



Health  
South Eastern Sydney  
Local Health District

# Vulnerable and priority populations

in South Eastern Sydney  
Local Health District

Analysis of ABS Census 2016

Population Profile



APRIL  
2018

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# Foreword

Our purpose in South Eastern Sydney Local Health District, as outlined in the *SESLHD Journey to Excellence 2018-2021*, is to enable our community to be healthy and well; and to provide the best possible care when people need it. Our *Equity Strategy* further outlines our strong commitment to improving equity in health and wellbeing, and to addressing systemic barriers to health equity.

There are vulnerable groups and priority populations within our community that experience significant health inequities; inequity in relation to access to health services and programs, experience of health care and health outcomes.

Our District has a strong history of addressing health inequities through mainstream services and targeted programs. Our challenge is to redouble our efforts to ensure all people within the community have the same opportunities to experience optimal health and wellbeing. The key to addressing health inequities is an understanding of the multiple disadvantages experienced by some of our residents.

This document provides demographic data on the vulnerable groups and priority populations captured in the Australian Bureau of Statistics (ABS) Census 2016. The purpose of the *Population Profile: Vulnerable and priority populations in South Eastern Sydney Local Health District* is to provide our health services and programs with this data to inform their service planning and development to ensure that we are planning for the whole population, not just those who are readily able to access and benefit from our services.

Working in close partnership with people from vulnerable groups and priority populations will help ensure that we are designing health services and programs which are responsive to the needs of all people; and help create a future health system that is fairer and more equitable for all.



**Dr Greg Stewart**

Director, Primary Integrated and Community Health

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# People of Aboriginal and Torres Strait Islander background



## In SESLHD

### Aboriginal people represent 1% of the District's population.

The number of people identifying as Aboriginal grew by 31% between the 2011 and 2016 Census from 6,312 to 8,281 people.<sup>1,2,3</sup> However, this may under represent the Aboriginal community as post census surveys have highlighted that up to 22% of Aboriginal people may not have identified as such, many to avoid racism and discrimination.<sup>4,5</sup>

The LGAs with the largest Aboriginal communities are **Sutherland** (30% of the Aboriginal population), **Randwick** (27%) and **Botany Bay** (10%).<sup>2</sup>

## Population Profile

**The age profile is significantly younger in the Aboriginal population, with a median age of 25-26 years for most LGAs compared to 35-40 years for the total population.<sup>3</sup>**

This is due to a combination of higher birth rates, lower life expectancy and higher rates of premature death among Aboriginal people.<sup>6</sup>

**In SESLHD, 1.8% of all children born are identified as Aboriginal,** however, evidence suggests that there is a substantial level of under-reporting of Aboriginality in the Perinatal Data Collections.<sup>2</sup> Consideration must be given to a history of child removals through the Stolen Generations and how an increasing rate of child removal for Aboriginal mothers has contributed to an under-reporting of Aboriginality for both mothers and babies.

## Issues and challenges

Aboriginal people often experience multiple disadvantages. In 2016, a higher percentage of Aboriginal people over the age of 15 years (38%) reported having low income compared with 34% of non-Aboriginal people.<sup>2</sup> Aboriginal people are also over-represented in the homeless population with 11% of people experiencing homelessness in SESLHD. Aboriginal people represent 37% of the carer population.<sup>2</sup>

The rate of hospitalisations for all causes in 2015-16 among Aboriginal people in SESLHD was 29% higher than in non-Aboriginal people.<sup>8</sup> Aboriginal people in SESLHD are hospitalised at higher rates than non-Aboriginal people for:

- circulatory disease;
- endocrine disease;
- mental health disorders; and
- respiratory disease.

Aboriginal people are also over-represented for potentially preventable hospitalisations; up to 50% higher for chronic conditions compared to the non-Aboriginal population.<sup>8</sup> The rates of hospitalisation for all causes is increasing at a higher rate in Aboriginal people than in non-Aboriginal.<sup>8</sup>

1. Within NSW Health, the term 'Aboriginal' is generally used in preference to 'Aboriginal and Torres Strait Islander', in recognition that Aboriginal people are the original inhabitants of the land.

2. ABS, 2016 ABS Census of Population and Housing.

3. Excluding not stated

4. Post enumeration survey data. Harding, S; Jackson Pulver, L; McDonald, P; Trewin, D; Voss, A (2017). Report on the quality of 2016 Census Data. Retrieved from: <http://www.abs.gov.au/websitedbs/d3310114.nsf/Home/Independent+Assurance+Panel>.

5. Moran, A. (2017) Census 2016: Indigenous population could have been undercounted again. webpage article <http://www.abc.net.au/news/2017-06-28/concerns-over-undercount-of-indigenous-population-in-census/8660972>

6. Regarding the median age at death.

7. SESLHD, Draft Homelessness Health Strategy and Action Plan (2018).

8. Centre for Epidemiology and Evidence, HealthStats NSW (2006-7 to 2015-16).



## In SESLHD

A carer is anyone who provides ongoing unpaid support to family or friends who need help because of disability, chronic, terminal or mental illness or who are frail aged.<sup>1</sup>

**In SESLHD, 10% of the population over the age of 15 years are carers with 60% of the carer population being women.<sup>2</sup>**

## Population Profile

**The majority of carers are aged between 50 and 69 years (70%).**

Carers of people with disability in SESLHD provide care for partners (38%); children (29.6%) and parents (22%).<sup>3</sup>

**The St George area (Georges River LGA and Rockdale LGA) has the highest percentage of carers by population across SESLHD (28% of the district population; 32% of the total carer population).**

## Issues and challenges

Carers have their own health care needs, separate from the needs of those for whom they provide care. Carers' self-reported wellbeing is significantly lower than that of the general Australian population.<sup>4</sup> The caring role places carers at higher risk of poorer physical and mental health. Factors contributing to poorer health include caring for a child with a disability; caring for a person with high care needs; caring for more than one person; and needing more support than the carer is currently receiving.<sup>5</sup>

Carers are also more likely to experience financial hardship (with many on low incomes) and may have limited life opportunities in relation to education, employment and relationships. In 2015 Access Economics reported that unpaid informal carers provided an estimated 1.9 billion hours of care. The replacement value for these hours of care was estimated at \$60.3 billion.<sup>6</sup>

Groups of carers with particular vulnerabilities include:

- young carers aged between 15 and 25 years of age (9% of the carer population);
- Aboriginal carers (37% of the carer population);
- carers who speak a language other than English (11% of the carer population);
- carers who themselves have a disability (36% of primary carers of people with a disability have a disability themselves)<sup>6</sup>;
- older carers aged over 85 years (6% of the carer population) who have the highest need for assistance across all carer age groups; and
- working carers (48% of primary carers of people with disability are in the workforce).<sup>6</sup>

1. NSW Carers (Recognition) Act 2010, [www.austlii.edu.au/au/legis/nsw/consol\\_act/ca2010197/s5.html](http://www.austlii.edu.au/au/legis/nsw/consol_act/ca2010197/s5.html)

2. For the purpose of this report, carers are considered to be people aged 15 years and over

3. StatWorks, 2018, SESLHD Special tables derived from the 2015 ABS Survey of Disability and Carers (SDAC)

4. Carers NSW, 2016, Carers NSW 2016 Carers Survey, available at <https://www.carersnsw.org.au/research/survey>

5. Edwards, Ben et al, 2008 The nature and impact of caring for family members with a disability in Australia, Research Report No. 16 – June 2008

