

## 4. Summary and conclusions

The findings from this research indicate caution must be exercised when making generalisations regarding refugees' use of health care services. Although sharing a common experience of forced displacement and violence-related trauma, the refugee population is not a homogenous group. Factors such as ethnicity, gender, culture, socio-economic and educational status, health systems and services in the country of origin, and the particular contexts of displacement, flight, and resettlement play an important role in a refugee's experience of ill health and, consequently, of health care utilization and health-related outcomes in countries of resettlement.

A number of key findings have emerged from this analysis:

- **Total hospital admissions:**
  - As for the Australia-born population, *total* hospital admission rates increased for 93% (14 of 15) of the refugee-source countries over the six-year period.
  - When compared with Australia-born, rate ratios of *total* hospital admissions were lower for 67% (10 of 15) of the refugee-source countries. Two countries reported higher rate ratios, one country reported either higher or similar rate ratios, and two others recorded no clear patterns of total hospital admissions rate ratios.
- **Admission type:**
  - Rates of *elective* hospital admission increased over the six-year period for Australia-born and for 87% (13 of 15) of the refugee-source countries.
  - *Elective* admission rate ratios were lower than the Australia-born average for 60% (9 of 15) of the refugee-source countries. Two (13%) countries reported higher *elective* admission rate ratios when compared with the Australia-born.
  - Rates of *emergency* admission increased over time for Australia-born and for 87% (13 of 15) of the refugee-source countries.
  - When compared with Australia-born averages, *emergency* admission rate ratios were similar for 40% (6 of 15) and lower for 33% (5 of 15) of the refugee-source countries.
  - Rates of *obstetric* admission decreased over time for Australia-born and three (20%) refugee-source countries. Rates increased for 60% (9 of 15) of the refugee-source countries.
  - *Obstetric* admission rate ratios were higher than the Australia-born average for 60% (9 of 15) and similar for 27% (4 of 15) of the refugee source-countries.
- **Diagnosis Related Groups (DRG) type:**
  - Rates of *medical* DRG admission increased over time for the Australia-born and for 93% (14 of 15) of the refugee-source countries.
  - *Medical* DRG admission rate ratios were lower than the Australia-born for 53% (8 of 15) of the refugee-source countries. Four (27%) refugee-source countries recorded higher *medical* DRG admission rate ratios.
  - Rates of *surgical* DRG admission increased over time for the Australia-born and for 80% (12 of 15) of the refugee-source countries.
  - Lower *surgical* DRG admission rate ratios were recorded for 73% (11 of 15) of the refugee-source countries when compared with Australia-born. No refugee-source country recorded higher surgical DRG admission rate ratios.
- **Separation mode:**
  - Lower rate ratios of *separation to private residence/accommodation* than the Australia-born average were recorded for 60% (9 of 15) of the selected countries. Three (20%) refugee-source countries reported higher rate ratios.
  - Rates of *discharge at own risk* increased over time for the Australia-born and for 67% (10 of 15) of the refugee-source countries.

