Sutherland

More than a quarter (25.9%) of the District's population resides in the Sutherland LGA.[1]

25.9%

Aboriginal people

In 2016, just over one percent (1.2%) of the population in the Sutherland LGA identified 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]

Carers

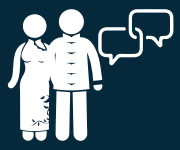
Twenty nine percent (29%) of SESLHD carers reside in the Sutherland LGA and 60% of all carers in the Sutherland LGA are female.[1]

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.[1]

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.[4]



Cultural and linguistic diversity

In SESLHD, 11.2% of the population was born in a mainly non-English speaking country.[1,5,6]

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%).[1]

13% of the population in the Sutherland LGA speak a language other than English at home.[1]

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%).[1,5]

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.[7]

People with disability

One quarter (25%) of SESLHD's population with disability reside in the Sutherland LGA.[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 **1.5% of those being in the Sutherland area**.[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

One in four people in the Sutherland LGA have an income of less than $499 per week.[1,9]

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

Six percent (6%) of new arrivals to the District settle in the Sutherland LGA.[11,12]

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.[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 the population in Sutherland LGA 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

Eighteen percent (18%) of residents in the Sutherland LGA are aged between 12 and 25 years.[1]

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 and inadequately described.
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