

South Western Sydney Local Health District

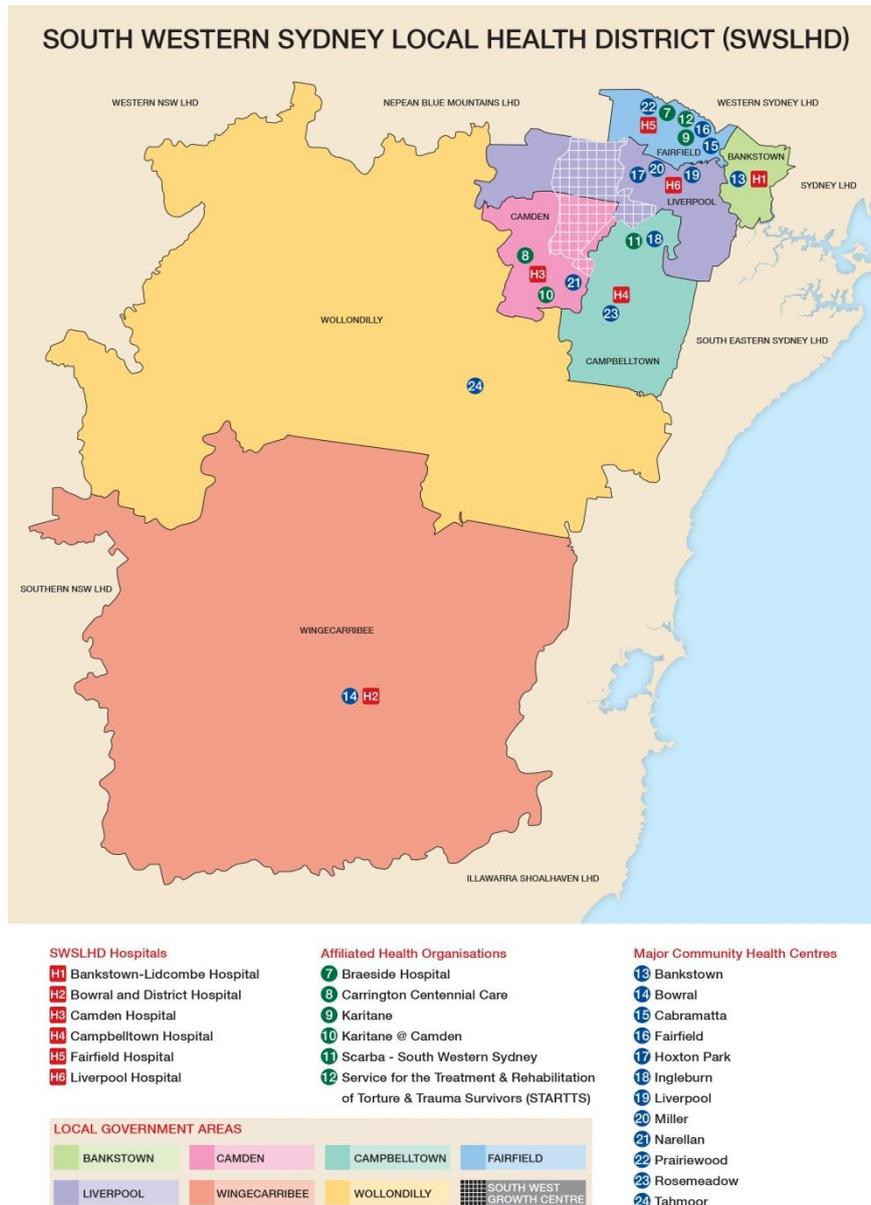
Health Profile of Local Communities

June 2014



Health
South Western Sydney
Local Health District

South Western Sydney Local Health District



South Western Sydney Local Health District (SWSLHD) covers the local government areas of Bankstown, Liverpool, Fairfield, Campbelltown, Camden, Wollondilly and Wingecarribee.

The District is responsible for promoting protecting and maintaining the health of the community and for providing healthcare to a population of more than eight hundred and twenty thousand people.

