Section 2: Health Equity
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2. Health equity – are we achieving it?

SESLHD’s population is diverse. It is made up of many discreet communities. We have significant cultural diversity, as well as sizable Aboriginal populations. While being relatively advantaged overall compared to the rest of NSW, SESLHD is home to a large share of some of NSW’s high risk populations, including homeless people, marginalised youth, and people who inject drugs.

We embrace the principle that everyone has an equal right to good health care and good health regardless of their background or level of advantage in the community. However, large gaps remain in some health indicators compared across different population groups within our District.

It is a well-established fact that disadvantage is linked with poorer health and earlier death. Aboriginal people are a highly disadvantaged group. Other groups at risk of specific health issues and/or with specific care needs include: socioeconomically disadvantaged people (related to income, education, employment), people with mental illness, homeless people, marginalised youth, and people with a disability.

By geography, people living in the Botany Bay Local Government Area are at highest risk of a range of health indicators, reflecting their relatively low socioeconomic status. In Sydney Local Government Area avoidable death rates are also relatively high, partly a reflection of increased suicide rates.
Inequities in avoidable deaths – opportunity for prevention

While the overall risk of ‘avoidable death’ among residents is declining and lower than in the rest of NSW, there are large differences with the District. For example, residents of the Statistical Local Areas (SLA) of Sydney-East and Botany Bay are at a relatively high risk of Avoidable Death, when compared to the rest of SESLHD and NSW.

Avoidable deaths are those attributed to conditions considered preventable or otherwise avoidable through earlier intervention or action and which occur before age 75 years, given available knowledge.

Avoidable causes of death are sub-categorised into those mainly:

- Preventable – through reducing the risk of developing the condition, e.g. road trauma, chronic obstructive pulmonary disease, suicide, falls, alcohol-related disease.

- Amenable (treatable) – through clinical interventions to reduce the risk of death once the condition has developed, e.g. colorectal & breast cancer, hypertensive heart disease, peptic ulcer disease.

Three major causes are allocated evenly to the two categories: diabetes, coronary heart disease (including heart attacks) and cerebrovascular disease (including strokes).

The excess in avoidable deaths among Sydney-East LGA and Botany LGA residents is largely due to preventable causes.
Suicide rates high in inner and eastern Sydney

In the early 2000s suicide death rates among residents were lower than the NSW average.

However the continuing decline in suicide deaths observed among NSW residents in the early and mid-2000s was not mirrored among residents. The most recent data suggest that the risk of suicide among residents is now similar to, or even slightly higher than, the NSW average.

Residents in the Sydney East and Inner SLAs are at a higher risk of suicide than the NSW average (31% and 12% respectively).

**Gap in preventable hospitalisations**

**Botany Bay** Local Government Area (LGA) has the highest rates of **Potentially Preventable Hospitalisation** for Ambulatory Care Sensitive Conditions of all the LGAs within SESLHD. The next highest rates are in the LGAs adjacent to Botany Bay LGA, i.e. Rockdale and Randwick LGAs.

The excess hospitalisations among Botany Bay LGA residents spans the range of conditions, but is mainly explained by the **Chronic Conditions**, particularly **Chronic Obstructive Pulmonary Disease** and, to a lesser extent, Asthma.

### Trends in COPD hospitalisation rates per 100,000 resident population (age-standardised)

Chronic Obstructive Pulmonary Disease hospitalisation rates among Botany Bay LGA residents are double the rates for SESLHD as a whole.

### Condition or Group of Conditions

<table>
<thead>
<tr>
<th>Condition or Group of Conditions</th>
<th>% excess hospitalisations among Botany Bay LGA vs total SESLHD residents (average over last decade)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>+68%</td>
</tr>
<tr>
<td>Asthma</td>
<td>+46%</td>
</tr>
<tr>
<td>Vaccine preventable, including Influenza &amp; Pneumonia</td>
<td>+42%</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>+22%</td>
</tr>
<tr>
<td>Acute</td>
<td>+12%</td>
</tr>
<tr>
<td>Diabetes Complications</td>
<td>+10%</td>
</tr>
</tbody>
</table>

Data source: NSW Inpatients Statistics Collection & ABS resident populations, accessed from HOIST
Fewer GPs in areas of need

In recent years four Divisions of General Practice (primary health care organisations) have serviced the SESLHD geographic area: Eastern Sydney, South Eastern Sydney, St George and Sutherland.

