



Queensland
Government

Death and hospitalisation rates by country of birth in Queensland #5: selected chronic conditions

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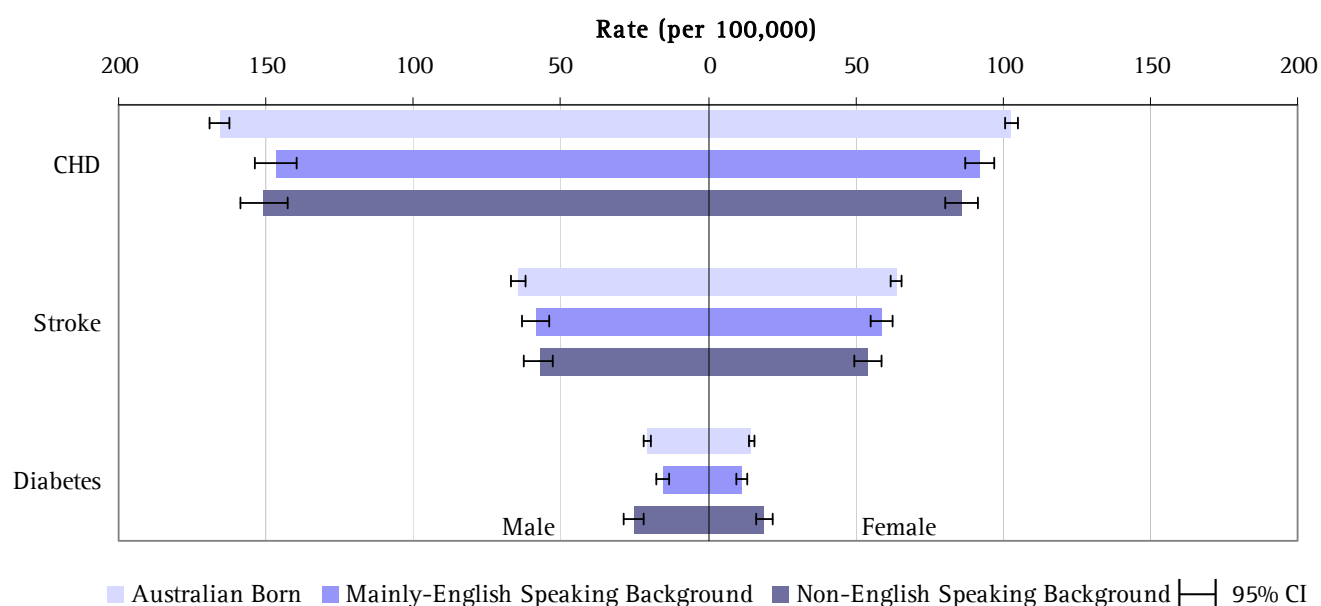
Key Findings

- At the broad country of birth category level, between 2003 and 2007 Queenslanders born in mainly-English speaking (MESB) countries had similar or lower rates of death for CHD, stroke and diabetes. Those born in non-English speaking (NESB) countries had higher rates of diabetes death but similar or lower death rates for CHD and stroke.
- Males born in Other Oceania and Antarctica (excluding Australia and external territories, and New Zealand), and males and females born in Southern and Eastern Europe had higher death rates for diabetes compared to the Australian born population. All others country of birth populations had similar or lower rates than the Australian born.
- At the broad country of birth category level, between 2003/2004 and 2007/2008 Queenslanders born overseas in both MESB and NESB countries had lower rates of hospitalisations for all selected chronic conditions except heart failure, which was similar to the Australian born hospitalisation rate.
- Of the overseas country of birth regions, Other Oceania and Antarctica (excluding Australia and external territories, and New Zealand), the Middle East, and North Africa had higher hospitalisation rates for one or more of these six selected conditions, than the Australian born population.

This is the fifth in a series of reports analysing death and hospitalisation rates in Queensland by country of birth and compares rates for six selected chronic diseases. The chronic conditions analysed were asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), diabetes mellitus, heart failure and stroke. These conditions were selected because they are identified as a priority for initial action in the Queensland Strategy for Chronic Disease 2005-2015.¹ However, small numbers of deaths only permitted meaningful analysis of death rates for coronary heart disease (CHD), diabetes mellitus and stroke. The data sources and definitions were defined in the first report of the series².

