

4.5 Overseas-born

Australia is an ethnically diverse nation. The 1998 ABS population estimates show that about 23% of Australians were born overseas. More than half of these Australian residents were born in a non-English-speaking country.

A heterogeneous mix, migrants bring to Australia their own unique health profiles. The stringent health requirements for immigration ensure that most migrants enjoy good, if not better, health than the Australian-born population. This is known as the 'healthy migrant effect'. Immigrants have lower death rates and hospitalisation rates, as well as lower prevalence of certain lifestyle-related risk factors. There are also variations in the health status of migrants according to birthplace, age, socioeconomic status, fluency in the English language and satisfaction with their job and life in Australia (Kliewer & Jones 1998). Illness and disability among migrant groups, however, increases with length of residence in Australia (Young 1992).

For purposes of health comparison, immigrants may be grouped into four broad regional groups: the United Kingdom and Ireland, Other Europe, Asia and Other (Box 4.1). These regional groups exhibit significant variation in their age structures, depending on the recency of their arrival. Migrants from Asia and Other regions, for example, are mainly young, with large numbers aged between 20 and 44 years, whereas migrants from the United Kingdom and Ireland and Other Europe have median ages around 50 years. To enable meaningful comparisons to be made, variation in the health status among these populations due to different age structures has been removed by age standardisation.

Box 4.1: Country of birth categories

Countries classified according to the Australian Standard Classification of Countries for Social Statistics are grouped here into four birthplace groups:

United Kingdom and Ireland: *Form a distinct category that is not easily separated in population statistics.*

Other Europe: *Continental Europe including Eastern Europe, former USSR and Baltic States.*

Asia: *North-East, South-East and Southern Asia.*

Other: *Middle East, Northern and Southern Africa, the Americas, New Zealand and the Pacific region. New Zealand is the largest source country, constituting around 30% of this group.*

Mortality

Table 4.10 compares the death rates for the overseas-born with the Australian-born for the period 1996–98 using standardised mortality ratios (SMRs). The SMRs for all causes are lower for both males and females in all four birthplace categories. Death rates among migrants from the United Kingdom and Ireland were closest to the rates for

Australian-born persons. In comparison, migrants from the Asian region have much lower SMRs, with death rates 46% lower among Asian-born males and 38% lower among Asian-born females than their Australian-born counterparts.

Table 4.10: Mortality differentials by birthplace, cause of death and sex, persons aged 15 years and over, 1996–98

ICD-9-CM	Males					Females				
	Standardised mortality ratio ^(a) (Australian-born = 1.0)					Standardised mortality ratio ^(a) (Australian-born = 1.0)				
	Total	UK and Ireland	Other Europe	Asia	Other	Total	UK and Ireland	Other Europe	Asia	Other
Infectious	2,558	*0.79	1.01	*1.39	*1.39	1,742	*0.84	*1.36	*1.52	*1.24
AIDS ^(b)	1,005	*0.84	*0.76	*0.49	*1.44	95	0.95	*0.58	1.32	1.61
Cancers	58,685	*0.94	*0.90	*0.64	*0.84	45,508	*1.05	*0.85	*0.71	*0.94
Lung	14,092	*1.16	*1.07	*0.68	*0.91	6,139	*1.49	*0.66	*0.83	0.95
Skin	2,489	*0.42	*0.34	*0.10	*0.45	1,326	*0.63	*0.40	*0.10	*0.68
Prostate	7,592	*0.80	*0.64	*0.42	*0.83	n.a.	n.a.	n.a.	n.a.	n.a.
Breast	n.a.	n.a.	n.a.	n.a.	n.a.	7,731	*1.09	*0.86	*0.61	*1.05
Cervix	n.a.	n.a.	n.a.	n.a.	n.a.	861	1.03	*0.87	*1.23	*1.19
Diabetes mellitus	4,340	*0.83	*1.27	*1.18	*1.27	4,183	*0.76	*1.74	*1.54	*1.56
Cardiovascular	76,319	*0.88	*0.86	*0.61	*0.90	79,851	*0.87	*0.84	*0.70	*0.95
Ischaemic	46,251	*0.89	*0.88	*0.58	*0.92	39,287	*0.89	*0.85	*0.65	*0.94
Stroke	14,759	*0.84	*0.83	*0.71	*0.85	21,889	*0.85	*0.80	*0.88	*0.94
Respiratory	18,980	*0.95	*0.64	*0.58	*0.67	16,462	*1.03	*0.56	*0.58	*0.83
Digestive	5,892	*0.86	*0.84	*0.63	*0.71	5,719	0.99	*0.74	*0.65	*0.86
Injury and poisoning	15,631	*0.89	*0.84	*0.58	*0.90	6,393	1.05	0.96	0.94	1.04
Motor vehicle	3,663	*0.79	*0.79	*0.69	0.99	1,495	1.10	*1.21	*1.20	*1.16
Suicide	6,155	*0.93	*0.74	*0.40	*0.79	1,544	0.95	0.92	*0.83	0.97
Homicide	603	*0.79	*1.53	*1.44	*1.63	286	1.08	1.31	0.98	0.83
All causes	195,135	*0.88	*0.82	*0.54	*0.79	176,626	*0.93	*0.81	*0.62	*0.86

