

E. A PROFILE OF SOUTH WESTERN SYDNEY AREA HEALTH SERVICE

a) THE GEOGRAPHY

SWSAHS delivers health services to people living in the South Western Sydney (SWS) region. SWS comprises the seven local government areas (LGAs) of Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee. Combined, these LGAs make up a total geographical area of approximately 6,237 square kilometres.

Settlement varies from the densely populated residential areas of Bankstown, Fairfield and Liverpool, to the scattered rural townships of Wingecarribee and Wollondilly.

b) THE PEOPLE

SWSAHS has the largest population of any Area Health Service in NSW (about 12%), with 796,846 estimated residents according to the 2001 Census. In 2001, the most populous LGAs were Fairfield (189,034), Bankstown (171,994), Liverpool (159,046) and Campbelltown (150,154), and the least populous LGAs were Camden (45,454) Wingecarribee (42,740) and Wollondilly (38,424).

The total population of SWS has grown by approximately 9% since 1996, with the highest rates of growth occurring in the Camden and Liverpool LGAs. The population is projected to continue to grow by 5.7% to 2006 and by 11.9% to 2011, with the largest growth expected to continue in Camden and Liverpool.

Residents of SWS are a diverse and multicultural population. In 2001, 35.2% of residents were born overseas in a non-English speaking country, compared with 22.3% in NSW. This represents a growth rate of 6.7% since 1996. The major countries of birth were Vietnam (5.2%), Lebanon (2.2%) and Italy (1.6%). A greater proportion of refugees settle in SWS than in any other Area, with 40% of humanitarian arrivals (amounting to over 1,500 people) settling in SWS every year.

In 2001, 1.3% of the total population of SWS were from Aboriginal and Torres Strait Islander descent. This is 8.1% of the total Aboriginal and Torres Strait Islander population of NSW and represents the largest number of Aboriginal and Torres Strait Islander people living in any urban or rural Area Health Service region in NSW. The highest proportion of Aboriginal and Torres Strait Islander people in SWS were living in Campbelltown (2.5%), Liverpool (1.3%) and Bankstown (0.8%) LGAs in 2001.

Compared with NSW, SWS has a relatively young population with one in four people aged between 0 – 14 years compared with one in five people in NSW. A total of 9.7% of the SWS population are aged 65 years and over, compared with 17.9% of the population of NSW. By 2016, the number of children residing in the Fairfield, Campbelltown, Bankstown and Wingecarribee LGAs is projected to decline by 22.3%, 17.8%, 4.0% and 1.2% respectively. By contrast, the number of children residing in the Camden, Liverpool and Wollondilly LGAs is projected to increase by 39.2%, 9.3% and 1.6% respectively. Overall, however, the population of children in SWS is projected to remain relatively stable to 2016.

The population of people aged 45-64 years, and 65 years and over, is expected to increase substantially to 2016 (by 47.4%). This is significant as growth amongst older people is a key driver of hospital and health service activity and resource consumption.

More detailed population figures are provided at Appendix B.

In addition, SWS residents experience higher levels of social disadvantage than other areas of Sydney. In particular, SWS has a higher than average unemployment rate (8.6% compared with 7% in NSW). Sole parent households make up 17.1% of all households compared with

15.5% in NSW, and a large proportion of residents live in public housing (8.8% compared with 4.9% in NSW).

Poor education, unskilled workers and low incomes are some of the other social factors affecting the population, with Wingecarribee, Fairfield and Bankstown having the highest proportion of low-income residents. This is of particular significance, as the correlation between socio-economic disadvantage and poor health is well established.

c) THE BURDEN OF DISEASE

Compared to NSW overall, SWS has significantly lower rates of colorectal cancer, melanoma and breast cancer. However, in general, men and women living in SWS are at a greater risk of dying from any cause, compared with NSW as a whole.

The death rates from coronary heart disease for men and women living in SWS are higher than for the rest of NSW, and are substantially higher for women. The death rates are significantly higher in the Liverpool and Campbelltown LGAs for both men and women, compared with NSW overall. For men in the Bankstown LGA, the death rates are substantially lower than the NSW average.

The lung cancer death rates for men and women living in SWS are considerably higher than for the rest of NSW, and are significantly worse in Campbelltown, Fairfield and Liverpool LGAs. Men and women in SWS also have higher rates of new cases of lung cancer compared with NSW overall. The rates in Campbelltown, Liverpool and Fairfield LGAs are particularly worse than the NSW State average. (See Appendix C for more detail.)

Any death before the age of 75 years is considered to be a 'premature death'. These deaths are referred to as 'Potential Years of Life' Lost (PYLL). Ischemic heart disease mortality (20%), injuries (16%) and lung cancer mortality (7%) contributed most to PYLL in males in SWS during the period 1996 –2000. During the same period, ischaemic heart disease (18%) mortality and stroke mortality (9%) contributed most to the PYLL for females in SWS, followed by breast cancer mortality (6%), chronic respiratory disease mortality (6%) and injuries (6%).

