

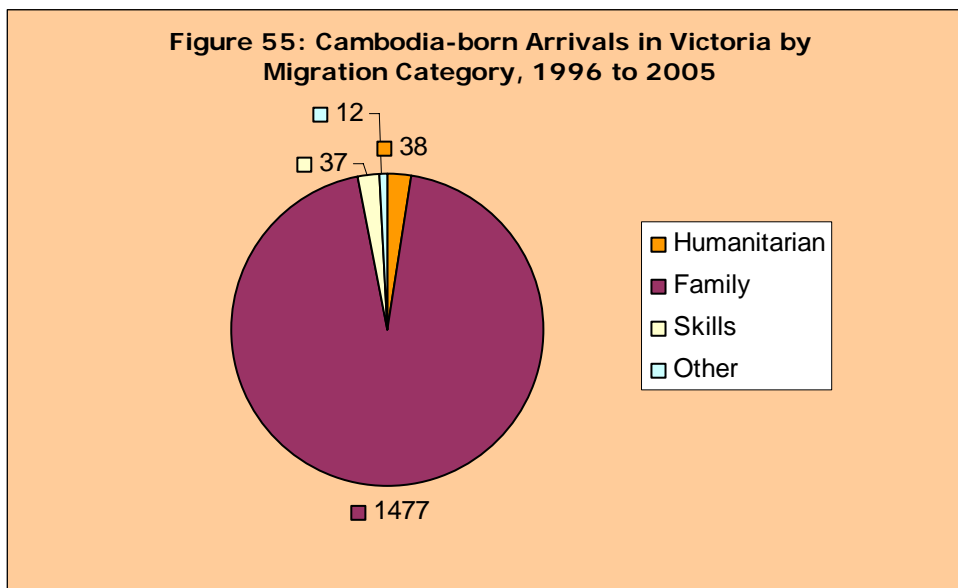
3.4 Cambodia

The arrival of the communist Khmer Rouge regime to power in Cambodia in 1975 forced many Cambodians to leave the country. By 1979 about 750 Cambodia-born persons had been settled in Australia¹⁹. Following the evidence of the genocide during the Khmer Rouge Pol Pot regime and the invasion of Vietnamese forces in 1979, Australia increased the number of Cambodians for resettlement. More than 20,000 Cambodians were accepted into Australia between 1980 and 1996¹⁹, most of them arriving under the Humanitarian Program. By 1996 there were 21,549 Cambodia-born in Australia (8,265 of them in Victoria)²¹. The 2001 census reported 9,003 Cambodia-born people living in Victoria (a total of 22,979 across Australia)²².



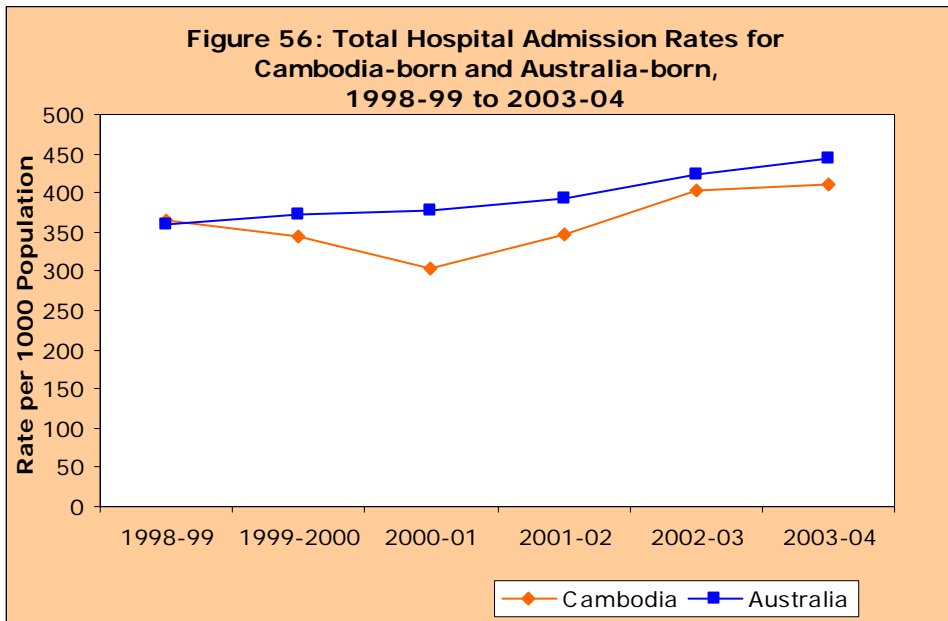
Source: The World Factbook²⁷

In the late 1980s and early 1990s an increasing proportion of arrivals from Cambodia entered under the family migration stream, as many of those who had arrived earlier as refugees sponsored relatives living in Cambodia. Between 1996 and 2005, 1,564 Cambodia-born persons settled in Victoria. Of these, 94.4% arrived under the family stream, and only 2.4% entered under the humanitarian category (Figure 55). However, many of those arriving under the family stream were also likely to have had refugee-like experiences.

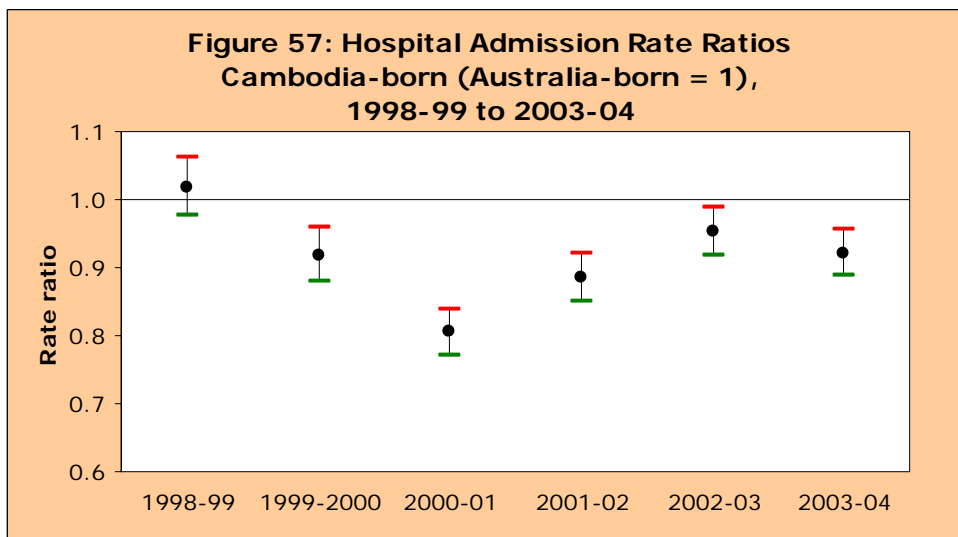


3.4.1 Total hospital admissions

There were 15,259 hospital admissions in Victoria for Cambodia-born persons from 1998-99 to 2003-04. Overall, the rate of total hospital admissions for Cambodia-born ranged from 302.96 per 1000 persons [288.82 – 317.71] in 2000-01 to 410.11 per 1000 persons [393.03 – 427.83] in 2003-04 (Figure 56).

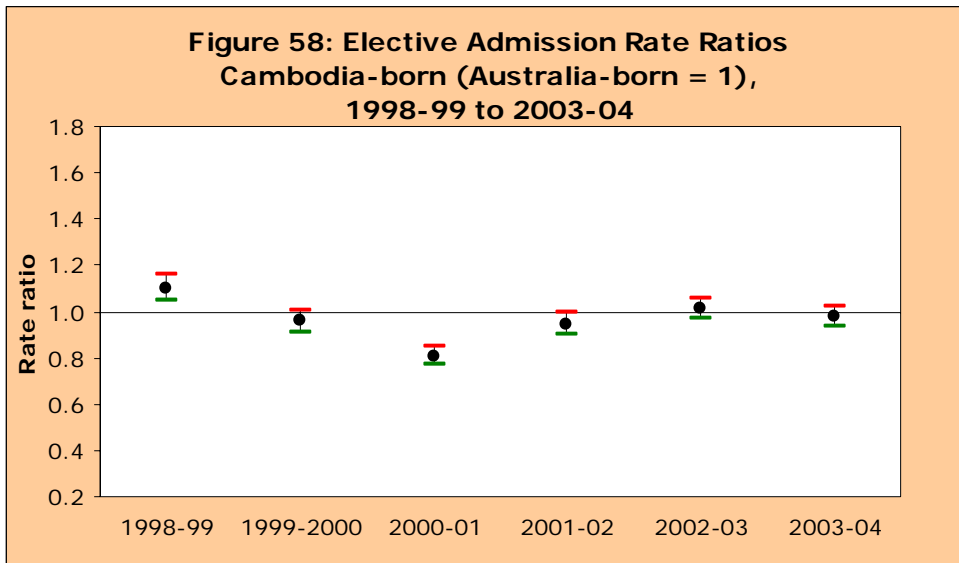


Cambodia-born total admission rates were compared with Australia-born rates over the six-year period. Lower admission rate ratios were observed amongst Cambodia-born persons except for the 1998-99 and 2002-03 periods (similar) (Figure 57). The lowest admission rate ratio was 0.80 [0.77 – 0.84] in 2000-01.

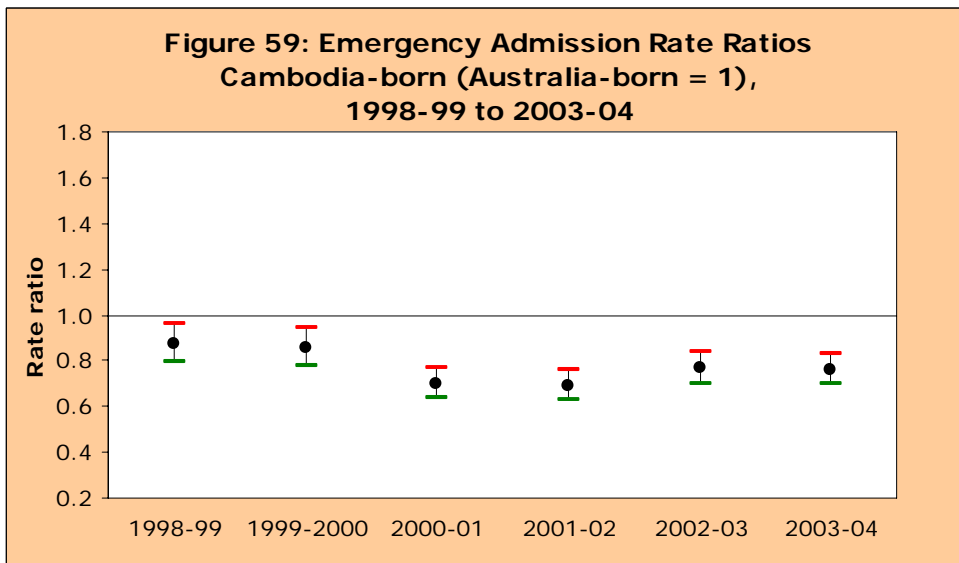


3.4.2 Admission type

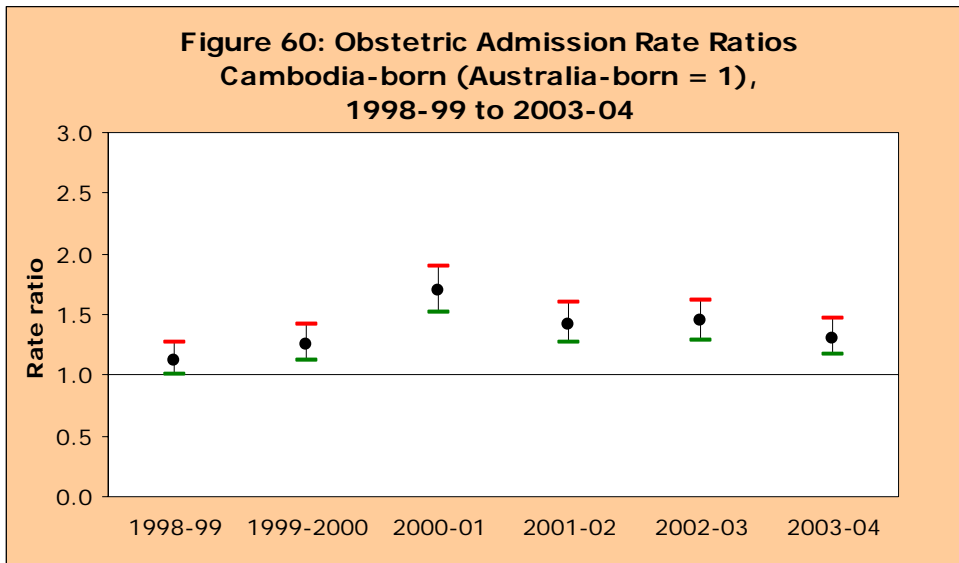
The rate of elective admissions for Cambodia-born decreased between 1998-99 (270.36 per 1000 persons [254.68 – 286.87]) and 2000-01 (210.60 per 1000 persons [198.74 – 223.08]), increasing subsequently to 305.17 per 1000 persons [290.27 – 320.73] in 2003-04. Similar elective admission rate ratios were found between Cambodia-born and Australia-born except for the years 1998-99 (slightly higher) and 2000-01 (lower) (Figure 58). The pattern of elective admission rate ratios (Figure 58) was similar to the total admission rate ratios (Figure 57) indicating that hospital admissions among Cambodia-born were mostly elective.



The rate of emergency admissions for Cambodia-born ranged from 59.46 per 1000 persons [52.99 – 66.59] in 2000-01 to 76.57 per 1000 persons [69.12 – 84.69] in 2003-04. Emergency admission rate ratios amongst Cambodia-born were consistently lower than the Australia-born over the study period (Figure 59).

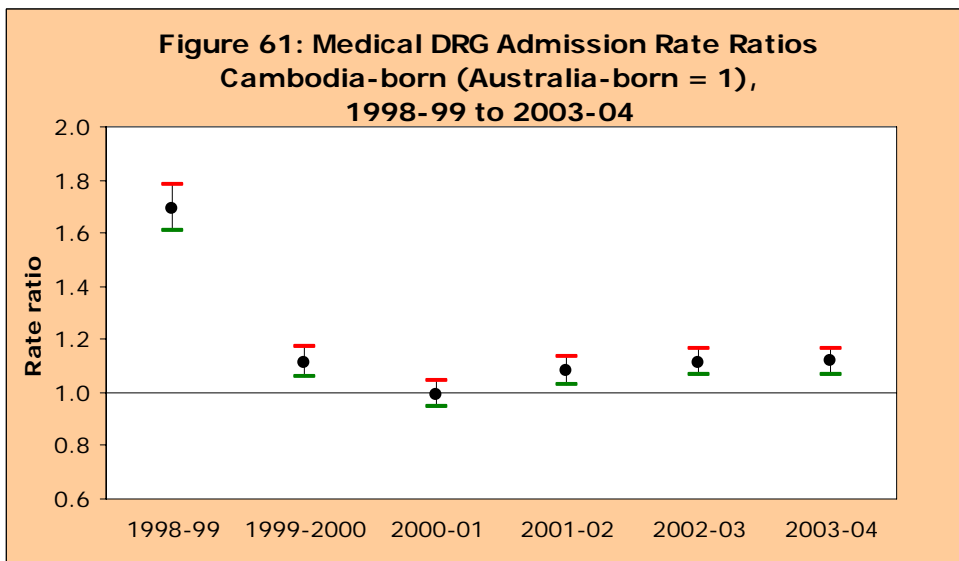


The rate of obstetric admissions amongst Cambodia-born increased from 62.46 per 1000 women aged 10-54 years [55.37 – 70.40] in 1998-99 to 78.96 per 1000 women [70.38 – 88.44] in 2000-01, declining subsequently to 65.33 per 1000 women [58.15 – 73.25] in 2003-04. Compared with the Australia-born averages, obstetric admission rate ratios were higher amongst Cambodia-born except for the 1998-99 period (similar) (Figure 60). Rate ratios ranged from 1.12 [1.00 – 1.27] in 1998-99 to 1.70 [1.52 – 1.90] in 2000-01.