The number of GPs in each Division in 2010/11 is listed on the map, with the ratio of GPs (full-time equivalent workload, FWE) to population below each location.

In metropolitan areas, people from low socioeconomic areas generally consult GPs more frequently than those from high socioeconomic areas.

The map also shows rates of GP service use per head resident population (shaded Statistical Local Areas as per legend). The highest rate of GP service use is among people from the Botany Bay, Rockdale and Hurstville SLAs. The lowest use is among Woollahra SLA residents.

However, an inverse relationship exists between health need and GP distribution. The highest number of GPs per head of population is in the Division which covers Woollahra SLA (ie Eastern Sydney Division) which has 1 GP to every 776 people. In the Division which covers Botany Bay LGA (i.e. South Eastern Division) there is 1 GP for every 1,144 residents.

Access to GPs is further exacerbated by the lack of availability of after-hours services, bulk billing, and many practices are have closed their books for new patients.
Variable private health insurance coverage

Rates of uptake of private health insurance vary considerably between Statistical Local Areas (SLAs).

In both Botany Bay and Sydney-Inner SLAs, less than 40% of residents have private health insurance.

In Woollahra, Waverley and Sutherland Shire SLAs, more than 60% are privately insured.
Use of private health insurance

Patients can elect to pay for inpatient services as privately insured, public patients or by other means such as Department of Veterans Affairs, Medicare Ineligible - Other, Workers Compensation, Motor Accident, etc.

Not surprisingly, inpatient use of private health insurance reflects the uptake of private health insurance by Statistical Local Area (SLA) of residence (refer to previous page). For example 75% of residents of Woollahra SLA have private health insurance and nearly 80% of all separations among Woollahra SLA residents are paid by private health insurance. Less than 40% of Botany Bay SLA residents have private health insurance and a similar proportion of separations among Botany Bay SLA residents are paid using private health insurance.

Likewise, residents of SLAs with a higher private health insurance coverage are more likely to be treated in private hospitals. Further, the SLAs surrounding St Vincent’s Public Hospital are more likely to have a higher proportion of “private patients in other public hospitals”.

**NSW Hospital Separations among residents aged 15 years and over, by election of payment type, hospital type and Statistical Local Area of residence, 2010/11 (per cent)**

Data source: FlowInfo v11.1

Produced by the Strategy and Planning Unit, Directorate Planning and Population Health
Unemployment – an indicator of disadvantage

Employment is one of the indicators which makes up the Socioeconomic Index for Areas (SEIFA).

There is wide variability in employment among people living in different Statistical Local Areas (SLA) within SESLHD.

In December 2011, the proportion of employed adults varied more than three-fold, from 2.6% in Woollahra and Sutherland Shire-West SLAs, to 5.9% in Rockdale SLA, followed by closely by Hurstville SLA (5.8%).

<table>
<thead>
<tr>
<th>Statistical Local Area of residence</th>
<th>Proportion of adult population who are unemployed, December 2011 (per cent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sydney - Inner</td>
<td></td>
</tr>
<tr>
<td>Sydney - East</td>
<td></td>
</tr>
<tr>
<td>Woollahra</td>
<td></td>
</tr>
<tr>
<td>Waverley</td>
<td></td>
</tr>
<tr>
<td>Randwick</td>
<td></td>
</tr>
<tr>
<td>Botany Bay</td>
<td></td>
</tr>
<tr>
<td>Rockdale</td>
<td></td>
</tr>
<tr>
<td>Kogarah</td>
<td></td>
</tr>
<tr>
<td>Hurstville</td>
<td></td>
</tr>
<tr>
<td>Sutherland Shire - East</td>
<td></td>
</tr>
<tr>
<td>Sutherland Shire - West</td>
<td></td>
</tr>
</tbody>
</table>

Data source: Small Area Labour Markets - Department of Education, Employment and Workplace Relations, December 2011, accessed from DEEWR website 6 June 2012
Public housing density – another indicator of disadvantage

The figure above shows the number of public housing dwellings and the percentage of public housing in each Statistical Local Area (SLA) within SESLHD.