- Similar rate ratios of *discharge at own risk* were recorded for 87% (13 of 15) of the refugee-source countries when compared with the Australia-born average. The two other countries reported no clear patterns.
  - Rates of hospital *death* showed an increasing trend over time for the Australia-born and for 93% (14 of 15) of the refugee-source countries.
  - Hospital *death* rate ratios were similar to the Australia-born average for 80% (12 of 15) of the refugee-source countries. No refugee-source country reported a pattern of higher hospital death rate ratios.
- **Length of stay:**
    - Rates of *length of stay* showed an increasing trend over the six-year period for the Australia-born and for 87% (13 of 15) of the refugee-source countries.
    - Rate ratios of *length of stay* (i.e. hospital bed days) were lower than the Australia-born average for 93% (14 of 15) of the refugee-source countries. One country reported no clear patterns over the six-year period.
- **Ambulatory Care Sensitive Conditions (ACSCs):**
    - Rates of *total ACSCs* admission showed an increasing trend over time for the Australia-born and for 93% (14 of 15) of the refugee-source countries.
    - *Total ACSCs* admission rate ratios were lower than the Australia-born average for 40% (6 of 15) of the refugee-source countries. Equally, 40% of the refugee-source countries reported similar *total ACSCs* admission rate ratios when compared with the Australia-born.
    - Rates of *acute ACSCs* admission increased over the six-year period for the Australia-born and for 93% (14 of 15) of the refugee-source countries.
    - Compared with Australia-born, *acute ACSCs* admission rate ratios were lower for 53% (8 of 15) and similar for 33% (5 of 15) of the refugee-source countries.
    - Rates of *chronic ACSCs* admission showed an increasing trend over time for the Australia-born and for all refugee-source countries.
    - *Chronic ACSCs* admission rate ratios were similar to the Australia-born average for 53% (8 of 15) of the refugee-source countries. Three countries (20%) recorded lower rate ratios, three (20%) reported either lower or similar rate ratios, and one country showed no clear patterns over the six-year period.
    - Rates of *vaccine-preventable ACSCs* admission decreased over time for the Australia-born and for 53% (8 of 15) of the refugee-source countries. Rates showed an increasing trend for six (40%) of the refugee-source countries.
    - *Vaccine-preventable ACSCs* admission rate ratios were similar to Australia-born averages for 60% (9 of 15) of the refugee-source. Two countries (13%) recorded lower rate ratios, and only one refugee-source country (7%) showed a higher pattern of *vaccine-preventable ACSCs* admission rate ratios.
- **Infectious and parasitic diseases:**
    - Rates of admission for *infectious/parasitic diseases* remained steady over time for the Australia-born and for three (20%) refugee-source countries. Sixty seven percent (10 of 15) of the refugee-source countries showed an increasing trend in the *infectious/parasitic diseases* admission rates over time.
    - Rate ratios of admission due to *infectious/parasitic diseases* were similar to the Australia-born average for 60% (9 of 15) of the refugee-source countries. Two countries (13%) reported lower rate ratios, two others (13%) either similar or lower rate ratios, and the two remaining countries (13%) recorded higher *infectious/parasitic diseases* admission rate ratios.
- **Mental and behavioural disorders:**
    - Rates of admission for *mental/behavioural disorders* reported an increasing trend over the six-year period for the Australia-born and for 87% (13 of 15) of the refugee-source countries.
    - Lower rate ratios of admission due to *mental/behavioural disorders* were found for 93% (14 of 15) of the refugee-source countries, when compared with

Australia-born averages. No refugee-source country recorded a pattern of higher *mental/behavioural disorders* admission rate ratios.

- **Top ten Australian Revised Diagnosis Related Groups (AR-DRG) in 2003-04:**
  - Although *renal dialysis* was the top AR-DRG (2003-04) for Australia-born and for 80% (12 of 15) of the refugee-source countries, the proportion of total hospital admissions due to *renal dialysis* was higher amongst these refugee-source countries. Only three countries reported lower proportion of hospital admissions due to *renal dialysis* compared with the Australia-born.
  - The proportion of hospital admissions due to *pregnancy and birth-related conditions* was higher than the Australia-born for 73% (11 of 15) of the refugee-source countries.
  - *Digestive tract disorders* (including diagnostic procedures) accounted for a higher proportion of hospital admissions for 47% (7 of 15) of the refugee-source countries, when compared with the Australia-born population.
- When comparing refugee-source country versus Australia-born rate ratios, a trend towards the Australian-born average over time was commonly observed, particularly amongst the European refugee-source countries.