<https://aifs.gov.au/publications/nature-and-impact-caring-family-members-di/executive-summary>

6. Deloitte Access Economics, The economic value of informal care in Australia 2015, Carers Australia, June 2015



## Children aged 0 – 5



### In SESLHD

**Seven percent (7%) of SESLHD's population are children aged 0-5 years.<sup>1,2</sup>**

### Population Profile

**Children and families in SESLHD are linguistically and culturally diverse.** Thirty two percent (32%) of children aged 0-5 years have both parents born overseas; 12% have their father born overseas; and 12% have their mother born overseas. Less than half (44%) of all children in the District have both parents who were born in Australia.<sup>1,2</sup>

**The top 10 languages spoken at home by children aged 0-5 years are:** Greek; Spanish; Italian; Russian; Macedonian; Arabic; Thai; Cantonese; Mandarin and Indonesian. This reflects the language profile of second and third generation migrants and as well as newly arrived families.<sup>1</sup> Aboriginal children (0-5 years) represent 1.62% of children within the District.<sup>1,2</sup>

### Issues and challenges

The 2015 Australian Early Development Census (AEDC) identified four LGAs in SESLHD in which children were experiencing greater levels of developmental vulnerabilities than the NSW average (20%). These LGAs were Botany Bay (22%); Rockdale (23%); Hurstville (23%) and Kogarah (23%).<sup>3,4</sup>

Research that shows that children starting school with undetected and/or under-managed developmental vulnerabilities can experience poor academic, behavioural and mental health outcomes.<sup>5</sup> This highlights the need for universal access to quality early childhood education and care in addition to universal developmental surveillance.<sup>6</sup> In practice this means 'eliciting and attending to parents' concerns', making accurate and informative longitudinal observations on children, obtaining a relevant developmental history and ensuring timely identification and intervention for any developmental problems.<sup>7</sup>

Many families with young children experience multiple barriers to accessing and benefiting from health services. These include Aboriginal families, low income families and families from culturally and linguistically diverse backgrounds. Children from families where the household is not proficient in English experience an even higher risk of developmental vulnerabilities.<sup>8</sup>

Effective prevention and early intervention is the most promising strategy for changing the life trajectories of children. At a population level, this requires flexible and responsive systems that are equipped to deliver preventive interventions and respond effectively early to emerging issues and challenges.<sup>6</sup>

1. ABS, 2016 ABS Census of Population and Housing.

2. Excludes not stated.

3. Australian Early Development Census: [www.aedc.gov.au](http://www.aedc.gov.au)

4. Domains of developmental vulnerability include physical health and wellbeing; social competence; emotional maturity; language and cognitive skills and communication skills; and/or general knowledge.

5. Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015). Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention. Canberra: Australian Research Alliance for Children and Youth (ARACY).

6. American Academy of Pediatrics. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. Pediatrics 2006;118(1):405-20.

7. Centre for Community Child Health. Child Health screening and Surveillance: A critical review of the literature. National Health and Medical Research Council. Canberra: Centre for Community Child Health, 2002.

8. Research Snapshot Early developmental outcomes of Australian children from diverse language backgrounds at school entry, Australian Government, Canberra, June 2014, <http://www.aedc.gov.au/resources/research-snapshots>



# Culturally and linguistically diverse communities



## In SESLHD

SESLHD'S population is highly culturally and linguistically diverse with a large population who were born overseas.

**At the time of the 2016 Census, close to 40% of SESLHD residents were born overseas, with 30% born in a mainly non-English speaking country.<sup>1,2,3</sup>**

## Population Profile

**More than 35% of our residents speak a language other than English at home, with 6% of total SESLHD residents reporting that they do not speak English well or at all.<sup>2,4</sup>**

**44% of SESLHD residents who were born in a mainly non-English speaking country live in Georges River LGA (formerly Hurstville and Kogarah LGAs) and Bayside LGA (formerly Rockdale and Botany Bay LGAs).<sup>2</sup>**

**The top 20 mainly non-English speaking countries of birth of SESLHD residents are:**

China, Indonesia, Greece, Nepal, Philippines, Hong Kong, India, Italy, Malaysia, Thailand, Lebanon, Former Yugoslav Republic of Macedonia, Brazil, Egypt, Bangladesh, Vietnam, Germany, Republic of South Korea, France and Russian Federation.<sup>2</sup>

**The top 20 languages other than English spoken in SESLHD are:**

Mandarin, Cantonese, Greek, Arabic, Spanish, Italian, Nepali, Indonesian, Macedonian, Russian, Portuguese, French, Thai, Bengali, Vietnamese, Tagalog, Hindi, German, Korean, and Croatian.<sup>2</sup>

## Issues and challenges

Differing cultural beliefs regarding health, illness, self-care and experiences with health services, prevention and treatment can lead to varying understandings of the health system and present challenges to accessing health care for people from culturally and linguistically diverse backgrounds. This can be compounded by language barriers and poorer levels of health literacy.

Furthermore, those with limited English proficiency can have patient safety compromised if professional interpreters are not utilised in their interactions with the health system, potentially contributing to adverse events, poorer patient experiences and compliance, higher hospital readmission rates, delays to theatre, and medico-legal action and associated costs.<sup>5</sup>

1. Australian Bureau of Statistics, Census of Population and Housing 2016.  
2. Excludes not stated and inadequately described.  
3. English speaking countries include: Australia, New Zealand, United Kingdom, Ireland, Canada, USA, South Africa and Zimbabwe.  
4. Excludes not stated and inadequately described.  
5. South Eastern Sydney Local Health District (2016). 'Our right to know: Use of professional interpreters for surgical consent'.



## In SESLHD

There has been a steady rise of people with a disability in NSW over time. In NSW almost one in five people (1.2 million), approximately 19% of the population, have a disability.<sup>1</sup>

**In 2015 the number of people in SESLHD with disability was estimated at 100,350.<sup>2</sup>**

## Population profile

**Forty percent (40%) of people with a disability in the SESLHD are living with a moderate, severe or profound disability** and a significant proportion (37%) of people with a disability are aged between 55 and 74 years old.<sup>2</sup>

**The most common living arrangements for people with disability across all the age groups, is living in a household setting with others (66%).<sup>2</sup>** This indicates that a large proportion of people with disability rely upon informal care to meet many of their day to day needs.

**The majority of people with disability (56%) rely on a government pension or allowance.<sup>2</sup>** Twenty six percent (26%) are in full time employment and 19% are in part-time employment.<sup>2</sup>

## Issues and challenges

The most common type of activities for which assistance is needed for people with a disability is assistance with health care (15.6%) followed by property maintenance (13.9%) and household chores (12.8%).<sup>2</sup>

While 100% of people with a profound disability are receiving the assistance they require, it is important to note that 11% of people with a severe disability, and 34% of people with a moderate disability are not receiving assistance when it is needed.

Overall 8% of people with a disability over the age of 15 years have experienced discrimination in the last 12 months. This rises to 10% for people with a profound or severe disability.