There are six acute public hospitals in the District:

- Bankstown-Lidcombe Hospital – a principal referral hospital
- Bowral and District Hospital – a district hospital
- Campbelltown and Camden Hospitals – a major metropolitan hospital and a district hospital operating under a common management structure
- Fairfield Hospital – a major metropolitan hospital
- Liverpool Hospital – a principal referral hospital

There are four affiliated health services (i.e. public health services operated by a not-for-profit or other organisation):

- Karitane – a mothercraft facility
- Braeside Hospital – a sub-acute facility
- Carrington Centennial Care – a nursing home
- NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors – a community based service

Community health centres provide prevention, early intervention and community-based treatment and are located at:

- Bankstown Community Health Centre
- Meredith Street (Bankstown)
- The Corner Youth Health Service (Bankstown)
- Cabramatta Community Health Centre
- Fairfield Community Health Centre
- Prairiewood Community Health Centre
- Bigge Park Centre (Liverpool)
- Hoxton Park Community Health Centre
- Health Services Building (Liverpool Hospital)
- Miller Community Health Centre
- Multicultural Health Services (Liverpool)
- Child Protection Counselling Services (Liverpool)
- The Hub (Miller)
- Campbelltown Community Health Centre
- Campbelltown Mental Health Service
- Ingleburn Community Health Centre
- Narellan Community Health Centre
- Rosemeadow Community Health Centre
- Traxside Youth Health Service
- Wollondilly Community Health Centre
- Wingecarribee Community Health Centre.

There are also numerous other clinics and centres located across the District providing oral health, mental health, youth health and early childhood services.

A range of public health and population health services focus on maintaining and improving the health of the community. These include services such as the Public Health Unit and the Health Promotion Unit.

The District employs in excess of 11,980 people. The workforce is predominantly female and comparatively young. Nurses represent 48% of all employees.

Health Services in NSW have an important role in supporting and undertaking health research. The Ingham Institute of Applied Medical Research located at Liverpool is the major health research centre in South Western Sydney and is a NSW Health research hub.

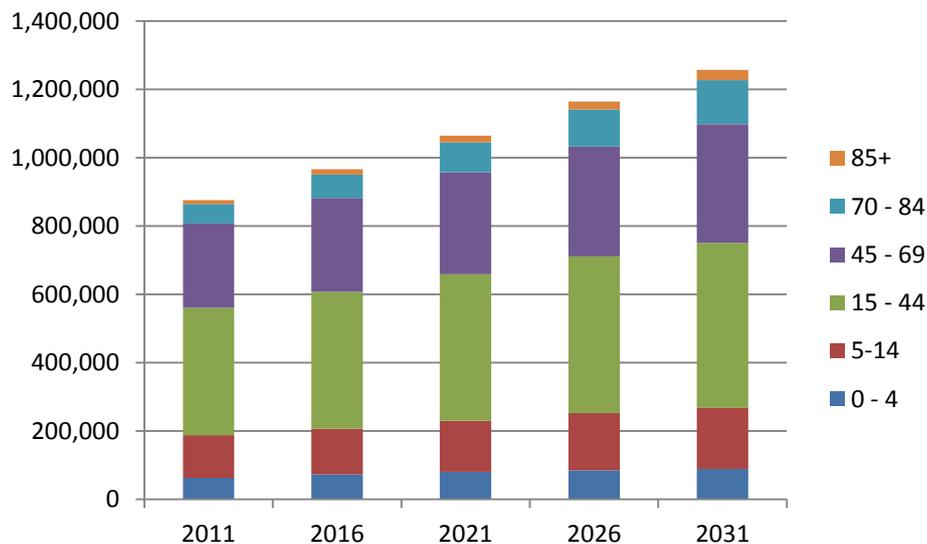
District staff and services work with consumers, carers, health practitioners, other services and agencies including the South Western Sydney Medicare Local to ensure that services are coordinated and provided in an optimal manner. Partnerships with universities and other educational facilities also support better health care, foster health research and ensure that potential employees and staff have the knowledge and skills necessary to provide quality healthcare.

The South Western Sydney Population

Over the past four years, the population in south-western Sydney has grown by approximately 12,000 people per annum and in 2011 was estimated at 875,763 people. This growth is projected to escalate over the coming decade with growth of 18,000 people per annum. By 2016 the population is expected to reach 966,137 people and 1.06 million by 2021. The following figure shows the population expansion expected in south western Sydney by 2031 when the population will reach 1.256 million.

The diagram following shows projected population growth over the next 20 years,

Projected Population Growth in South Western Sydney Local Health District 2011 - 2031



Source: NSW Department Planning and Environment, New South Wales State and Local Government Area Population Projections: 2014 Final

Growth is driven in part by the high number of births, with 13,028 babies born to South Western Sydney mothers in 2011 i.e. 13.2% of all babies born in NSW. The fertility rate of women in this District is higher than the state average.