Although limited by the lack of baseline information on immigration status for people attending acute health care settings, this study represents a significant step towards the development of an evidence-based knowledge around refugee population health and health care utilization in Australia. Overall, the study has found that, when compared with the Australia-born population, refugee-source countries have lower hospitalisation rates, lower elective admission rates, similar/lower emergency admission rates, higher obstetric admission rates, lower admission rates due to medical and surgical diagnosis related groups, similar rates of both discharge at own risk and death in hospital, shorter length of stay, similar/lower admission rates due to total, acute, chronic and vaccine-preventable ambulatory care sensitive conditions, similar/lower hospitalisation rates due to infectious/parasitic diseases, and lower admission rates due to mental and behavioural disorders.

Hospital admissions reflect the amount of a disease condition a group experiences and the resources they can call upon to address their health problems. A person from a small, isolated or fragmented community may experience different treatment from someone with the same condition who belongs to a community that has supportive family networks and health care professionals who understand their language and culture. Hospitalisation may occur more quickly in the first scenario, but take longer or be avoided altogether in the second scenario <sup>11</sup>.

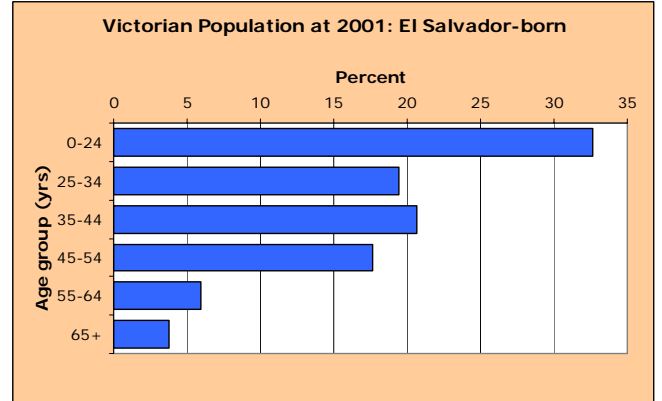
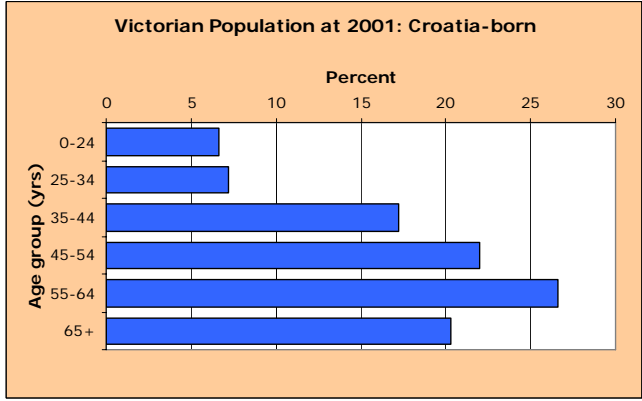
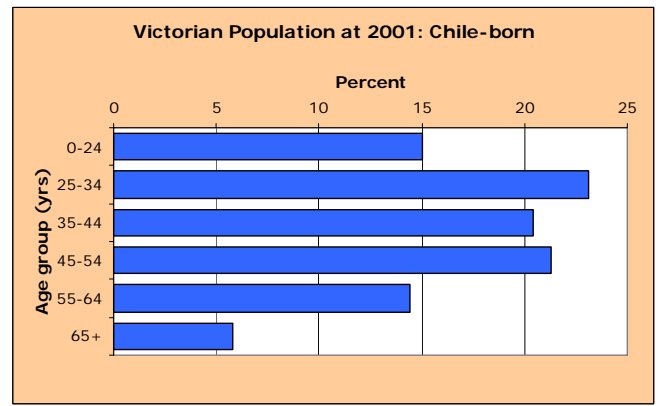
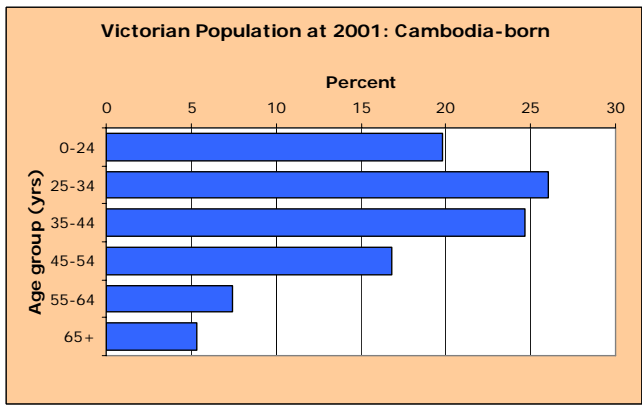
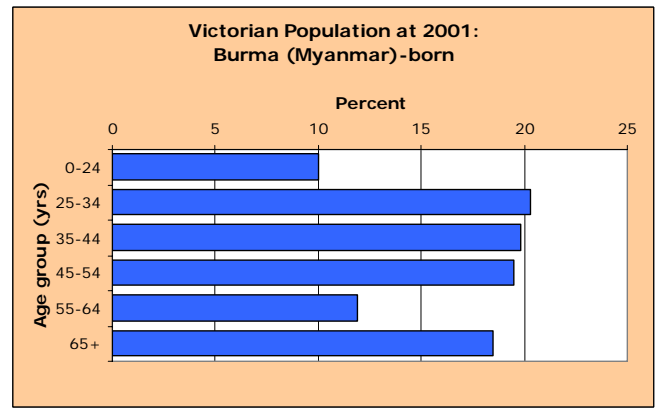
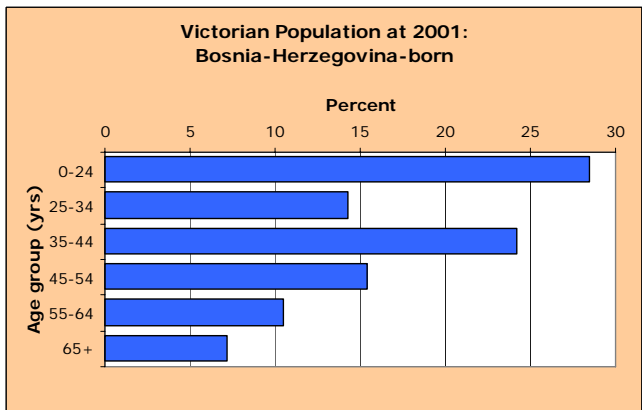
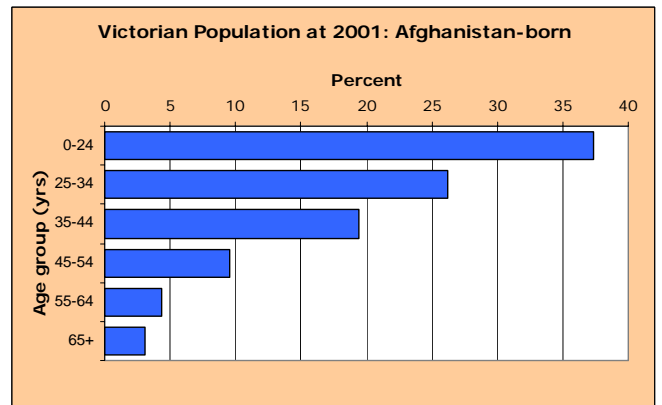
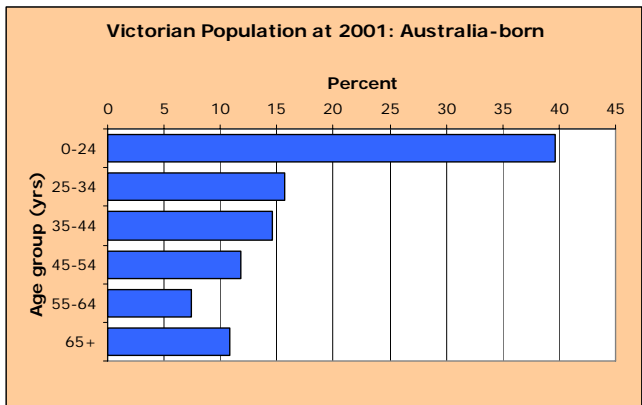
The findings of this report support the need to challenge common assumptions relating to the use of health services among people born in refugee-source countries. This population under-use hospital services in Victoria. It is not clear, however, whether low levels of use reflect reduced levels of need or unrecognised barriers to hospital utilisation. Anecdotal evidence from service providers indicates that there are significant barriers to access acute health care services among people from refugee backgrounds. One way of examining whether people born in refugee-source countries face difficulties in accessing hospital services would be to assess utilisation rates by length of stay in Australia. It can be argued that recent arrivals would have less knowledge about the availability of hospital services than those who had been longer in the country. Unfortunately, this variable was not available in the hospital discharge dataset used here. Further research, in particular using a longitudinal design with the inclusion of length of residence, is needed to investigate the potential barriers people from refugee backgrounds face in both acute and ambulatory health care settings.