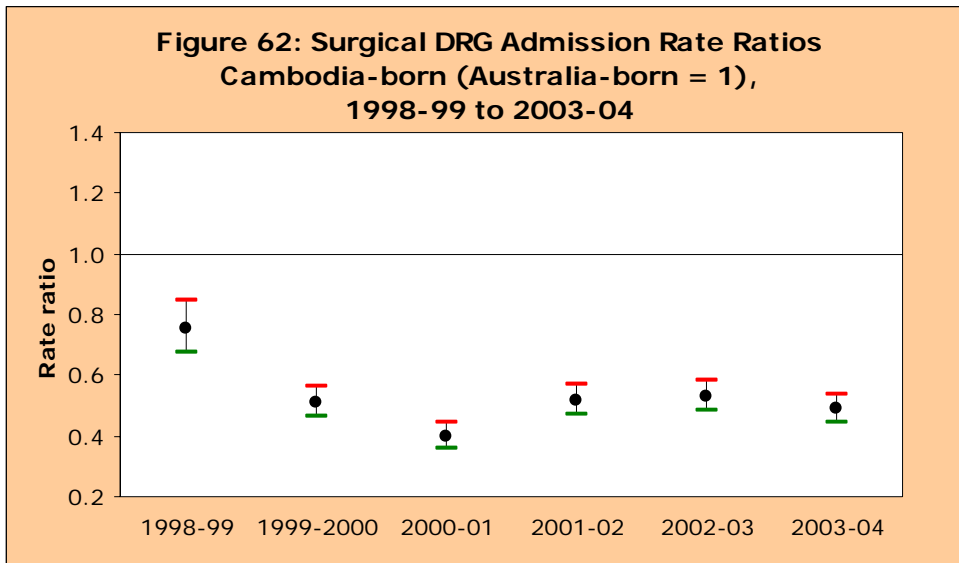


3.4.3 DRG type

Medical DRG admission rates amongst Cambodia-born decreased from 269.14 per 1000 persons [253.39 – 285.72] in 1998-99 to 220.47 per 1000 persons [208.13 – 233.45] in 2000-01, increasing subsequently to 301.67 per 1000 persons [286.75 – 317.25] in 2003-04. Medical DRG admission rate ratios were higher amongst Cambodia-born except for the 2000-01 period (similar) (Figure 61).

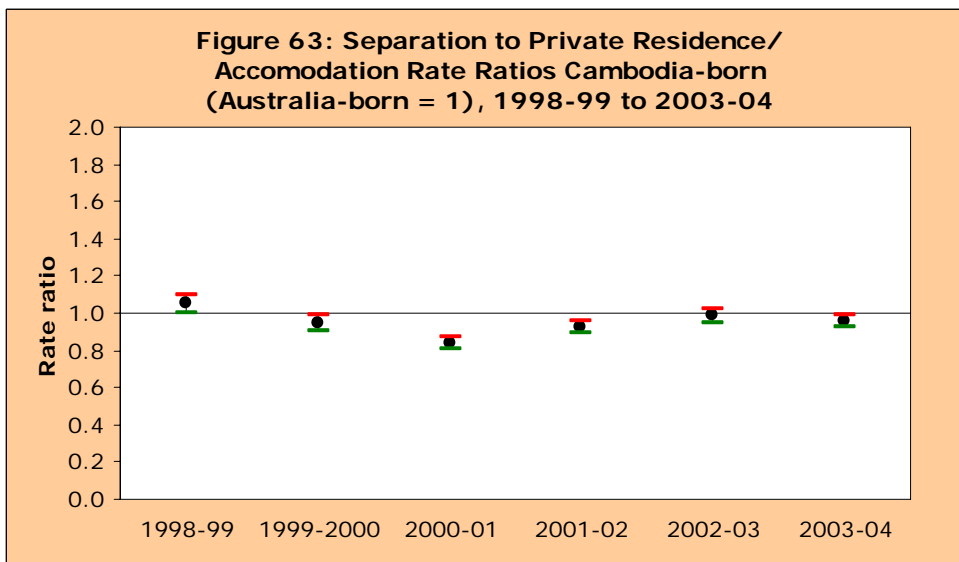


Cambodia-born surgical admission rates increased over time, from 40.12 per 1000 persons [35.00 – 45.98] in 1998-99 to 55.90 per 1000 persons [49.93 – 62.51] in 2003-04. Compared with Australia-born, surgical admission rate ratios were consistently lower amongst Cambodia-born over the six-year period (Figure 62).

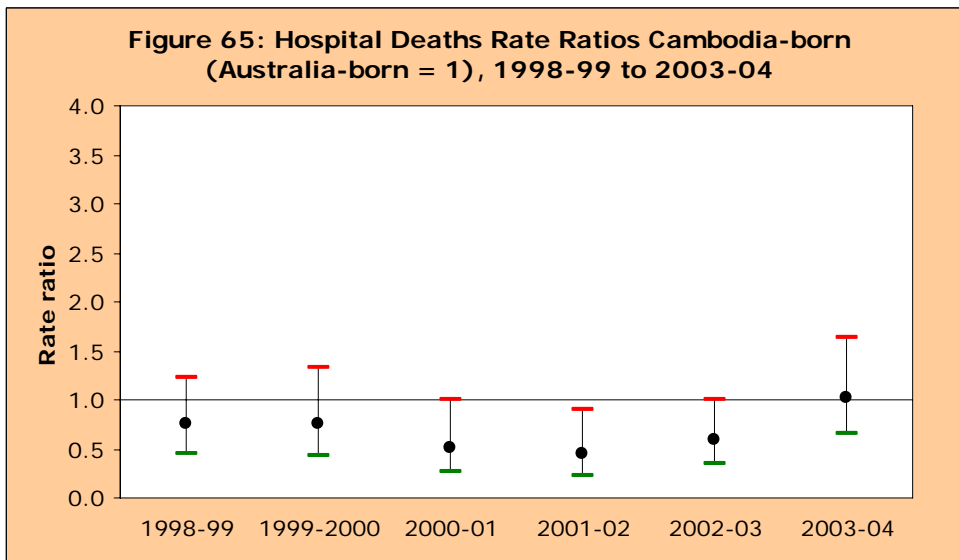
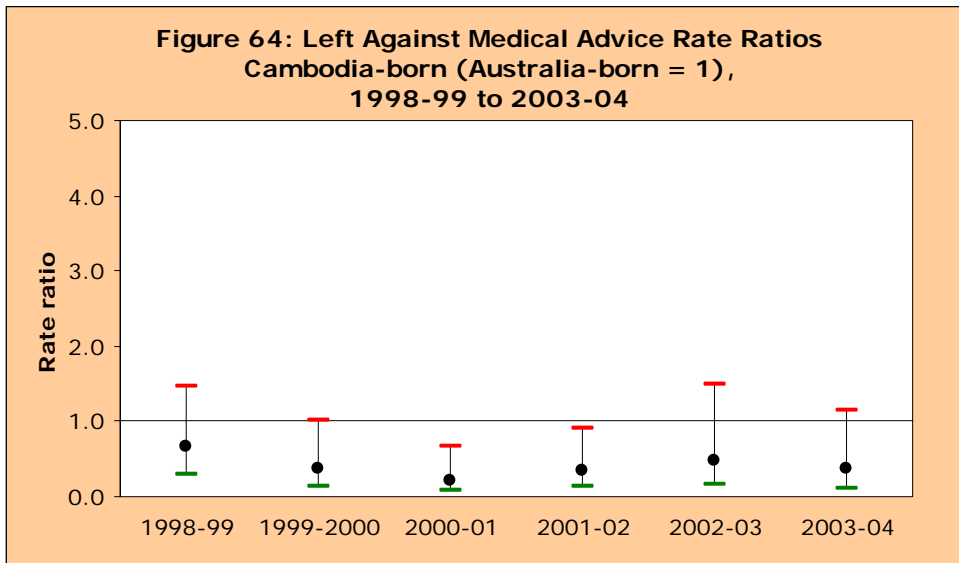


3.4.4 Separation mode

Compared with Australia-born, similar rate ratios of separation to private residence/accommodation were observed among Cambodia-born except for the 2000-01 and 2001-02 periods (lower) (Figure 63). This pattern of separation was similar to the total hospital admissions (Figure 57), indicating that most Cambodia-born persons admitted to hospitals were discharged to private residence/accommodation.

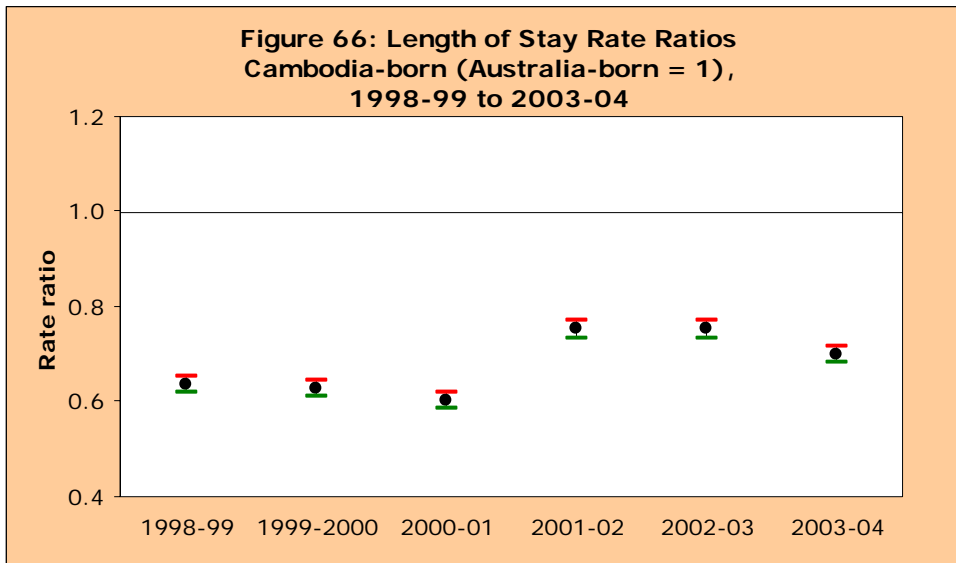


The rate of discharge at own risk (i.e. left against medical advice) for Cambodia-born remained fairly constant over time, ranging from 0.22 per 1000 persons [0.04 – 1.22] in 2000-01 to 0.58 per 1000 persons [0.18 – 1.96] in 1998-99. Compared with Australia-born averages, rate ratios of discharge at own risk were mostly similar amongst Cambodia-born, except for the 2000-01 and 2001-02 periods (lower) (Figure 64). The rate of hospital deaths for this population group decreased from 3.12 per 1000 persons [1.62 – 5.58] in 1998-99 to 1.96 per 1000 persons [0.81 – 3.97] in 2001-02, increasing afterwards to 4.51 per 1000 persons [2.63 – 7.22] in 2003-04. Hospital death rate ratios amongst Cambodia-born were similar to Australia-born except for the year 2001-02 (lower) (Figure 65).



3.4.5 Length of stay

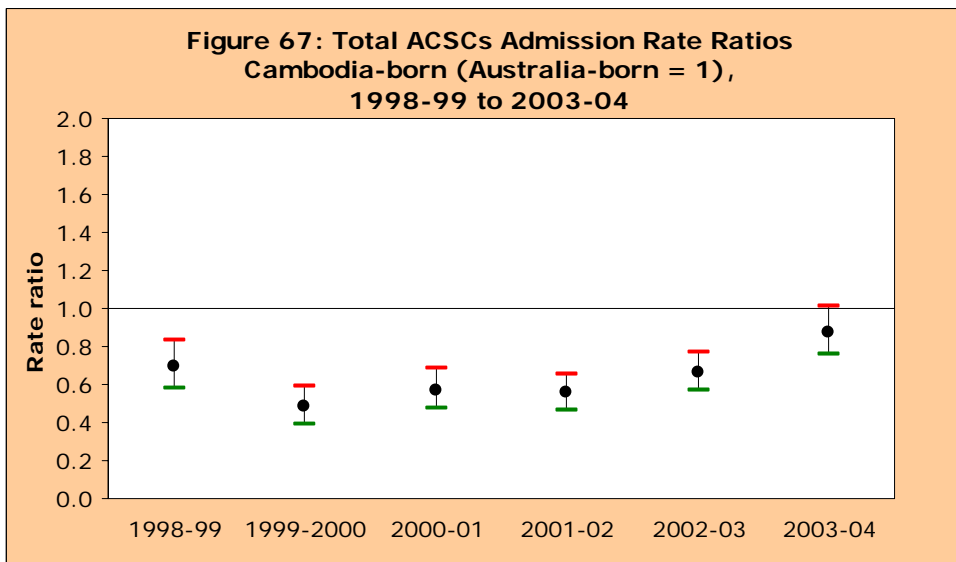
The rate of bed days for Cambodia-born increased from 849.75 days per 1000 persons [822.65 – 877.63] in 1998-99 to 1044.62 days per 1000 persons [1016.12 – 1073.79] in 2003-04. Compared with Australia-born, length of stay rate ratios were consistently lower amongst Cambodia-born (Figure 66).



3.4.6 ACSCs admissions

Total ACSCs admissions

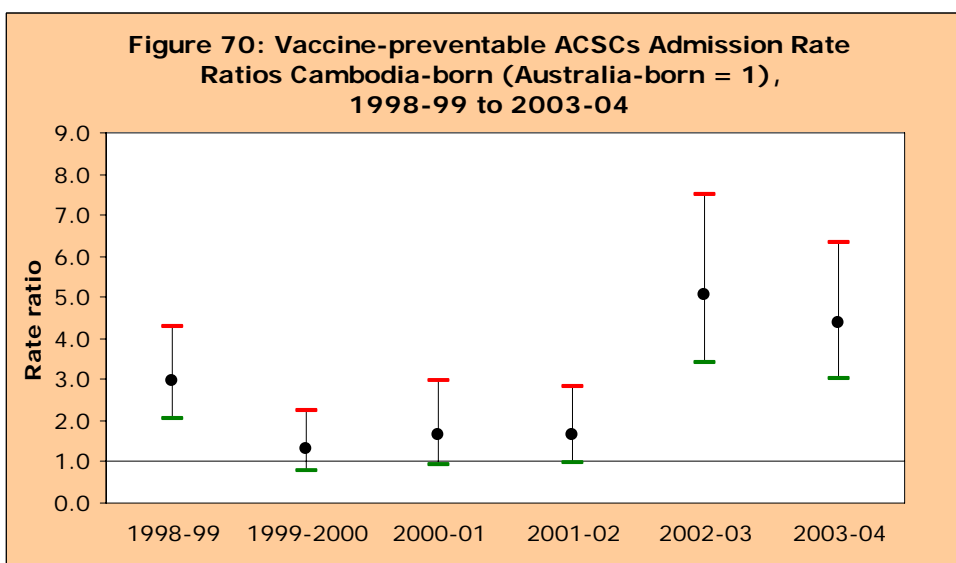
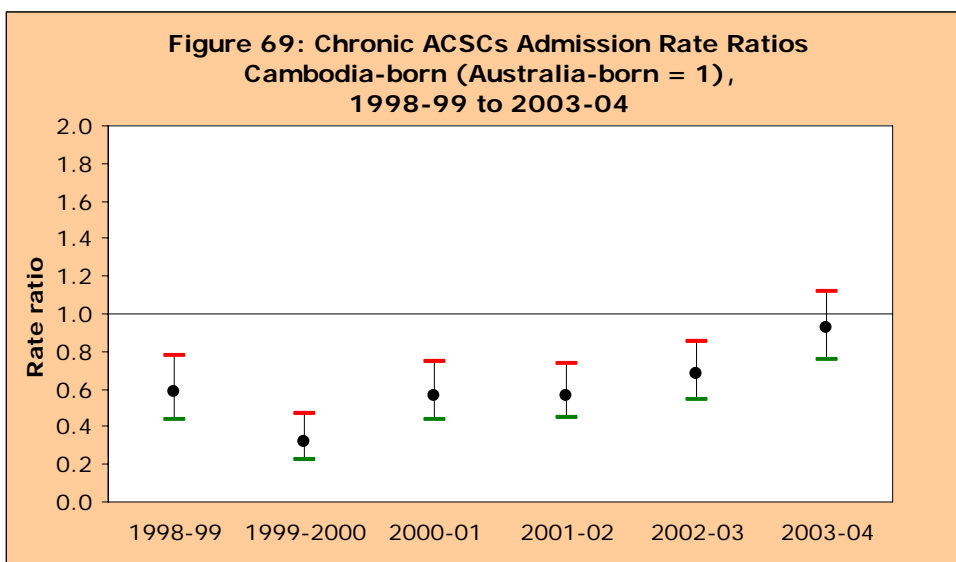
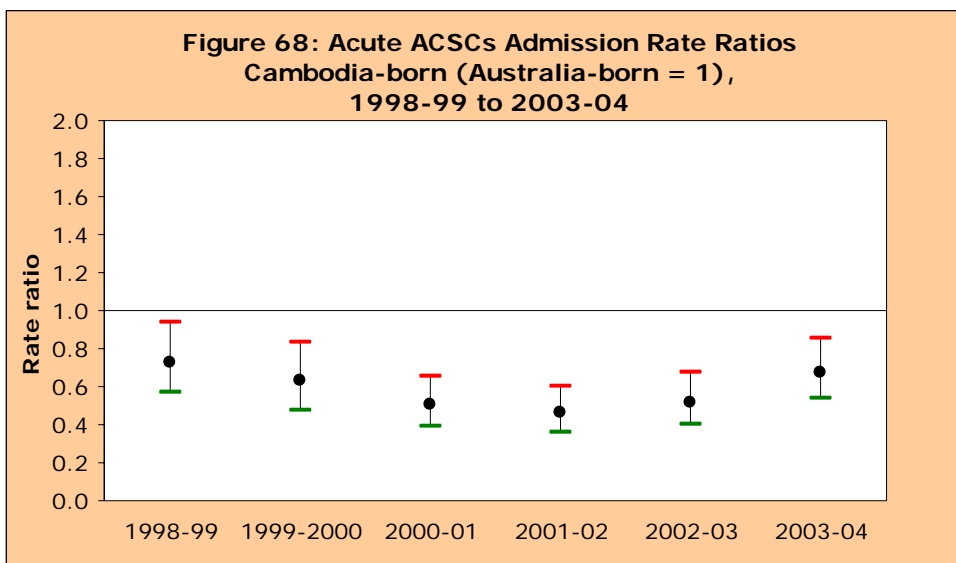
Between 1998-99 and 2003-04, total ACSCs admission rates increased for Cambodia-born persons (from 22.21 per 1000 persons [17.92 – 27.37] to 37.88 per 1000 persons [32.31 – 44.19] respectively). Compared with Australia-born, rate ratios amongst Cambodia-born were lower except for the 2003-04 period (similar) (Figure 67). Rate ratios moved towards Australia-born averages over time.



