

Summary of health data on culturally and linguistically diverse populations in Queensland

The term *cultural and linguistic diversity* refers to the range of different cultures and language groups represented in the population. Culturally and linguistically (CALD) diverse communities are those whose members identify as having non-mainstream cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home¹. The Aboriginal and Torres Strait Islander populations, as the first peoples of Australia, are generally not included in descriptions of CALD populations.

Cultural and linguistic diversity is defined in accordance with the *Standards for Statistics on Cultural and Language Diversity*² which consists of four variables in the minimum core set (country of birth, main language other than English spoken at home, proficiency in spoken English and Indigenous status) and an additional eight variables in the standard set (ancestry, country of birth of father, country of birth of mother, first language spoken, languages spoken at home, main language spoken at home, religious affiliation and year of arrival).

Most of the data in this summary concerns overseas born Queenslanders, which only represents one small component of Queensland's culturally and linguistically diverse population.

All overseas-born

As a group, overseas-born Queenslanders have lower death and hospitalisation rates compared to the Australia-born population³. This is consistent with reports from other jurisdictions and nationally. However, there are some variation in death rates across culturally and linguistically diverse groups which are identified in disaggregated data as shown in the following sections. More detailed information is available from a series of reports released by Queensland Health in 2011-12³⁻¹¹.

³ It should be noted that the comparison group, Australia-born Queenslanders, includes the Aboriginal and Torres Strait Islander population

Deaths

MESB and NESB

The overseas-born population can be classified into two categories – born in a country with a mainly-English speaking background (MESB) and born in a country with a non-English speaking background (NESB). When the overseas-born category is disaggregated into MESB and NESB, a difference in death rates can be observed for diabetes deaths.

Table 1 Summary of differences in aged-standardised death rates in overseas-born broad categories compared to Australia-born Qld population

Deaths in Queensland (2003-07)		
	MESB	NESB
All cause	similar/ lower	similar/ lower
Total avoidable deaths	similar/ lower	similar/ lower
Avoidable deaths – preventable conditions	similar/ lower	similar/ lower
Avoidable deaths – health care amenable	similar/ lower	similar/ lower
CHD	similar/ lower	similar/ lower
Stroke	similar/ lower	similar/ lower
Diabetes	similar/ lower	25% higher

Country of birth regions

When the MESB and NESB categories are further disaggregated more differences can be observed (Table 3). This supports the view that combining diverse population groups can mask underlying inequality and can lead to a 'misleading average'^{12,13}. Such practices prevent targeted responses from being developed because too many populations are classified into one group¹³. However, it is acknowledged that small population groups limit the statistical reliability of health outcome reporting.

List of acronyms used in this document

CALD – Culturally and linguistically diversity
 CHD – Coronary heart disease
 COPD – Chronic obstructive pulmonary disease
 MESB – Mainly English speaking background
 NESB – Non-English speaking background
 PPH – Potentially preventable hospitalisation

Table 2 Summary of differences in death rates of Queenslanders born overseas by regional groups compared to Australia-born population

Deaths (2003-07)													
	North Africa	Middle East	Oceania	S&E Europe	NW Europe	Northern America	UK/Ireland	NZ	S&C Asia	Sub-Saharan Africa	NE Asia	Other Americas	SE Asia
All cause	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Total avoidable deaths	similar/ lower	similar/ lower	15% higher	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Avoidable deaths – preventable conditions	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Avoidable deaths – health care amenable	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
CHD	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Stroke	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Diabetes	similar/ lower	similar/ lower	230% higher	52% higher	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower

The death rates for individual country of birth populations in Oceania (2006) are:

Table 3 Summary of differences in age-standardised death rates of Oceania-born Queenslanders compared to total Qld population

Deaths of Queensland Oceania-born populations (2006)					
	PNG	Samoa	Fiji	Tonga	Cook Islands
All causes	similar	similar	similar	similar	similar
Total avoidable	similar	92% higher	similar	similar	similar

Conclusion about death rates

- The death rates of all overseas-born grouped in one category was lower compared to the Australia-born population.
- When the overseas-born category was disaggregated into MESB and NESB, both groups had similar or lower rates except for diabetes, which was 25 per cent higher for the NESB group.
- Further disaggregation by region of birth indicates that the Oceania-born and the South and East-Europe-born populations had a death rate 230 per cent and 52 per cent higher respectively than the total Queensland population for diabetes.
- Data on overseas-born populations should be disaggregated where statistical limitations allow, uncovering differences at a regional level.