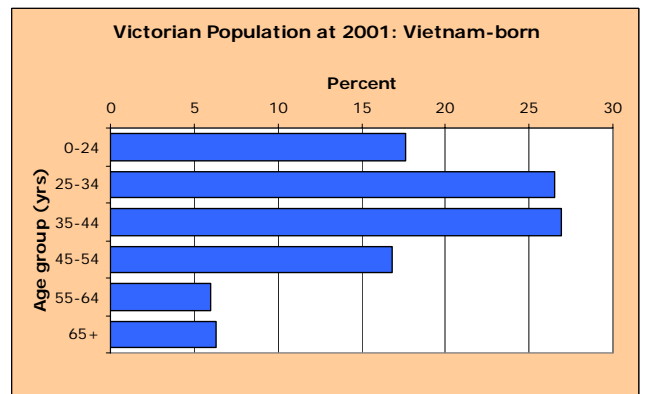
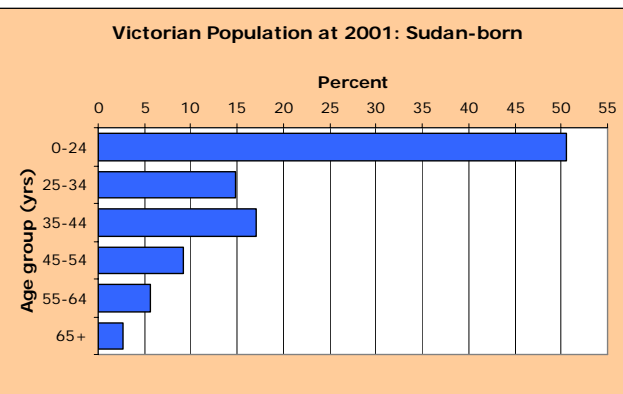
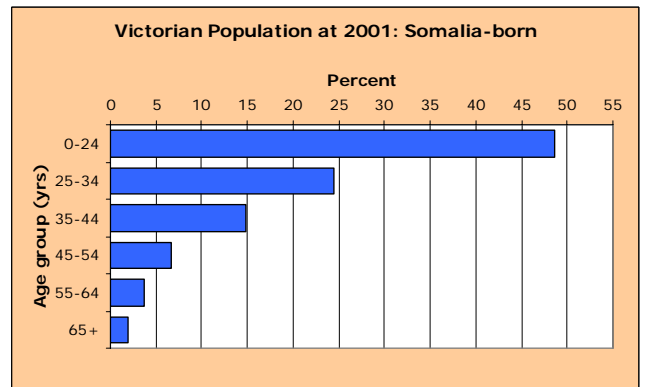
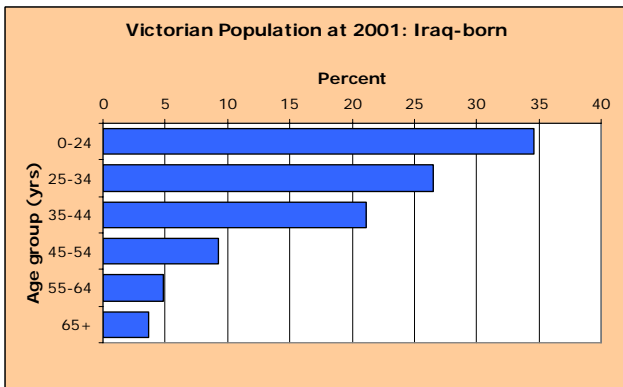
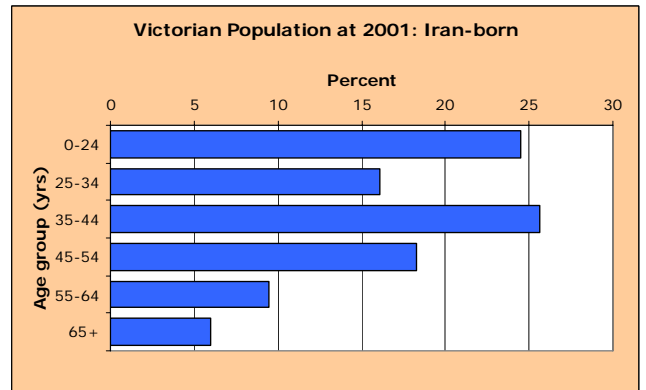
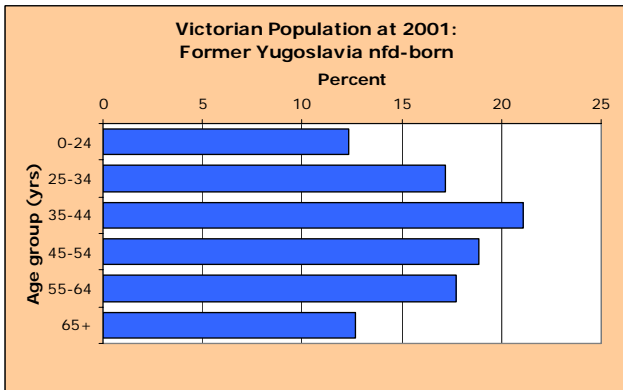