The other major driver of growth is urban development. The NSW Government Plan for Sydney 2036 has identified acceleration of urban development across Sydney. Significant planned urban developments include:

- the South West Growth Centre (SWGCC) impacting on Liverpool, Camden and Campbelltown LGAs. This development will increase the population in the south-west by 300,000 people by 2025 with development in the suburbs of Austral, Leppington, Catherine Fields, Rossmore, Oran Park, and parts of Kemps Creek, Bringelly and Badgerys Creek.
- greenfield developments in Menangle Park, Warragamba and North Appin. An additional 1,400 dwellings are planned for Wollondilly
- urban infill particularly in Bankstown and Fairfield LGAs.

The diagram following shows the area covered by the South West Growth Centre.



Approximately 13,070 residents identify as Aboriginal or Torres Strait Islander background. The highest concentration is located in the LGAs of Campbelltown with 4,729 people (3.2%), Wollondilly at 1,036 (2.4%) and Liverpool at 2,676 (1.5%). Aboriginal people exhibit a younger age profile than non-Aboriginal communities with the proportion of Aboriginal children aged 0 – 11 years almost double the SWSLHD average. It remains higher than the average throughout all age groups until early adulthood at age 24 years. For those aged 65+ years, the proportion of people identifying as Aboriginal is less than half the SWSLHD average.

South Western Sydney is highly culturally diverse. Fairfield LGA has the largest communities with 52.5% of people born overseas and 74.1% speaking a language other than English (LOTE). There are also large communities of overseas born people in Liverpool and Bankstown (39.8% and 37.7% respectively). Arabic, Vietnamese, Spanish and Cantonese are some of the main languages spoken locally. The District is a major point of settlement for the humanitarian stream (refugees). Between 2005 -2011, 10,932 refugees (approximately 41.7% of all refugees in NSW) were resettled in South Western Sydney. The majority settled in Fairfield (59.9%), Liverpool (29.2%) and Bankstown (9%).

Detailed information about the local population is provided in the Appendix.

Socio – Economic Status

The NSW Chief Health Officer's Report (2010) identified that health gains achieved over the past few decades have not been equally shared across the entire NSW population and that there is a gap between those with good and poor health. While some of these differences are due to ageing or biological or lifestyle factors, there is considerable evidence that social factors (e.g. income, employment and education) also have a critical role in health outcomes.

SWSLHD has some of the poorest communities in NSW as measured by the SIEFA data (Australian Bureau of Statistics (ABS 2011). In 2011, 26,873 adults were unemployed in SWSLHD with the highest levels of unemployment in Fairfield (9.7%), Campbelltown (7.4%) and Bankstown LGAs (7.6%).

People living in rural areas have worse health generally than those living in metropolitan areas. Wollondilly and Wingecarribee LGAs are on the urban fringe however their residents may experience problems common with rural communities including geographical isolation, shortage of healthcare providers, lower levels of access to health services and greater exposure to injury risks.

SWSLHD has higher rates of people with disabilities than the NSW average. People with disabilities have health conditions which may or may not be related to their disability. For example, people with intellectual disabilities have higher levels of illness than the general population, with multiple, chronic and complex health conditions which are more likely to be under-diagnosed and under-treated. Similar concerns have been identified in people with mental illness. Carers tend to have lower incomes than the rest of the population and more than half rely on government assistance. The impact on their health includes sleep disturbance, tiredness, depression and increased injury.

Age groups

Infants and children aged 0 – 14 years represent 22.2% of the population and will increase from 188,370 to 230,096 children by 2021. Although the largest change will occur in the Camden LGA where the number of children will grow by 75%, the largest number of children will continue to reside in Liverpool (53,212) and Bankstown (47,072).

The transition from adolescence to young adult can be a time of increasing physical, emotional and mental risks and stress. It is estimated that there are currently 171,834 young people aged 10-24 years in the District. By 2021, this age group will have grown by 13.5% to 195,101 young people. Greater growth is projected for adults aged 25 – 64 years, increasing from 457,494 to 541,087 people i.e. 18.3%.