Randwick SLA has the largest number of public housing dwellings, whereas Botany Bay SLA has the highest percentage of public housing dwellings.

Within these areas, particular suburbs which have an even higher proportion of public housing. For example, in Daceyville (Botany Bay SLA) about 71% of all homes are public housing.

Data source: ABS Census 2011
High rates of homelessness

About 23% of NSW’s identified homeless population live in the Statistical Subdivisions of Inner Sydney, Eastern Suburbs, and St George-Sutherland, equating to over 6,000 people. Of these homeless people, 50% stay in boarding houses, 24% stay temporarily with friends, 18% in crisis accommodation and 7% are rough sleepers. Most people who are homeless are under the age of 35 years, and over 40% are women, according to data cited in the NSW Homelessness Action Plan.

In Inner Sydney, 133 people out of every 10,000 experience homelessness, as compared to 42 per 10,000 in NSW as a whole. In the Eastern Suburbs, 56 people out of every 10,000 are homeless, and in St George-Sutherland 20 per 100,000 experience homelessness.

Homeless people are much more likely to have impaired health – their social and physical environments and patterns of living are unhealthy, access to health care is restricted, risk of infectious diseases is high, mental illness and disability more common. High rates of smoking, alcohol consumption and drug use partly reflect attempts to meet immediate emotional needs.

Their vulnerability and multiple high complex care needs are complicated by a fragmented homelessness service sector, systemic issues and gaps, and limited referral, housing and support options.

Health services more frequently accessed by people experiencing homelessness include Emergency Departments, Drug and Alcohol, Mental Health and Community based services.

Note: Statistical Subdivision definitions: Inner Sydney includes Statistical Local Areas (SLA) of Sydney East and Botany Bay (i.e. within SESLHD), and others that extend beyond SESLHD e.g. Sydney West & South, Leichhardt and Marrickville. Eastern Suburbs includes Woollahra, Waverley and Randwick SLAs.
In 2010/11, patients recorded as homeless stayed an average of 8 days in SESLHD hospitals, as compared to less than 5 days for other patients. Notably, among neurology patients, homeless people stayed on average 12 days longer than non-homeless patients.

Homelessness was recorded for 0.6% of all episodes. This is likely to be a large underestimate, as the relevant field ('Type of Usual Accommodation') is rarely completed in our hospital data (only 1.2% competed in 2010/11).

The highest volume service related groups (SRGs) among patients recorded as homeless were acute psychiatry, followed by rehabilitation, and drug and alcohol.

Homeless patients were more likely to be admitted via the Emergency Department (58%, as compared to 47% of non homeless patients).

Aboriginal and Torres Strait Islander patients are over-represented among those recorded as homeless (3.8%, as compared to 0.9% among non homeless patients).

**Homeless and non-homeless patient Average Lengths of Stay (ALOS in days), and Proportion of total episodes which are among homeless people, by SESLHD Hospital, 2010/11 (excluding all Day Only, and all Renal Dialysis & Chemotherapy episodes)**
Public Mental Health relatively under funded in SESLHD

Public Mental Health Services in SESLHD are underfunded compared to the state average. The per capita funding in SESLHD is only 55% of the NSW average for public facilities.
Mental health – a high priority

Mental health is identified as a high priority in SESLHD’s Strategy and the Health Care Services Plan 2012-2017.

Dedicated inpatient and community based mental health services are located across the District supporting easy access for residents.

In recent years SESLHD has made a significant investment in mental health inpatient services including:

• A new psychiatric emergency care centre (Randwick Hospital campus) completed in 2010,
• A new non acute mental health unit at Sutherland Hospital completed in 2010,
• Construction of a mental health intensive care unit on the Randwick Hospitals campus, due for completion in 2012, and
• Construction of St George Hospital’s Specialist Mental Health Older Persons Sub Acute Unit due for completion in 2013.