Broad country of birth categories

Figure 1. Age-standardised death rates for three selected chronic diseases by broad country of birth category, Queensland, 2003-2007

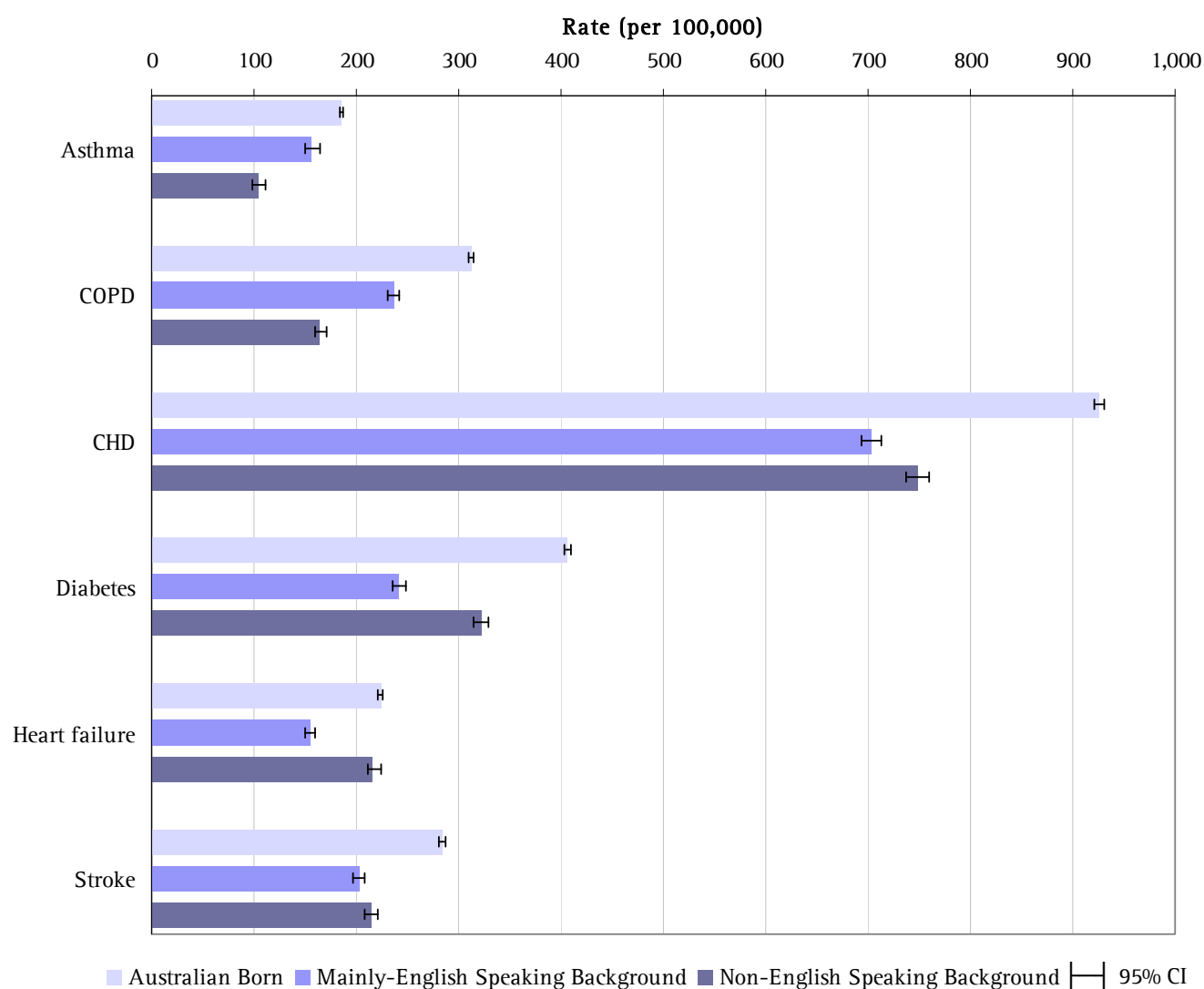


Source: Causes of Death, Australian Bureau of Statistics (ABS) (extracted 16/11/2010)

The age-standardised death rates for CHD and stroke among those born overseas were similar to or lower than the Australian born population over the period 2003-2007. For diabetes however, the death rate for those born in NESB countries was about 25% higher than the Australian born population (Figure 1). For the MESB population it was similar to the Australian born rate.