Acute, chronic and vaccine preventable ACSCs admissions

Admission rates for acute ACSCs amongst Cambodia-born decreased between 1998-99 (9.39 per 1000 persons [6.80 – 12.84]) and 2001-02 (6.69 per 1000 persons [4.87 – 9.14]), increasing subsequently to 11.26 per 1000 persons [8.48 – 14.76] in 2003-04. Admission rate ratios for acute ACSCs were consistently lower than the Australian-born averages (Figure 68). The admission rates for chronic ACSCs amongst Cambodia-born increased from 10.39 per 1000 persons [7.29 – 14.45] in 1998-99 to 24.15 per 1000 persons [19.54 – 29.55] in 2003-04. Chronic ACSCs admission rate ratios were lower than Australia-born averages except for the year 2003-04 (similar) (Figure 69). Chronic ACSCs admission rate ratios moved closer to Australia-born over time. Vaccine-preventable ACSCs admission rates for Cambodia-born declined between 1998-99 (4.19 per 1000 persons [2.70 – 6.49]) and 2000-01 (1.18 per 1000 persons [0.55 – 2.51]), increasing afterwards to 3.63 per 1000 persons [2.29 – 5.65] in 2003-04.

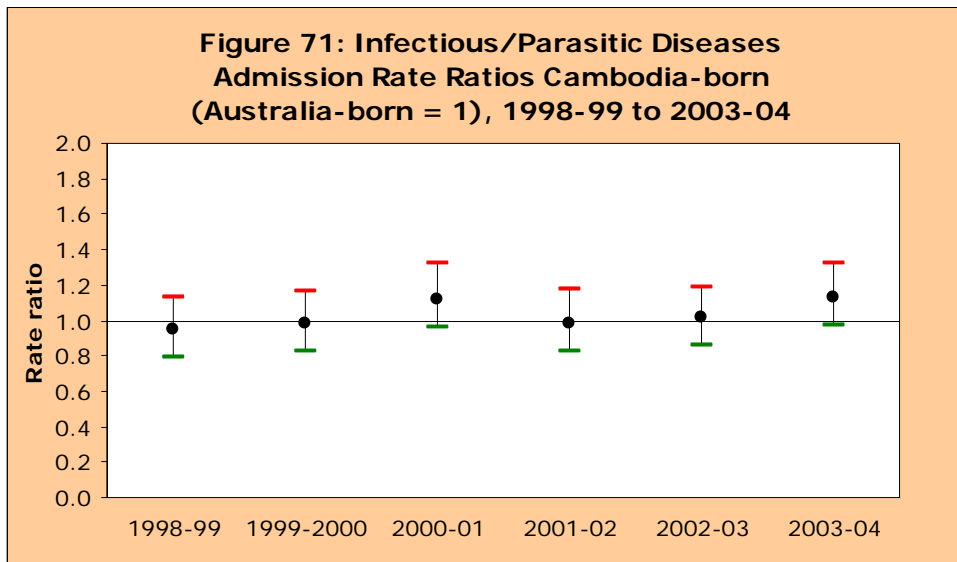
Vaccine-preventable admission rate ratios among Cambodia-born were either similar to (1999-2000, 2000-01 and 2001-02) or higher than (1998-99, 2002-03 and 2003-04) Australia-born averages (Figure 70).



3.4.7 Admissions for specific diagnosis categories

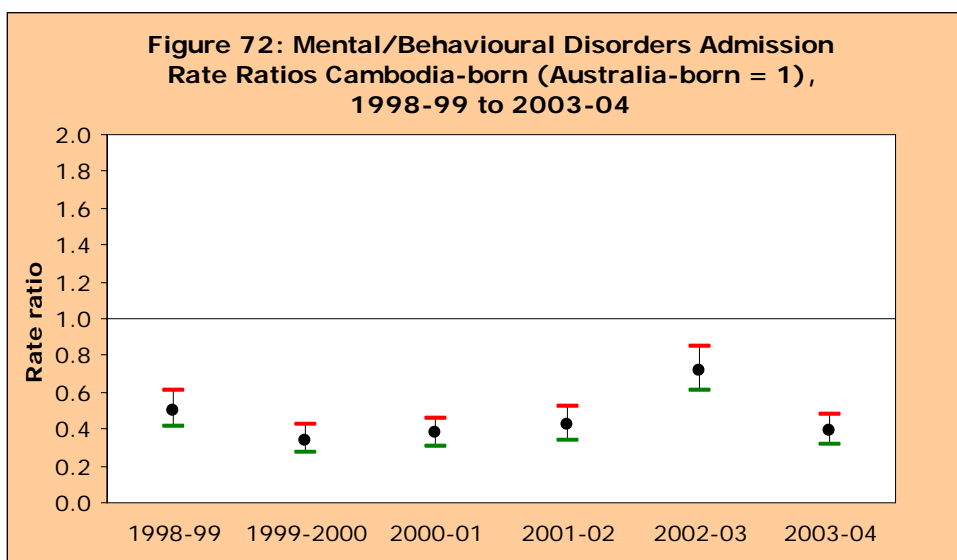
Infectious and parasitic diseases

The admission rate for infectious and parasitic diseases increased slightly amongst Cambodia-born persons from 18.81 per 1000 persons [15.16 – 23.26] in 1998-99 to 22.95 per 1000 persons [19.05 – 27.52] in 2003-04. Admission rate ratios for infectious and parasitic diseases among Cambodia-born were similar to the Australia-born averages (Figure 71).



Mental and behavioural disorders

Mental and behavioural disorders admission rates for Cambodia-born ranged between 10.69 per 1000 persons [8.33 – 13.67] in 2000-01 and 23.12 per 1000 persons [18.89- 28.07] in 2002-03. Admission rate ratios for these conditions were consistently lower amongst Cambodia-born compared with Australia-born averages (Figure 72).



3.4.8 Top 10 AR-DRGs

A comparison of the top 10 AR-DRGs between Cambodia-born and Australia-born persons in 2003-04 is shown in Table 5. The top 10 diagnoses accounted for 58.3% of the total hospital admissions for Cambodia-born compared with 31.8% for Australia-born. Although renal dialysis was the most common

diagnosis for both groups, it represented about one third of the total number of admission for Cambodia-born compared with about one tenth for Australia-born. Pregnancy- and birth-related conditions accounted for 10.6% of the total number of hospital admissions amongst Cambodia-born compared with 1.8% amongst Australia-born persons.

Table 5: Top 10 AR-DRG for Cambodia-born and Australia-born, 2003-04

Cambodia-born			Australia-born		
	AR-DRG	%*		AR-DRG	%*
1	Renal dialysis	30.1	1	Renal dialysis	8.9
2	Vaginal delivery no complicating diagnosis	4.9	2	Chemotherapy	4.7
3	Other gastroscopy, non-major digestive disease, sameday	4.8	3	Other colonoscopy, sameday	3.5
4	Chemotherapy	4.3	4	Neonate >2499 g without significant operation room procedure with other problem	3.2
5	Abortion with dilation & curettage, aspiration curettage/ Hysterotomy	4.2	5	Other gastroscopy, non-major digestive disease, sameday	2.3
6	Other colonoscopy, sameday	2.9	6	Mental health treatment, sameday, without electro-convulsive therapy	2.0
7	Other factors influencing health status <80	2.6	7	Dental extractions and restorations	2.0
8	Major lens procedures	1.6	8	Other factors influencing health status <80	1.9
9	Other antenatal with moderate/no complicating diagnosis	1.5	9	Vaginal delivery no complicating diagnosis	1.8
10	Red blood cell disorder no catastrophic/severe complication and/or comorbidity	1.4	10	Major lens procedures	1.5

* % of total hospital admissions

3.4.9 Key findings – Cambodia-born

- Rate of total hospital admissions increased from 2000-01 onwards (Fig 56).
- Vaccine-preventable ACSCs admission rate ratios were either similar to or higher than Australia-born averages over the six-year period (Fig 70).

Lower than Australia-born

- Total admission rate ratios (Fig 57).
- Emergency admission rate ratios were consistently lower (Fig 59).
- Surgical DRG admission rate ratios (Fig 62).
- Length of stay rate ratios (Fig 66).
- Total and chronic ACSCs admission rate ratios (moving closer to Australia-born over time) (Figs 67 and 69).
- Acute ACSCs admission rate ratios (Fig 68).
- Mental and behavioural disorders admission rate ratios were consistently lower (Fig 72).

Similar to Australia-born

- Elective admission rate ratios (Fig 58).
- Separation to private residence/accommodation rate ratios (Fig 63).
- Discharge at own risk rate ratios (Fig 64).
- Hospital death rate ratios (Fig 65).
- Infectious/parasitic diseases admission rate ratios (Fig 71).
- Renal dialysis was the top AR-DRG in 2003-04 (Table 5).

Higher than Australia-born

- Obstetric admission rate ratios (Fig 60).
- Medical DRG admission rate ratios (Fig 61).
- Pregnancy and birth-related conditions accounted for a higher proportion of hospital admissions in 2003-04 (Table 5).

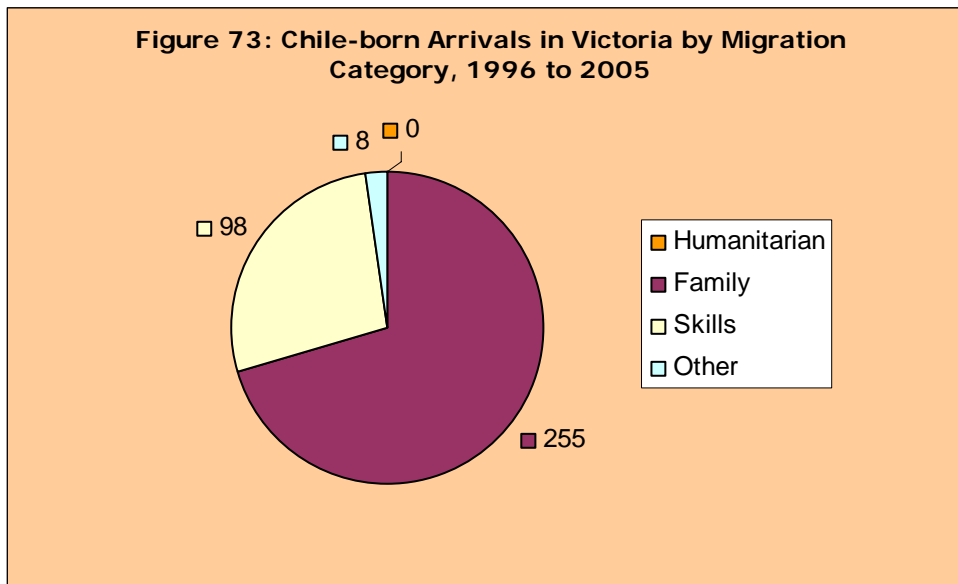
3.5 Chile

Three main waves have characterised the Chilean migration to Australia¹⁹. The first wave took place between 1968 and 1970 when about 1,500 Chileans, mostly from middle-class backgrounds, migrated to Australia due to economic difficulties and increasing political instability in their homeland. The second wave, between 1970 and 1973, was prompted by uncertainty about Chile’s political and economic future after the election to the presidency of Salvador Allende, a leftist candidate. During this period, about 2,000 Chilean migrants settled in Australia. The third wave followed the military coup led by Augusto Pinochet in September 1973. Political persecution and serious economic crises prompted a sharp increase in the number of Chileans arriving to Australia. About 9,500 Chileans entered Australia between 1974 and 1981, a proportion of them being political refugees. The 1996 census recorded 23,820 Chile-born people living in Australia (6,799 were in Victoria)²¹. By 2001, the number of Chile-born living in Australia decreased slightly to 23,420 (6,658 were living in Victoria)²².

Between July 1996 and June 2005, 361 Chile-born persons settled in Victoria²⁰. Seventy one percent came under the family migration stream and 27% under the skilled migration program (Figure 73).

