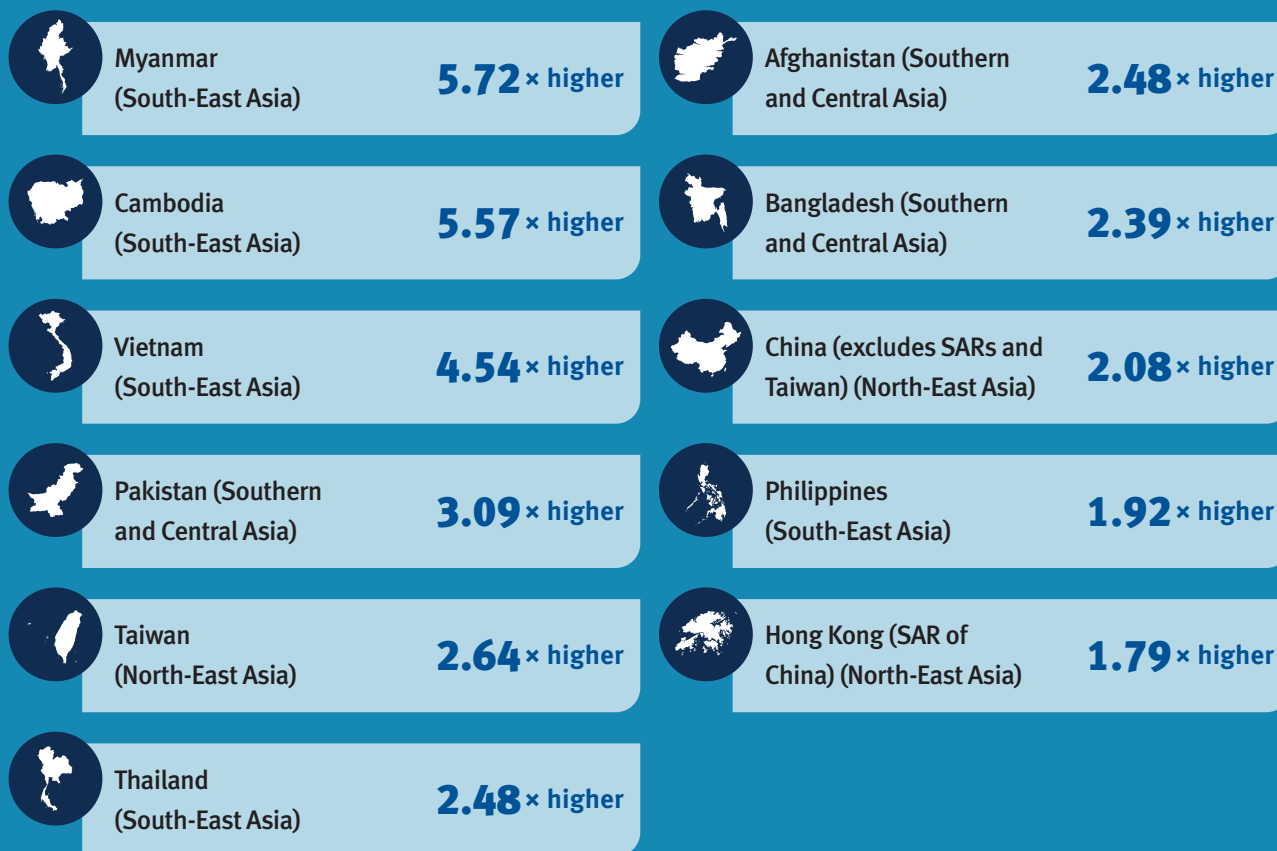Pakistan (Southern and Central Asia)
1.38 × higher

Myanmar (South-East Asia)
1.24 × higher

When compared with Australian-born population, people from the following countries in Asian regions had significantly higher rates for:

Vaccine-preventable conditions

| Myanmar (South-East Asia) | 5.72 × higher | Afghanistan (Southern and Central Asia) | 2.48 × higher |

| Cambodia (South-East Asia) | 5.57 × higher | Bangladesh (Southern and Central Asia) | 2.39 × higher |

| Vietnam (South-East Asia) | 4.54 × higher | China (excludes SARs and Taiwan) (North-East Asia) | 2.08 × higher |

| Pakistan (Southern and Central Asia) | 3.09 × higher | Philippines (South-East Asia) | 1.92 × higher |

| Taiwan (North-East Asia) | 2.64 × higher | Hong Kong (SAR of China) (North-East Asia) | 1.79 × higher |

| Thailand (South-East Asia) | 2.48 × higher |

Chronic conditions

| Pakistan (Southern and Central Asia) | 1.78 × higher | Afghanistan (Southern and Central Asia) | 1.39 × higher |

| Bangladesh (Southern and Central Asia) | 1.58 × higher |

Acute conditions

| Afghanistan (Southern and Central Asia) | 1.27 × higher |

Hospitalisation rate (all causes)

People from Bangladesh (Southern and Central Asia) had **1.56 × higher** rates of hospitalisations (all causes) when compared to Australian-born population.

Potentially avoidable deaths rate (all causes) and Death rates (all causes)

Compared to the Australian-born population, people from these countries from the Asian regions did not reveal any significant findings of potentially avoidable deaths (all causes).

Definitions

This study analysed and reported on the following health outcomes/variables:

- **Potentially preventable hospitalisations (PPH)** – hospital admissions that potentially could have been prevented by timely and adequate health care in primary care and community-based care settings. These include:

  - **Vaccine preventable condition** – infectious condition for which a vaccine exists. They are classified into vaccine-preventable influenza and pneumonia and *other vaccine-preventable conditions* such as *whooping cough*, *acute poliomyelitis*, *varicella (chicken pox)*, *measles*, *tetanus*, *mumps* and *rubella*.

  - **Chronic condition** – a long lasting health condition with persistent effects and their social and economic consequences can impact on peoples' quality of life. Most may be prevented through behaviour and lifestyle modification but can also be managed effectively through timely care to prevent deterioration and hospitalisation.

This report analysed selected chronic conditions: *asthma*, *angina*, *Chronic obstructive pulmonary disease (COPD)*, *congestive heart failure*, *diabetes complications*, *hypertension*, *iron deficiency anaemia*, *rheumatic heart disease* and *bronchiectasis*.

- **Acute condition** – health condition that develops suddenly and lasts for a limited time. Hospitalisation can be prevented with timely and adequate care (usually non-hospital). This report analysed selected acute conditions: *Urinary tract infections (UTI)*, gangrene, *pelvic inflammatory disease (PID)*, *perforated/ bleeding ulcer*, *convulsions*, *dental conditions*, *ear, nose and throat (ENT) infections*, *cellulitis*.

- The study also analysed rates of hospitalisation, deaths, and potentially avoidable deaths.

- For definitions of these variables, see appendix C and D in the *full report*.

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

For more information email: *multicultural@health.qld.gov.au*

Queensland Government