The future focus of mental health services will be on

• Prevention and early intervention,
• Recovery and rehabilitation community based programs, and
• Improving the physical care for people with a mental illness.

Randwick Hospitals’ Mental Health Intensive Care Unit

St George Hospital Mental Health Services for Older People
Young people at risk

About 14% (113,709) of our population are young people aged 15-24 years. In our Aboriginal population, 27% are aged under 15 years of age.

The general population of young people experience good health, but Aboriginal and/or marginalised youth are at risk of poor health outcomes. In NSW 28% of the homelessness population is aged 12-24 years. Over 20% of high risk youth accessing the Inner City Youth Project are Aboriginal or Torres Strait Islander.

Many of the health risks for marginalised young people are inter-related:
- Homelessness
- Mental illness
- Injury and poisoning including from self harm (leading cause of death and hospitalisation)
- Alcohol and other drugs (and associated issues e.g. hepatitis C)
- Sexually transmissible infections and unplanned teenage pregnancies

Additionally, young people’s exposures to health risks and risky behaviour have been shown to negatively impact on health outcomes in adulthood, for example:
- **Homelessness among youth** – related to long term homelessness and related health outcomes
- **Smoking at an early age** – related to chronic smoking & related health outcomes
- **Injecting drug use** – related to long term consequences of Hepatitis C infection, such as chronic liver disease and cancer
- **Unprotected sexual behaviours** – at risk of Chlamydia and its long term consequences, such as pelvic inflammatory disease and infertility

Despite these increased risks among marginalised young people, they are less likely to access mainstream health services.

**Risk factors for young people who are homeless or at risk of homelessness, 2005-2008**

- **Unstable accommodation**
- **Drug related activity**
- **Sex work**
- **Under the age of 16**

Data source: Inner City Youth at Risk Project 2005-2008 (based on interviews with 812 young people)
Aboriginal and Torres Strait Islander residents - % of total population by Statistical Local Area, 2006

<table>
<thead>
<tr>
<th>SESLHD sector</th>
<th>Local Government Areas (LGA)</th>
<th>Aboriginal pop (2011)</th>
<th>% of total LGA pop</th>
<th>% Aboriginal pop of SESLHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Sector</td>
<td>Botany</td>
<td>615</td>
<td>1.6</td>
<td>9.7</td>
</tr>
<tr>
<td></td>
<td>Randwick</td>
<td>1,843</td>
<td>1.4</td>
<td>29.2</td>
</tr>
<tr>
<td></td>
<td>Sydney (part)</td>
<td>469</td>
<td>0.7</td>
<td>7.4</td>
</tr>
<tr>
<td></td>
<td>Waverley</td>
<td>245</td>
<td>0.4</td>
<td>3.9</td>
</tr>
<tr>
<td></td>
<td>Woollahra</td>
<td>112</td>
<td>0.2</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td><strong>Northern Total</strong></td>
<td><strong>3,284</strong></td>
<td><strong>0.9</strong></td>
<td><strong>52.0</strong></td>
</tr>
<tr>
<td>Southern Sector</td>
<td>Hurstville</td>
<td>491</td>
<td>0.6</td>
<td>7.8</td>
</tr>
<tr>
<td></td>
<td>Kogarah</td>
<td>227</td>
<td>0.4</td>
<td>3.6</td>
</tr>
<tr>
<td></td>
<td>Rockdale</td>
<td>575</td>
<td>0.6</td>
<td>9.1</td>
</tr>
<tr>
<td></td>
<td>Sutherland</td>
<td>1739</td>
<td>0.8</td>
<td>27.5</td>
</tr>
<tr>
<td></td>
<td><strong>Southern Total</strong></td>
<td><strong>3,032</strong></td>
<td><strong>0.7</strong></td>
<td><strong>48.0</strong></td>
</tr>
<tr>
<td><strong>SESLHD Total</strong></td>
<td></td>
<td><strong>6,319</strong></td>
<td><strong>0.8</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

In 2011, SESLHD’s total Aboriginal resident population was **6,319** people – 0.8% of the District’s total population.

The District’s Aboriginal population makes up 3.6% of the State’s Aboriginal population.

The District’s largest Aboriginal populations live in the Randwick and Sutherland Local Government Areas (LGA).

