



INNER WEST SYDNEY

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STRATHFIELD LOCAL GOVERNMENT AREA HEALTH PROFILE



Health

Sydney

Local Health District

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Introduction

This health profile is one of a series of profiles that outlines the health of residents of the Inner West Sydney Medicare Local (IWSML) and Sydney Local Health District (SLHD) catchment area. The catchment comprises Local Government Areas (LGAs) of Ashfield, Burwood, Canada Bay, Canterbury, Leichhardt, Marrickville, Strathfield and Statistical Local Areas (SLAs) of Sydney South and Sydney West and is referred to as the Inner West Sydney catchment. The profile describes the characteristics of the Strathfield Local Government Area (LGA) population and compares it with the populations of the Inner West Sydney catchment and NSW.¹



Strathfield Local Government Area (pop: 35,187) is located halfway between Sydney and Parramatta. It includes the suburbs of Strathfield (postcode 2135), Sydney Markets (postcode 2129), Strathfield South (postcode 2136), Homebush (postcode 2140), part of Belfield (postcode 2191) and part of Greenacre (postcode 2190).

Strathfield is one of the most culturally and linguistically diverse LGAs within Inner West Sydney, where 32.1% of residents speak English as a first language, and 18.5% of persons identify their primary language as being Chinese, 16.8% identify as Dravidian or Indo-Aryan (regions of India, Sri Lanka, Bangladesh and Nepal), and 9.7% as Korean. In socio-economic terms, Strathfield residents rank in the 94th percentile of relative advantage or disadvantage across Australia, and in the 88th percentile within NSW. This identifies them as slightly more advantaged than residents of the Medicare Local overall.

The population is generally healthy, with a low health risk profile and below-average prevalence of most chronic conditions and sexually transmissible infections compared to the broader catchment. The incidence of most types of cancer is well below the catchment and NSW rates for the residents of Strathfield, and premature mortality is also well below comparators at the catchment and NSW level.

¹ Users of this information are strongly advised to refer to the source data to ensure accuracy, and to take note of data explanations which accompany the profile to ensure the information provided is interpreted appropriately and that the data limitations are understood. Reference can be made to the source data through the links and/or references provided.

This health profile should be read in conjunction with more detailed information on the health of the local population provided by IWSML and SLHD on their websites: www.iwsml.org.au and www.slhd.nsw.gov.au. Additional information can also be obtained from the NSW *Chief Health Officer's Report 2010 and Health Statistics NSW*. Available at <http://www.healthstats.nsw.gov.au/> and from the NSW Adult Population Health Surveys: <http://www.health.nsw.gov.au/surveys/Pages/default.aspx>.

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However, the availability of primary care services within Strathfield may present some challenges in the future. The per-capita rate availability of GPs and Practice Nurses is the lowest in the catchment, and the availability of public allied health and community services appears to be limited based on the data made available for the project.

Table 1: Characteristics of the Strathfield LGA at a glance

Indicator	LGA		Inner West Sydney	NSW
	Value	Rank within Inner West Sydney		
Population [^]	35,187*	8 th	548,627*	6,917,656
Population growth forecast (2011 to 2025) [#]	30.6%	2 nd	22.1%	20.3%
% Indigenous persons [#]	0.3%	9 th	0.9%	2.5%
Median annual household income [^]	\$73,892	6 th	\$78,930	\$64,324
Unemployment [#]	5.5%	4 th	5.5%	5.7%
% English as primary language [^]	32.1%	8 th	54.9%	72.5%
Private Health Insurance coverage [#]	51.1%	5 th	50.9%	48.2%
Broadband internet penetration [#]	76.7%	4 th	73.4%	69.9%
Disability – has need for assistance with core activities [^]	4.0%	5 th	4.2%	4.9%
Actual Births 2011 [^]	485	7 th	9,041	97,602

Source: [^] Australian Bureau of Statistics; [#] Public Health Information Development Unit and Australian Bureau of Statistics

Note: Derived by HealthConsult based on income data published by the Australian Bureau of Statistics (2011)

* This population number is based on first count data. The values based on estimated resident data (ERP) are 37,141 and 582,100 respectively.