Hospitalisations

MESB and NESB

One difference can be observed between the MESB and NESB categories for hospitalisations in Queensland and that is for vaccine preventable potentially preventable hospitalisations.

Table 4 Summary of differences in aged-standardised hospitalisation rates in overseas-born broad categories compared to Australia-born Qld population

Hospitalisations (2003-04 to 2007-08)		
	MESB	NESB
All cause	similar/ lower	similar/ lower
Total PPH	similar/ lower	similar/ lower
Chronic PPH	similar/ lower	similar/ lower
Acute PPH	similar/ lower	similar/ lower
Vaccine preventable PPH	similar/ lower	20% higher
CHD	similar/ lower	similar/ lower
Stroke	similar/ lower	similar/ lower
Diabetes	similar/ lower	similar/ lower
Heart failure	similar/ lower	similar/ lower
Asthma	similar/ lower	similar/ lower
COPD	similar/ lower	similar/ lower

Country of birth regions

When the MESB and NESB categories are further disaggregated more differences can be observed (Table 5). The Oceania country of birth region had higher rates of hospitalisations in eight out of 11 categories and the North Africa region recorded higher rates of hospitalisations in five out of 11 categories. The categories of hospitalisations that recorded the greatest differences were vaccine preventable potentially preventable hospitalisations (PPH), diabetes, heart failure, and chronic PPHs.

Table 5 Summary of differences in hospitalisations of Queenslanders born overseas by regional groups compared to Australia-born population

Hospitalisations (2003-07)													
	North Africa	Middle East	Oceania	S&E Europe	NW Europe	Northern America	UK/Ireland	NZ	S&C Asia	Sub-Saharan Africa	NE Asia	Other Americas	SE Asia
All cause	13%↑F	similar/ lower	21%↑M 8%↑F 14%↑T	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Total PPH	similar/ lower	similar/ lower	13%↑M 4%↑F 9%↑T	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Chronic PPH	13%↑M	15%↑M 24%↑F 22%↑T	32%↑M 31%↑F 32%↑T	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Acute PPH	17%↑F	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Vaccine preventable PPH	340%↑M 280%↑F 350%↑T	similar/ lower	210%↑M 70%↑F 91%↑T	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	230%↑M 76%↑T	similar/ lower	220%↑M 50%↑F 79%↑T
Asthma	similar/ lower	similar/ lower	77%↑M 41%↑T	similar/ lower	similar/ lower	similar/ lower	similar/ lower	29%↑M 12%↑T	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
COPD	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
CHD	similar/ lower	15%↑T	12%↑F	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	9%↑M	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Diabetes	28%↑M 27%↑T	40%↑F	53%↑M 40%↑F 46%↑T		similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Heart failure	similar/ lower	200%↑M 210%↑F 210%↑T	30%↑M 27%↑F 31%↑T	16%↑M 29%↑F 24%↑T	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower
Stroke	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower	similar/ lower

M=males F=females T=total

Country of birth

Hospitalisation data for three country of birth groups were analysed.

Italy-born

- For the period July 2006 to June 2008, Italy-born Queenslanders recorded hospitalisation rates for all causes and total avoidable conditions, and diabetes complications compared to the total Queensland population.
- For the same period, lower hospitalisation rates were recorded for Italy-born Queenslanders for chronic obstructive pulmonary disease (COPD), external causes (injury) and all cancers (excluding non-melanocytic skin cancers), compared to the total Queensland population.