Of all SESLHD Local Government Areas, Botany LGA has the highest proportion of Aboriginal people (1.6%).

Compared to the non-Aboriginal population, the Aboriginal population is much younger.

Life expectancy for Aboriginal men and women in NSW are estimated to be 70 and 75 years respectively (as compared to 79 and 83 years in the non-Aboriginal population).

Aboriginal people suffer much higher morbidity across a range of conditions; including diabetes, renal, cardiovascular and respiratory diseases, and both intentional and unintentional injury.
Aboriginal people over-represented in our hospitals

In 2010-11, 1.0% (1,599) of all hospital separations from SESLHD facilities were recorded as being among Aboriginal people. Given that Aboriginal people comprise 0.8% of the SESLHD resident population, and are on average younger than the general population, Aboriginal people are ‘over-represented’ in our hospitals.

However, the level of ‘representation’ of Aboriginal people in our hospitals appears to vary considerably across the District, more than can be explained by the different hospital catchment populations.

For example, the proportion of hospitalisations recorded among Aboriginal people ranged between less than 1% at Calvary Health Care and 1.9% at Prince of Wales Hospital. These estimates are likely to reflect poor recording of Aboriginality and/or relatively poor access among Aboriginal people, at some services more than others.

Proportion of hospitalisations recorded as Aboriginal or where Aboriginality not recorded, by SESLHD facility 2010-11

Until Aboriginality is recorded consistently and well across the District, it is not possible to make valid conclusions about levels of and trends in access, disease and injury, and service outcomes, among Aboriginal SESLHD residents, based on analyses of hospitalisation utilisation data.

Data source: Inpatients Statistics Collection accessed from HOIST 6 June 2012
Disproportionate activity for the Aboriginal population

In 2010-11, hospitalisation rates (age-standardised) for three selected major causes were higher among residents recorded as Aboriginal than our non-Aboriginal residents. The four causes were: mental and behavioural disorders; symptoms, signs and abnormal findings; and renal dialysis.

However, for every other major cause, hospitalisation rates among residents recorded as Aboriginal were similar to or lower than for our non-Aboriginal residents.

While for some individual causes this may reflect lower levels of morbidity among Aboriginal residents, for many causes – including endocrine diseases (which includes diabetes) – this is extremely unlikely. It is much more likely to reflect under-recording of Aboriginality and/or poorer access among Aboriginal people.

Hospitalisations by category of cause and Aboriginality, SESLHD residents, 2010-11

Data source: Health Statistics NSW website

Produced by the Strategy and Planning Unit, Directorate Planning and Population Health
Timely antenatal care, but smoking common among Aboriginal women

A decade ago, only 2 in 3 Aboriginal women living in SESLHD had their first antenatal visit during the first 20 weeks of their pregnancy.

Today nearly 90% of Aboriginal SESLHD women access their first antenatal care visit in the first 20 weeks of pregnancy, only slightly less than for non-Aboriginal women.

Smoking in pregnancy has been declining over the last decade, among both Aboriginal and non-Aboriginal residents.

Only about 2% of non-Aboriginal residents now smoke in the second half of pregnancy.

However, about 28% of Aboriginal residents still smoke in second half of their pregnancy.

Aboriginal women now having timely access to antenatal care represents an opportunity for smoking cessation intervention.

Data source: NSW Midwives Data Collection, accessed from HOIST

Produced by the Strategy and Planning Unit, Directorate Planning and Population Health
Other priorities for `closing the gap’ among Aboriginal people

Given the inconsistencies in reporting of Aboriginality in health and related data collections in NSW, particularly in metropolitan areas, it is not currently possible to paint an accurate and comprehensive picture of the health of Aboriginal people at a District level.

Therefore we refer here to published data at a national level (generally limited to NSW, Queensland, Western Australia, South Australia and Northern Territory).