Over the period 2003/2004 to 2007/2008, the age-standardised rates of hospitalisations among those born overseas were significantly lower than the Australian born population for all conditions except heart failure (Figure 2). The hospitalisation rate for heart failure among those born in non-English speaking countries was not significantly different to the Australian born population.

Figure 2. Age-standardised rates of hospitalisations for six selected chronic diseases by broad country of birth category, Queensland, 2003/2004-2007/2008



Source: Queensland Hospital Admitted Patient Data Collection, Queensland Health

Selected chronic condition death rates by country of birth region

In this series of reports, country of birth was classified into 14 regions as detailed in report #1². Death rates for the six selected chronic diseases were compared, three of which did not contain enough data to display meaningful analysis. The three remaining chronic conditions for which death rates provided meaningful comparisons between regions are as follows (and displayed in Figure 3):

CHD: Those born in all other regions had similar or lower death rates for CHD compared to the Australian born population for both sexes (Figure 3a).

Stroke: Those born in all other regions had similar or lower death rates for stroke compared to the Australian born population for both sexes (Figure 3b).

Diabetes: Males born in the Other Oceania and Antarctica region (excluding Australia and external territories, and New Zealand) had three times the rate of death due to diabetes compared to the Australian born population, while females were similar. Death rates for males and females born in Southern and Eastern Europe were also higher than the Australian born population (about 45% and 60% higher, respectively). All other regions had similar or lower rates (Figure 3c).

Selected chronic condition hospitalisation rates by country of birth region

In this series of reports, country of birth was classified into 14 regions as detailed in report #1². Hospitalisation rates for the six selected chronic diseases were compared between these regions in Figure 4 as detailed below.

Asthma: Those born in the Other Oceania and Antarctica region (excluding Australia and external territories, and New Zealand) and New Zealand had higher hospitalisation rates for asthma than the Australian born population (about 40% and 10% higher, respectively). All other regions had similar or lower rates (Figure 4a).

COPD: Hospitalisation rates for COPD in all overseas born regions were lower than the Australian born rate (Figure 4b).

CHD: Those born in the Middle East had 15% higher hospitalisation rates for CHD compared to the Australian born population. All other regions had similar or lower rates (Figure 4c).

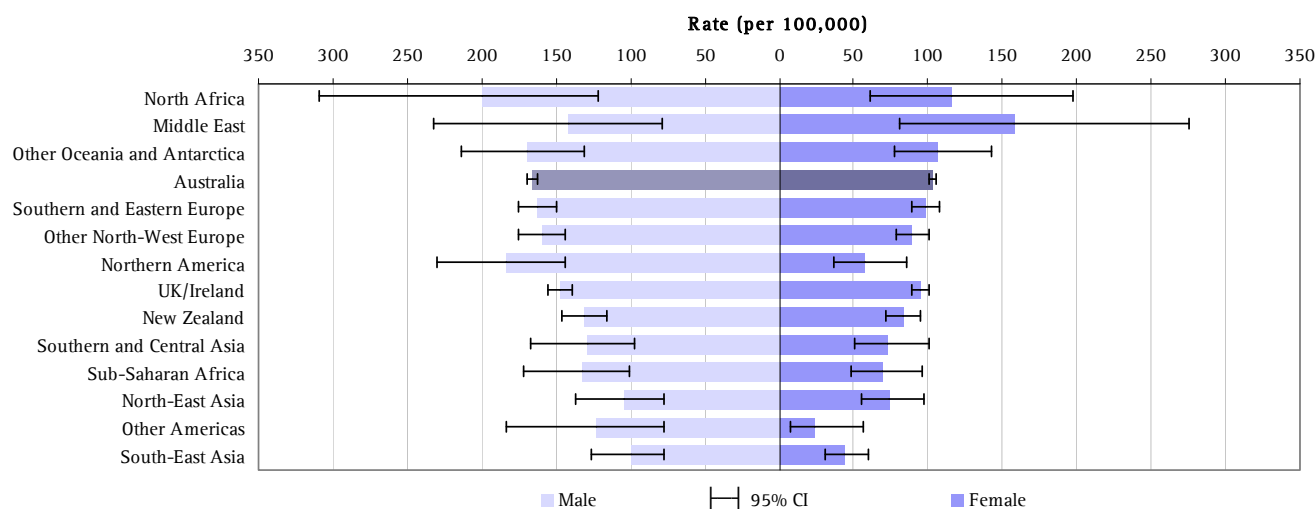
Diabetes: Hospitalisation rates for those born in the Oceania and Antarctica region and North Africa were higher than the Australian born population (about 45% and 25% higher, respectively). All other regions had similar or lower rates (Figure 4d).

