

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

Fact sheet 10: Overview of health outcomes for people from regions in Europe.

Purpose of this factsheet: To provide a summary of key findings highlighted in this report for people from Europe regions (Other North-West Europe, Southern and Eastern Europe).

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 Europe regions (Other North-West Europe, Southern and Eastern Europe regions):



Other North-West Europe region

1. Aland Islands
2. Austria
3. Belgium
4. Denmark
5. Faroe Islands
6. Finland
7. France
8. Germany
9. Greenland
10. Iceland
11. Liechtenstein
12. Luxembourg
13. Monaco
14. Netherlands
15. Norway
16. Sweden
17. Switzerland

Southern and Eastern Europe region

18. Albania
19. Andorra
20. Belarus
21. Bosnia and Herzegovina
22. Bulgaria
23. Croatia
24. Cyprus
25. Czech Republic
26. Estonia
27. Gibraltar
28. Greece
29. Holy See
30. Hungary
31. Italy
32. Kosovo
33. Latvia

34. Lithuania
35. Malta
36. Moldova
37. Montenegro
38. Poland
39. Portugal
40. Romania
41. Russian Federation
42. San Marino
43. Serbia
44. Slovakia
45. Slovenia
46. Spain
47. The Former Yugoslav Republic of Macedonia
48. Ukraine

Key findings: Analysis at the level of region of birth



Potentially preventable hospitalisations (PPH) rate

When compared to the Australian-born population, people from **Other North-West Europe region** had:



Lower rates of
vaccine-preventable
conditions



Lower rates of
chronic conditions



Lower rates of
acute conditions

When compared to the Australian-born population, those from **Southern and Eastern Europe region** had:



Similar rates of
vaccine-preventable
conditions



Lower rates of
chronic conditions



Lower rates of
acute conditions

Top two PPH conditions seen in people from **Southern and Eastern Europe region**

Other vaccine-preventable conditions

1.60 × higher than Australian-born population

Congestive cardiac failure

1.37 × 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 Europe regions had lower hospitalisation rates.



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

When compared to the Australian-born population, people from Europe 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 to the Australian-born, people from the following country in **Southern and Eastern Europe** region had higher rates of PPH (all causes):



Serbia

1.84 × higher

When compared to the Australian-born, people from the following countries in Europe region had significantly higher rates for:

Vaccine-preventable conditions



Serbia (Southern and Eastern Europe)

2.70 × higher



Romania (Southern and Eastern Europe)

2.16 × higher

Chronic conditions



Serbia (Southern and Eastern Europe)

2.15 × higher

Acute conditions

No country had higher rates of acute conditions



Hospitalisation rate (all causes)

People from Serbia (Southern and Eastern Europe) had **1.44 × higher** rates of hospitalisations (all causes) than Australian-born.



Potentially avoidable deaths rate (all causes)

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



Death rates (all causes)

When compared to the Australian-born, people from these countries in Europe region had significantly higher death rates (all causes).



Serbia (Southern and Eastern Europe)
1.74 × higher



Ukraine (Southern and Eastern Europe)
1.59 × higher



Poland (Southern and Eastern Europe)
1.38 × higher



Romania (Southern and Eastern Europe)
1.32 × higher



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



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