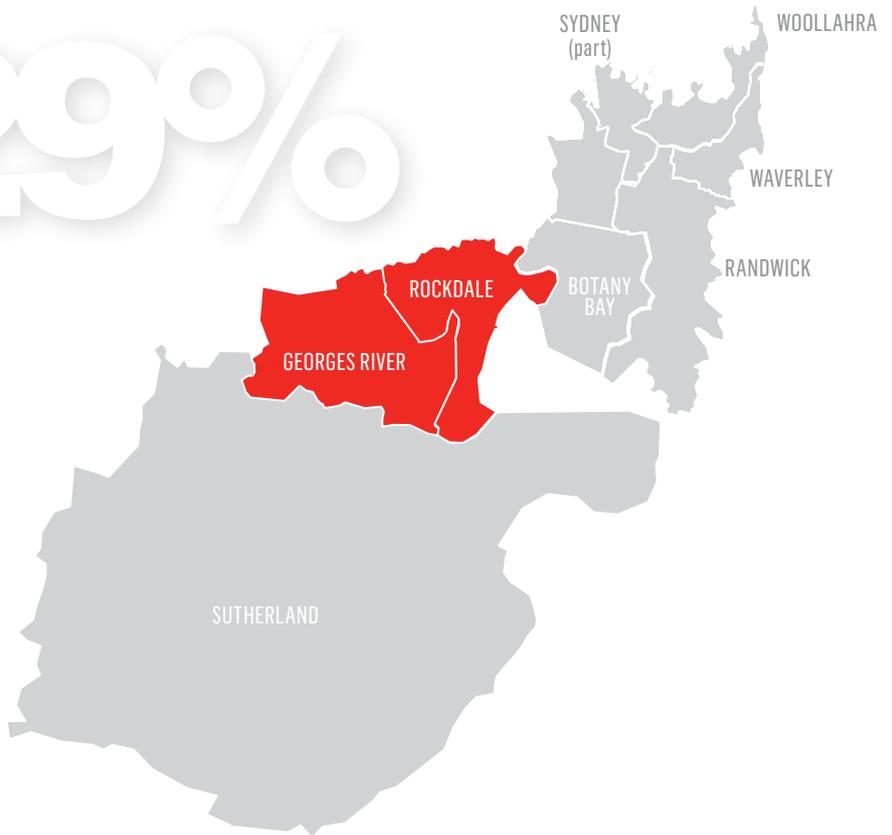


29%

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



Less than one percent (0.6%) of the population in the St George area identify as being Aboriginal.^{1,2}

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.³



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

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.^{1,4}

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%.⁴



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 country⁵ and 58% speaking a language other than English at home.^{1,5,6}

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%).¹

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%).^{1,5}

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.⁷



People with disability

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

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.⁸



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.¹

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.^{1,9}

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.¹⁰



New and emerging communities

Approximately a third (31.3%) of new arrivals to the District settle in the St George area.^{11,12}

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.¹

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.¹³ 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.¹⁴



Women

Fifty one percent (51%) of St George's population are women.¹

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.^{1,4}

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

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