

Emerging issues in the inner south east

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Housing and changing demographics

Proportion born in NESB countries higher in older people

- Glen Eira: 37% over 65 vs 24% total pop'n
- Stonnington 29% vs 19%
- Port Phillip 36% vs 17%

- Changing nature of area – work and housing
- Still work available (though different types) but housing no longer affordable
- 52% public housing tenants born in NESB (2007)
- But public housing has long waiting lists

ISEPICH Diversity resource http://www.portphillip.vic.gov.au/about_isepich.htm

Health Inequalities

High admission rate to hospital

- Senior CALD Communities
- Chronic illnesses – diabetes
- Factors / determinants
- Health Service Provision



Health inequalities affecting CALD seniors

- Australia - large proportion of those living with diabetes CALD (Colagiuri, et al. 2007)
- Regions of birth with highest prevalence:
 - South Pacific Islands, Southern & Eastern Europe, Central Asia, Middle East, North Africa and Southern Asia (Thow, et al.)
- CALD admissions for Ambulatory Care Sensitive Conditions (DH) esp. diabetes, high in inner southeast

Diabetes Admissions for 65+ in ISEPIC by CoB

Australia	909
Former USSR	284
Greece	271
Poland	179
Italy	121



Admissions compared with population

- Note some limitations on data – paper available soon

Country of birth	Admissions for diabetes in 2008-09	Percentage of total admissions	Percentage of total 65+ population*
Australia (a)	909	37.0	46.7
Former USSR (b)	284	11.6	3.0
Greece	271	11.0	6.3
Poland	179	7.3	7.6
United Kingdom (c)	132	5.4	2.8
Italy	121	4.9	3.8
Hungary	62	2.5	1.9
Former Yugoslavia (d)	44	1.8	0.5
Germany	43	1.8	2.1
Egypt	36	1.5	0.8
Others	374	15.2	
TOTAL	2455	100	

(a) Australia including internal and external territories

(b) Russia, Ukraine, Belarus, Lithuania, Latvia, Estonia, Uzbekistan, Azerbaijan, Moldova

(c) England, Northern Ireland, Scotland

(d) Serbia, Slovenia, Croatia, Macedonia, Bosnia & Herzegovina

*In proportion of the entire population aged 65 and over within the ISEPICH catchment – from ABS data.

Contributing factors

- Social determinants
 - Migration experience
 - Low income / low skilled jobs
 - Discrimination
 - Family pressures
- Lifestyle factors



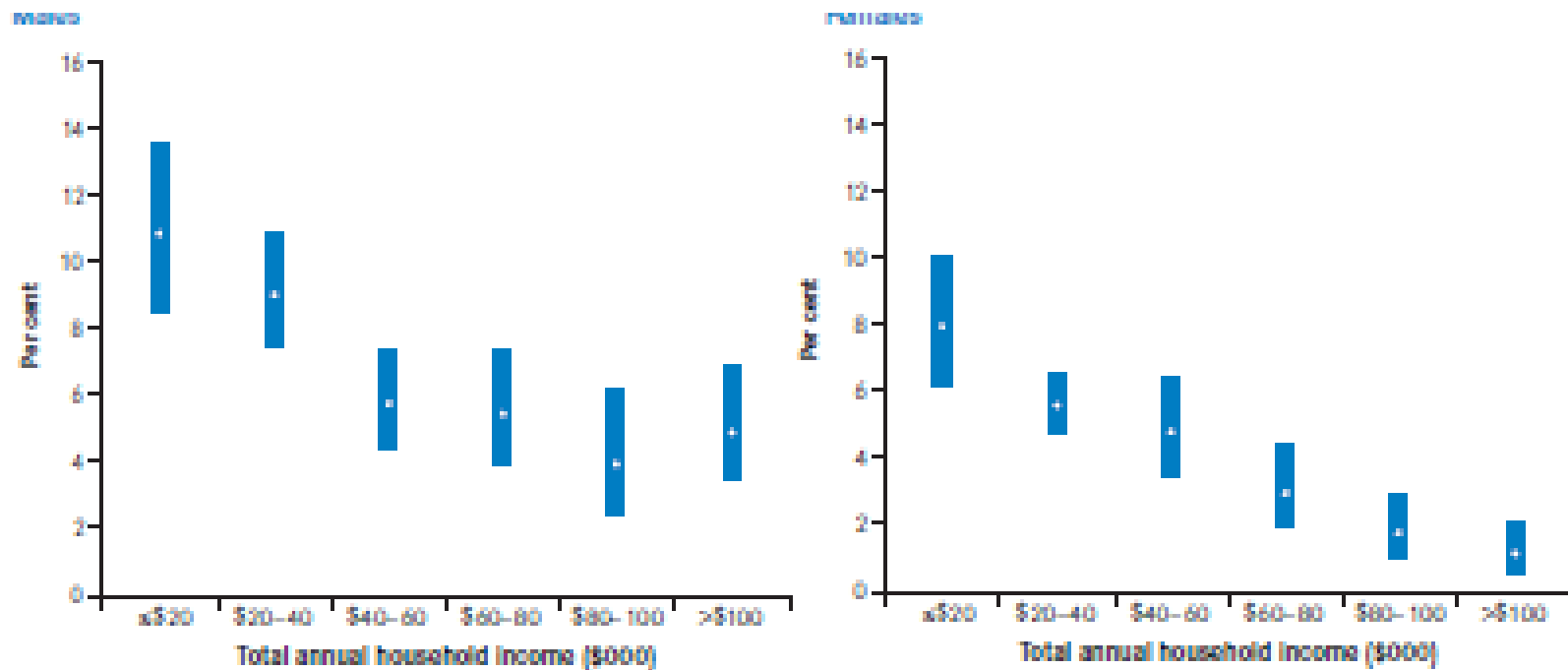
Consultation with Russian and Greek informants