Population and community characteristics

Headlines

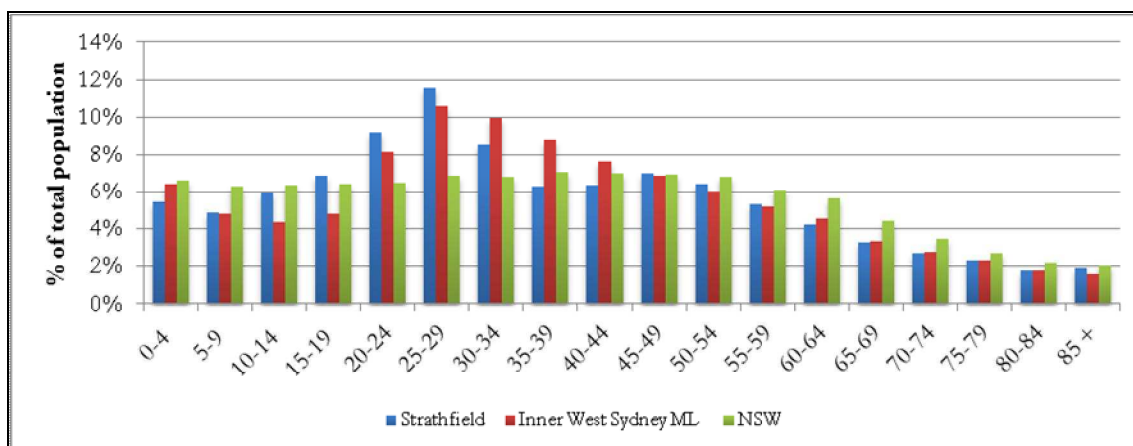
- **Culturally diverse LGA.** Only 35.1% of residents identify English as their first language;
- **High number of refugee entrants,** particularly from Sri Lanka, China and Sudan; and
- **Average socio-economic status,** compared to catchment and NSW averages.

2.1 POPULATION CHARACTERISTICS

The age profile of the Strathfield LGA shows a high concentration of persons aged between 15 and 29 years, relative to the catchment and NSW averages. The cause of this trend is twofold: there has been an increase in the number of young students, workers and couples moving into the area, coupled by an increase in the number of older residents moving away. Therefore, over recent years, Strathfield has been defying the national ageing trend.

The proportion of residents aged 65 years or over (12.0%) is fairly similar to that across the broader catchment (11.8%), but lower than NSW (14.7%) except in the proportion of residents aged over 85 years.

Figure 1: Population profile (by age) vs Inner West Sydney and state comparators, 2011



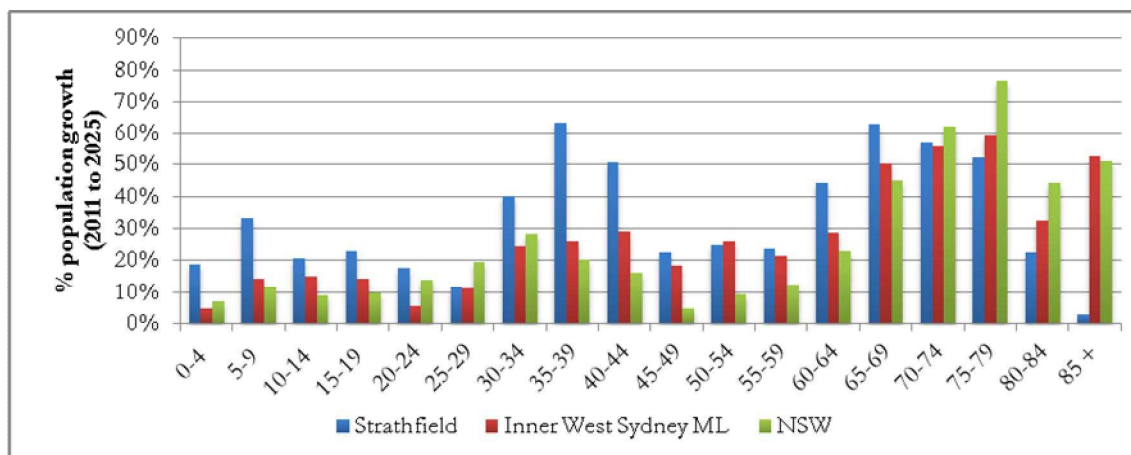
Source: Public Health Information Development Unit and Australian Bureau of Statistics (2012)

During the past decade, the overall rate of population growth within the Strathfield LGA has increased steadily however, this trend has slowed since 2009. Population estimates to 2025 are provided in Figure 2, which shows that the growth in persons younger than age 70 years is expected to be well in excess of that expected across the catchment and NSW. In particular, there is expected to be significant growth in persons aged between 0 and 24 years, 30 to 44 years and 60 to 69 years, with most growth anticipated along the Parramatta Road corridor. Growth

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forecasts for persons aged 75 years and above are expected to be well below the rate expected in both the catchment and NSW.