People with disability have the right to freedom, respect, equality and dignity and Australia's ratification of the *United Nations Convention on the Rights of Persons with Disabilities* in 2008 reflects the Australian Government's commitment to this.<sup>3</sup>

1. Australian Bureau of Statistics, Disability NSW 2001

2. Australian Bureau of Statistics, Survey of Disability and Carers (SDAC) 2015, tables estimated to SESLHD level.

3. United Nations Convention on the Rights of Persons with Disabilities, 2006.



# People experiencing or at risk of homelessness



## In SESLHD

Of the 37,692 people in NSW identified as homeless on 2016 Census night, close to 20% of this population were living in SESLHD.

The geographical spread of those living within SESLHD was:

LGA	Total homelessness
Botany Bay	4%
Georges River	9%
Randwick	10%
Rockdale	9%
Sydney (part)	64%
Sutherland	4%
Waverley	5%
Woollahra	2%

## Issues and challenges

The SESLHD Homelessness Health Program uses the following definition of homelessness:

### Primary homelessness:

people without conventional accommodation (e.g. living on the streets, in deserted buildings, improvised dwellings, under bridges, in parks);

### Secondary homelessness:

people moving between various forms of temporary shelter including: friends, emergency accommodation, youth refuges, hostels and boarding houses;

### Tertiary homelessness:

people living in single rooms in private boarding houses – without their own bathroom, kitchen or security of tenure; and

### Marginally housed:

people in housing situations close to the minimum standard.<sup>2</sup>

Overall, the 2016 Census identified that the rate of people experiencing homelessness has risen by 27% in NSW since the 2011 Census. This includes an increase in people experiencing primary homelessness (sleeping rough) and tertiary homelessness (residing in boarding houses).

People living in 'severely' overcrowded dwellings continue to be the largest population of people experiencing homelessness. Whilst closely linked with 'marginal housing', people living in 'severely' overcrowded dwellings are defined as homeless because they do not have control of, or access to space for social relations, are unable to maintain privacy or have personal living space and would require four or more bedrooms to be accommodated adequately. Many of this group are born overseas and are between 19 and 34 years old.



# People experiencing or at risk of homelessness

## Population profile

The Australian Bureau of Statistic's Census of Population and Housing uses six categories to classify homelessness:

- Improvised dwellings (tents or sleeping out);
- Supported accommodation;
- Staying temporarily with other households;
- Boarding houses;
- Other temporary lodgings; and
- "Severe" overcrowding.

The breakdown per category for SESLHD is as follows:

Category	% of homeless population
Improvised dwellings (tents or sleeping out)	8%
Supported accommodation	10%
Staying temporarily with other households	7%
Boarding houses	31%
Other temporary lodgings	<1%
Severe overcrowding	43%

## Issues and challenges

People experiencing or at risk of homelessness are generally socio-economically disadvantaged, have increased health risks, and experience inequities in their health status and access to health services.<sup>3</sup>

In addition to this, people experiencing or at risk of homelessness often have complex care needs and require more structured care coordination and support to ensure that their health needs are addressed.<sup>4</sup>

There are a broad range of interacting factors that contribute to homelessness, and therefore a holistic approach to health care is required when working with people experiencing or at risk of homelessness.

1. ABS, 2016 ABS Census of Population and Housing.

2. Adapted from Chamberlain & MacKenzie, 1992; Chamberlain & MacKenzie, 2003.

3. Senate Standing Committee on Community Affairs (2014): Bridging our growing divide: inequality in Australia. The extent of income inequality in Australia. Canberra: Commonwealth of Australia.

4. FaHCSIA (2018). The Road Home: A National Approach to Reducing Homelessness. Canberra: Commonwealth of Australia.



## In SESLHD

There are various definitions of low income, generally related to overall income and the cost of living.

**In NSW in 2013-2014 the mean weekly income for low income households was \$449 (<\$25,000 per year).<sup>1</sup>**

For the purpose of this document we consider low income as any individual with income less than \$499 per week.<sup>2</sup>

The 2016 Census identified substantial variability in income across the SESLHD with 32% of people 15 years and older reporting a weekly income of \$499 or less (\$26,000 annually), compared to 6% of people reporting a weekly income of more than \$3,000 per week.

## Population profile

**Sixty percent (60%) of the low-income group were women, compared with 40% of men.** This equates to approximately 37% of all women within the District and 27% of all men having a low income.

**A higher percentage of Aboriginal people** over the age of 15 years (38%) reported having low income compared with 34% of non-Aboriginal people.

**The LGA with the highest percentage of low income was Georges River (34%)** whilst the LGA with the lowest percentage of low income was Woollahra (17%).

## Issues and challenges

Low income and levels of socioeconomic advantage link closely to health outcomes for populations. Low income is often associated with lower educational attainment, underemployment and the receipt of welfare payments, and ultimately increased burden of long term (chronic) health conditions which may be due to people having fewer resources to engage in their own health.<sup>3,4,5</sup>

1. Australian Bureau of Statistics. Low, middle and high income and wealth households. Household Income and Income Distribution, NSW, 1994-95 to 2013-14. Available online: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/6523.0~2013-14~Main%20Features~Low,%20Middle%20and%20High%20Income%20and%20Wealth%20households-7>

2. This is based on individual income, however some low income households do not necessarily have a lower level of economic wellbeing, because some low income households may have a high level of wealth. For instance, some retirees drawing on cash savings.

3. Diana Warren. Low-income and poverty dynamics: Implications for child outcomes, 2017. Social Policy Research Paper No. 47. Australian Institute of Family Studies. Available online: [https://www.dss.gov.au/sites/default/files/documents/11\\_2017/srpr47\\_low\\_income\\_web.pdf](https://www.dss.gov.au/sites/default/files/documents/11_2017/srpr47_low_income_web.pdf)

4. Underemployment. ABS Australian Social Trends 4102.0, June 2010. Available online: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/F132F8C5891DC104CA2577510019FE8F/\\$File/41020\\_underemployment.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/F132F8C5891DC104CA2577510019FE8F/$File/41020_underemployment.pdf)

5. Australian Institute of Health and Welfare 2016. Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW. Available online: <https://www.aihw.gov.au/reports/australias-health/australias-health-2016/contents/summary>



# New and emerging communities



## In SESLHD

**In the five-year period between 1 July 2012 and 30 June 2017, a total of 64,257 newly-arrived migrants settled in SESLHD,**

with most arriving under the Family Reunion and Skilled Migration Programs and a small number arriving as Humanitarian entrants.<sup>1,2</sup>

## Population profile

**The top 10 major non-English speaking countries of birth from which new arrivals came included**

**China (16,118), India (3,630), Nepal (3,400), Philippines (2,137), Indonesia (1,668), France (1,429), Bangladesh (1,310), Thailand (1,209), Brazil (1,035) and Vietnam (950).**

**One in four new arrivals to the District came from China.<sup>2</sup>**

**More than a third (36%) of new arrivals settled in Georges River and Bayside LGAs.<sup>2</sup>**

## Issues and challenges

In 2016, SESLHD undertook a needs and assets assessment of new and emerging communities. Extensive community and staff consultations, together with a review of various data sources identified the following priority groups:

- Nepalese community;
- Bangladeshi community; and
- Chinese grandparents caring for children under the age of five years.