Relative to the non-Aboriginal population, for Aboriginal people:

- End stage renal disease registration rates are over seven times higher
- Hospitalisations for Chronic Ambulatory Care Sensitive Conditions are seven times higher
- Chronic disease (and cardiovascular disease) mortality rates are about double
- Injury & poisoning hospitalisation rates (including suicide) are higher in all age groups (except 65 years and over), with the largest difference among those aged 25-4 years (three times higher)
- Cancer mortality rates are about 50% higher

In terms of risk factors, relative to the non-Aboriginal population, Aboriginal people are:

- Nearly three times as likely to have high or very high levels of psychological distress (31% of Aboriginal adults in 2008)
- More than twice as likely to smoke (47% in 2008)
- Less likely to do moderate to high level of physical activity (21% vs 31% in 2004-05)
- Twice as likely to be obese (34% in 2004-05)
A large diverse population

SESLHD has a large population who were born overseas. In 2011, **206,195 people (26 % of the District’s population)** were born in a non-English speaking country, an increase of 5% from 2006. Almost half (42%) of these SESLHD residents live in the St George area.

More than a third (37%) of our residents speak another language at home, an increase of 13% from 2006.

People born in China make up by far the largest SESLHD population from a non-English speaking country, followed by Greece and Indonesia.

Overseas born people, on average, experience relatively good health. However, some groups are more susceptible to specific health risks (e.g. smoking, low cancer screening rates) and chronic conditions (e.g. diabetes, heart and respiratory disease, mental illness, workplace injuries, tuberculosis) than the Australian-born.

**Top 20 non English speaking countries of birth for Northern and Southern Sector residents, 2011**

Just over half of our permanent migrants arrive under the skilled migration program. A relatively small number arrive on refugee visas (180), and the rest arrive under the family reunion program (many of whom who have experienced similar situations prior to migration as refugees).

**Each year 7,500 people on average migrate from overseas** into the SESLHD area, particularly St George area. Most are young (18-35 years). The largest numbers come from China and India.
Increasing and unmet demand for health care interpreters

Given the diversity of cultures in South Eastern Sydney, interpreter services are essential to communicate effectively with many of our patients. This is a quality and safety issue as identified in the Commissioner Garling’s report on acute care hospitals in NSW in 2008.

An estimated 28,254 or 12% of residents born in a Non English speaking country do not speak English well or at all.

In 2011/12 a total of 46,539 occasions of service were provided for interpreting in our hospitals. However demand is increasing, and has outstripped the capacity of our health care interpreters to supply their services:

- Patients often have to wait up to a week until they can be seen with a free health care interpreter present.
- Facilities often have to purchase additional services through the fee for service national Telephone Interpreter Service.
- File audits have shown that, contrary to health policy, family and friends are often used to interpret, even for seeking consent.

Reasons for increasing and unmet demand for interpreter services

- Large cohorts of ethnic communities are ageing and accessing more health services.
- English language proficiency among post war immigrants is relatively low (e.g. lower than for those who arrived later).
- Diversity is increasing – more different languages are spoken among more diverse communities.
- Interpreters are increasingly required to interpret while patients undergo lengthy procedures.

![Occasions of Service for healthcare interpreters, by top 20 Languages and SESLHD Sectors, 2011/2012](chart)

Data source SESLHD Multicultural Health Services; ABS Census 2011
Birth outcomes among Culturally & Linguistically Diverse women

Women born in some countries overseas and from some Culturally and Linguistically Diverse (CALD) groups tend to have poorer maternal and birth outcomes than others.

In the table below, a range of indicators are shown for women born in different countries who migrate to Australia and give birth in SESLHD facilities.

The variation in maternal and birth outcomes reflects a range of factors related to cultural diversity and preferences, underlying health risks, access to services (which may be related to linguistic and cultural appropriateness), and the clinical care provided.