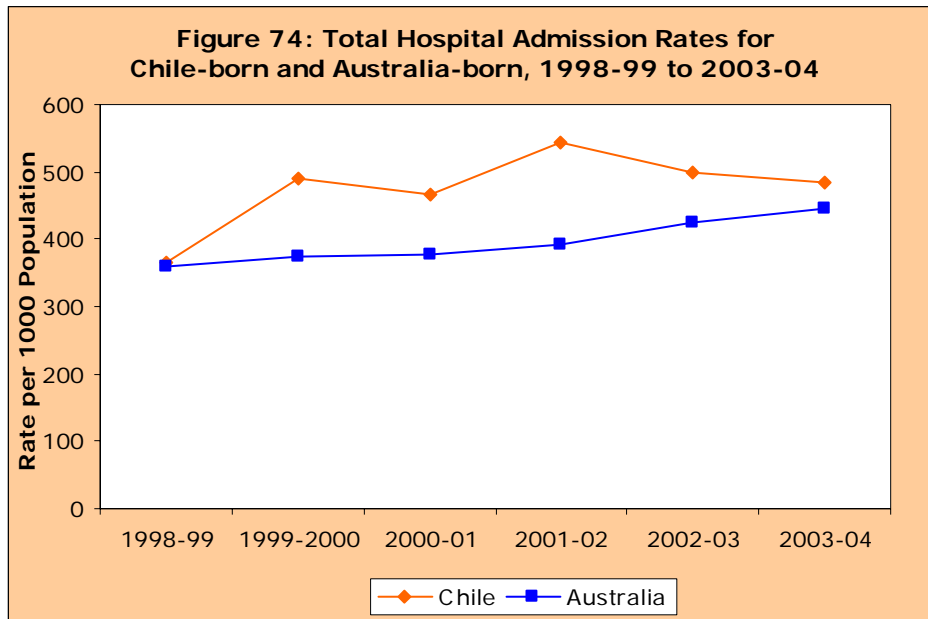


Source: The World Factbook²⁷

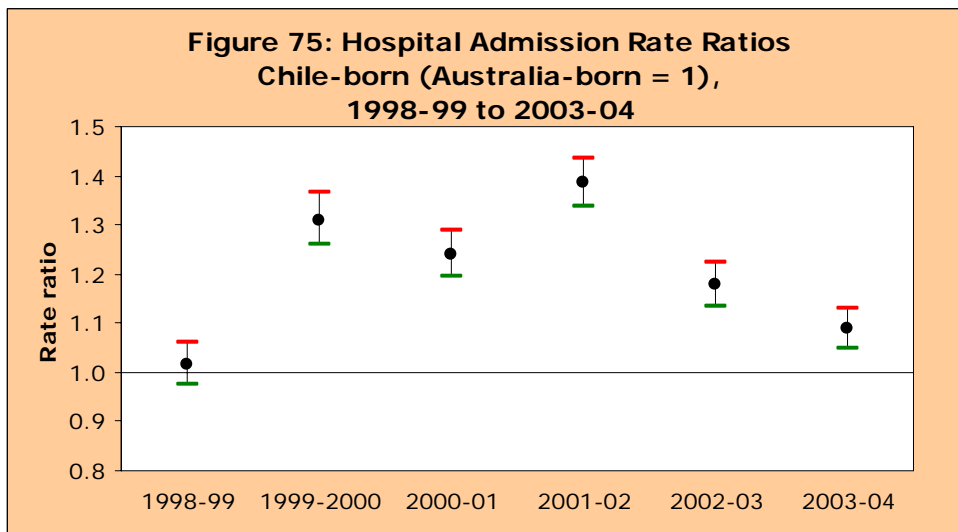


3.5.1 Total hospital admissions

Between 1998-99 and 2003-04, a total of 15,785 hospital admissions in Victoria were recorded for Chile-born persons. The total hospital admission rate for Chile-born and Australia-born persons from 1998-99 to 2003-04 is shown in Figure 74. Overall, the rate of total admissions for Chile-born increased from 364.67 per 1000 persons [346.52 – 383.73] in 1998-99 to 484.07 per 1000 persons [462.97 – 505.99] in 2003-04.

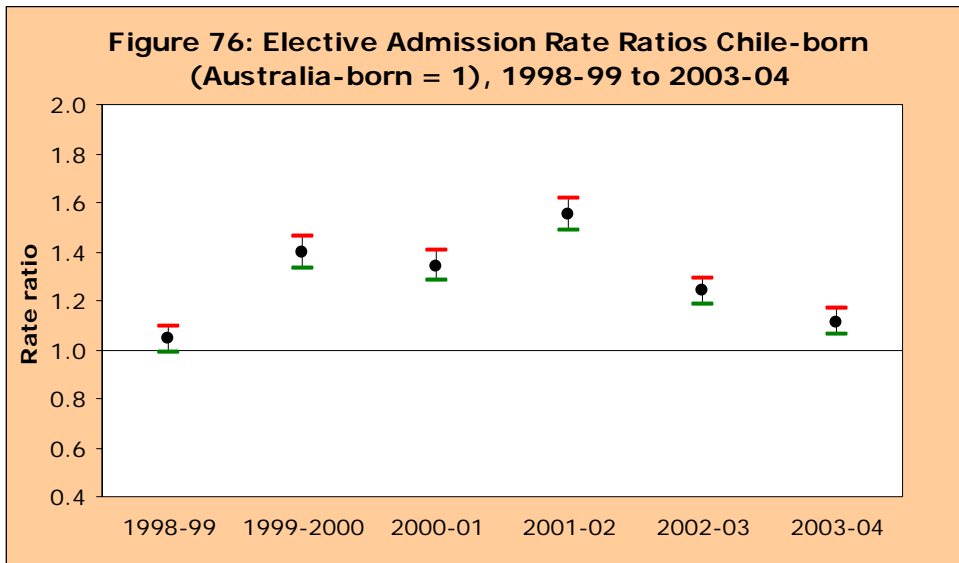


Compared with Australia-born averages, Chile-born recorded higher admission rate ratios except for the year 1998-99 (similar) (Figure 75). Rate ratios among Chile-born persons ranged from 1.02 [0.97 – 1.06] in 1998-99 to 1.39 [1.34 – 1.44] in 2001-02.

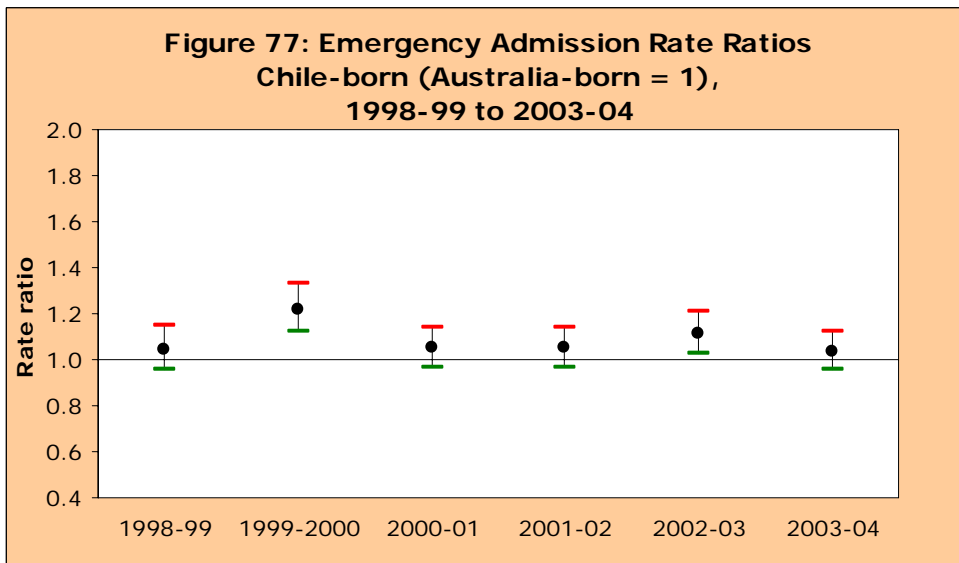


3.5.2 Admission type

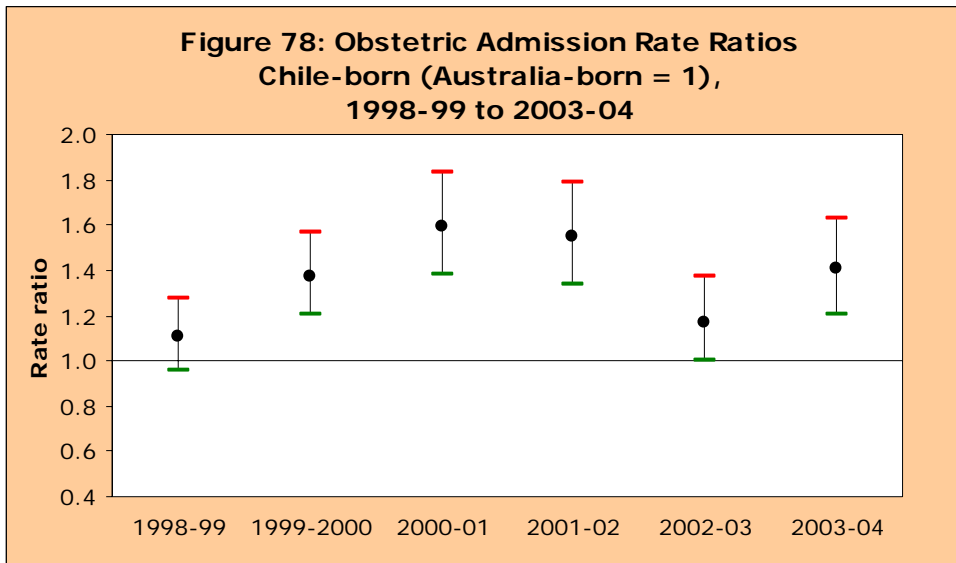
The rate of elective admission for Chile-born increased from 255.76 per 1000 persons [240.45 – 271.99] in 1998-99 to 417.49 per 1000 persons [397.44 – 438.38] in 2001-02, decreasing subsequently to 347.59 per 1000 persons [329.53 – 366.49] in 2003-04. When compared with Australian-born, Chile-born reported higher elective admissions rate ratios except for the year 1998-99 (similar) (Figure 76). Similar patterns were found between total and elective admission rate ratios (Figure 75 and Figure 76) indicating that hospital admissions for Chile-born persons were mostly elective.



The rate of emergency admissions for Chile-born increased from 83.96 per 1000 persons [75.16 – 93.70] in 1998-99 to 104.67 per 1000 persons [95.30 – 114.84] in 2003-04. Emergency admission rate ratios remained steady over time and were mostly similar to Australia-born averages, except for the 1999-2000 and 2002-03 periods (higher) (Figure 77).

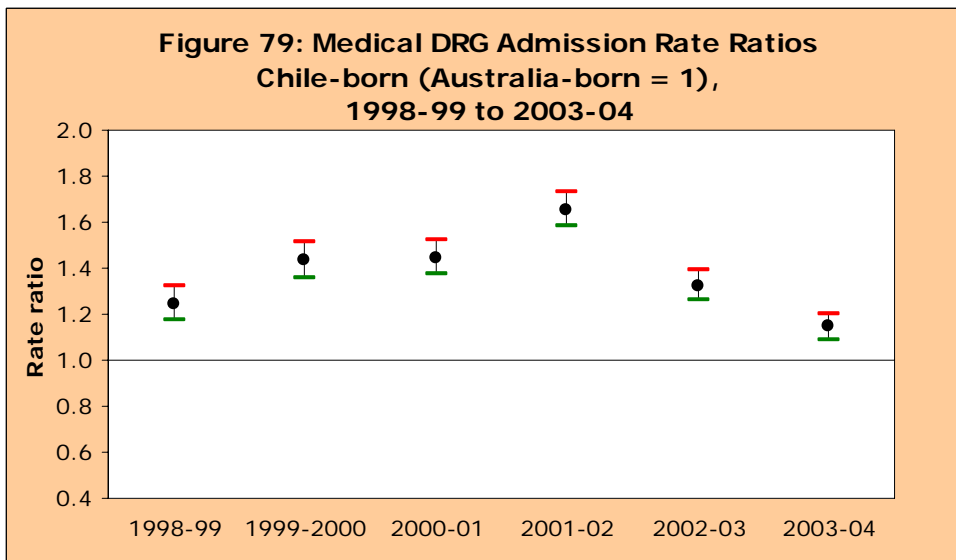


The rate of obstetric admissions amongst Chile-born women increased slightly during the study period, from 61.51 per 1000 women aged 10-54 years [53.07 – 71.01] in 1998-99 to 70.27 per 1000 women [59.47 – 82.69] in 2003-04. Compared with the Australia-born averages, obstetric admission rate ratios were higher among Chile-born women except for the 1998-99 and 2002-03 periods (similar) (Figure 78). The lowest rate ratio was 1.11 [0.96 – 1.28] in 1998-99 and the highest was 1.59 [1.38 – 1.83] in 2000-01.

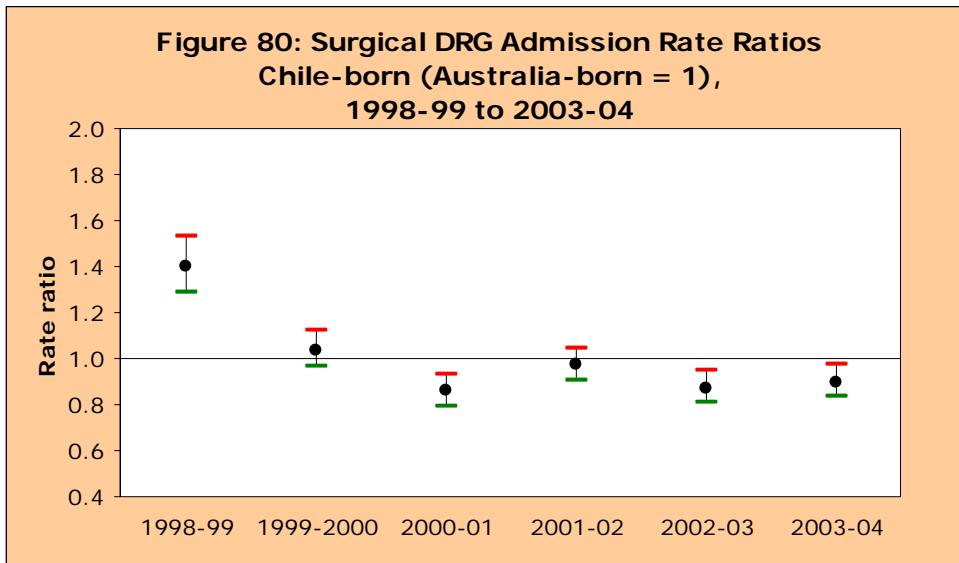


3.5.3 DRG type

Medical admission rates for Chile-born persons increased from 197.59 per 1000 persons [183.78 – 212.34] in 1998-99 to 383.21 per 1000 persons [363.55 – 403.74] in 2001-02, declining afterwards to 309.19 per 1000 persons [291.77 – 327.47] in 2003-04. Rate ratios of medical DRG admission were higher than Australia-born averages over the six-year period (Figure 79), ranging from 1.14 [1.09 – 1.20] in 2003-04 to 1.65 [1.58 – 1.73] in 2001-02.