* Significantly different from 1.00 at the 5% level.

(a) The standardised mortality ratio (SMR) is a measure of death from a specific condition in the overseas-born population relative to the Australian-born population. The ratio for Australian-born is 1.00, and ratios that exceed 1.00 indicate a relatively greater mortality in that population than for the Australian-born. Likewise, ratios less than 1.00 indicate a lower death rate for a given cause of death than for the Australian-born.

(b) All deaths where AIDS is mentioned on the death certificate, regardless of whether it is identified as the primary cause of death.

Note: Age standardised to the Australian population at 30 June 1991.

Source: AIHW National Mortality Database.

Mortality by cause of death shows significant variation between overseas-born population groups. Table 4.10 shows that migrant groups in Australia have lower levels of cardiovascular mortality compared with the Australian-born population. However, studies show that rates tend to increase after the migrants' first 10 years of residence in Australia (NHF 1996). Research also indicates that physical inactivity, a risk factor for cardiovascular disease, is more common among people from southern, northern and

eastern Europe, Asia, the Middle East and North Africa in comparison with their Australian-born counterparts. Exercise levels are reported to increase with length of stay in Australia (NHF 1996).

Deaths from cancers also show variation. Death rates from lung cancer for both males and females born in the United Kingdom and Ireland, and for males born in Other Europe were higher than for males and females born in Australia. Females born in the United Kingdom and Ireland had higher death rates for breast and cervical cancer. Cervical cancer death rates among women born in Asia and Other countries were higher than among Australian-born women. However, Australian-born males had higher death rates for prostate cancer across all birthplace groups. Immigrants from all regions have much lower death rates for skin cancer compared with Australian-born persons. Smoking, diet, sun exposure, alcohol consumption, and utilisation of health-care services such as screening programs all play a role in creating the differentials related to cancer risk. Culturally appropriate models of preventive health care delivery are currently being developed to overcome access and equity concerns regarding the health of overseas-born persons (DHFS & AIHW 1998).

SMRs for diseases of the respiratory system and diseases of the digestive system among persons born overseas are lower than in the Australian-born population across all regions, except for females born in the United Kingdom and Ireland. Mortality rates for diabetes are higher for those born in Other Europe, Asia and Other countries relative to the Australian-born population. The prevalence of diabetes is high for certain immigrant groups compared with the Australian-born group, particularly among persons of European, Pacific Islander and Asian origin (DHAC & AIHW 1999a). It has been suggested that there is a need to provide information and education for effective self-management of diabetes, since poor glycaemic control is common and more marked among migrant groups (FECCA 1997).

Motor vehicle accident and suicide death rates are higher among Australian-born males. Note, though, that in 1992 approximately 25% of all suicide deaths were among migrants, with 40% of these among persons from English-speaking countries (DHAC 1998).

Hospitalisation

Hospitalisation rates for 1997–98 for overseas-born persons generally reflect the corresponding mortality patterns and indicate lower morbidity in comparison to Australian-born persons for both males and females (Table 4.11).

Asian-born migrants had the lowest hospitalisation rates in 1997–98. However, the hospitalisation rates for tuberculosis among Asian-born migrants were much higher than for other population groups. The hospitalisation rates for cancer of the cervix among females from Asia and Other countries were also higher than for the Australian-born females. Lung cancer among females born in the United Kingdom and Ireland was the only other principal diagnosis among immigrant groups having a significantly higher rate than the Australian-born population.