Heart failure: Hospitalisation rates for heart failure among those born in the Middle East, Oceania and Antarctica, and Southern and Eastern Europe regions were higher than the Australian born population (about 110%, 30% and 25% higher, respectively). All other regions had similar or lower rates (Figure 4e).

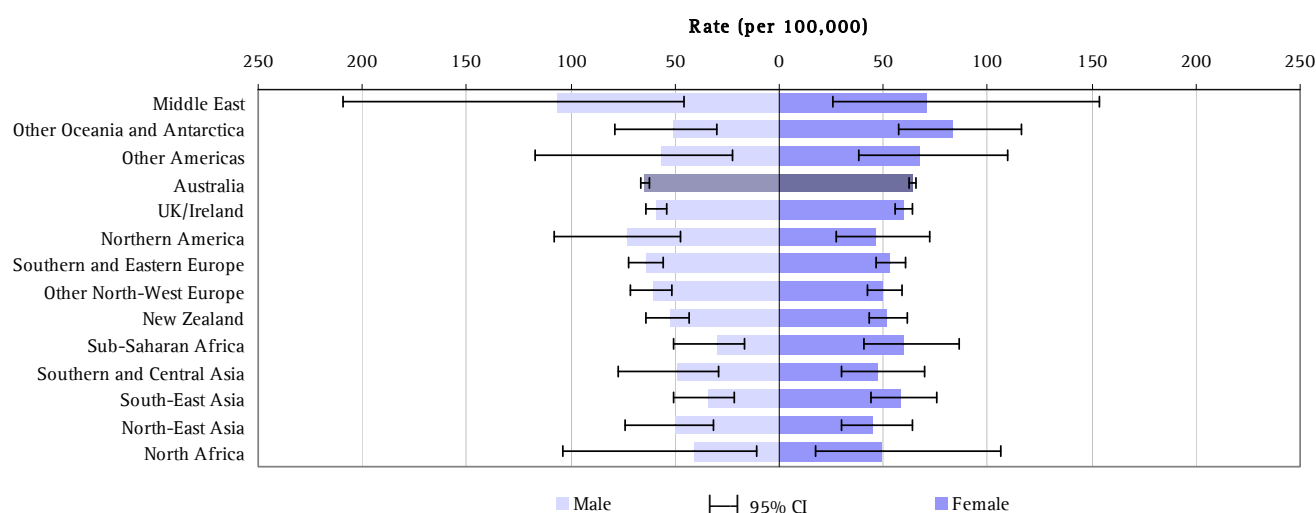
Stroke: Those born in all other regions had similar or lower hospitalisation rates for stroke compared to the Australian born population (Figure 4f).

Figure 3. Age-standardised death rates for three selected chronic diseases by broad country of birth region and sex, Queensland, 2003-2007