- Health an area of key interest in both communities;
 - *“Ageing should not be a process of getting sick.”*
- Reasons for a lack of exercise
 - *“...getting older, hard to go for walks.”*
- Access
 - *‘Interpreters are more used in hospitals ... can translate serious health conditions more accurately.’* (As opposed to GPs, where family members are often used)
- The migration experience, work and family pressure
 - *“(Some) had a young family and some worked two jobs to sustain an income.”*
- Cost of living, accumulated stress
 - *“Many factors come at once.”*



Inequality and health

- Relationship between income and diabetes (Vic)



(Proportions of males and females ever diagnosed with diabetes mellitus by household income - http://www.health.vic.gov.au/healthstatus/vphs_current.htm)

Emerging populations 2007-09

- Top (NESB) countries of birth for new settlers:
 - India
 - China
 - Indonesia
 - Malaysia
 - Korea
 - Israel, Sri Lanka, Former USSR (CoGE)
 - Philippines (CoS)

Some issues - International students



- International students often experience difficulties in adjusting when they come to Australia
- Adapting to a new culture, language, finding housing and employment, and creating social networks
- Experience is often similar to new migrants- complexities of coming to another country, a culture that has different values, norms and customs.



- ISEPICH report available
http://www.port Phillip.vic.gov.au/integrated_health.htm



Comments from students

“At my restaurant there were two different wages, one for Australian, local students, local people and one for Japanese students”.

Inner city accommodation is very packed, I think more than ten students in the house I had to stay in.”

“Struggling to get used to new country, felt lonely and lost in the first year”.

“There are services for migrants & refugees but not for international students”.

“Doctors and nurses don’t know medical system for International Students. So they refer us to any hospitals, they think those hospitals are free for international students, but actually they’re not”.

As a student travelling to uni 4 days a week, I am forced to buy a monthly card \$110.00. When I don’t even have a steady job!”

Problem Gambling

- 1.12% of the Victorian adult population has serious problems with gambling, more at risk or affected (Victorian Government, 2004)
- Most at risk groups:
 - People in vulnerable states
 - Stress and other factors related to migrating to Australia
 - Those with limited social networks and with family breakdowns
- Casinos and Hotels target seniors
- Some cultures have high rates of gambling – may be at risk



Mental Health

- Coming to new country can be stressful
mental health problems can rise
- Background of trauma can lead to post
traumatic stress syndrome, depression
- However, may be stigma around mental
health in some cultures
- Australian Polish Community Services study
of five cultural groups

<http://www.apcs.org.au/attachments/publications/APCS%20Final%20Report.pdf>

Polish study

During WWII, Poland was occupied by Germany from the west and Russia from the east. Over three million Polish Jews and one million ethnic Polish people died in German concentration camps, and it is estimated that six million Poles died in total during the war years. Furthermore, many Poles had no home to return to due to the changes in Poland's borders following the war (Drozd et al 2004).

First wave of migration post WWII – another in 1980s from communist regime

- *“A person remains silent and angry; constantly seeks someone that would provide one with answers, provide some support.”*
- Some stopped going out and socializing (“dziczeja” *“the people are becoming loners”*)
- Good understanding of social determinants but mistrust of mental health professionals