India-born

- For the period July 2006 to June 2008, the India-born population of Queensland was found to have lower or similar hospitalisation rates for all conditions studied. The Queensland Indian community is relatively young.
- National and international evidence indicates high mortality and hospitalisations from diabetes and cardiovascular disease in older, more established Indian migrant populations.

Vietnam-born

- For the period July 2006 to June 2008 the Vietnam-born population in Queensland was found to have lower hospitalisation rates for all conditions studied.
- The National Hepatitis B Strategy identifies Vietnam-born Australians as a high risk population. Vietnam-born and China-born Australians are also identified as having the highest risk of cancer related to hepatitis compared to other Australians. Liver cancer, which can result from hepatitis B, was a leading cause of death in the Australian population born in South East Asia. Tuberculosis may be a health issue for the Vietnam-born Australian population, with higher hospitalisation rates among Asia-born immigrants reported at the national level as well as in New South Wales.

Conclusion about hospitalisations

- One difference in hospitalisations is observed when comparing the MESB and NESB groups and that was for vaccine preventable PPHs.
- Further differences are observed in the data disaggregated by region of birth. From this data the Oceania-born and the North Africa-born populations are of most concern, with higher hospitalisation rates.
- Data on overseas-born populations should be disaggregated where statistical limitations allow, uncovering differences at a regional level.

Overall conclusions – overseas born population

- This data shows that in this reporting period, Queenslanders born overseas generally had lower rates of death and hospitalisation compared to the Australia-born population.
- While low hospitalisation rates may reflect barriers to access to services, given the generally lower death rates among overseas born Queenslanders, it is unlikely this is a major explanation for the low hospitalisation rates for many conditions.
- Three overseas country of birth regions had relatively high hospitalisation rates compared to the Australia-born population – Oceania, North Africa and Middle East.
- Investigating broad categories (such as overseas born and Australia-born) only may mask differences at regional and individual country of birth levels. For example, higher rates of hospitalisations and deaths compared to the Australian born population were observed in several country of birth regions, while the broad MESB and NESB categories had similar or lower rates. Therefore from a policy perspective, it is informative to consider differences in both broad categorical and disaggregated data. However, when disaggregating data it is important to consider statistical limitations
- This data is limited. It only presents information on overseas-born Queenslanders – a limited group among culturally and linguistically diverse populations. Hospitalisation and death rates do not fully capture all aspects of health status. A comprehensive assessment of the health status of overseas born populations should also consider disease prevalence and incidence, self-assessed health, life expectancy and risk factor prevalence. Not all such data is currently available.

Australia-born CALD - Australian South Sea Islander population

Hospital separation data were extracted for the time period 2004-05 to 2008-09 and age standardisation performed. According to the ABS 2006 Census, the Australian South Sea Islander population in Australia was 4101. However, the actual number of Australian South Sea Islander people in Australia is thought to be 20 000. Using a lower value for the population can artificially increase the hospital separation rates. To overcome this and for the purposes of this data summary, values using an 'estimated population' are also presented when comparing the data and performing the age standardisation.

Table 6 Standardised separation ratios for selection conditions for the ASSI population of Qld compared to the Australia-born population

Hospitalisations (2004-05 to 2008-09)		
	Census population	Estimated population
All cause	8.1x higher	1.6x higher
Total PPH	14.2x higher	2.9x higher
CHD	7.8x higher	1.6x higher
Stroke	8.4x higher	1.7x higher
Diabetes	13x higher	2.6x higher
Preventable diabetes complications	13.2x higher	2.7x higher
Asthma	9.2x higher	1.9x higher
COPD	10.7x higher	2.2x higher
External causes	6.6x higher	1.3x higher
Musculo-skeletal disease	6.2x higher	1.3x higher

Conclusions – Australian South Sea Islander population

- Queensland Health hospitalisation data found higher rates in the Australian South Sea Islander population compared to the total Queensland population for all conditions examined. These were all statistically significant for both population estimates.
- However the quality of this finding is limited by the unreliability of the population data.
- Improved Australian South Sea Islander identification and further research to accurately ascertain the health status of this population and its determinants is required to fully understand the health needs of the Queensland Australian South Sea Islander population.

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