Figure 2: Forecast population growth (by age) vs Inner West Sydney and state comparators, 2011 to 2025



Source: Public Health Information Development Unit and Australian Bureau of Statistics (2012)

Table 2 and Figure 3 illustrate the projected changes in population numbers and number of people in different age groups in the Strathfield LGA from 2006 – 2031. The projected population numbers are based on the estimated resident population numbers released by the NSW Planning Department in 2009 and differ from those in Figure 2. In 2007, the population density in the Strathfield LGA was 2487.8 (population/area).²

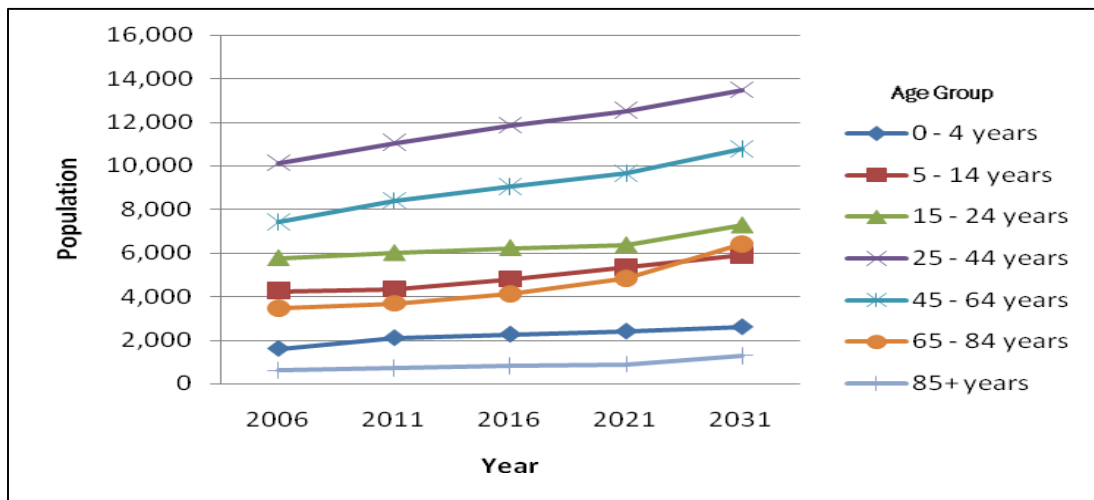
Table 2: Projected population, Strathfield LGA and Inner West Sydney 2006, 2011, 2016, 2021 and 2031

Population projections	Strathfield LGA					Inner West Sydney				
	2006	2011	2016	2021	2031	2006	2011	2016	2021	2031
Total population	33,231	36,322	39,136	42,022	47,721	531,624	578,162	612,914	642,009	696,211
Aged 0 – 4 years	1,601	2,099	2,264	2,402	2,607	31,043	37,279	38,469	39,425	41,571
Aged 5 – 14 years	4,243	4,332	4,787	5,336	5,898	49,018	53,637	60,076	64,014	66,763
Aged 15 – 24 years	5,767	6,009	6,240	6,373	7,290	73,914	75,761	77,464	79,603	87,569
Aged 25 – 44 years	10,138	11,077	11,871	12,543	13,488	198,494	211,686	218,664	223,694	234,486
Aged 45 – 64 years	7,415	8,403	9,025	9,642	10,765	117,304	131,328	139,858	147,132	155,676
Aged 65 – 84 years	3,444	3,673	4,121	4,830	6,400	54,463	59,580	67,995	76,761	94,544
Aged 85 years+	623	729	829	896	1,272	7,388	8,890	10,388	11,381	15,603

Source: NSW Health Population Projection Series 1, 2009

² NSW Department of Local Government 2009, *Comparative Information on NSW Local Government Councils 2007/08*, accessed 4 August 2010. Available at: http://www.dlg.nsw.gov.au/dlg/dlghome/documents/Comparatives/Comparatives_2007_08.pdf

Figure 3: Strathfield LGA projected population age groups 2006, 2011, 2016, 2021 and 2031



Source: NSW Health Population Projection Series 1, 2009

Concurrent with population growth are proposed increases in the number of local homes and jobs. The NSW Government’s Metropolitan Strategy, Inner West Subregion, Draft Subregional Strategy has set a target of an additional 8,300 local dwellings from 2004 to 2031³ and a target of 20,700 local jobs in 2031, an increase of 1,500 from 2001.⁴

2.2 BIRTHS AND MATERNAL HEALTH

Table 3 and Figure 4 show the number of births to Strathfield LGA residents in the period 2006 - 2011. The annual number of births has increased steadily between 2006 and 2011, as has the fertility rate. Over this period the fertility rate in Strathfield was consistently lower than that for NSW.