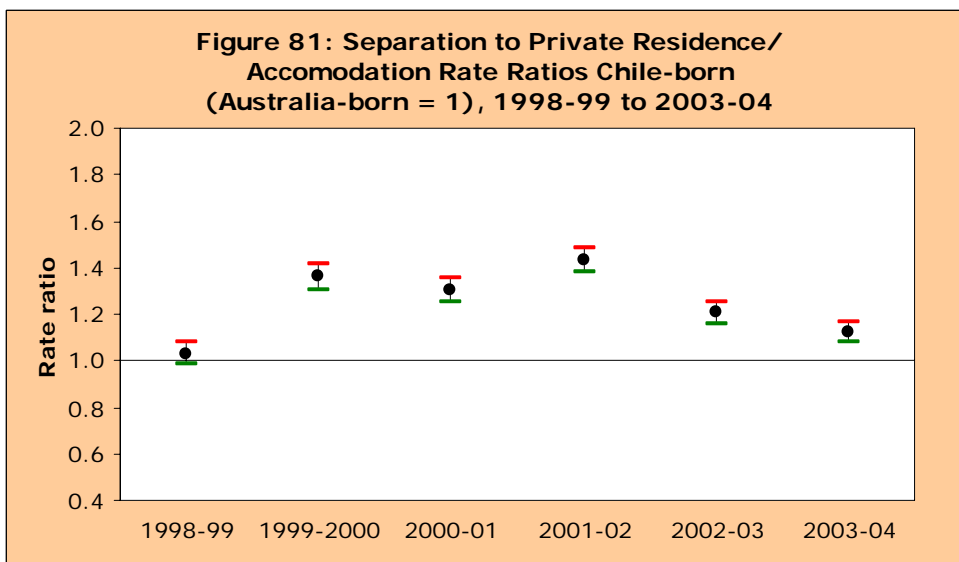


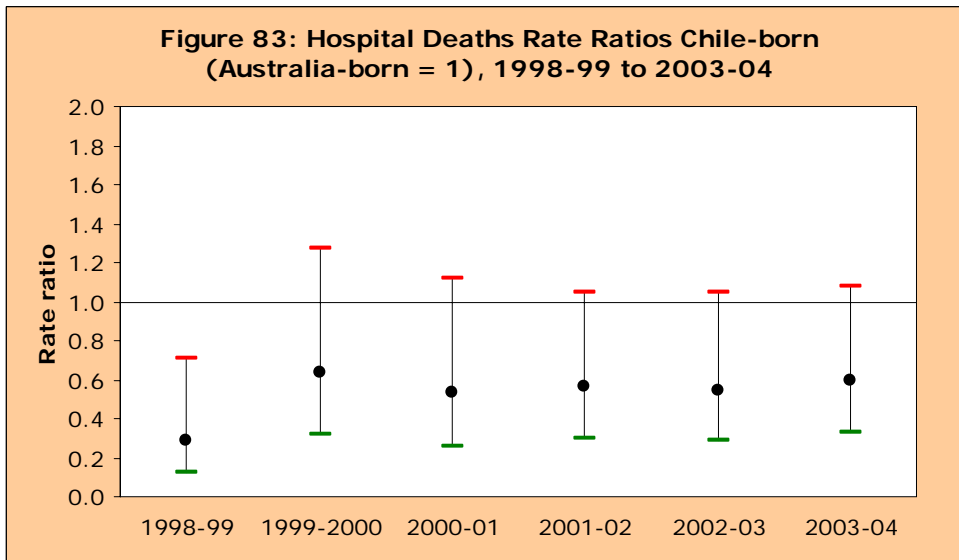
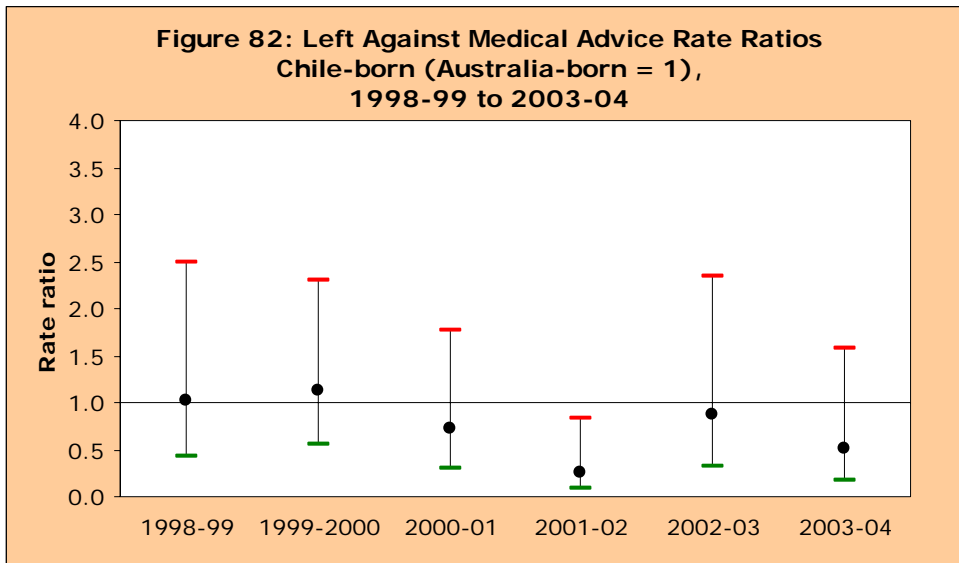
Surgical admission rates amongst Chile-born increased from 74.27 per 1000 persons [66.94 – 82.44] in 1998-99 to 102.84 per 1000 persons [93.68 – 112.80] in 2003-04. Surgical admission rate ratios were either similar to or lower than the Australia-born except for the year 1998-99 (higher) (Figure 80). Rate ratios moved towards Australia-born averages over time.



3.5.4 Separation mode

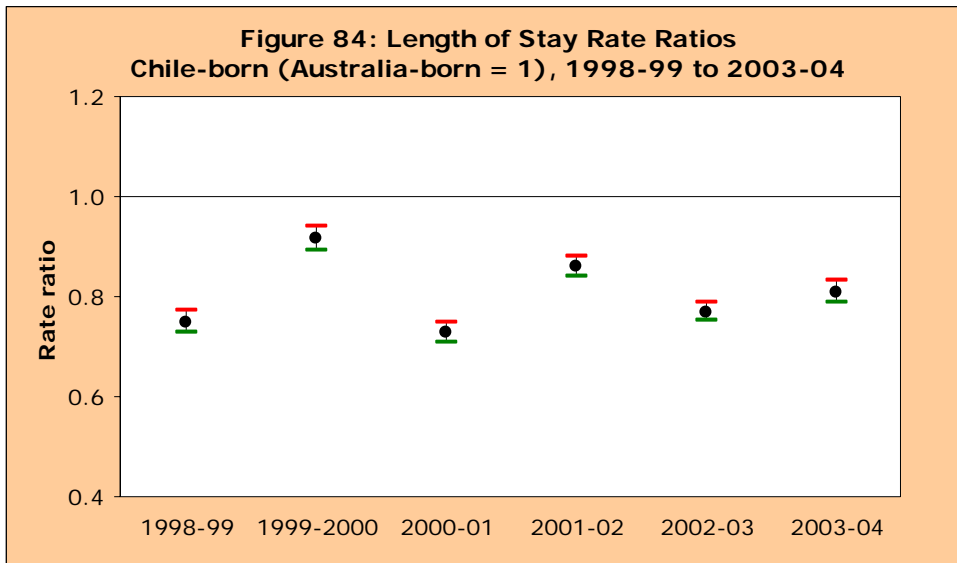
Compared with Australia-born, higher rate ratios of separation to private residence or accommodation were observed for Chile-born except for the year 1998-99 (similar) (Figure 81). There were no consistent patterns in the rate of discharge at own risk for Chile-born. The lowest rate was 0.29 per 1000 persons [0.06 – 1.57] in 2001-02 and the highest was 1.22 per 1000 persons [0.42 – 3.22] in 1999-2000. When compared with Australia-born averages, discharge at own risk rate ratios were similar amongst Chile-born except for the 2001-02 period (lower) (Figure 82). Hospital death rates amongst Chile-born increased from 1.21 per 1000 persons [0.30 – 3.44] in 1998-99 to 2.62 per 1000 persons [1.18 – 5.11] in 2003-04. Hospital death ratios were similar to the Australia-born average except for the year 1998-99 (lower) (Figure 83).





3.5.5 Length of stay

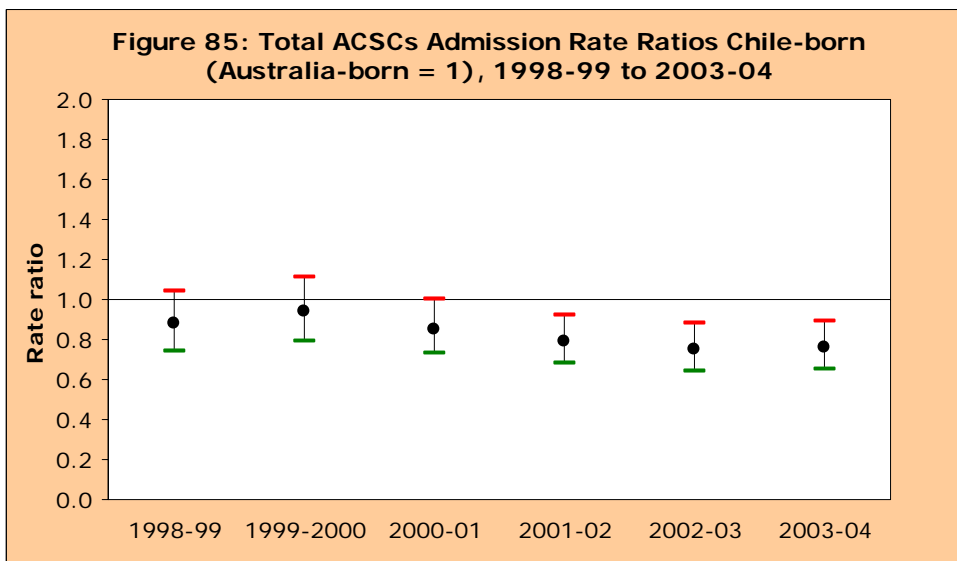
The rate of bed days for Chile-born increased from 1004.54 days per 1000 persons [971.51 – 1038.55] in 1998-99 to 1208.94 days per 1000 persons [1174.19 – 1244.54] in 2003-04. Length of stay rate ratios were lower than Australia-born averages over the six-year period (Figure 84).



3.5.6 ACSCs admissions

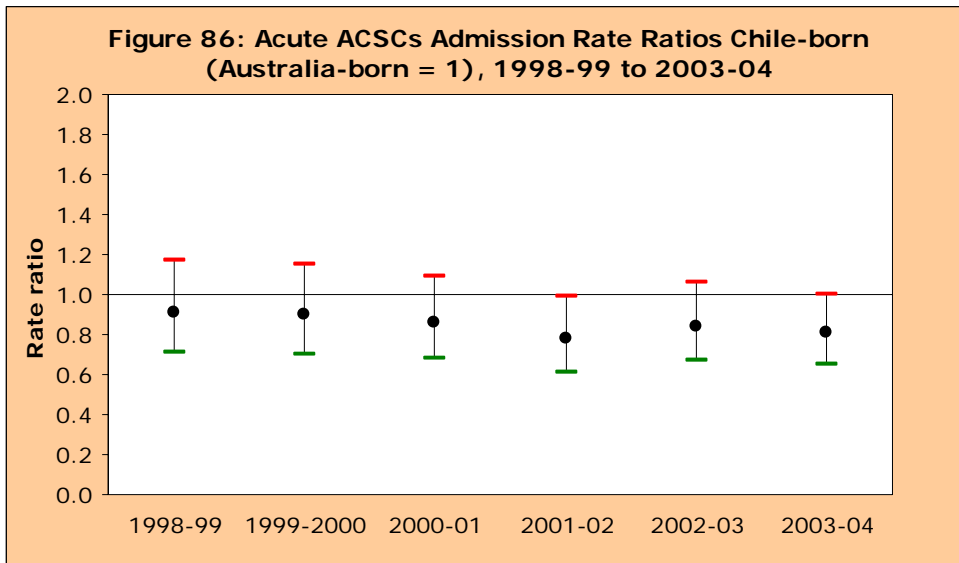
Total ACSCs admissions

Total ACSCs admission rates for Chile-born increased slightly from 28.06 per 1000 persons [22.67 – 34.50] in 1998-99 to 32.92 per 1000 persons [27.40 – 39.34] in 2003-04. Total ACSCs admission rate ratios were either similar to or lower than Australia-born averages over time (Figure 85).

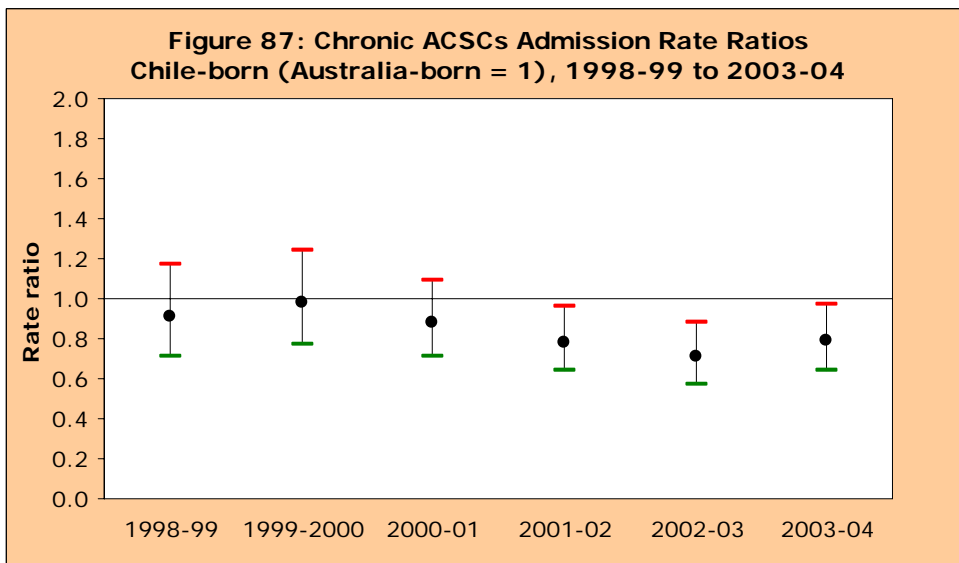


Acute, chronic and vaccine-preventable ACSCs admissions

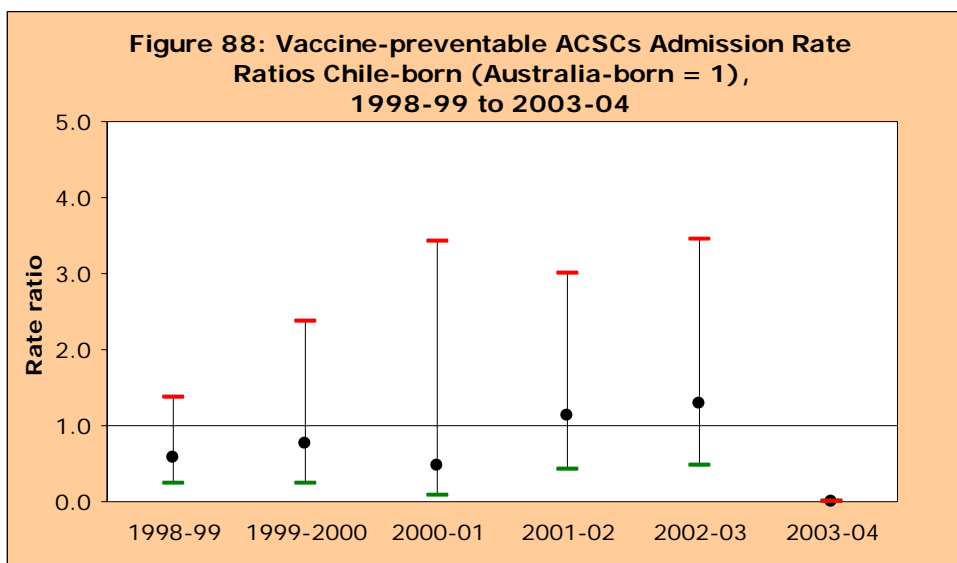
Admission rates for acute ACSCs remained steady amongst Chile-born. The 1998-99 rate was 11.77 per 1000 persons [8.57 – 16.01] and the 2003-04 rate was 13.48 per 1000 persons [10.32 – 17.47]. Compared with Australia-born, acute ACSCs admission rate ratios were similar over the six-year period (Figure 86).



Chronic ACSCs admission rates for Chile-born showed a small increase from 16.32 per 1000 persons [12.08 – 21.69] in 1998-99 to 20.60 per 1000 persons [16.04 – 26.11] in 2003-04. Chronic ACSCs rate ratios were either similar to or lower than Australia-born averages over time (Figure 87).



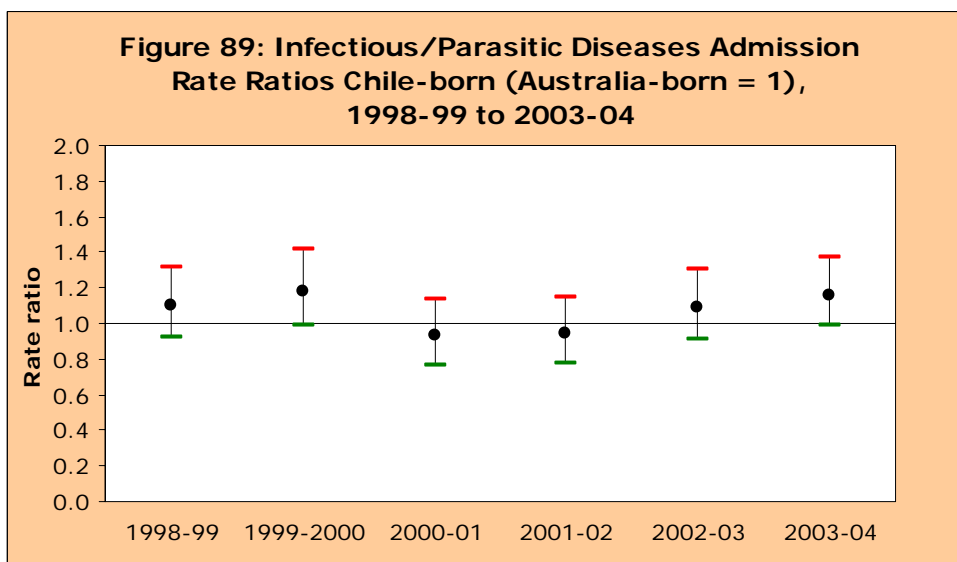
No consistent pattern was found for vaccine-preventable ACSCs admission rates amongst Chile-born. The lowest rate was zero recorded in 2003-04, and the highest rate was 0.90 per 1000 persons [0.19 – 2.72] recorded in 2002-03. Vaccine-preventable ACSCs admission rate ratios were similar to Australia-born averages except for the 2003-04 period (lower) (Figure 88).



