

Converging cardiometabolic hospital burden across country-of-birth groups in Victoria, 2014–2023

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Background

Cardiometabolic diseases (CMDs) are a leading cause of hospitalisation and healthcare utilisation in Australia. Long-term trends across country-of-birth groups remain poorly characterised.

Aim

To compare cardiometabolic hospital burden among MESC and Non-MESC Victorian residents from 2014 to 2023

Methods

Dataset: Victorian Admitted Episodes Dataset.

Measures: age-standardised separation, WIES and mortality by group and age.

Analysis: negative binomial regression.

Main results

Non-MESC rates remained higher but converged with MESC rates by 2023.

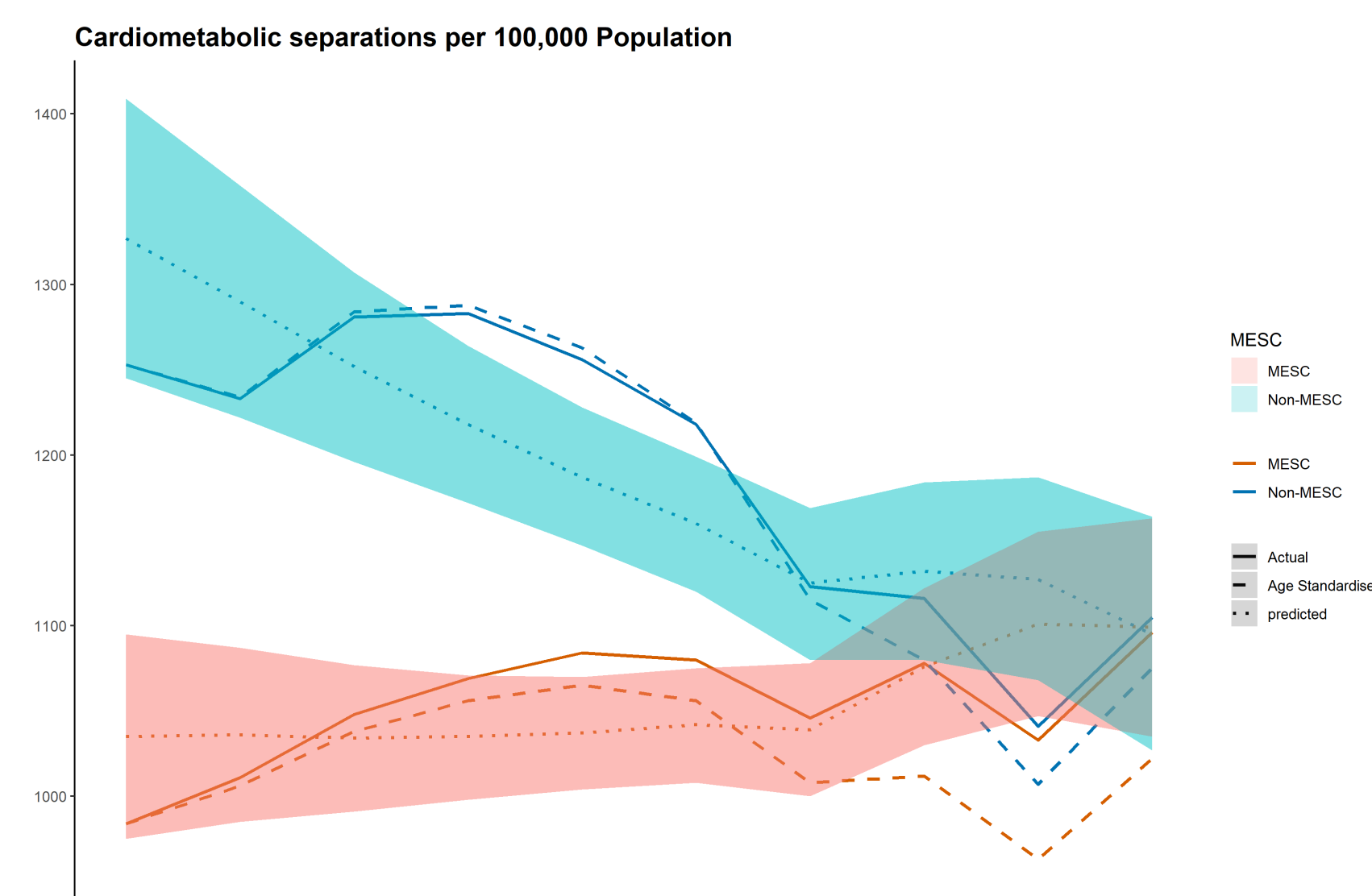


Figure 1. Overall cardiometabolic separations

Heart failure burden remained higher among Non-MESC populations, although the gap narrowed over time.