### Key issues identified for new and emerging communities included:

- **language barriers to accessing health services** - there is a paucity of translated health information and there is a lack of community knowledge about interpreter services;
- **low levels of health literacy**, particularly in relation to preventative health care as well as allied health services and the public health system;
- **difficulties with navigating the health system** - there is a strong reliance on family members to support access to health services and health information;
- **bilingual General Practitioners (GPs)** are a trusted source of health care and community members often travel long distances and experience long waiting times to see a GP who speaks their language;
- **cost of health care**, including cost of medications, specialist health care and transport; particularly for community members on temporary visas, costs of health care can be prohibitive, and some people wait to return to their country of origin to access health care;
- **family living arrangements** can impact on the health of some community members including overcrowding, pressures of familial parenting arrangements and domestic and family violence; and
- **factors which impact on the health of new arrivals and their access to health care** including the impact of migration journey, stress associated with migration and settlement and the impact of torture and trauma, for people refugee and refugee-like backgrounds.<sup>3</sup>

1. Includes whole of Sydney LGA.

2. DIAC Settlement Reporting Facility, Settlement Database.

3. New and Emerging Needs and Assets Assessment: New and Emerging Communities, Diverseworks, August 2016.



## Older people



### Issues and challenges

As more people live to 'older old age' (i.e. 80 years and older), the prevalence of chronic diseases increases markedly. It is generally understood that the greatest need for health care is in the last one to two years of a person's life.<sup>4</sup>

Health care expenditure for people over 65 years is two to three times higher than for those under 65 years, and higher still for those aged 80 years or older.<sup>5</sup>

### In SESLHD

**Fifteen percent (15%) of SESLHD'S population is over the age of 65 years.<sup>1</sup>**

The proportion of the District's population aged 65 years and over has increased by 15% between 2011 and 2016 compared with a 7% increase for people below 65 years.<sup>2</sup>

The highest rate of growth was in the 65-69 year age group (21.3%); followed by 70-74 years (20.3%) and thirdly 85+ years (16.9%).

### Population profile

**Sutherland LGA is home to the largest proportion (27%) of the District's population aged 65 years and over.<sup>3</sup>**

The LGAs with the highest rate of growth of persons aged 65 years and over between 2011 and 2016 were Sydney-part (28%); Woollahra (19%) and Sutherland (18%).<sup>3</sup>

Twenty one percent (21%) of persons over 65 years within SELSHD live alone and 53% are married or have a partner.<sup>3</sup>

Eighteen percent (18%) of SESLHD residents over 65 years and 48% over the age of 85 years identified that they required assistance with core activities.<sup>3</sup>

**Around half of one percent (0.4%) of residents over 65 years within SESLHD identified as Aboriginal, with the highest proportion (29%) of Aboriginal persons aged 65 years or over residing in the Sutherland LGA.<sup>3</sup>**

**The top 4 countries of birth for people over 65 years of age in the District are Greece, China, Italy and Egypt.<sup>3,5</sup>**

Other countries of birth that have seen significant increases in the population aged 65 years and over between 2011 and 2016 include Thailand (172% increase); Bangladesh (163% increase); Nepal (146% increase) and Hong Kong (111% increase).<sup>3</sup>

1. Australian Bureau of Statistics 2016 Census of Population and Housing

2. Australian Bureau of Statistics, Census of Population 2011 and Australian Bureau of Statistics, Census of Population and Housing 2016

3. Excluding Australia and "major other English-speaking countries" and "major other non-English speaking countries" categories

4. Seshamani M, Gray A. Time to death and health expenditure: an improved model for the impact of demographic change on health care costs. *Age Ageing*. 2004 Nov; 33 (6):556-61

5. SESLHD Aged Care Services Plan 2015-2018



## In SESLHD

**At the time of the 2016 Census women represented 51% of the total population of the District.<sup>1</sup>**

Of these women,

- 13% were aged between 15 and 25 years,
- 33% between 25 and 45 years,
- 23% between 45 and 65 years, and
- 16% were aged over 65 years.<sup>1</sup>



## Population profile

**SESLHD’s population is highly culturally and linguistically diverse, with over 40% of the residents born overseas and 30% of residents born in non-English speaking countries.<sup>1,2</sup>** In 2016, the majority of women born overseas in non-English speaking countries were from China (8%) followed by the Philippines (1%), Indonesia (1%), Greece (1%), India (1%), Nepal (1%) and Thailand (1%).<sup>1</sup>

**LGAs with the highest number of women born in China were Georges River, Randwick and Sydney City.<sup>1</sup>**

**More women (6%), than men (5%) reported being “not at all” or “not well” proficient in English.<sup>1</sup>**

**Sixteen percent (16%) of women in SESLHD are aged over 65 years.** The largest group of older women reside in the Sutherland area (29%) followed by Georges River (18%) and Randwick (15%). Thirteen percent (13%) of women in the District are aged between 15 and 25 years. The majority of these young women live in the Sutherland (22%), Randwick (20%) and Georges River (17%) areas however a significant number (14%) live in Sydney City.

**Aboriginal people represent 1% of the District’s population, with half (50%) of these being women.<sup>1</sup>**

Although there is a large Aboriginal community in the La Perouse (Botany Bay) area, the largest number of Aboriginal women live in the Sutherland LGA followed by the Randwick and Sydney City LGAs.

## Issues and challenges

Women’s health needs should be considered not just in the context of sexual and reproductive health but in the broader context of mental health, women’s experience of violence, the impact of social determinants of health (income, access to education and employment) and gender differences in clinical presentation and response to treatment, as well as inequality in accessing services and in health outcomes.

Whilst women today are generally living longer and healthier lives than they ever have, some women, particularly those from disadvantaged and vulnerable populations, continue to experience health inequity. Women who experience inequities in accessing and benefiting from health services include:

- socially or economically disadvantaged women;
- Aboriginal women;
- women from culturally and linguistically diverse communities;
- women who are experiencing homelessness;
- older women;
- women who are carers;
- women who have a disability; and
- LGBTI women.

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## Issues and challenges

### **Socially or economically disadvantaged women**

Thirteen percent (13%) of women reported having negative or nil incomes compared to 10% of men.<sup>1,3</sup> Forty one percent (41%) of women had a total personal income of less than \$499 per week compared to 30% of men.<sup>1</sup> LGAs with the highest numbers of women reporting nil income were Georges River (3%), Sutherland (3%) and Randwick (2%).<sup>1</sup>

### **Aboriginal women**

Aboriginal women continue to experience significant health and wellbeing disadvantage and have poorer health outcomes for a range of health conditions including diabetes, coronary heart disease and breast cancer. Aboriginal women experience higher levels of interpersonal violence<sup>4</sup> than non-Aboriginal women and have a rate of hospitalisation due to intentional self-harm over three times higher than non-Aboriginal women. Aboriginal women have significantly higher rates of smoking during pregnancy<sup>3</sup> and a lower participation rate in health (breast, cervical, bowel) screening programs.<sup>6</sup> Life expectancy for Aboriginal women remains around 10 years less than for non-Aboriginal women.<sup>4</sup>

### **Women from culturally and linguistically diverse communities**

Women from culturally and linguistically diverse communities include women who may be refugees, international students, young women from new and emerging communities, as well as ageing European post World War II immigrants. As such, these women will experience a wide range of health risks, issues and needs. Women from culturally and linguistically diverse communities, particularly those from non-English speaking countries face greater challenges in accessing and engaging with health services as a result of differing cultural practices and beliefs, social isolation, language barriers and poorer health literacy.<sup>7</sup>

### **Older women**

Issues identified for older women include increased risk of falls, social isolation and the increasing number of older women experiencing homelessness. Dementia is one of the leading causes of female deaths.<sup>5</sup>