3.5.7 Admissions for specific diagnosis categories

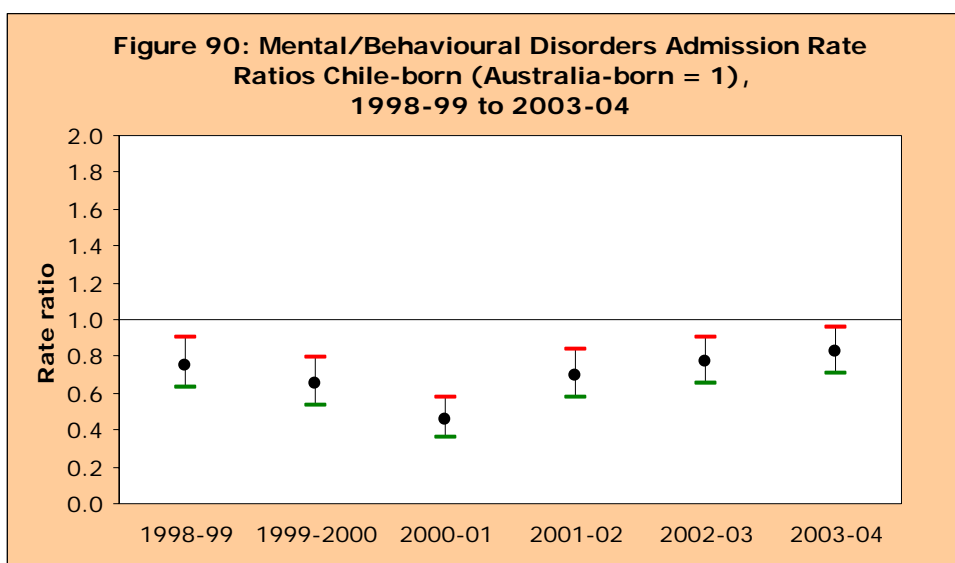
Infectious and parasitic diseases

The admission rate for infectious and parasitic diseases amongst Chile-born remained steady over time, from 21.90 per 1000 persons [17.58 – 27.18] in 1998-99 to 23.55 per 1000 persons [19.24 – 28.70] in 2003-04 (the lowest rate was 15.94 per 1000 persons [12.52 – 20.18] in 2001-02). Infectious and parasitic diseases admission rate ratios were similar to Australia-born averages over the six-year period (Figure 89).



Mental and behavioural disorders

Admission rate for mental and behavioural disorders amongst Chile-born declined from 24.11 per 1000 persons [19.20 – 30.07] in 1998-99 to 12.86 per 1000 persons [9.52 – 17.10] in 2000-01, increasing afterwards to 28.18 per 1000 persons [23.47 – 33.72] in 2003-04. Compared with Australia-born, admission rate ratios were lower amongst Chile-born over the study period (Figure 90).



3.5.8 Top ten AR-DRGs

A comparison of the top 10 AR-DRGs between Chile-born and Australia-born in 2003-04 is shown in Table 6. The top 10 AR-DRGs accounted for 37.2% of the total hospital admissions for Chile-born compared with 31.8% for Australia-born. Renal dialysis was the most common AR-DRG for both groups, representing 12.0% of total hospital admissions for Chile-born compared with 8.9% for Australia-born. Diagnostic procedures for digestive disorders (i.e. gastroscopy, colonoscopy) accounted for 10.8% of total hospital admissions amongst Chile-born compared with 5.8% amongst Australia-born. Pregnancy and birth-related conditions amongst Chile-born represented 4.1% of total admissions, compared with 1.8% amongst Australia-born.

Table 6: Top 10 AR-DRG for Chile-born and Australia-born, 2003-04

Chile-born			Australia-born		
	AR-DRG	%*		AR-DRG	%*
1	Renal dialysis	12.0	1	Renal dialysis	8.9
2	Other gastroscopy, non-major digestive disease, sameday	6.4	2	Chemotherapy	4.7
3	Other colonoscopy, sameday	4.4	3	Other colonoscopy, sameday	3.5
4	Chemotherapy	2.9	4	Neonate >2499 g without significant operation room procedure with other problem	3.2
5	Abortion with dilation & curettage, aspiration curettage/hysterotomy	2.2	5	Other gastroscopy, non-major digestive disease, sameday	2.3
6	Chest pain	1.9	6	Mental health treatment, sameday, without electro-convulsive therapy	2.0
7	Rehabilitation, sameday	1.9	7	Dental extractions and restorations	2.0
8	Vaginal delivery no complicating diagnosis	1.9	8	Other factors influencing health status <80	1.9
9	Mental health treatment, sameday, without electro-convulsive therapy	1.9	9	Vaginal delivery no complicating diagnosis	1.8
10	Other factors influencing health status <80	1.7	10	Major lens procedure	1.5

* % of total hospital admissions

3.5.9 Key findings – Chile-born

- Total hospital admission rates increased over time (Fig 74).
- Surgical DRG admission rate ratios were either similar to or lower than Australia-born averages (Fig 80).
- Total and chronic ACSCs admission rate ratios were either similar to or lower than the Australia-born average (Figs 85 and 87).

Lower than Australia-born

- Length of stay rate ratios (Fig 84).
- Mental and behavioural disorders admission rate ratios (Fig 90).

Similar to Australia-born

- Emergency admission rate ratios (Fig 77).
- Discharge at own risk rate ratios (Fig 82).
- Hospital death rate ratios (Fig 83).
- Acute ACSCs admission rate ratios (Fig 86).
- Vaccine-preventable ACSCs admission rate ratios (Fig 88).
- Infectious/parasitic diseases admission rate ratios (Fig 89).
- Renal dialysis was the top AR-DRG in 2003-04 (Table 6).

Higher than Australia-born

- Both total and elective admission rate ratios (Figs 75 and 76).
- Obstetric admission rate ratios (Fig 78).
- Medical DRG admission rate ratios (Fig 79).
- Separation to private residence/accommodation rate ratios (Fig 81).
- Digestive disorders-related diagnostic procedures, and pregnancy and birth-related conditions accounted for a higher proportion of hospital admissions in 2003-04 (Table 6).

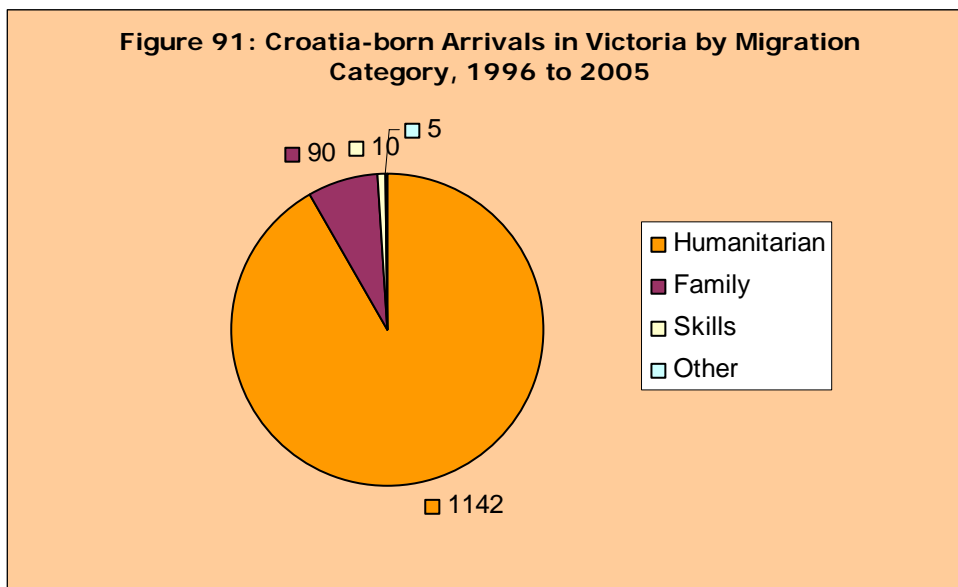
3.6 Croatia

The Croatian immigration to Australia began in the late 1800s, but increased considerably from the mid-1920s¹⁹. Four phases of post-Second World War Croatian migration to Australia have been identified¹⁹. The first phase, made up mainly of members of the defeated military forces, took place between the end of the Second World War and the 1960s. The second phase followed Tito's 'opening of the borders' during the 1960s when many 'temporary workers' resettled permanently in Australia. The third phase was predominantly through family reunion programs in the 1980s. The fourth phase, made up mainly of refugees, was prompted by Serbia's war on Croatia and Bosnia-Herzegovina from 1991 onwards. In 1994, the number of arrivals from former Yugoslavia – many of them Croatians – reached more than 5,000¹⁹. The 1996 census recorded 46,981 Croatia-born living in Australia (17,593 in Victoria)²¹. By 2001, the number of Croatia-born in Australia increased to 51,909 (18,981 in Victoria)²².



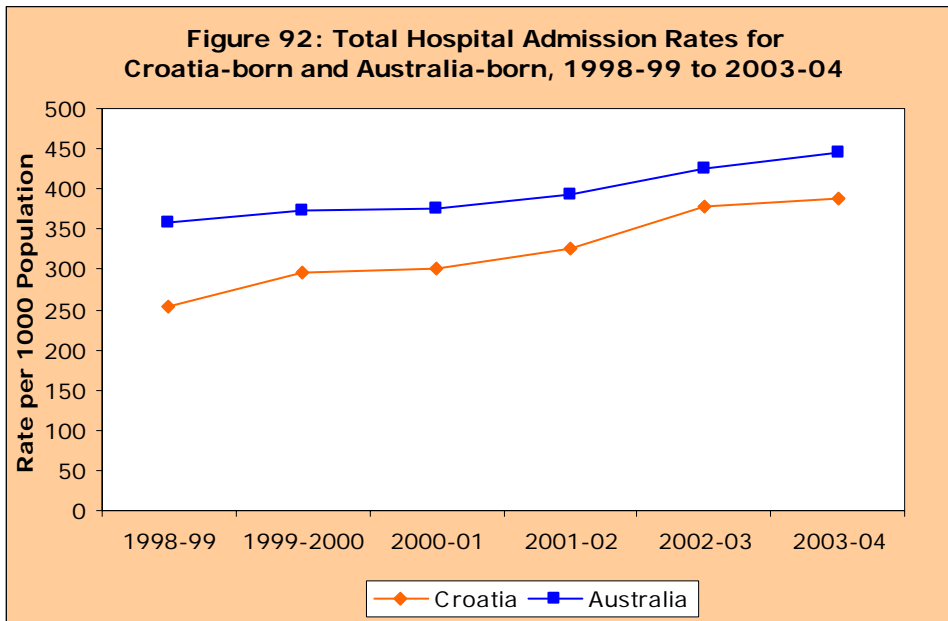
Source: The World Factbook²⁷

Between 1996 and 2005, 1,247 Croatia-born persons arrived in Victoria²⁰. Ninety two percent of these came under the humanitarian program and 7% under the family stream (Figure 91). Many of those under the family reunion program were likely to have been through refugee-like experiences.

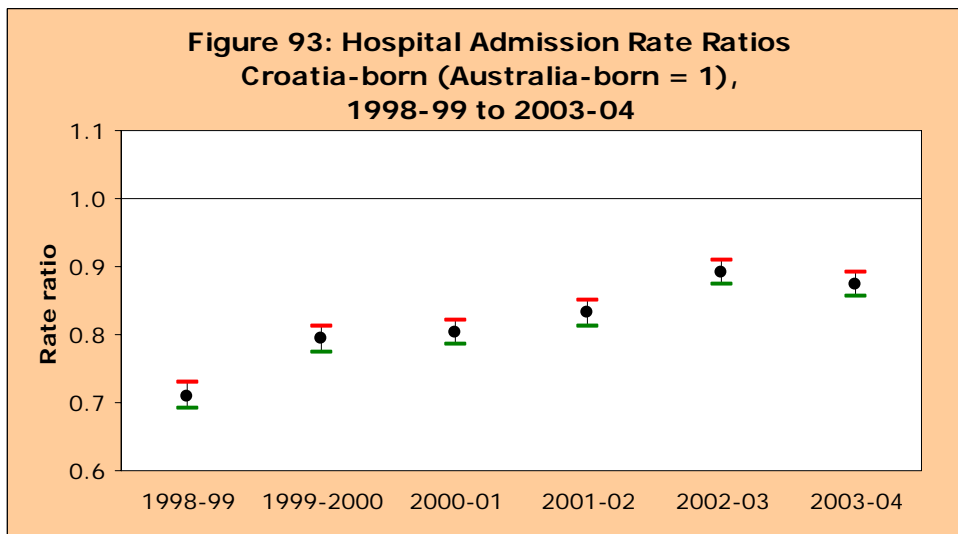


3.6.1 Total hospital admissions

A total of 49,822 hospital admissions in Victoria were recorded for Croatia-born persons between 1998-99 and 2003-04. Overall, the rate of total admissions for Croatia-born increased from 254.47 per 1000 persons [246.33 – 263.06] in 1998-99 to 388.70 per 1000 persons [379.30 – 398.46] in 2003-04 (Figure 92).

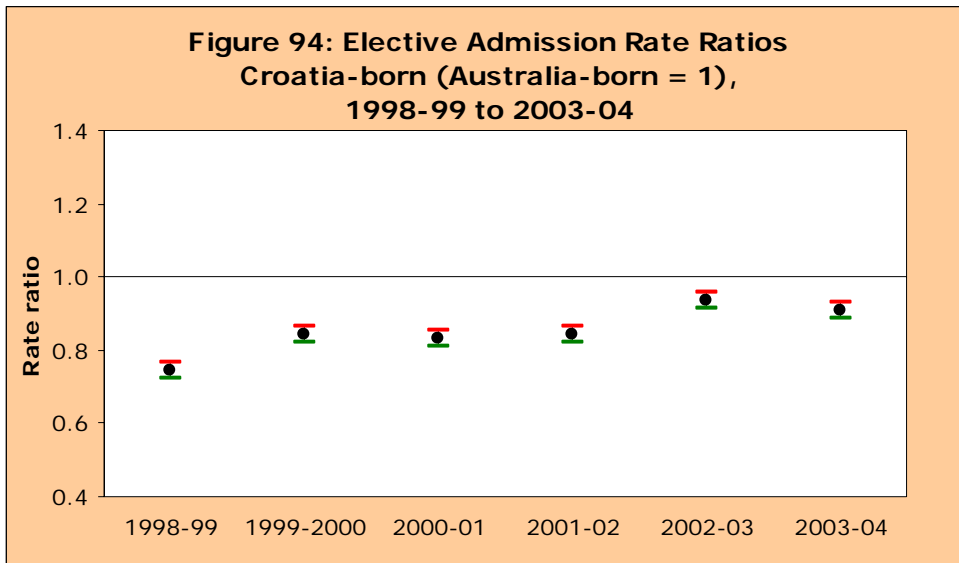


Compared with Australia-born averages, Croatia-born recorded consistently lower admission rate ratios over the study period (Figure 93). Rate ratios increased from 0.71 [0.69 – 0.73] in 1998-99 to 0.87 [0.86 – 0.89] in 2003-04, indicating that total admission rates amongst Croatia-born moved towards Australia-born averages over time.