The most significant change will occur in the population aged 65 years and over which is projected to grow from 100,779 (2011) to 154,843 people (2021) i.e. 54% and compared to 2011 will grow by 86% by 2026. People aged 85 years and over will increase in number from 11,835 (2011) to 19,065 people (2021) i.e. 61%. Changes will be most marked in Camden and Campbelltown LGAs where growth in those aged 65+ years is projected to be 121% and 84% respectively in the next decade. The combined aged population of Macarthur (Campbelltown, Camden and Wollondilly LGAs) will increase from 24,263 to 45,806 people in the next decade. Least growth (25%) will be experienced in Bankstown LGA which has a large aged population.

Health Status of South Western Sydney Residents

The health of the community is influenced by a complex range of interactive factors including age, socio-economic status, social capital, behaviours, beliefs and lifestyle, life experiences, country of origin, genetic predisposition and access to health and social care. Although high level health indicator measures such as life expectancy at birth and deaths from all causes for SWSLHD residents mirror the NSW average, on a range of health indicators local residents have poorer outcomes than the average for NSW. SWSLHD residents on average have elevated rates of behaviours which have been linked to poorer health status and chronic disease including cardiovascular and respiratory diseases, cancer, and other conditions that account for much of the burden of morbidity and mortality in later life. These include:

- SWSLHD residents were generally less likely to rate their health status as good, very good or excellent than the NSW average
- very high psychological distress at 13.2% (2% higher than the NSW average)
- current daily and occasional smoking at 19.2% (higher than the NSW average)
- adequate physical activity at 47.8% (7% worse than the NSW average)
- overweight at 34.1% (slightly higher than NSW average)
- obesity at 21.8% (2% higher than NSW average)
- consuming vegetables in recommended quantities at 7% (3% worse than the NSW average)
- first antenatal visit before 14 weeks gestation for Aboriginal mothers at 54% (17.3% worse than the NSW average) and for non-Aboriginal mothers at 53.8% (25.8% worse than the NSW average)
- 15.3% of women smoked during pregnancy (4% higher than the NSW rate)

In relation to health priority areas:

- Higher standardised mortality ratios (SMRs) than NSW for deaths from all causes in Campbelltown (107.4), Liverpool (105.8) and Camden (102)
- A significantly higher rate of potentially avoidable mortality in Campbelltown (115.7) than the NSW rate (100)
- In NSW between 1998 and 2007 the incidence rate for all cancers rose by 11% in males, but was stable in females. In 2004- 2008, SWSLHD had higher incidence of lung, kidney, head and neck, pancreas, thyroid, stomach, bladder, uterus and liver cancer than NSW
- Cardiovascular disease was the most common cause of death in NSW in 2007, accounting for 35.1% (16,260) of all deaths. Mortality rates in SWSLHD for cardiovascular disease at 83.9 per 100,000 are 5% higher than the NSW average of 100 and are significantly higher in Liverpool LGA (111.4) (2005/06)
- Diabetes prevalence increases with age, socio-economic disadvantage and in specific communities e.g. Aboriginal people and people originating from Mediterranean countries. Higher rates of diabetes are reported for residents of Bankstown, Liverpool, Campbelltown and Fairfield LGAs than for NSW.
- Rates of Hepatitis B in SWSLHD were almost double the NSW rate, and were particularly high in Fairfield, reflecting the high number of people born overseas who may have contracted Hepatitis B in their country of origin
- Rates of Hepatitis C in SWSLHD are higher than the NSW rate, particularly in Campbelltown and Fairfield
- Very high psychological distress was reported by 13.2% of SWSLHD residents (2.1% above the NSW average). A continuing high proportion of people with both chronic mental health and substance abuse problems will place increased demands on mental health and drug health clinical and case management services
- The prevalence of dementia is expected to substantially increase over the next ten years as the population ages. The rate of morbidity, mortality and length of hospital stays is greater amongst dementia patients compared to those without dementia. For example dementia patients stay 4 times longer in hospital than other patients

Future Demands and Challenges

Demand for health services in South Western Sydney will come from a range of sources:

- Population growth
- Ageing of the population
- The impact of changing lifestyles and behaviours on health e.g. including decreased exercise, changes in tobacco use, etc.
- Socio-economic disadvantage
- Diversity of the population including CALD and disadvantaged communities
- Community expectations for timely, safe and respectful services
- Increasing survival of children with congenital and childhood diseases and increased survival rates generally for patients with increasing multiple co-morbidities and risk of complications
- Sufficient health facility and equipment infrastructure to meet patient's needs
- Ability to recruit a skilled workforce
- The impact of Activity Based Funding (ABF) on local budgets
- Capacity to meet national and state performance targets
- Growing number of health and other agencies that require complex partnerships and sustainable relationships
- Increasing need to develop partnerships and collaborations
- Large geographical coverage
- Education and quality supervision for increasing numbers of health students
- Translating research and clinical guidelines into everyday systems
- New models of care associated with changes in treatment and changes in the best location of care
- Technological advancement
- New standards and operating environments
- Impacts of climate change