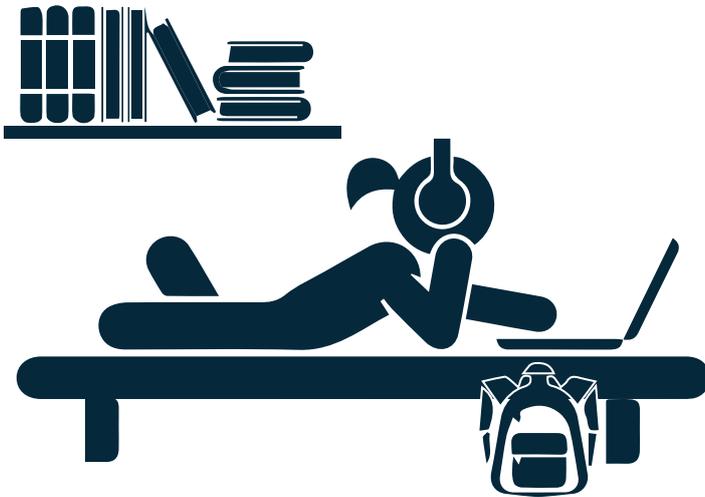
### **Younger women**

Younger women are more likely to access specialist homelessness services, be hospitalised for intentional self-harm, experience high or very high levels of psychological distress and to experience physical or sexual violence than women in any other age group.<sup>4</sup>

### **Women who are carers**

In 2016 twelve percent (12%) of women in SESLHD over the age of 15 years were providing unpaid assistance to a person with a disability, compared to 9% of men.<sup>1</sup> Women who are carers often report having poorer physical, mental and emotional health and well-being.<sup>8</sup>

1. Australian Bureau of Statistics, Census of Population and Housing 2016.  
2. All Country of birth data excludes "not stated".  
3. All income data excludes "not stated" or "not applicable".  
4. NSW Government. It Stops Here - the NSW Government's Domestic and Family Framework for Reform. Sydney: NSW Government 2014.  
5. Department of Family and Community Services: Health and Wellbeing, Women in NSW Report Series 2017, Sydney Department of Community Services  
6. Australian Institute of Health and Welfare 2016. Australia's Health 2016. Australia's Health Series no.15. Cat. No. AUS 199. Canberra: AIHW.  
7. South Eastern Sydney Local Health District 2014-2016 Implementation Plan for Healthy Culturally Linguistically Diverse Communities, SESLHD 2014.  
8. Department of Health and Ageing. National Women's Health Policy 2010. Canberra: Commonwealth of Australia; 2010.



## Issues and challenges

Adolescence is a dynamic period of development, marked by major psychosocial and physical change, and presenting a unique set of health and wellbeing issues. This life stage presents an important opportunity for health services to intervene early in health issues and to be accessible and responsive to the needs of young people.

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## In SESLHD

**Young people, aged between 12 and 25 years, are a sizeable proportion (18%) of the District's population.<sup>1</sup>**

This rate remains mostly stable throughout the LHD, with slightly higher populations of young people in the Randwick LGA (21%), Georges River LGA (19%) and City of Sydney LGA (19%).

## Population profile

**SESLHD's youth population is culturally and linguistically diverse, with 31% of young people aged 12-25 years born overseas.** Sixty three percent (63%) of this group arrived in Australia between 2006-2015 and 15% arrived very recently, between 1 Jan 2016- 9 August 2016.<sup>1</sup>

**In SESLHD, 1.4 % of young people are Aboriginal.** Randwick LGA has a slightly larger population of Aboriginal young people (2%), as does Botany Bay LGA (2.5%).<sup>1</sup> With 1% of SESLHD's whole population being Aboriginal, SESLHD reflects national data that indicates the Aboriginal population is younger than Australia's broader population.<sup>1</sup>

**Nationally and in SESLHD, education remains an important aspect of life for young people.** Ninety nine percent (99%) of all young people between 12 and 16 years of age in SESLHD are studying either part time or full time.<sup>1</sup> Eighty one percent (81%) of young people aged 17-21 years are students as are 50.4% of young people aged 22-25 years.<sup>1</sup>

**Four percent (4%) of young people in SESLHD aged 12-25 years provide unpaid care to a person with a disability.<sup>1</sup>**

**SESLHD has a relatively small but significant population (1%) of young parents aged 12-25 years.<sup>1</sup>**



## Issues and challenges

Young people from culturally and linguistically diverse backgrounds face the challenges associated with growing up between two cultures which may involve very different behavioural and social expectations. They may experience language barriers that affect their access to health care and health literacy, and many have experienced racism and discrimination, which can have a significant effect on the mental health and wellbeing of young people.<sup>2</sup>

The changes of adolescence can be particularly challenging for some Aboriginal young people.

These young people may have specific health issues and needs, and their culture may affect their health and health service usage. The disparities in health status between Aboriginal and non-Aboriginal Australians are significant and it is essential that health services support the unique needs of Aboriginal young people by being accessible and culturally respectful.<sup>3</sup>

Young carers are often a hidden group in the community, not acknowledged for their caring contribution. Their work as carers can be associated with some significant barriers to education, employment, social inclusion and health care and many experience both physical and mental health problems associated with their role.<sup>4</sup>

Young parents face the challenge of meeting not only their own developmental needs at a time of significant growth, but also the needs of their children. Parenting at a young age has been associated with social isolation and stigma as well as barriers to accessing education, employment and health care.<sup>5,6</sup>

Additionally, post-natal depression is common among young mothers.<sup>7</sup>

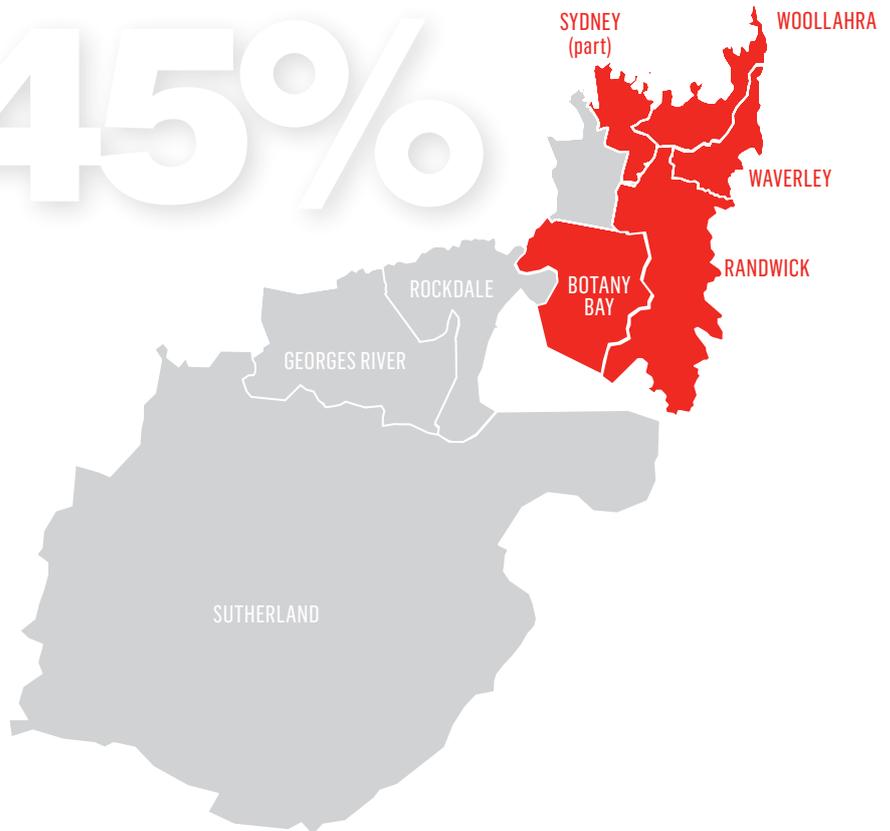
1. Australian Bureau of Statistics, Census of Population and Housing 2016.
2. NSW Kids and Families (2014). Youth Health Resource Kit: An Essential Guide for Workers, 123-128
3. NSW Kids and Families (2014). Youth Health Resource Kit: An Essential Guide for Workers, 131-135
4. Cass, B., Brennan, D., Thomson, C., Hill, T., Purcal, C., Hamilton, M., and Adamson, E. (2011) Young carers: Social policy impacts of the caring responsibilities of children and young adults, Report prepared for ARC Linkage Partners, October 2011.
5. Fergusson, D. M., & Woodward, L. J. (2000). Teenage pregnancy and female educational underachievement: A prospective study of a New Zealand birth cohort. *Journal of Marriage and Family*, 62(1), 147-161.
6. McDermott, E., & Graham, H. (2005). Resilient young mothering: Social inequalities, late modernity and the "problem" of "teenage" motherhood. *Journal of Youth Studies*, 8(1), 59-79.
7. Hudson, D. B., Elek, S. M., & Campbell-Grossman, C. (2000). Depression, self-esteem, loneliness, and social support among adolescent mothers participating in the new parents project. *Adolescence*, 35(139), 444-453