Maternal and birth outcomes among women birthing at SESLHD facilities, 2009-2010

<table>
<thead>
<tr>
<th>Maternal Country of birth</th>
<th>Number of confinements</th>
<th>Antenatal care</th>
<th>Delivery</th>
<th>Birth outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>First visit after 16 weeks gestation</td>
<td>Spontaneous vaginal deliveries</td>
<td>Instrumental deliveries</td>
</tr>
<tr>
<td>Australia</td>
<td>7,282</td>
<td>11%</td>
<td>59%</td>
<td>13%</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>276</td>
<td>12%</td>
<td>45%</td>
<td>18%</td>
</tr>
<tr>
<td>China</td>
<td>970</td>
<td>26%</td>
<td>56%</td>
<td>18%</td>
</tr>
<tr>
<td>India</td>
<td>255</td>
<td>15%</td>
<td>46%</td>
<td>21%</td>
</tr>
<tr>
<td>Thailand</td>
<td>179</td>
<td>19%</td>
<td>53%</td>
<td>16%</td>
</tr>
<tr>
<td>Lebanon</td>
<td>307</td>
<td>27%</td>
<td>76%</td>
<td>7%</td>
</tr>
<tr>
<td>Nepal</td>
<td>146</td>
<td>31%</td>
<td>44%</td>
<td>25%</td>
</tr>
<tr>
<td>Philippines</td>
<td>266</td>
<td>16%</td>
<td>46%</td>
<td>16%</td>
</tr>
<tr>
<td>Russian Federation</td>
<td>104</td>
<td>12%</td>
<td>58%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: ObstetriX, accessed via SESLHD Child, Youth, Women and Family Unit
Refugee population

Around 7,500 migrate from overseas to the District annually of which about 200 arrive on humanitarian visas.

However, there are many other settlers in the District that have come from war-torn countries and have had similar refugee-type experiences.

People from refugee and refugee-like backgrounds, including asylum seekers and those settling under the Family Reunion Migration Stream, are a highly vulnerable group within the community with complex and multiple health needs.

The top six countries of birth for humanitarian arrivals are (in order) China, Iran, Iraq, Bangladesh, Egypt, and Nepal. Established refugee communities include Bosnian, Russian and Sudanese communities.

Refugees can have many complex underlying mental health and physical health problems.

Negotiating the health system is very difficult for new arrivals generally, but for refugees there are often many competing priorities. A proactive approach by health services is required to identify and treat their health issues and link them to mainstream health services.

Refugee children are a particularly vulnerable group whose health conditions are often asymptomatic. Routine screening identifies a high rate of preventable and treatable conditions.
30,000 SESLHD residents with profound or severe disability

Nearly 30,000 SESLHD residents have a profound or severe disability – that is 1 in 30 people (3.4% of total population).

The prevalence of disability varies greatly across the District. In Botany Bay and Rockdale Local Government Areas (LGAs) nearly 1 in 20 people have a profound or severe disability. In contrast, in the Sydney and Woollahra LGAs less than 1 in 40 have a profound or severe disability.

The number of people with a disability is increasing worldwide. Contributing factors include: ageing and increasing chronic disease; advances in medicine, surgery and technology increasing survival rates from trauma and premature births; injuries from car crashes, falls and violence.

People with disability are more likely to have lower socio-economic status and fewer educational qualifications, be out of work, and experience more discrimination than others. Disability increases with age.

People with a disability often require more and complex health resources and services.

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Disability and related needs in NSW

- One in 5 people have a disability, with about half needing an aid/equipment to assist with daily living, and a quarter experiencing difficulties with health care
- One in 12 people have an impairment that requires assistance with communication and cognitive skills
- One in 25 people have a profound or severe disability (as compared to SESLHD average of 1 in 30)
Gay, Lesbian, Bisexual and Transgender communities

SESLHD has long been recognised as a significant population centre for gay and other homosexually active men and women.

Around 40% of the estimated 100,000 men in metropolitan Sydney who identify as gay, live within the SESLHD (Roy Morgan Morgan analysis, on behalf of ACON Health 2011).

Health risks and issues

Rates of Human Immunodeficiency Virus (HIV) infection and other notifiable sexually transmissible infections are much higher in SESLHD than elsewhere in NSW, although overall HIV notifications have fallen in recent years. Sex between men continues to account for about 75% of HIV notifications in NSW.

Other important health issues that affect the broader Gay, Lesbian, Bisexual and Transgender (GLBT) community are:

- Mental illness
- Illicit drug use
- Stigma and discrimination
- Homophobic violence

A wide range of HIV population health, clinical care, research and non government organisation services for this population are based in our District.

The Australian response to HIV began in south eastern Sydney.