Table 3: Births to Strathfield LGA Residents and Fertility Rate 2006 - 2011

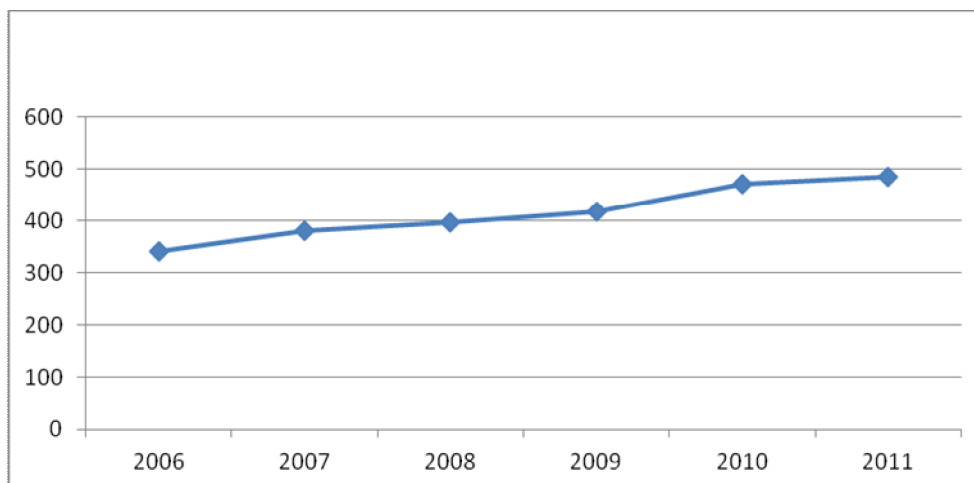
Year	Strathfield births	Strathfield total fertility rate	NSW total fertility rate
2006	341	1.30	1.79
2007	380	1.36	1.81
2008	398	1.40	1.85
2009	419	1.43	1.87
2010	471	1.47	1.90
2011	485	1.52	1.91

Source: ABS 2011 Catalogue No. 330010DO004_2011

³ Department of Planning, NSW Government, 2008. *NSW Government’s Metropolitan Strategy, Inner West Subregion, Draft Subregional Strategy*. Accessed 29 July 2010. Available at: <http://www.metrostrategy.nsw.gov.au/LinkClick.aspx?fileticket=iKcbkl8OBSw%3d&tabid=66>

⁴ Department of Planning, NSW Government, 2008. *NSW Government’s Metropolitan Strategy, Inner West Subregion, Draft Subregional Strategy*. Accessed 29 July 2010. Available at: <http://www.metrostrategy.nsw.gov.au/LinkClick.aspx?fileticket=do8nbzQyxU8%3d&tabid=66>

Figure 4: Births to Strathfield LGA Residents 2006 - 2011



Source: ABS 2011 Catalogue No. 330010DO004_2011

The overall immunisation coverage rates for children aged 0 to 84 months calculated from the General Practice Immunisation Incentives Scheme for the August 2012 quarter for the Inner West Sydney catchment is 89.4%.

Maternal health indicators are presented in Table 4 and have been extracted from NSW Health's Health Statistics and Australian Bureau of Statistics web pages. The rate of smoking during pregnancy in Strathfield is significantly lower than the state, as is the rate of attendance for antenatal care prior to 14 weeks gestation.

Table 4: Maternal health indicators, Strathfield LGA and state comparators

Maternal indicator	Strathfield	NSW
Actual births 2011 ⁵	485	99,054
Total fertility rate 2011 ^{6 7}	1.52	1.91
Smoking at all during pregnancy, 2008 to 2010 combined, number of mothers who smoked per year, smoothed standardised prevalence ratio ⁸	23 (45.4) -	11,235 (100)
First antenatal visit before 14 weeks of gestation, 2008 to 2010 combined, smoothed percent of pregnancies, smoothed standardised prevalence ratio	67% (83.6) -	79.3% # (100)

Source: ABS 2011 Catalogue No. 330010DO004_2011 and NSW Health Statistics
Estimated number per year; Below the state average at 1% level of significance

2.3 CULTURAL CHARACTERISTICS

A hallmark of the population in Strathfield is its cultural and linguistic diversity. 49.9% of all residents were born overseas, primarily in China, South Korea, India and Sri Lanka. Together, these four groups account for 28.8% of Strathfield's total population.⁹

⁵ Australian Bureau of Statistics Births Australia 2011. Available at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3301.02011?OpenDocument>. Accessed 11 November 2011.