SWS ranks poorly compared with NSW in terms of preventable risk factors. The prevalence of smoking in males in SWS is significantly higher than for males in NSW (31.0% compared with 26.7% in NSW). In addition, 56.0% of SWS respondents to the 1998 NSW Health Survey reported adequate levels of physical activity compared with 60.9% of all NSW residents. In particular, men in SWS were significantly less likely than NSW men overall to report adequate levels of physical activity.

Screening rates for women in SWS are significantly lower than the NSW average. In 2000, the biennial screening rates for cervical cancer among women aged 20 – 69 years living in SWS were significantly lower, than the state average (55% compared with 59% in NSW). Also, a lower proportion of women in SWS reported having a biennial mammogram in 2000/2001 (44% compared with 53.7% in NSW).

It is widely recognised that Aboriginal and Torres Strait Islander Australians generally have worse health status than non-Aboriginal and Torres Strait Islander Australians. People from Aboriginal and Torres Strait Islander backgrounds have significantly lower life expectancy than non-Aboriginal and Torres Strait Islander Australians. Fewer than 2% of Aboriginal and Torres Strait Islander men in SWS are aged 65 years or over compared with 8% of the total male population in SWS. Less than 3% of Aboriginal and Torres Strait Islander women in SWS are aged 65 years and over compared with 11% of the total SWS female population.

Aboriginal and Torres Strait Islander mothers in SWS, compared with non-Aboriginal and Torres Strait Islander mothers, are more likely to be teenage (22.2% compared with 4.2%), smoke during pregnancy (54.5% compared with 14.7%), and are less likely to visit for antenatal care before 10 weeks of their pregnancy (4.2% compared with 19.5%).

Aboriginal and Torres Strait Islander babies in SWS, compared with non-Aboriginal and Torres Strait Islander babies, are more likely to be preterm (14.1% compared with 7.1%), have a low birth weight (10.1% compared with 6.7%) and be admitted to a special care unit due to neonatal morbidity (19.2% compared with 15.8%).

Overall, people from culturally and linguistically diverse (CALD) backgrounds have lower mortality and morbidity than that of their Australian born counterparts. However, some populations experience significantly poorer health. For example, mortality rates for diabetes for people from CALD backgrounds living in SWS are almost twice that of Australian born people. While hospital admissions for mental illness appear to be lower amongst CALD groups overall, refugees are known to experience high levels of psychological distress due to events prior to their arrival in Australia. People of refugee background are also known to have a range of other health problems and experience significant barriers to accessing health services.

d) HEALTH SERVICES AND FACILITIES IN SWSAHS

Public health services in SWSAHS are provided in hospitals, community health centres, nursing homes, specialist centres, community based settings and in the home. A range of other health services are provided by private, government and non-government agencies.

There are six general acute public hospitals in SWSAHS, providing over 1,550 inpatient beds. These hospitals are the Bankstown – Lidcombe, Fairfield, Liverpool, Campbelltown, Camden and Bowral Hospitals.

Liverpool Hospital is the principal tertiary referral hospital for SWSAHS and is a major teaching and research hospital for the University of NSW. Bankstown-Lidcombe Hospital is also a principal referral, teaching and research hospital for the University of NSW. Campbelltown, Camden and Fairfield Hospitals are metropolitan hospitals and Bowral Hospital is a rural district hospital.

SWSAHS operates 15 Community Health Centres across the Area at Bankstown, Bowral, Cabramatta, Campbelltown, Fairfield, Hoxton Park, Ingleburn, Liverpool, Miller, Moorebank, Narellan, Prairiewood, Rosemeadow, Wollondilly and Yagoona. Community based services located in other settings include: -

- Youth Health Services such as TraXside (Campbelltown), Fairfield Liverpool Youth Health Team (Carramar) and The Corner Youth Health Service (Bankstown);
- Early childhood and parenting services;
- Alcohol and other drug services;
- Living skills centres;
- Some primary health nursing clinics;
- Some mental health services; and
- Some oral health clinics.

Other health facilities in SWSAHS include: -

- Braeside Hospital, located on the Fairfield Hospital Campus, which provides palliative care, rehabilitation and aged care psychiatry services and is managed by Hope Healthcare;
- Karitane at Carramar which provides support, guidance and information to families experiencing parenting difficulties;
- Carrington Hospital in Camden which is an aged care facility; and
- Queen Victoria Memorial Home in Picton, which is a nursing home.

Three private hospitals service the residents of SWS. They are the Macarthur Private Hospital in Campbelltown, the Southern Highlands Private Hospital in Bowral and the Sydney Southwest Private Hospital in Liverpool.

Over 890 general practitioners operate across SWS with about 60% consulting in a language other than English. They are organised into five Divisions of General Practice – Fairfield, Liverpool, Bankstown, Macarthur and Southern Highlands.