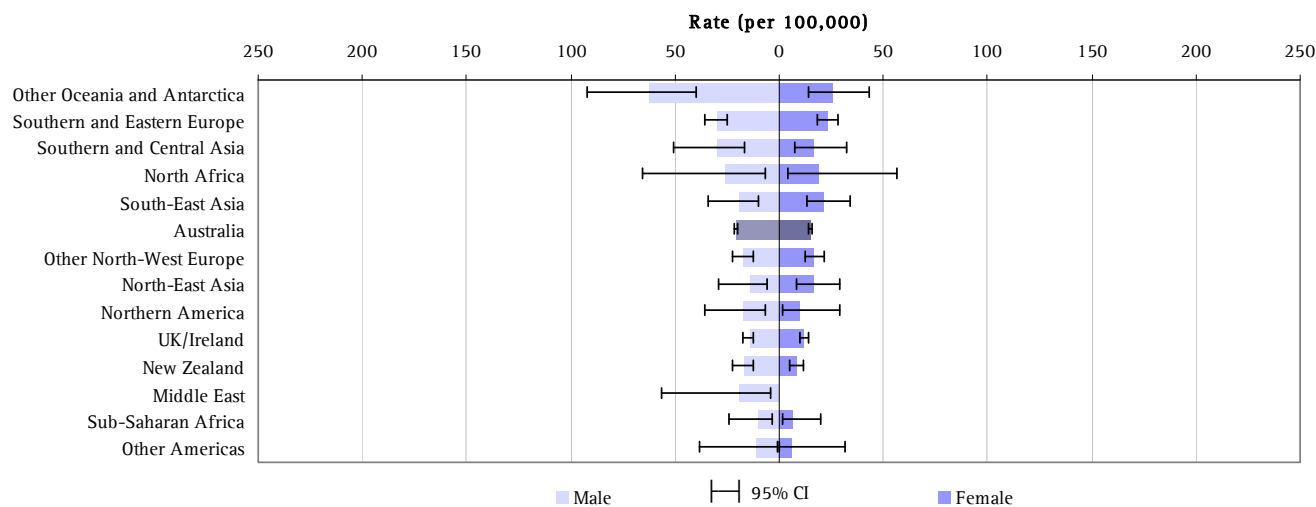
a) CHD



b) Stroke



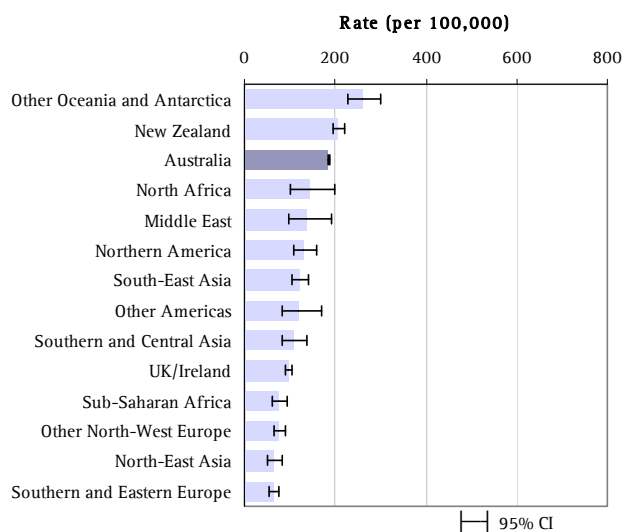
c) Diabetes



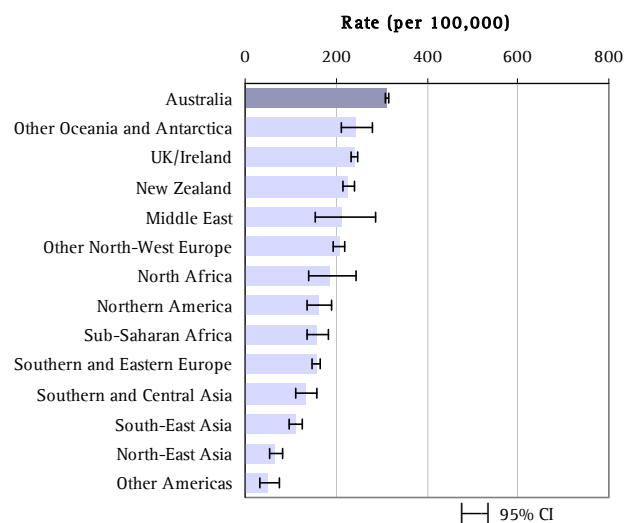
Source: Causes of Death, Australian Bureau of Statistics (ABS) (extracted 16/11/2010)

Figure 4. Age-standardised hospitalisation rates for six selected chronic diseases by broad country of birth region, Queensland, 2003/2004-2007/2008

