

March 2023

Chapter 2

Queensland Health

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



Queensland
Government

2. Project scope and limitations

2.1 Scope of the project

The scope of the project was to undertake an in-depth exploration and analysis of existing CALD-related health data collected by Queensland Health within the Queensland Hospital Admitted Patient Data Collection (QHAPDC), Consumer Integrated Mental Health and Addiction (CIMHA) data along with the population data from the Australian Bureau of Statistics (ABS) and mortality data from the Australian Coordinating Registry. The ABS 2016 Census was used as the 2021 Census data had not been released at the time of data analysis for this report.

From the QHAPDC, the study analyses data from 2016–17 to 2019–20 for the following health indicators and related subcategories:

1. Potentially preventable hospitalisations, as follows:

- All categories
- Vaccine-preventable conditions
 - All vaccine-preventable conditions
 - Vaccine-preventable influenza and pneumonia
 - Other vaccine-preventable conditions

- Chronic conditions
 - All chronic conditions
 - Asthma
 - Angina
 - Chronic obstructive pulmonary disease (COPD)
 - Congestive heart failure
 - Diabetes complications
 - Hypertension
 - Iron deficiency anaemia
 - Rheumatic heart disease
 - Bronchiectasis
- Acute conditions
 - All acute conditions
 - Urinary tract infections
 - Gangrene
 - Pelvic inflammatory disease
 - Perforated/bleeding ulcer
 - Convulsions and epilepsy
 - Dental conditions
 - ENT (ear, nose and throat) infections
 - Cellulitis

2. Hospitalisation rates: all-causes

3. Death rates: all-causes

4. Potentially avoidable deaths: all-causes.

Indicators are presented as age-standardised rates (ASR) per 100,000 population for the years 2016–17 to 2019–20 by broad region of birth, sex and country of birth. The age-standardisation technique is used to remove the effect of age structure when different populations are compared. The shorthand term ‘rate’ is sometimes used throughout the report but refers to an ‘age-standardised rate’. See Appendix C for more information on methodology and Appendix D for more information on data sources used to calculate these rates.

This report focuses on presenting findings for Queensland residents born overseas, particularly in countries with NESB population, where outcomes were shown to be worse when compared to the Australian-born population.

Tables in this report present information for regions and countries where rates are higher than the Australian-born population.

Mental health data

As part of this study, mental health data was also explored and analysed. However, due to small observations for certain groups and issues of data quality, the existing data did not reveal any significant findings to include in the report. Mental Health in Multicultural Australia (MHIMA) highlights that although it is evident that mental health services are underutilised by migrant and refugee communities, there is very little research on the factors that influence this²². A recent study exploring trends and impact factors of mental health service utilisation among resettled humanitarian migrants in Australia also showed that mental health services are underused, especially in the first five years of resettlement. This is despite this cohort having a high prevalence of mental health conditions²³. However, further exploration of this topic is beyond the scope of this report.

‘Ethnicity’ has recently been added in the Queensland Health mental health dataset CIMHA. Ethnicity values in CIMHA use the Australian Standard Classification of Cultural and Ethnic Groups (ASCCEG). The ASCCEG is the statistical standard endorsed by the Australian Bureau of Statistics for collecting data relating to the cultural and ethnic diversity of the Australian population. This will hopefully allow for better collection of CALD mental health data indicators.

²² Minas H, Ritsuko K, San Too L, Vayani H, Orapeleng S., Prasad-Ildes R, et al. Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion. Australia: Mental Health in Multicultural Australia; 2013. Available from: www.mentalhealthcommission.gov.au/getmedia/3d19d8f5-a93c-4826-89c2-f6919473764e/MHiMA-CALD-REPORT_06

²³ Zheng M, Chen F, Pan Y, Kong D, Renzaho AMN, Sahle BW, Mahumud RA, Ling L, Chen W. Trends and Impact Factors of Mental Health Service Utilization among Resettled Humanitarian Migrants in Australia: Findings from the BNLA Cohort Study. *Int J Environ Res Public Health*; 2022 ; 19 (6). Available from: www.ncbi.nlm.nih.gov/pmc/articles/PMC9408151/

2.2 Limitations

Data limitations

- It is important to note that 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. For example, indicators presented for 'Cook Islands' refer to Queensland residents who were born in the Cook Islands.
- The most reliable relevant data collected across all the data sources in scope was country of birth. People's ethnicity does not necessarily match the country of birth. It is worth noting that the current data does not capture the year of arrival of those born overseas.
- This data does not explore accessibility of health services by people from CALD backgrounds. This is due to limited access to primary health or mental health datasets.