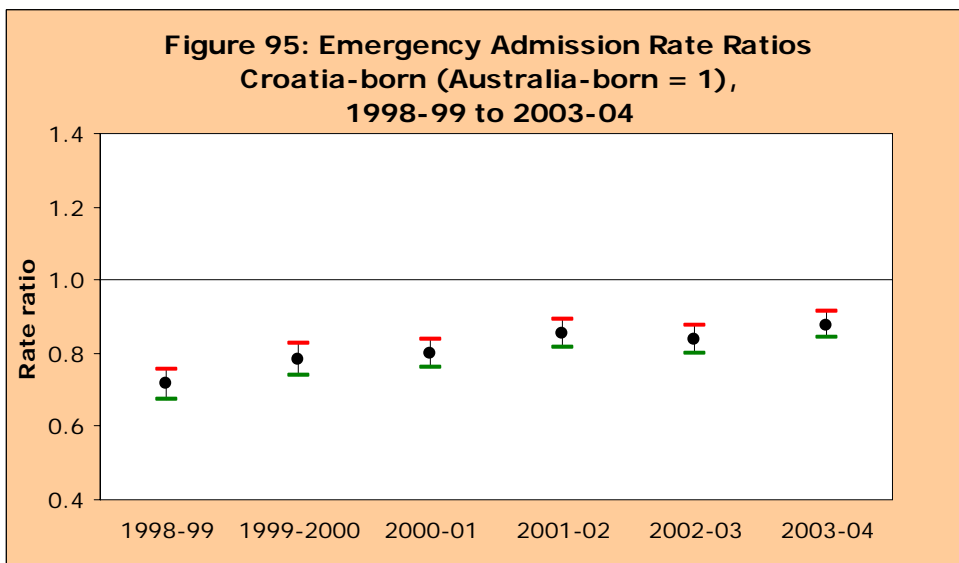


3.6.2 Admission type

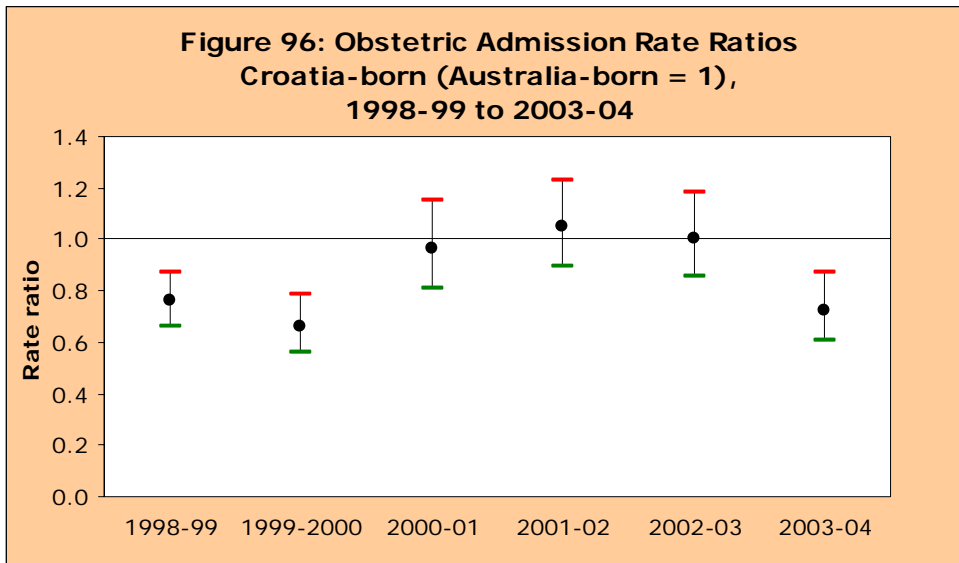
The rate of elective admission amongst Croatia-born increased over the study period, from 182.54 per 1000 persons [175.93 – 189.59] in 1998-99 to 283.93 per 1000 persons [276.30 – 291.92] in 2003-04. When compared with Australia-born, Croatia-born reported lower elective admission rate ratios (Figure 94). The elective admission rate ratios moved towards Australian-born averages over time.



The rate of emergency admissions for Croatia-born persons increased from 57.30 per 1000 persons [53.18 – 61.91] in 1998-99 to 88.49 per 1000 persons [83.87 – 93.50] in 2003-04. Emergency admission rate ratios were consistently lower than Australia-born but moved towards Australia-born averages over time (Figure 95).

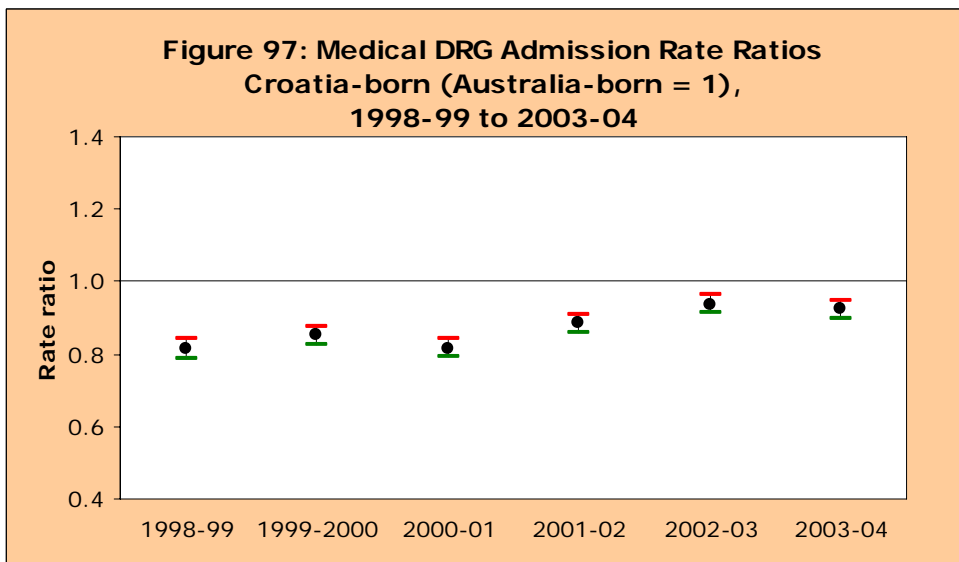


The rate of obstetric admissions amongst Croatia-born women remained stable over time, ranging from 34.84 per 1000 women aged 10-54 years [28.05 – 43.14] in 1999-2000 to 48.58 per 1000 women [40.63 – 57.85] in 2002-03. Obstetric admission rate ratios for Croatia-born women were either lower than or similar to the Australia-born average (Figure 96). The lowest rate ratio was 0.66 [0.56 – 0.79] in 1999-2000 and the highest was 1.05 [0.89 – 1.23] in 2001-02.

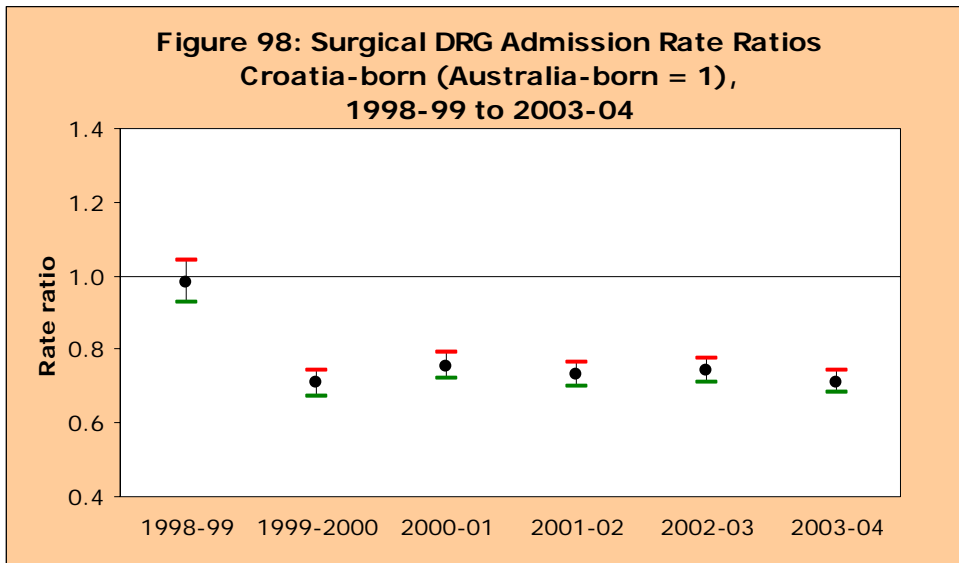


3.6.3 DRG type

Medical DRG admission rates for Croatia-born almost doubled during the six-year period, increasing from 129.19 per 1000 persons [123.59 – 135.25] in 1998-99 to 249.36 per 1000 persons [242.02 – 257.08] in 2003-04. Rate ratios of medical DRG admission were lower than Australia-born and moved towards Australia-born averages over time (Figure 97).

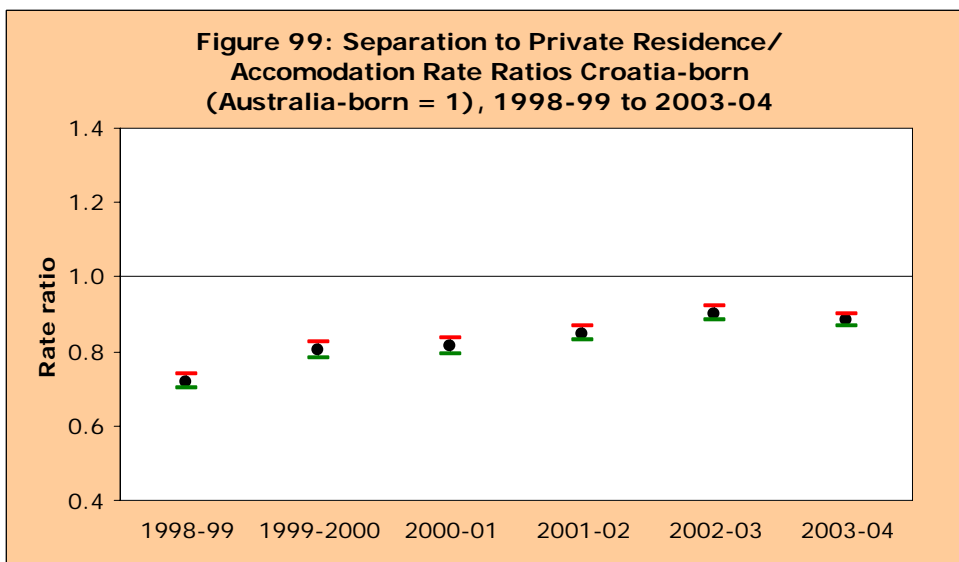


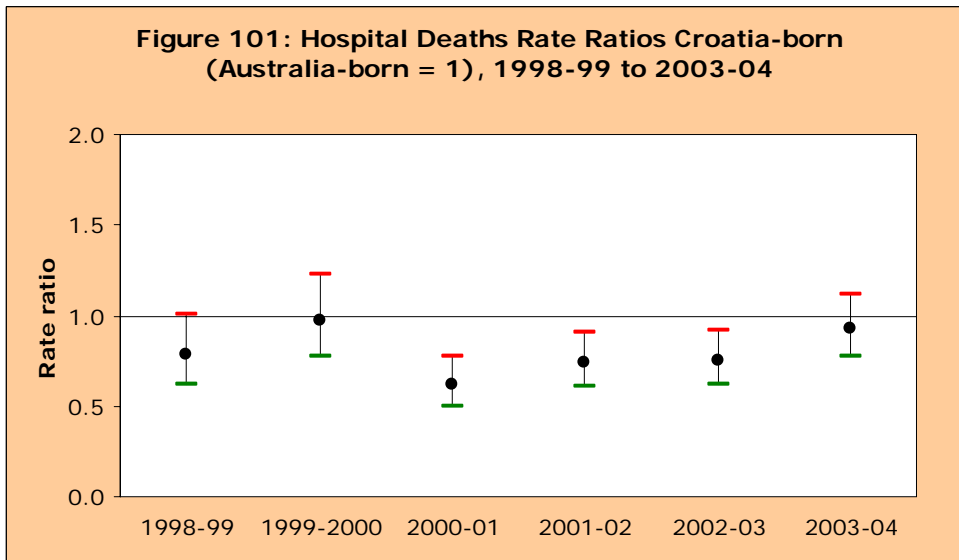
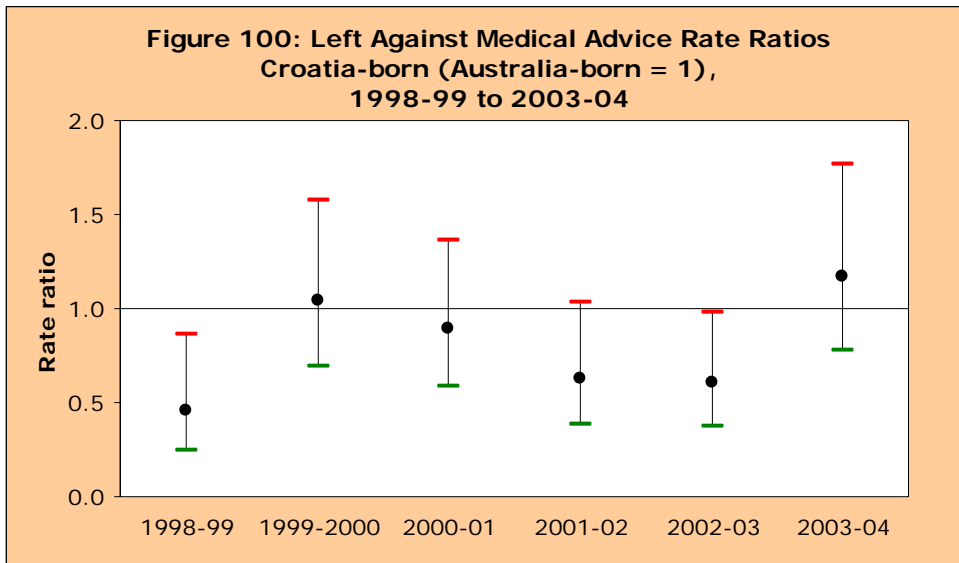
Surgical admission rates amongst Croatia-born increased from 52.22 per 1000 persons [48.44 – 56.49] in 1998-99 to 81.35 per 1000 persons [77.04 – 86.04] in 2003-04. Compared with Australia-born, surgical admission rate ratios were lower except for the year 1998-99 (similar) (Figure 98).



3.6.4 Separation mode

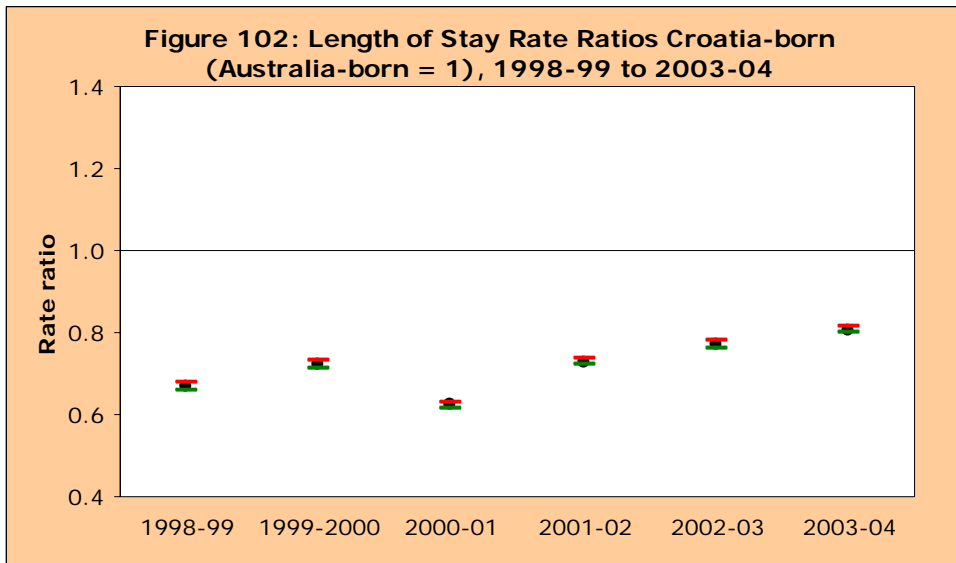
Compared with Australia-born, lower rate ratios of separation to private residence or accommodation were observed for Croatia-born over the six-year period. Rate ratios moved towards Australia-born averages over time (Figure 99). There was no consistent pattern in the rate of discharge at own risk for Croatia-born. The lowest rate of discharge at own risk was recorded in 1998-99 (0.41 per 1000 persons [0.18 – 1.47]) and the highest in 2003-04 (1.26 per 1000 persons [0.68 – 2.43]). When compared with Australia-born averages, rate ratios of discharge at own risk were similar amongst Croatia-born except for the 1998-99 period (lower) (Figure 100). Hospital death rates ranged from 2.51 per 1000 persons [1.99 – 3.59] in 2000-01 to 4.10 per 1000 persons [3.41 – 5.24] in 2003-04. Hospital death rate ratios were either similar to or lower than the Australia-born average over the study period (Figure 101).