⁶ Total fertility rate represents the number of children a female would bear during her life if she experienced current age-specific fertility rates at each age of her reproductive life. (ABS 2007)

⁷ Australian Bureau of Statistics Births Australia 2011. Available at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3301.02011?OpenDocument>. Accessed 11 November 2011.

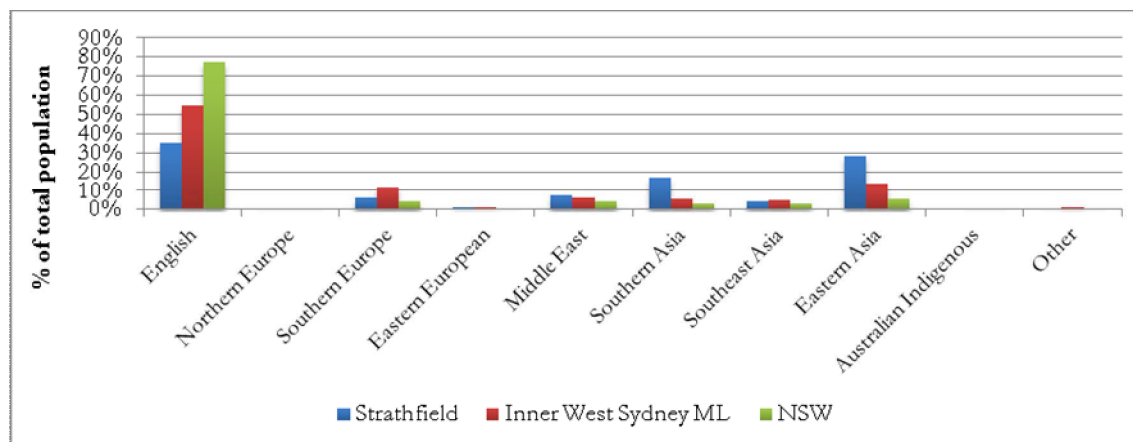
⁸ http://www.healthstats.nsw.gov.au/Indicator/mum_smomum_lgamap accessed 11 November 2012

⁹ Profile.id: Strathfield Community Council, accessed from <http://profile.id.com.au/strathfield/home>

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32.1% of residents speak English as a primary language, which is the second-lowest rate of any LGA in the catchment (behind Canterbury). The cultural diversity of Strathfield is underlined by the large number of cultural groups that comprise its population. Of note are people of Chinese (18.5%), Indian (16.8%), Korean (9.7%) and Middle-Eastern (6.3%) descent. 11.0% of residents indicated that they speak English 'not well' or 'not at all'.

Figure 5: Primary language spoken at home vs Inner West Sydney and state-level comparators, 2011 to 2025



Source: Australian Bureau of Statistics (2011)

2.4 EDUCATION LEVELS

74% of people aged over 15 years have completed Year 12 schooling (or equivalent). This level of completion is much higher than the completion rate for NSW (47.6%).