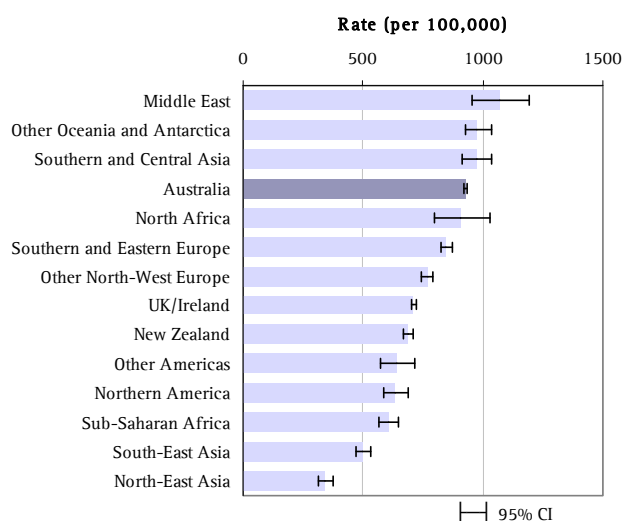
a) Asthma



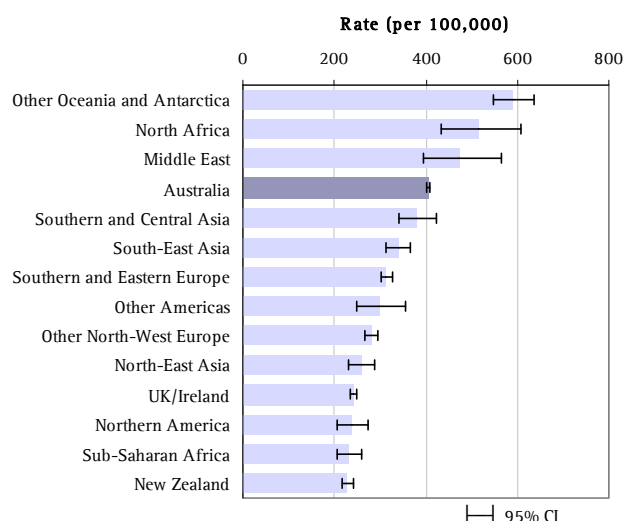
b) COPD



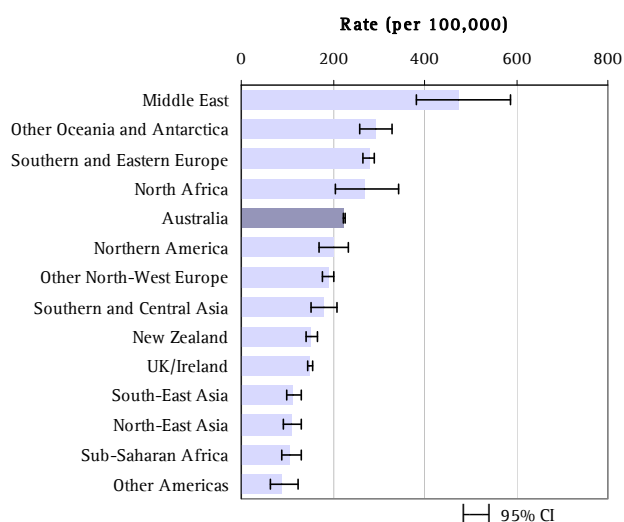
c) CHD



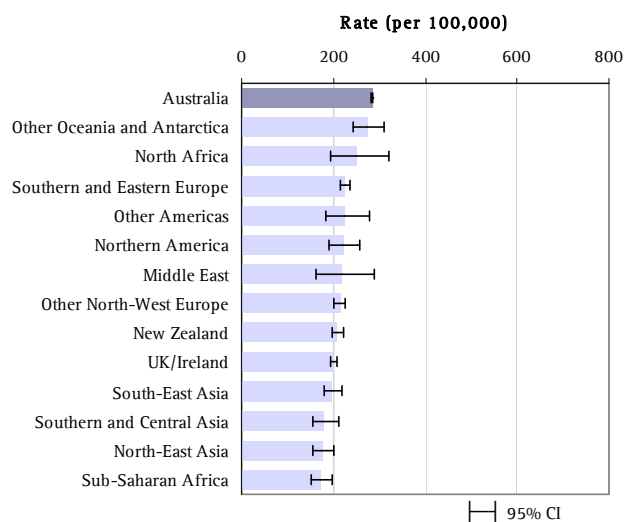
d) Diabetes



e) Heart Failure



f) Stroke



Source: Queensland Hospital Admitted Patient Data Collection, Queensland Health

References

1. Queensland Health. Queensland Strategy for Chronic Disease 2005–2015. Queensland Health; Brisbane; 2005.
2. Endo T, Jardine A, Watson, M, Bright M, Macleod S. Death and hospitalisation rates by country of birth in Queensland #1: introduction, data sources and definitions (*In print*): Queensland Health, June 2011.