# 45%

The Eastern Suburbs area of the District comprises Botany Bay; Randwick; Sydney (part); Waverley and Woollahra LGAs.

Forty five percent (45%) of the District's population reside in these Local Government Areas.<sup>1</sup>



Aboriginal people

In 2016, just over one percent (1.2%) of the population in the Eastern Suburbs area of the District identified as being Aboriginal.<sup>1,2</sup>

Aboriginal people experience higher prevalence of risk factors such as smoking and being overweight or obese as well as higher morbidity across a range of health conditions, including diabetes, renal, cardiovascular and respiratory diseases, and injury. Aboriginal people are also less likely to access our health services and often have poorer outcomes when they do access services. Mortality, morbidity and service usage are likely to be underestimated, as Aboriginality is not always accurately recorded.<sup>3</sup>



Carers

Almost forty percent (39%) of SESLHD carers reside in the Eastern Suburbs area of the District.<sup>1</sup>

Close to 60% of carers in the Eastern Suburbs area are female. Women who are carers are likely to ignore their own health needs and often report having poorer physical, mental and emotional health and well-being.



### Cultural and linguistic diversity

The Eastern Suburbs area of the District is culturally and linguistically diverse with 31% of the population born in a mainly non-English speaking country<sup>5</sup> and 33% speaking a language other than English at home.<sup>1,5,6</sup>

### The top 10 non-English speaking countries of birth for residents of the Eastern Suburbs area of the District are:

China (20%); Indonesia (6%); Thailand (4%); India (3.5%); Hong Kong (3%); Malaysia (3%); Philippines (3%); Brazil (3%); Italy (3%) and France (3%).<sup>1</sup>

### The top 10 languages other than English spoken by residents of the Eastern Suburbs area of the District are:

Mandarin (22%); Greek (11%); Cantonese (9%); Spanish (7%); Indonesian (6%); Italian (6%); Russian (5%); French (5%); Arabic (4%) and Portuguese (4%).<sup>1,5</sup>

Many residents of the Eastern Suburbs area of the District experience language barriers and communication issues when accessing health care services with 14% of those speaking languages other than English, indicating low levels of English language proficiency.<sup>7</sup>



### Children 0-5 years

Eight percent (8%) of the population in the Eastern Suburbs area of the District are children aged 0-5 years.<sup>1,4</sup>

Recently, the 2015 Australian Early Development Census (AEDC) reported that 22.1% of children in Botany Bay LGA are vulnerable on one or more of the following domains: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills and communication skills and general knowledge compared to the state average of 20.2%.<sup>4</sup>



### People with disability

Forty six percent (46%) of SESLHD's population with disability reside in the Eastern Suburbs area of the District.<sup>1</sup>

People of all ages and cultural backgrounds have disability, and the way disability impacts on their lives varies enormously. People with disability are more likely to have lower socio-economic status, have fewer educational qualifications, be out of work, and experience discrimination than those without disability.<sup>8</sup>



People experiencing or at risk of homelessness

On 2016 Census night a total of 686 individuals across SESLHD were identified as experiencing primary homelessness

(Census dwelling category of residing in an improvised home, tent or sleepers out) **with 93% located within the Sydney statistical region** (inner city region only).<sup>1</sup>

There is often a broad range of interacting factors that can contribute to homelessness thereby requiring a holistic approach to health care when working with people who may be experiencing homelessness.



People on low incomes

One in four people in the Eastern Suburbs area of the District have an income of less than \$499 per week.<sup>1,9</sup>

Low income and levels of socioeconomic advantage link closely to health outcomes for populations, with increased burden of long term (chronic) health conditions particularly where low educational attainment, underemployment and the receipt of welfare payments exist. Factors such as these are believed to reinforce health status by reducing individual resources to engage in one's own health.<sup>10</sup>



New and emerging communities

Nearly two thirds (63.2%) of new arrivals to SESLHD settle in the Eastern Suburbs area of the District.<sup>11,12</sup>

New arrivals arrive from many countries with the largest proportions coming from China (20%), India (5%), Indonesia (3%), France (3%) and the Philippines (2%). A migrant's health needs may be related to their having: settled in a new country; having diverse language, cultural and health beliefs; and a poor understanding of how the health system works.



Older people

Thirteen percent (13%) of the population in the Eastern suburbs area of SESLHD is aged over 65 years and 2% is aged over 85 years.<sup>1</sup>

As more people live to 'older old age' (i.e. 80 years and older), the prevalence of chronic diseases increases markedly.

It is generally understood that the greatest need for health care is in the last one to two years of a person's life.<sup>13</sup> Health care expenditure for people over 65 years is two to three times higher than for those under 65 years, and higher still for those aged 80 years or older.<sup>14</sup>



Women

Fifty one percent (51%) of the population in the Eastern Suburbs area of the District are women.<sup>1</sup>

It is important that women's health needs are considered not just in the context of sexual and reproductive health but in the broader context of mental health, women's experience of violence, the impact of social determinants of health (income, access to education and employment) and gender differences with regard to clinical presentation and response to treatment, as well as inequality in accessing services and in health outcomes.