2.5 SOCIO-ECONOMIC CHARACTERISTICS

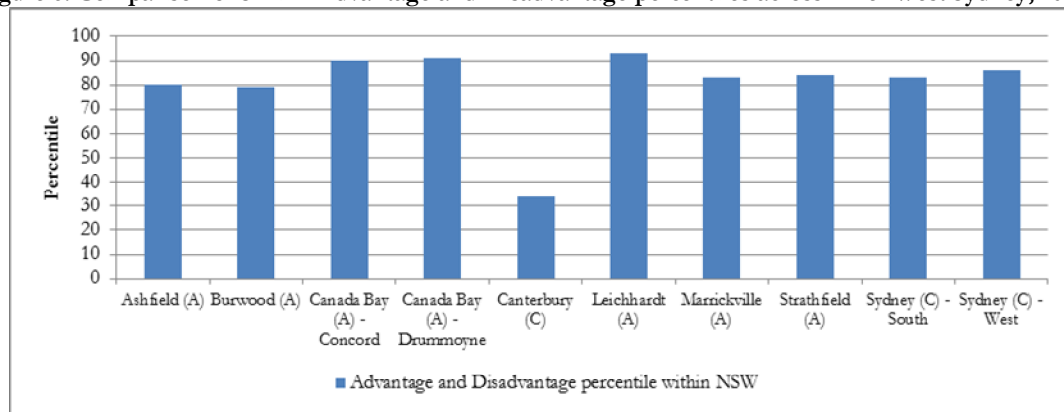
The Socio-Economic Indexes For Areas (SEIFA) are used to rank geographic areas across Australia according to their socio-economic characteristics. The Index of Relative Socioeconomic Disadvantage (IRSD) contains indicators of disadvantage such as low income, high unemployment and low levels of education. Relative disadvantage is associated with a low number. The average across Australia is 1,000. A number below 1,000 indicates lower socioeconomic status.

The SEIFA score for the Strathfield LGA is 1,044, which ranks it at the 84th percentile of Socio-Economic Advantage and Disadvantage¹⁰ for NSW, and 5th across all LGAs / SLAs within Inner West Sydney.¹¹ Strathfield's advantage / disadvantage percentile relative to other LGAs in the catchment is illustrated in Figure 6.

¹⁰ Australian Bureau of Statistics (2011)

¹¹ Public Health Information Development Unit and Australian Bureau of Statistics (2012)

Figure 6: Comparison of SEIFA Advantage and Disadvantage percentiles across Inner West Sydney, 2011



Source: Australian Bureau of Statistics (2011)

Average annual household incomes within the Strathfield LGA are approximately equivalent to the average across the catchment¹². Unemployment in Strathfield is also equivalent to the rate across the catchment at 6.4%¹³, as is the proportion of residents with private health insurance coverage (51.1% in Strathfield versus 50.9% across the catchment and 48.2% across NSW).

2.6 ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY

Strathfield was originally home to the Wangal people. Indigenous Australians comprise a total of 0.3% of the total population of the Strathfield LGA, which is the smallest proportion of any LGA across the catchment area. At the 2011 Census, a total of 103 persons identified themselves as Indigenous Australians. Slightly over half of these (52) were aged 24 or below¹⁴. It is widely recognised that the Aboriginal population has poorer overall health status, however indicators at an LGA level were not available. It is widely recognised that the Aboriginal population has poorer overall health status, however indicators at an LGA level were not available.

2.7 HUMANTARIAN ARRIVALS

Table 5 provides local and state data relating to humanitarian settlers during the period 1 July 2005 - 30 June 2011. Humanitarian arrivals settling in Strathfield came from 24 different countries, with over half being from Sri Lanka.

¹² Australian Bureau of Statistics (2011)

¹³ *ibid.* (2011)

¹⁴ Public Health Information Development Unit and Australian Bureau of Statistics (2012)

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Table 5: Humanitarian migration stream, settlers arriving 2005 – 2011, Strathfield LGA and NSW

Population characteristics	Strathfield LGA	NSW
Humanitarian Stream, number of settlers arriving from 2005 to 2011	247	25,460
Top 3 countries of birth for humanitarian migration stream, number of settlers arriving 2005 – 2011		
Iraq	^	8,270
Afghanistan	^	1,554
Iran	^	1,385
Peoples Republic of China	39+	#
Sri Lanka	135+	#
Burma	6+	#

Source: Department of Immigration and Citizenship Settlement Database¹⁵

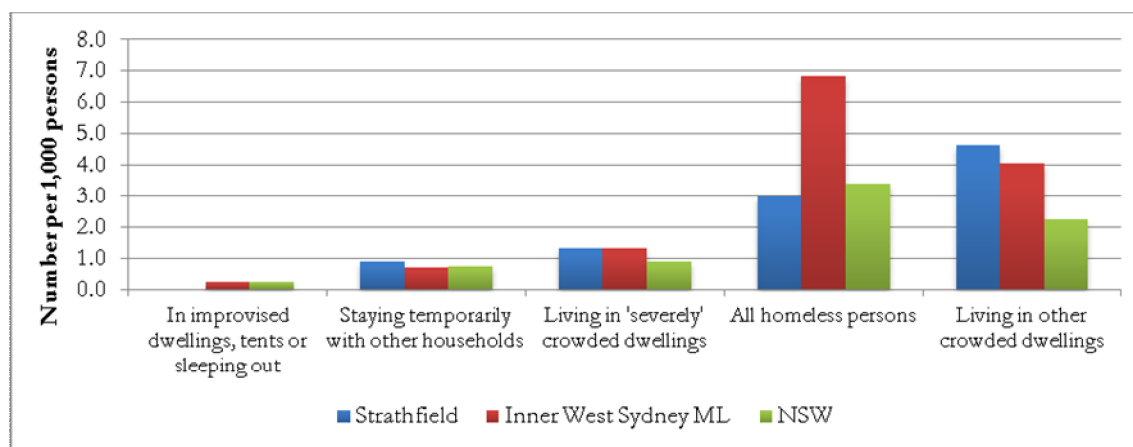
Not one of the top 3 countries of birth; ^ Actual number suppressed due to low numbers in reported age cohorts
+ actual number is greater but some data has been suppressed due to small numbers in reported age cohorts