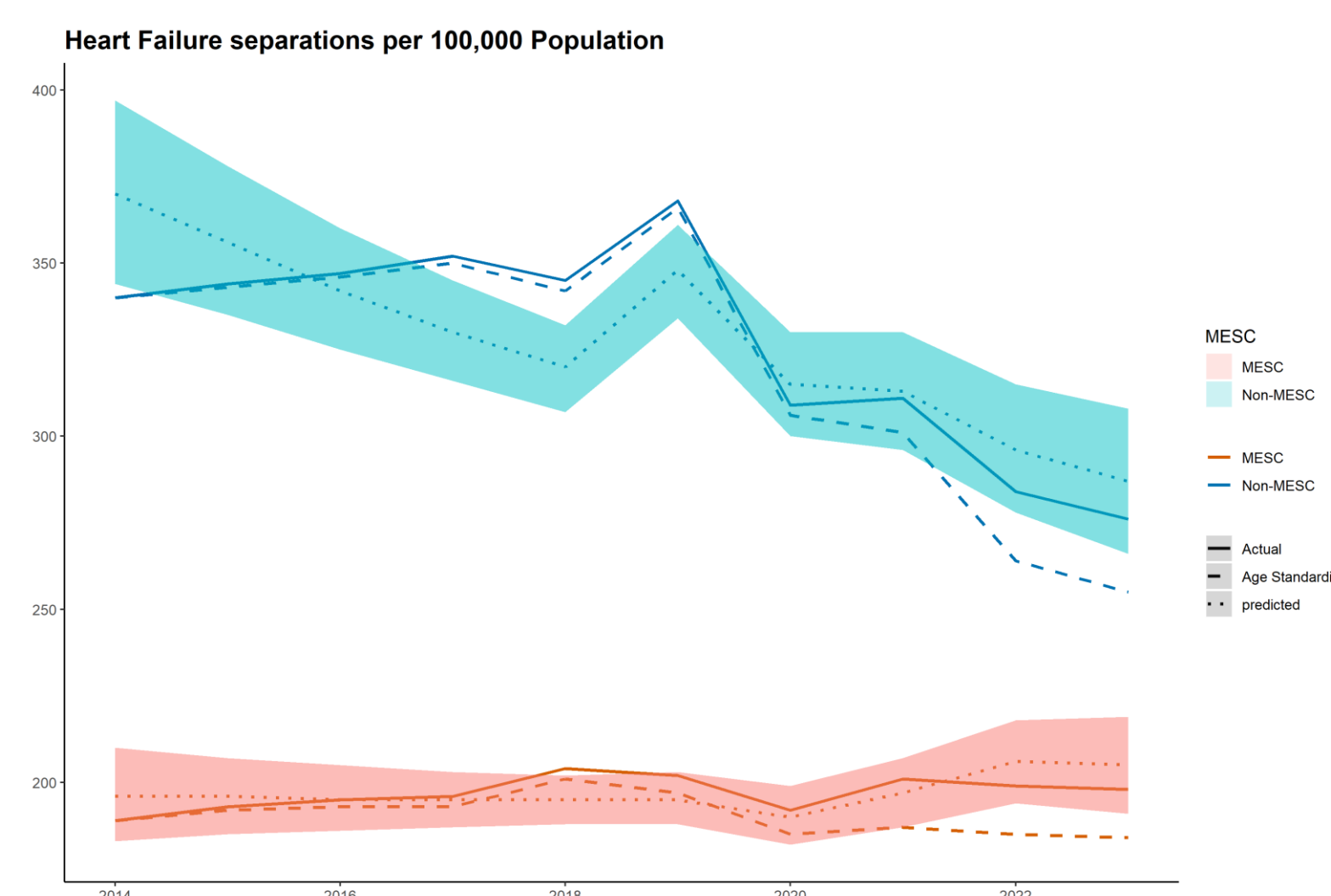


Figure 2. Heart failure separations

Declining WIES among older Non-MESC adults contributed substantially to the overall convergence in hospital burden.