## Young People

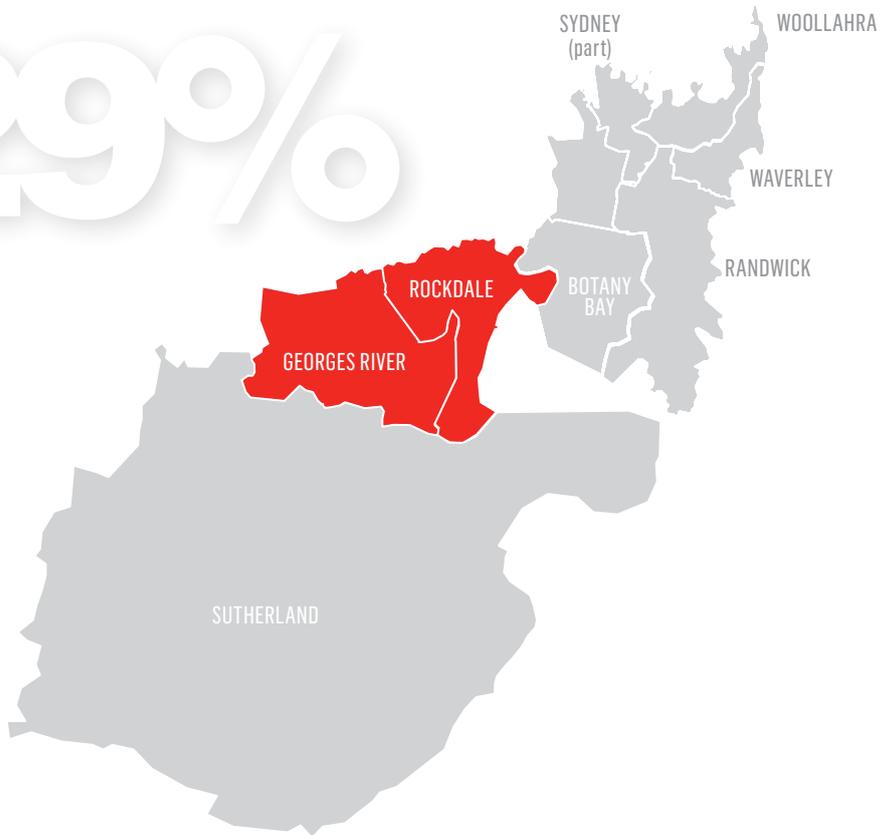
**Nearly one in five (19%) residents in the Eastern Suburbs area of the District are aged between 12 and 25 years.<sup>1,4</sup>**

Adolescence is a dynamic period of development, marked by major psychosocial and physical change and presenting a unique set of health and wellbeing issues. This life stage presents an important opportunity for health services to intervene early in health issues and to be accessible and responsive to the needs of young people.

1. Australian Bureau of Statistics, Census of Population and Housing 2016.
2. Excludes Indigenous status not stated.
3. Centre for Epidemiology and Evidence (2012). The health of Aboriginal people of NSW: Report of the Chief Health Officer. Sydney: NSW Ministry of Health.
4. Australian Early Development Census: [www.aedc.gov.au](http://www.aedc.gov.au)
5. English speaking countries include: Australia, New Zealand, United Kingdom, Ireland, Canada, USA, South Africa and Zimbabwe.
6. Excludes not stated and inadequately described.
7. Speaks English 'Not well' or 'Not at all' and excludes not stated
8. SESLHD Disability Action Plan 2012-2015.
9. For the purpose of this Demographic Profile we consider low income as any individual with income less than \$499 per week.
10. Australian Institute of Health and Welfare 2016. Australia's health 2016. Australia's health series no. 15. Cat. no. AUS 199. Canberra: AIHW.
11. DIAC Settlement Reporting Facility from the Settlement Database.
12. Arrivals from 1 July 2012 to 30 June 2017.
13. Seshamani M, Gray A. Time to death and health expenditure: an improved model for the impact of demographic change on health care costs. *Age Ageing*. 2004 Nov;33(6):556-61
14. SESLHD Aged Care Services Plan 2015-2018

29%

The St George area comprises Georges River and Rockdale LGAs and is home to 29% of the District's residents.<sup>1</sup>



Less than one percent (0.6%) of the population in the St George area identify as being Aboriginal.<sup>1,2</sup>

Aboriginal people experience higher prevalence of risk factors such as smoking and being overweight or obese as well as higher morbidity across a range of health conditions, including diabetes, renal, cardiovascular and respiratory diseases, and injury. Aboriginal people are also less likely to access our health services and often have poorer outcomes when they do access services. Mortality, morbidity and service usage are likely to be underestimated, as Aboriginality is not always accurately recorded.<sup>3</sup>



Approximately one third (32%) of SESLHD carers reside in the St George area.<sup>1</sup>

Close to two thirds (63%) of carers in St George are female. Women who are carers are likely to ignore their own health needs and often report having poorer physical, mental and emotional health and well-being.



Seven percent (7%) of St George's population are children aged 0-5 years.<sup>1,4</sup>

Recently, the 2015 Australian Early Development Census (AEDC) reported that 23% of children in Rockdale LGA are vulnerable on one or more of the following domains: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills and communication skills and general knowledge compared to the state average of 20%.<sup>4</sup>



### Cultural and linguistic diversity

This area is the most culturally and linguistically diverse within the District with 44% of the population born in a mainly non-English speaking country<sup>5</sup> and 58% speaking a language other than English at home.<sup>1,5,6</sup>

### The top 10 non-English speaking countries of birth for residents of the St George area are:

China (30%); Nepal (8%); Greece (5%); Hong Kong (4%); Former Yugoslavian Republic of Macedonia (FYROM) (4%); Lebanon (4%); Philippines (4%); India (4%); Bangladesh (3%) and Egypt (3%).<sup>1</sup>

### The top 10 languages other than English spoken by St George residents are:

Mandarin (21%); Cantonese (14%); Greek (12%); Arabic (10%); Nepali (6%); Macedonian (6%); Spanish (3%); Italian (3%); Bengali (2%) and Indonesian (2%).<sup>1,5</sup>

Many residents of the St George area experience language barriers and communication issues when accessing health care services with 19% of those speaking languages other than English, indicating low levels of English language proficiency.<sup>7</sup>



### People with disability

Thirty percent (30%) of SESLHD's population with disability reside in the St George area.<sup>1</sup>

People of all ages and cultural backgrounds have disability, and the way disability impacts on their lives varies enormously. People with disability are more likely to have lower socio-economic status, have fewer educational qualifications, be out of work, and experience more discrimination than those without disability.<sup>8</sup>



### People experiencing or at risk of homelessness

On 2016 Census night a total of 686 individuals across SESLHD were identified as experiencing primary homelessness

(Census dwelling category of residing in an improvised home, tent or sleepers out) with 2% of those being in the Rockdale/Kogarah statistical region.<sup>1</sup>

There is often a broad range of interacting factors that can contribute to homelessness thereby requiring a holistic approach to health care when working with people who may be experiencing homelessness.



### People on low incomes

Almost one in three (32.7%) people in the St George area have an income of less than \$499 per week.<sup>1,9</sup>

Georges River LGA has the highest percentage (34%) of low income earners across the District. Low income and levels of socioeconomic advantage link closely to health outcomes for populations, with increased burden of long term (chronic) health conditions particularly where low educational attainment, underemployment and the receipt of welfare payments exists. Factors such as these are believed to reinforce health status by reducing individual resources to engage in one's own health.<sup>10</sup>



### New and emerging communities

**Approximately a third (31.3%) of new arrivals to the District settle in the St George area.** <sup>11,12</sup>

New arrivals arrive from many countries with the largest proportions coming from China (37%), Nepal (16%), India (7%), Philippines (5%) and Bangladesh (5%). A migrant's health needs may be related to: having settled in a new country; having diverse language, cultural and health beliefs; and having a poor understanding of how the health system works.