2.8 HOMELESSNESS

As illustrated in Figure 7, the per-capita rate of homelessness in Strathfield (3.0 persons per 1,000) is lower than the rate across the catchment area (6.9 persons per 1,000) and lower than NSW (3.4 persons per 1,000).

However, other statistics point to deficiencies in the standard of housing available within the LGA. The number of persons living in overcrowded housing in Strathfield (4.6 persons per 1,000) is notably higher than the catchment (4.0 persons per 1,000). Additionally, there are a relatively high number of persons staying in temporary accommodation (0.9 per 1,000 persons).

Figure 7: Housing and homelessness indicators vs Inner West Sydney and state comparators, 2006



Source: Australian Bureau of Statistics (2006)

Population Characteristics of the Strathfield LGA are provided in Table 6. They include indicators reflecting people and culture, disability, the labour force, education and family composition from the Australian Bureau of Statistics (ABS) 2011 Census of Population and Housing.

¹⁵ Department of Immigration and Citizenship Settlement Database. Accessed 21 February 2012. Available at: <http://www.immi.gov.au/living-in-australia/delivering-assistance/settlement-reporting-facility/>

Table 6: Population characteristics of the Strathfield LGA and NSW

Population Characteristics	Strathfield LGA	NSW
People and Culture		
Total persons	35,188	6,917,658
Indigenous persons (comprises Aboriginal and Torres Strait Islander)	103 (0.3%)	172,621 (2.5%)
Persons born overseas	18,531 (52.7%)	1,778,548 (25.7%)
Country of birth – three most common responses other than Australia		
United Kingdom	*	274,823 (4.0%)
China	3,266 (9.3%)	156,034 (2.3%)
New Zealand	*	114,233 (1.7%)
India	2,814 (8.0%)	*
South Korea	2,641 (7.5%)	*
Language spoken at home – English only spoken at home	11,309 (32.1%)	5,013,343 (72.5%)
Three most common languages other than English spoken at home		
Arabic	**	184,252 (2.7%)
Mandarin	2,822 (8.0%)	139,825 (2.0%)
Cantonese	2,830 (8.0%)	136,374 (2.0%)
Korean	3,133 (8.9%)	**
Disability¹⁶		
Has need for assistance with core activities	1,412 (4.0%)	338,362 (4.9%)
Carers¹⁷		
Unpaid assistance provided to a person with a disability	2,976 (8.5%)	638,614 (9.2%)
Education¹⁸		
Highest Year of School Completed – Year 12 or equivalent	19,542 (69.7%)	2,631,287 (49.2%)
Highest Year of School Completed – Year 10 or equivalent	2,736 (9.8%)	1,278,047 (23.9%)
Labour force status		
Total labour force	17,622	3,334,857
Employed full time	10,662 (60.5%)	2,007,925 (60.2%)
Unemployed	1,130 (6.4%)	196,526 (5.9%)
Income		
Median individual income (\$/weekly)	558	561
Median household income (\$/weekly)	1,421	1,237

¹⁶ Source: ABS 2006 CDATA Online. This variable has been developed to measure the number of people with a profound or severe disability. (ABS, 2006, 2901.0 – Census Dictionary, 2006, (Reissue))

[http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2901.0Chapter9908902006+\(Reissue\)?OpenDocument](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2901.0Chapter9908902006+(Reissue)?OpenDocument)