Appendix

Population Characteristics of the Residents of South Western Sydney (2011)

Population Characteristics	Bankstown	Camden	Campbell-town	Fairfield	Liverpool	Winge-carrabee	Wollondilly	SWSLHD	NSW
Total persons (Estimated Resident Population) ¹	190,637	58,376	151,221	196,622	188,083	46,042	44,403	875,384	7,211,468
Aboriginal people and Torres Strait Islanders	1,388 (0.8%)	1,117 (2%)	4,729 (3.2%)	1,322 (0.7%)	2,676 (1.5%)	802 (1.8%)	1,036 (2.4%)	13,070 (1.6%)	172,621 (2.5%)
Persons born overseas	68,721 (37.7%)	9,007 (15.9%)	41,133 (28.2%)	98,652 (52.5%)	71,715 (39.8%)	6,734 (15.2%)	5,374 (12.4%)	301,336 (35.8%)	1,778,548 (25.7%)
Language spoken at home – English only	72,426 (39.7%)	48,973 (86.3%)	101,863 (69.8%)	48,620 (25.9%)	80,046 (44.4%)	40,564 (91.4%)	39,455 (91.2%)	431,947 (51.4%)	5,013,343 (72.5%)
1st most common language other than English spoken at home	Arabic 38,640 (21.2%)	Italian 873 (1.5%)	Arabic 4,004 (2.7%)	Vietnamese 35,840 (19.1%)	Arabic 17,194 (9.5%)	Italian 276 (0.6%)	Italian 348 (0.8%)	Arabic 74,296 (8.8%)	Arabic 184,252 (2.7%)
2nd most common language other than English spoken at home	Vietnamese 16,594 (9.1%)	Spanish 531 (0.9%)	Samoan 3,047 (2.1%)	Arabic 13,745 (7.3%)	Hindi 8,043 (4.5%)	German 192 (0.4%)	Arabic 196 (0.5%)	Chinese 35,780 (4.3%)	Mandarin 139,825 (2.0%)
3rd most common language other than English spoken at home	Greek 6,565 (3.6%)	Arabic 471 (0.8%)	Hindi 3,044 (2.1%)	Assyrian 10,582 (5.6%)	Vietnamese 7,843 (4.4%)	Greek 161 (0.4%)	Maltese 180 (0.4%)	Vietnamese 61,313 (7.3%)	Cantonese 136,374 (2.0%)
Humanitarian Stream arrivals 2008 to 2013	985	7	196	6,547	3,197	0	0	10,932	26,239
Carers: Unpaid assistance to a person with a disability	17,268 (9.5%)	4,672 (8.2%)	13,554 (9.3%)	17,519 (9.3%)	15,484 (8.6%)	4,596 (10.4%)	4,002 (9.3%)	77,095 (9.2%)	638,614 (9.2%)
Education ²									
Education: Completed Year 12 or equivalent	65,318 (48.1%)	17,484 (43.0%)	46,128 (42.6%)	64,273 (45.4%)	63,884 (48.9%)	14,965 (44.0%)	11,497 (36.3%)	283,549 (45.6%)	2,631,287 (49.2%)
Education: Completed Year 10 or equivalent	28,859 (21.2%)	13,403 (22.0%)	31,059	25,070 (17.1%)	28,009 (21.5%)	10,140 (29.8%)	11,869 (37.5%)	148,409 (23.8%)	1,278,047 (23.9%)
Employment ²									
Total labour force	75,608	29,969	70,235	75,950	80,188	20,106	22,224	374,280	3,334,857
Employed full time	44,906 (59.4%)	19,295 (64.4%)	43,968 (62.6%)	44,627 (58.8%)	50,804 (63.4%)	11,367 (56.5%)	13,886 (62.5%)	228,853 (61.1%)	2,007,925 (60.2%)
Unemployed	5,739 (7.6%)	1,209 (4.0%)	5,182 (7.4%)	7,341 (9.7%)	5,620 (7.0%)	846 (4.2%)	936 (3.5%)	26,873 (7.2%)	196,526
Income ²									
Income: Median individual (\$/weekly)	428	690	549	369	510	548	617	N.A.	561
Income: Median household (\$/weekly)	1,091	1,727	1,251	1,022	2,199	1,094	1,478	N.A.	1,237
Family characteristics ²									
Couple families with children	24,715 (52.6%)	8,494 (54.9%)	19,016 (48.6%)	25,853 (52.0%)	26,421 (56.7%)	4,777 (38.9%)	6,247 (52.6%)	115,523 (52.0%)	831,850
Couple families without children	12,411 (26.4%)	4,635 (30.0%)	10,769 (27.5%)	11,569 (23.3%)	11,058 (23.7%)	5,539 (45.1%)	3,906 (32.9%)	59,887 (27.0%)	669,019 (36.6%)
One parent families	9069 (19.3%)	2,182 (14.1%)	8,718 (22.3%)	11,227 (22.6%)	8,478 (18.2%)	1,832 (14.9%)	1,613 (13.6%)	43,119 (19.4%)	297,904 (16.3%)

