Medical Journal of Australia Manuscript submission template

Type of article See Types of articles published by the *MJA*	Letter
Title:	Lost and found: Improving ascertainment of refugee-background Australians in population datasets.

Abstract	
Articles requiring a descriptive 15-word introductory line are: **Editorials**, and **Perspectives.**	
Abstract word count	

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Text	
Text word count	350

Dear Editors

Refugee health is an emerging area of clinical care. Over 200,000 Humanitarian entrants have settled in Australia over the last 15 years, and the annual Humanitarian intake has recently increased to 20,000 people.(1) While there is (delayed) information on post arrival refugee health screening, little is known about the longitudinal outcomes or use of health services in refugee-background Australians, and they remain invisible in existing population datasets.(2) This is a crucial information gap, with significant implications for health care and health policy.

We suggest adding 'year of arrival' to population datasets; enabling the combination of 'country of birth' and 'year of arrival' to be used as a proxy for refugee status. This will improve identification of refugee-background Australians, with additional benefits for migration related research. Country of birth and year of arrival are demographic details that are easy to collect, and are likely to elicit consistent responses over time. While they are not perfect surrogates for refugee status, they can be used to identify a refugee-like group(4, 5) and can be compared to Census and Department of Immigration and Citizenship data.(1)

Alternatives such as 'Refugee status' or 'Visa number' are not easily recorded as demographic variables. Asking 'Are you a refugee?' is not necessarily a straightforward (or polite) question, and may be perceived as stigmatising. 'Refugee' may be defined in different ways; by visa status, self-perception, or the Refugee Convention. Most Humanitarian visas are not designated 'refugee' visas, and Australia has over one hundred different visa types. Further, people are less likely to identify as refugees with increasing duration of settlement, and some, especially young people, refuse the refugee label.(3) Even if refugee status were easy to document, it does not obviate the need to collect country of origin/year of arrival information.

Providing responsive care to vulnerable communities in the era of Medicare Locals and an integrated e-health environment requires datasets that enumerate such communities. Ultimately improved identification of refugee-background Australians will enable policy and health planning to meet the needs of Australia's diverse population. More importantly, it will make sure that the right to be counted, counts.

See over

References
References should be in Vancouver style and should **not** appear as endnotes. References to material on the Internet should include the organisation, the page title, the article title and the author (if there is one) as well as the URL and the month the page was visited (see examples here).

1. Department of Immigration and Citizenship. Settlement reporting facility. Canberra: Commonwealth of Australia, 2012. http://www.immi.gov.au/settlement/#sr=step_1 (accessed Mar 2012).
2. Australian Institute of Health and Welfare. Australia's health 2010. Canberra: AIHW, 2010. (AIHW Cat. No. AUS 122.) http://www.aihw.gov.au/publication-detail/?id=6442468376&tab=2 (accessed Mar 2012).
3. Kumsa MK. 'No! I'm Not a Refugee!' The poetics of be-longing among young Oromos in Toronto. *Journal of Refugee Studies* 2006; 19(2): 230-255.
4. Paxton GA, Smith N, Win AK, et al. Refugee status report. A report on how refugee children and young people in Victoria are faring. Melbourne: Victorian Government, Department of Education and Early Childhood Development. 2011.
5. Correa-Velez I, Sundararajan V, Brown K, Gifford SM. Hospital utilisation among people born in refugee-source countries: an analysis of hospital admissions, Victoria, 1998–2004. *Med J Aust* 2007; 186: 577-580.

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Tables
Provide meaningful titles for each **table**. Information in **tables** should be simplified as much as possible, keeping the number of columns to a minimum and the headings short. Information in **tables** should not be duplicated in the text.

[add tables here]

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