3.6.5 Length of stay

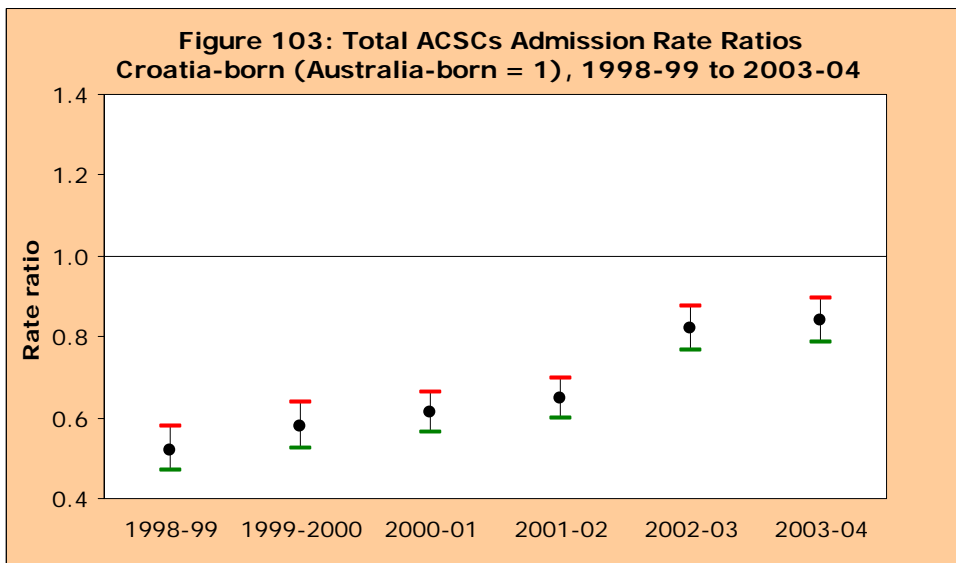
The rate of bed days for Croatia-born increased over the study period, from 893.87 days per 1000 persons [879.40 – 908.77] in 1998-99 to 1204.76 days per 1000 persons [1188.56 – 1221.31] in 2003-04. Length of stay rate ratios were consistently lower than Australia-born (Figure 102), moving slightly towards Australia-born averages over time.



3.6.6 ACSCs admissions

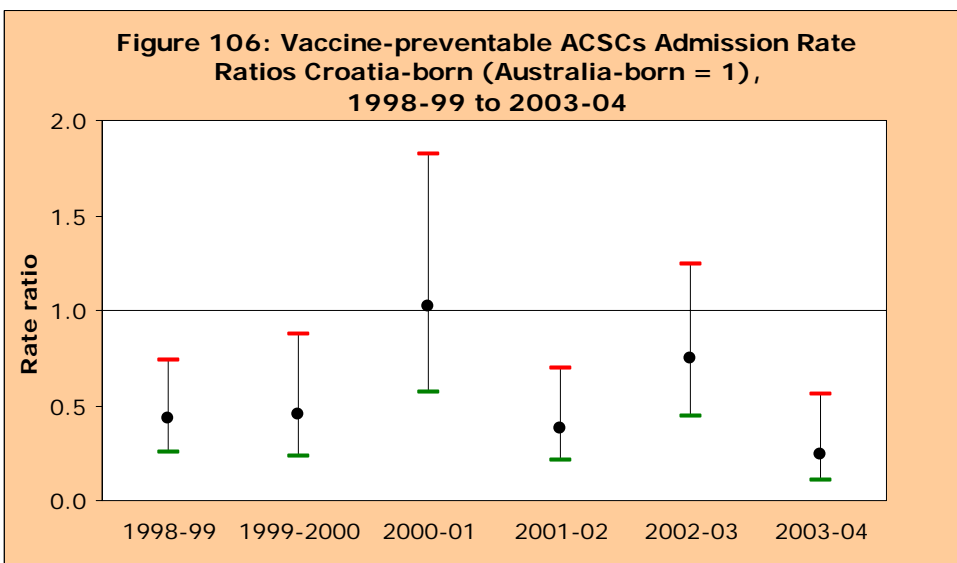
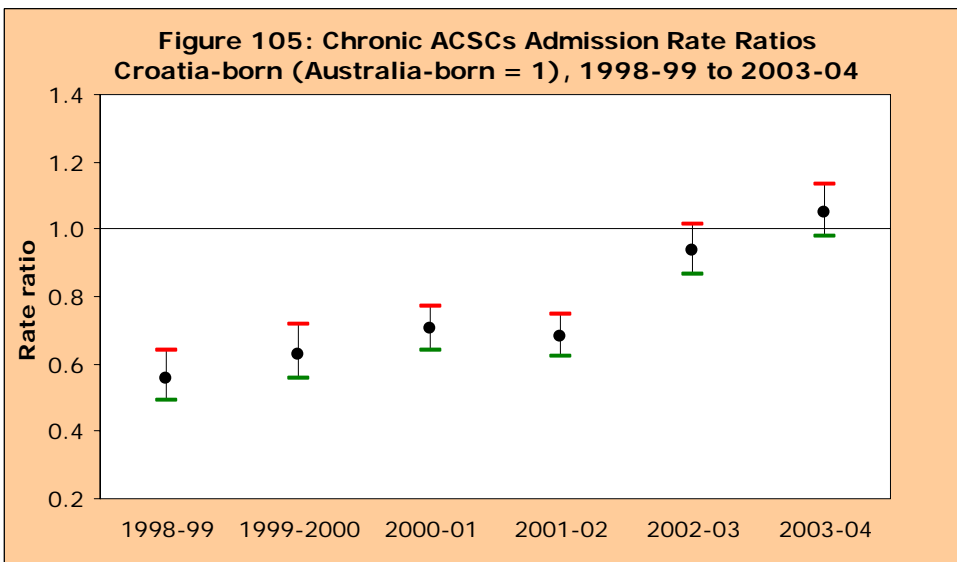
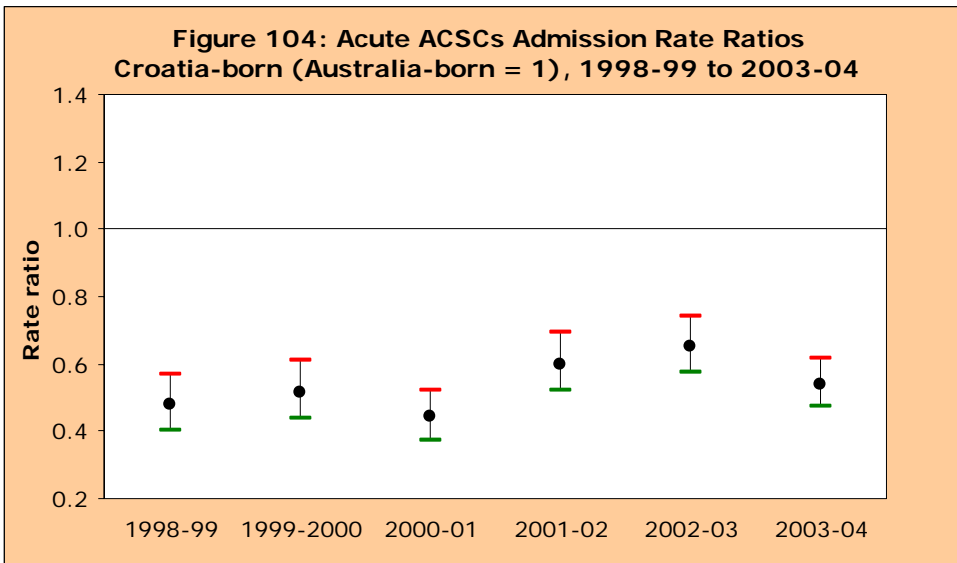
Total ACSCs admissions

Total ACSCs admission rates for Croatia-born increased from 16.65 per 1000 persons [14.70 – 19.10] in 1998-99 to 36.25 per 1000 persons [33.81 – 39.06] in 2003-04. Total ACSCs admission rate ratios were lower than Australia-born but moved towards Australia-born averages over time (Figure 103).



Acute, chronic and vaccine-preventable ACSCs admissions

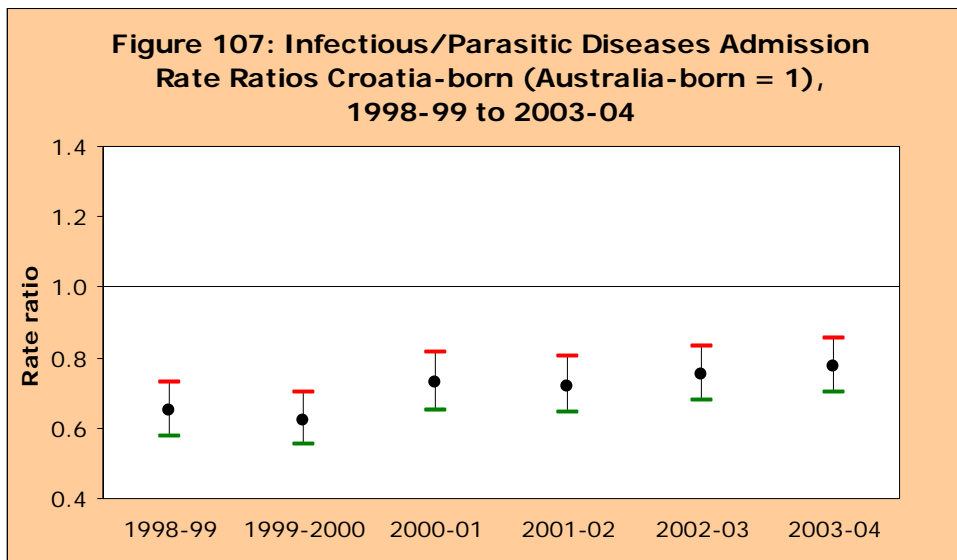
Admission rates for acute ACSCs amongst Croatia-born increased from 6.15 per 1000 persons [4.92 – 7.95] in 1998-99 to 9.06 per 1000 persons [7.51 – 11.07] in 2003-04. Compared with Australia-born, acute ACSCs admission rate ratios were consistently lower amongst Croatia-born (Figure 104). Chronic ACSCs admission rates almost tripled over time, increasing from 10.02 per 1000 persons [8.58 – 11.99] in 1998-99 to 27.58 per 1000 persons [25.72 – 29.80] in 2003-04. Chronic ACSCs rate ratios were lower than Australia-born except for the year 2002-03 and 2003-04 (similar). Rate ratios moved towards Australia-born averages over time (Figure 105). Vaccine-preventable ACSCs admission rates amongst Croatia-born declined from 0.61 per 1000 persons [0.31 – 1.70] in 1998-99 to 0.20 per 1000 persons [0.07 – 1.07] in 2003-04. Vaccine-preventable ACSCs admission rate ratios were mostly lower than Australia-born averages except for the years 2000-01 and 2002-03 (similar) (Figure 106).



3.6.7 Admissions for specific diagnosis categories

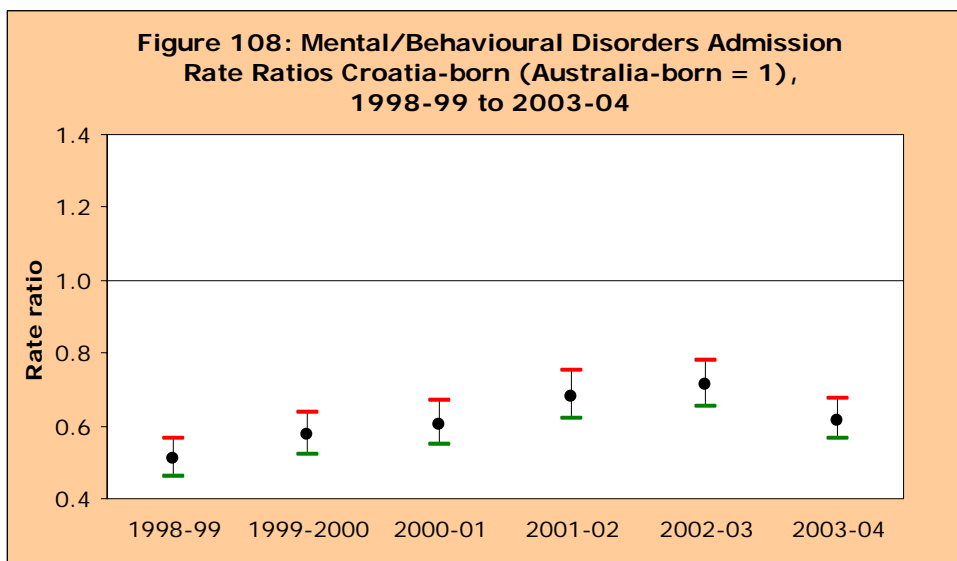
Infectious and parasitic diseases

Admission rates for infectious and parasitic diseases amongst Croatia-born showed a small increase from 12.89 per 1000 persons [11.13 – 15.16] in 1998-99 to 15.72 per 1000 persons [13.83 – 18.03] in 2003-04. Infectious and parasitic diseases admission rate ratios were consistently below Australia-born, moving slightly towards Australia-born averages over time (Figure 107).



Mental and behavioural disorders

Admission rates for mental and behavioural disorders amongst Croatia-born increased from 16.33 per 1000 persons [14.52 – 18.63] in 1998-99 to 21.11 per 1000 persons [18.85 – 23.79] in 2003-04. Compared with Australia-born, admission rate ratios were consistently lower over the six-year period (Figure 108).



3.6.8 Top ten AR-DRGs

Table 7 compares the top 10 AR-DRGs between Croatia-born and Australia-born in 2003-04. The top 10 AR-DRGs accounted for 45.9% of the total hospital admissions for Croatia-born compared with 31.8% for Australia-born. Renal dialysis was the most common AR-DRG for both groups, but it represented 23.9% of total hospital admissions for Croatia-born compared with 8.9% for Australia-born. Diagnostic procedures for digestive disorders (i.e. gastroscopy, colonoscopy) represented 9.7% of total admissions amongst Croatia-born, compared with 5.8% amongst Australia-born.

Table 7: Top 10 AR-DRGs for Croatia-born and Australia-born, 2003-04

Croatia-born			Australia-born		
	AR-DRG	%*		AR-DRG	%*
1	Renal dialysis	23.9	1	Renal dialysis	8.9
2	Chemotherapy	5.3	2	Chemotherapy	4.7
3	Other colonoscopy, sameday	4.6	3	Other colonoscopy, sameday	3.5
4	Other gastroscopy, non-major digestive disease, sameday	3.6	4	Neonate >2499 g without significant operation room procedure with other problem	3.2
5	Major lens procedures	1.7	5	Other gastroscopy, non-major digestive disease, sameday	2.3
6	Other factors influencing health status <80	1.6	6	Mental health treatment, sameday, without electro-convulsive therapy	2.0
7	Follow-up after completed treatment with endoscopy	1.5	7	Dental extractions and restorations	2.0
8	Lymphoma and non-acute leukaemia, sameday	1.4	8	Other factors influencing health status <80	1.9
9	Chest pain	1.4	9	Vaginal delivery no complicating diagnosis	1.8
10	Cystourethroscopy without complication and/or comorbidity	0.9	10	Major lens procedure	1.5

* % of total hospital admissions

3.6.9 Key findings – Croatia-born

- Rate of total hospital admissions increased over time (Fig 92).
- Obstetric admission rate ratios were either lower than or similar to Australia-born averages (Fig 96).
- Hospital death rate ratios were either lower than or similar to Australia-born averages (Fig 101).
- Over half of the indicators among Croatia-born showed a trend towards Australia-born averages over time.

Lower than Australia-born

- Total, elective and emergency admission rate ratios (moving towards Australia-born averages over time) (Figs 93-95).
- Medical and surgical DRG admission rate ratios (medical DRG rate ratios moved towards Australia-born average over time) (Figs 97-98).
- Separation to private residence/accommodation rate ratios (moving closer to Australia-born over time) (Fig 99).
- Length of stay rate ratios (moving towards Australia-born averages over time) (Fig 102).
- Total, acute, chronic and vaccine-preventable ACSCs admission rate ratios (total and chronic moved towards Australia-born averages over time) (Figs 103 to 106).
- Infectious/parasitic diseases admission rate ratios (moving closer to Australia-born over time) (Fig 107).
- Mental/behavioural disorders admission rate ratios (Fig 108).

Similar to Australia-born

- Discharge at own risk rate ratios (Fig 100).
- Renal dialysis was the top AR-DRG in 2003-04 (Table 7).

Higher than Australia-born

- Diagnostic procedures for digestive disorders represented a higher proportion of hospital admissions in 2003-04 (Table 7).