Population Characteristics of the Residents of South Western Sydney (2011) continued

Population Characteristics	Bankstown	Camden	Campbell-town	Fairfield	Liverpool	Winge-carrabee	Wollondilly	SWSLHD	NSW
Household composition: private dwellings ²									
Households	57,238	17,875	47,286	55,835	53,595	16,694	13,953	262,476	2,471,296
Lone person household	11,454 (20.0%)	2,589 (14.5%)	8,854 (18.7%)	8,737 (15.6%)	8,596 (16.0%)	4,324 (25.9%)	2,245 (16.1%)	46,799 (17.8%)	599,148 (24.2%)
Dwelling characteristics ²									
Total private dwellings	62,680	19,339	51,279	60,195	58,834	15,455	20,295	288,077	2,864,531
Median rent (\$/weekly) (occupied private)	310	360	260	280	295	260	270	N.A.	300
Median housing loan repayment (\$/monthly) (occupied private)	2,002	2,167	1,800	1,800	2,167	1,873	2,167	N.A.	1,993
Occupied private dwellings - fully owned	19,467 (32.3%)	4,648 (24.7%)	11,435 (23.1%)	18,139 (31.1%)	12,908 (23.1%)	6,945 (35.3%)	4,298 (28.6%)	77,840 (28.0%)	820,006 (30.0%)
Occupied private dwellings - rented including rent-free	16,549 27.5%	3,347 17.8%	14,373 29.0%	17,181 29.4%	16,301 29.1%	3,564 18.1%	2,276 15.1%	73,591 26.5%	743,050 27.2%
Number of Social Housing Dwellings	7,018	420	8,749	5,577	5,669	191	620	28,244	144,390
Proportion of social housing dwellings rented	11.2%	2.2%	13.2%	8.3%	9.6%	1.2%	3.0%	9.8%	5.0%
Internet Connection at Home									
Proportion of private dwellings with no internet connection	23.2%	13.5%	19.3%	25.3%	19.2%	19.7%	16.5%	20.9%	20.1%
Socio-Economic Indexes for Areas - Index of Relative Socio-Economic Disadvantage (IRSD) (2006) ⁴									
IRDS Score	945	1,057	955	876	966	1,032	1,044	N.A.	N.A.
Rank in NSW	39	133	46	4	28	124	127	N.A.	N.A.
Most Disadvantaged Suburb & IRDS Score	Villawood (718)	Leppington (971)	Claymore (574)	Villawood (718)	Cartwright (735)	Welby (921)	Warragamba (952)	Claymore (574)	Murrin Bridge (497)
2nd most Disadvantaged Suburb & IRDS Score	Chester Hill (900)	Narellan (1015)	Airds (602)	Cabramatta (739)	Miller (738)	New Berrima (975)	Tahmoor (968)	Airds (602)	Claymore (574)

Source:

1. Total persons data from ABS Estimated Resident Population (ERP) (ABS 3218.0 Regional Population Growth, Australia - released 31 July 2012)
2. All other data is from the Australian Bureau of Statistics 2011 Census of Population and Housing; percentages apply to census count data, not ERP data
3. SEIFA ranks areas in Australia according to relative socio-economic advantage and disadvantage. A lower IRDS score indicates that an area is relatively disadvantaged
4. Humanitarian data sourced from the Department of Immigration and Citizenship Settlement Database (2013)