One of the most notable differences was for melanoma, for which the hospitalisation rate for the Australian-born population was more than double that for the overseas-born. Risk factors for melanoma include increased exposure to sun early in life, fair complexion, freckles and ease of sunburn.

Table 4.11: Standardised hospital separation ratios by principal diagnosis, birthplace and sex, persons aged 15 years and over, 1997–98

ICD-9-CM	Males					Females				
	Standardised hospital separation ratio ^(a) (Australian-born = 1.0)					Standardised hospital separation ratio ^(a) (Australian-born = 1.0)				
	Total	UK and Ireland	Other Europe	Asia	Other	Total	UK and Ireland	Other Europe	Asia	Other
Infectious	21,339	*0.72	*0.74	1.00	*0.92	22,027	*0.86	*0.75	*0.80	*0.83
Tuberculosis	419	1.01	*1.65	*14.89	*2.68	372	*0.64	1.18	*21.50	*2.39
Cancers	178,688	*0.70	*0.69	*0.44	*0.69	188,233	*0.79	*0.76	*0.61	*0.83
Skin	3,764	*0.40	*0.31	*0.10	*0.45	3,158	*0.56	*0.44	*0.09	*0.42
Lung	11,636	0.99	*1.04	*0.68	*0.77	5,252	*1.20	*0.64	*0.50	*0.78
Prostate	11,682	*0.70	*0.59	*0.39	*0.71	n.a.	n.a.	n.a.	n.a.	n.a.
Breast	n.a.	n.a.	n.a.	n.a.	n.a.	17,730	*0.96	*0.79	*0.59	*0.91
Cervix	n.a.	n.a.	n.a.	n.a.	n.a.	1,994	0.95	*0.79	*1.24	*1.52
Diabetes mellitus	11,809	*0.68	*0.81	*0.49	*0.66	10,150	*0.67	*0.92	*0.58	*0.78
Mental	104,173	*0.68	*0.68	*0.33	*0.67	119,847	*0.79	*0.59	*0.31	*0.81
Cardiovascular	244,185	*0.77	*0.88	*0.58	*0.92	187,274	*0.81	*0.92	*0.60	*0.94
Ischaemic	104,882	*0.78	*0.86	*0.64	1.00	54,944	*0.82	*0.86	*0.64	*0.97
Stroke	26,894	*0.69	*0.81	*0.58	*0.82	24,909	*0.74	*0.77	*0.78	*0.88
Respiratory	111,499	*0.72	*0.71	*0.52	*0.79	108,301	*0.81	*0.59	*0.45	*0.78
Asthma	11,253	*0.71	*0.51	*0.54	*0.93	21,948	*0.79	*0.38	*0.43	*0.80
Digestive	297,254	*0.76	*0.79	*0.56	*0.80	318,327	*0.79	*0.81	*0.54	*0.79
Injury and poisoning	190,734	*0.72	*0.62	*0.38	*0.74	144,288	*0.83	*0.71	*0.47	*0.77
All causes	2,231,442	*0.74	*0.82	*0.60	*0.84	2,778,141	*0.79	*0.83	*0.66	*0.91

* Significantly different from 1.00 at the 5% level.

(a) The standardised hospital separation ratio is a relative measure of hospital use between the overseas-born and Australian-born populations. The ratio for Australian-born is 1.00, and ratios that exceed 1.00 indicate relatively greater hospital use in that population than for the Australian-born. Likewise, ratios less than 1.00 indicate less hospital use due to a given cause than for the Australian-born population.

Note: Age standardised to the Australian population at 30 June 1991.

Source: AIHW National Morbidity Database.

4.6 Aboriginal and Torres Strait Islander peoples

Australia's Aboriginal and Torres Strait Islander peoples continue to experience much poorer health than the general Australian population (see ABS & AIHW 1999 for a more detailed report). Despite the relative lack of good-quality national health statistics for Australia's Indigenous population, evidence from those jurisdictions and collections where the data are considered to be of reasonable quality indicates large differences between the health of Indigenous and non-Indigenous populations across a range of health status measures. This health disadvantage begins at an early age and continues throughout the life cycle. It reflects the broader social and economic disadvantages faced by Aboriginal and Torres Strait Islander Australians.