Between the 2011 and 2016 Census, there has been a marked increase of over 1,000% in the number of people from Mongolia residing in the District. Health staff from across the District are also reporting that the number of patients they are seeing from a Mongolian background is increasing, particularly in the maternity setting. An analysis of 2016-2017 interpreter utilisation data shows Mongolian as the 19th largest language group for total number of appointments across the District.



### Older people

**Fifteen percent (15%) of the population in St George is aged over 65 years and 3% is aged over 85 years.**<sup>1</sup>

As more people live to 'older old age' (i.e. 80 years and older), the prevalence of chronic diseases increases markedly. It is generally understood that the greatest need for health care is in the last one to two years of a person's life.<sup>13</sup> Health care expenditure for people over 65 years is two to three times higher than for those under 65 years, and higher still for those aged 80 years or older.<sup>14</sup>



### Women

**Fifty one percent (51%) of St George's population are women.**<sup>1</sup>

It is important that women's health needs are considered not just in the context of sexual and reproductive health but in the broader context of mental health, women's experience of violence, the impact of social determinants of health (income, access to education and employment) and gender differences with regard to clinical presentation and response to treatment, as well as inequality in accessing services and in health outcomes.



### Young People

**One in five (19%) residents in the St George area are aged between 12 and 25 years.**<sup>1,4</sup>

Adolescence is a dynamic period of development, marked by major psychosocial and physical change and presenting a unique set of health and wellbeing issues. This life stage presents an important opportunity for health services to intervene early in health issues and to be accessible and responsive to the needs of young people.

1. Australian Bureau of Statistics, Census of Population and Housing 2016.  
 2. Excludes Indigenous status not stated.  
 3. Centre for Epidemiology and Evidence (2012). The health of Aboriginal people of NSW: Report of the Chief Health Officer. Sydney: NSW Ministry of Health.  
 4. Australian Early Development Census: www.aedc.gov.au  
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 14. SESLHD Aged Care Services Plan 2015-2018

**More than a quarter (25.9%) of the District's population resides in the Sutherland LGA.<sup>1</sup>**

**25.9%**



**Aboriginal people**

**In 2016, just over one percent (1.2%) of the population in the Sutherland LGA identified as being Aboriginal.<sup>1,2</sup>**

Aboriginal people experience higher prevalence of risk factors such as smoking and being overweight or obese as well as higher morbidity across a range of health conditions, including diabetes, renal, cardiovascular and respiratory diseases, and injury. Aboriginal people are also less likely to access our health services and often have poorer outcomes when they do access services. Mortality, morbidity and service usage are likely to be underestimated, as Aboriginality is not always accurately recorded.<sup>3</sup>



**Carers**

**Twenty nine percent (29%) of SESLHD carers reside in the Sutherland LGA and 60% of all carers in the Sutherland LGA are female.<sup>1</sup>**

Women who are carers are likely to ignore their own health needs and often report having poorer physical, mental and emotional health and well-being.



### Children 0-5 years

**Eight percent (8%) of the Sutherland LGA's population are children aged 0-5 years.<sup>1</sup>**

Recently, the 2015 Australian Early Development Census (AEDC) reported that 13.1% of children in the Sutherland LGA are vulnerable on one or more of the following domains: physical health and wellbeing; social competence; emotional maturity; language and cognitive skills and communication skills and general knowledge.<sup>4</sup>



### Cultural and linguistic diversity

**In SESLHD, 11.2% of the population was born in a mainly non-English speaking country.<sup>1,5,6</sup>**

#### **The top 10 non-English speaking countries of birth for residents of Sutherland LGA are:**

China (13%); Philippines (5%); Italy (5%); India (5%); Greece (4%); Egypt (4%); Germany (4%); Hong Kong (3%); Lebanon (3%) and Former Yugoslav Republic of Macedonia (FYROM) (3%).<sup>1</sup>

#### **13% of the population in the Sutherland LGA speak a language other than English at home.<sup>1</sup>**

#### **The top 10 languages other than English spoken by residents in the Sutherland LGA are:**

Greek (15%); Mandarin (11%); Cantonese (8%); Arabic (7%); Italian (6%); Spanish (6%); Macedonian (4%); Russian (4%); German (3%); and Portuguese (2%).<sup>1,5</sup>

Many residents of the Sutherland LGA experience language barriers and communication issues when accessing health care services with 11.7% of those speaking languages other than English, indicating low levels of English language proficiency.<sup>7</sup>



### People with disability

**One quarter (25%) of SESLHD's population with disability reside in the Sutherland LGA.<sup>1</sup>**

People of all ages and cultural backgrounds have disability, and the way disability impacts on their lives varies enormously. People with disability are more likely to have lower socio-economic status, have fewer educational qualifications, be out of work, and experience more discrimination than those without disability.<sup>8</sup>



People experiencing or at risk of homelessness

On 2016 Census night a total of 686 individuals across SESLHD were identified as experiencing primary homelessness

(Census dwelling category of residing in an improvised home, tent or sleepers out) with **1.5% of those being in the Sutherland area.**<sup>1</sup>

There is often a broad range of interacting factors that can contribute to homelessness thereby requiring a holistic approach to health care when working with people who may be experiencing homelessness.



People on low incomes

One in four people in the Sutherland LGA have an income of less than \$499 per week.<sup>1,9</sup>

Low income and levels of socioeconomic advantage link closely to health outcomes for populations, with increased burden of long term (chronic) health conditions particularly where low educational attainment, underemployment and the receipt of welfare payments exists. Factors such as these are believed to reinforce health status by reducing individual resources to engage in one's own health.<sup>10</sup>



New and emerging communities

Six percent (6%) of new arrivals to the District settle in the Sutherland LGA.<sup>11,12</sup>

New arrivals arrive from many countries with the largest proportions coming from China (16%), India (6%), Philippines (5%) and Brazil (3%).

A migrant's health needs may be related to: having: settled in a new country; having diverse language, cultural and health beliefs; and having a poor understanding of how the health system works.



Older people

Seventeen percent (17%) of the population in the Sutherland LGA is aged over 65 years and 2.7% is aged over 85 years.

As more people live to 'older old age' (i.e. 80 years and older), the prevalence of chronic diseases increases markedly. It is generally understood that the greatest need for health care is in the last one to two years of a person's life.<sup>13</sup> Health care expenditure for people over 65 years is two to three times higher than for those under 65 years, and higher still for those aged 80 years or older.<sup>14</sup>



Women

Fifty one percent (51%) of the population in Sutherland LGA are women.<sup>1</sup>

It is important that women's health needs are considered not just in the context of sexual and reproductive health but in the broader context of mental health, women's experience of violence, the impact of social determinants of health (income, access to education and employment) and gender differences with regard to clinical presentation and response to treatment, as well as inequality in accessing services and in health outcomes.



## Young People

**Eighteen percent (18%) of residents in the Sutherland LGA are aged between 12 and 25 years.<sup>1</sup>**

Adolescence is a dynamic period of development, marked by major psychosocial and physical change and presenting a unique set of health and wellbeing issues. This life stage presents an important opportunity for health services to intervene early in health issues and to be accessible and responsive to the needs of young people.

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4. Australian Early Development Census: [www.aedc.gov.au](http://www.aedc.gov.au)
5. English speaking countries include: Australia, New Zealand, United Kingdom, Ireland, Canada, USA, South Africa and Zimbabwe.
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**Health**  
South Eastern Sydney  
Local Health District