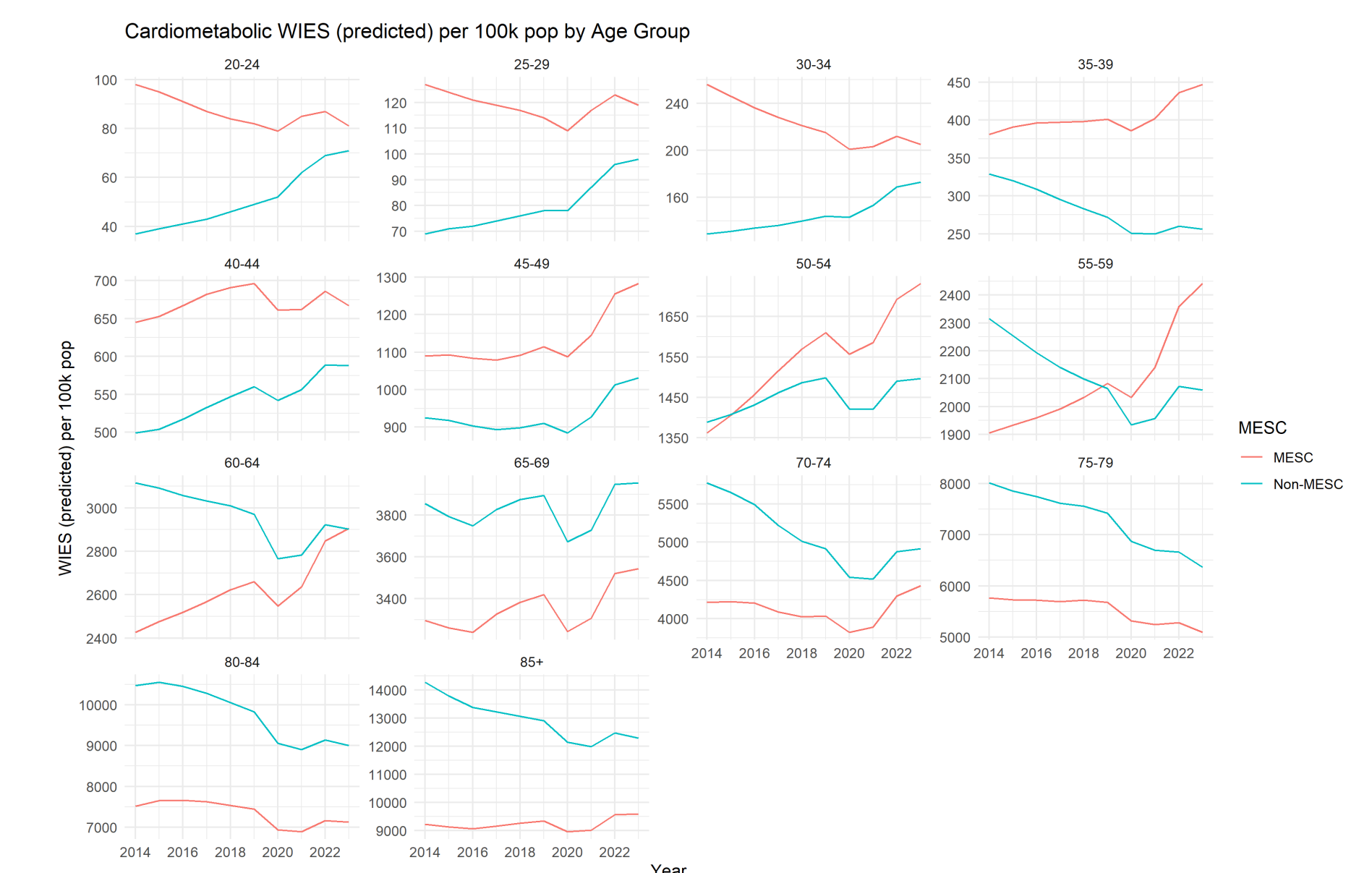


Figure 3. Predicted WIES by age group

Conclusion and implications

- Non-MESC burden remained higher but converged with MESC, largely due to declines among older Non-MESC adults.
- Heart failure dominated, while hypertension and T2D admissions increased, supporting age- and disease-specific planning.