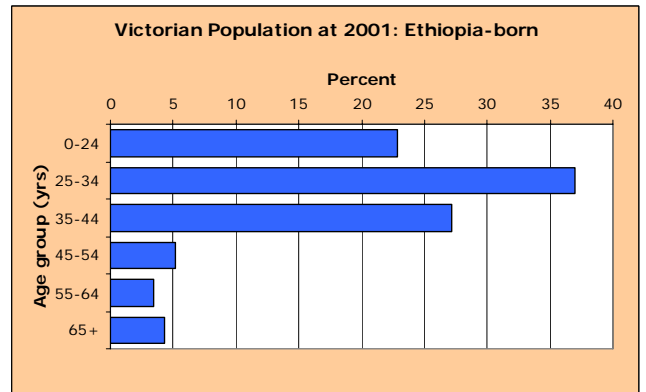
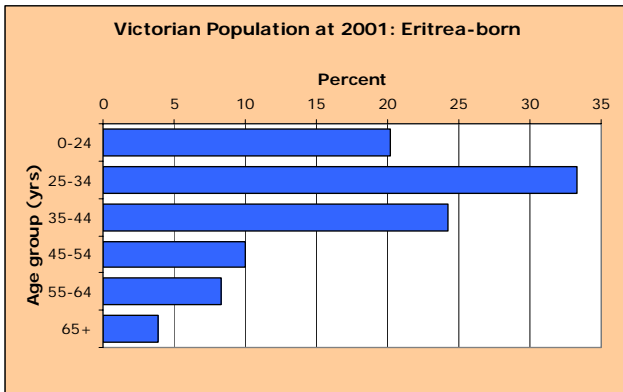
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# Appendix 1: Population pyramids by country of birth (2001)





## Appendix 2: Trends of admission rates for the Australia-born population