¹⁷ Source: ABS 2006 CDATA Online. This variable recorded people who in the two weeks prior to Census Night spent time providing unpaid care, assistance or help to family members or others because of a long term illness, disability or problems related to old age. It included people who were in receipt of a Carer Payment or Carer Allowance. It did not include work performed via a voluntary group or organisation. (ABS, 2006, 2901.0 – Census Dictionary, 2006, (Reissue))

[http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2901.0Chapter9943002006+\(Reissue\)?OpenDocument](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2901.0Chapter9943002006+(Reissue)?OpenDocument)

¹⁸ Proportion calculated on the total persons 15 years and over who are no longer attending primary or secondary school

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Family characteristics		
Couple families with children	4,633 (51.6%)	831,850 (45.5%)
Couple families without children	2,812 (31.3%)	669,019 (36.6%)
One parent families	1,290 (14.4%)	297,904 (16.3%)
Household composition – occupied private dwellings		
Family household	8,617 (75.7%)	1,777,398 (71.9%)
Lone person household	2,151 (18.9%)	599,148 (24.2%)
Dwelling characteristics		
Total private dwellings	11,916	2,736,637
Median rent (\$/weekly) (occupied private)	400	300
Median housing loan repayment (\$/monthly) (occupied private)	2,195	1,993
Occupied private dwellings - fully owned	3,257 (27.3%)	820,006 (30.0%)
Occupied private dwellings - rented including rent-free	4,151 (34.8%)	743,050 (27.2%)

Source: ABS 2011 Census of Population and Housing

* Not one of the three most common responses

** Not one of the three most common languages other than English spoken at home

Health risks of the population

Headlines

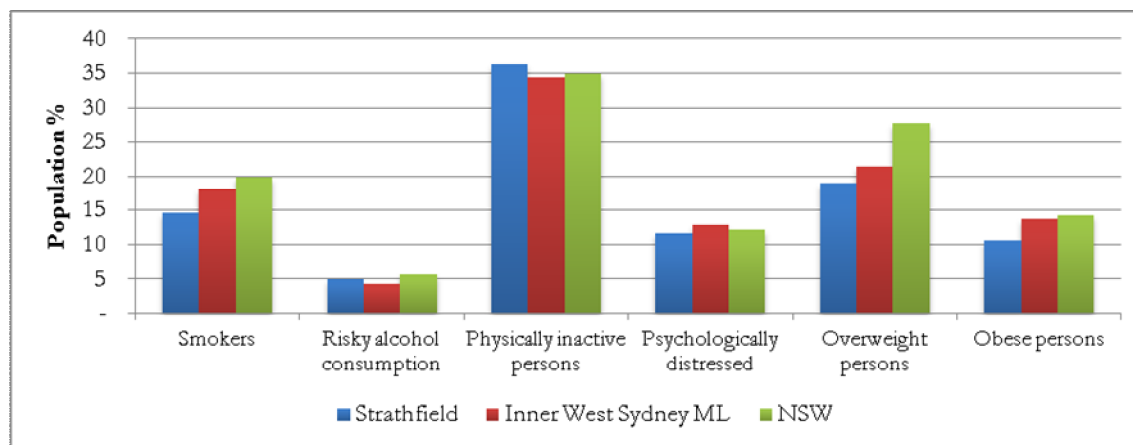
- Among the lowest proportion of overweight (19.0%) and obese persons (10.5%) in the catchment, although mortality from obesity-related conditions is marginally above the NSW average; and
- Second-highest level of persons with physical inactivity within the catchment (36.4%).

3.1 HEALTH RISK FACTORS

Figure 8 shows that the health risk profile of Strathfield residents is generally lower than both the catchment and NSW in terms of smoking (14.6%), psychological distress (11.7%), obesity (10.5%) and overweight (19.0%) persons. The low prevalence of overweight and obesity is somewhat surprising considering that Strathfield has the second-highest proportion of physically-inactive residents within the catchment (36.4%).

In spite of its otherwise low overall risk profile, Strathfield also ranks second across the catchment in terms of dangerous alcohol consumption (5.0%).

Figure 8: Health risk factors vs Inner West Sydney and state comparators, 2007-08



Source: Public Health Information Development Unit and Australian Bureau of Statistics 2007-08 National Health Survey
Refer to Appendix B 1.3 for definitions of Health Risk Factors described above

Table 7 provides detail reflecting health behaviours of residents covered by the catchment and NSW and has been extracted from the NSW Population Health Survey 2011 Report on Adult Health. There is some variation in the elements assessed compared to the previous figure due to diverse methods in the NSW National Health Survey methods and this table is provided to illustrate trends in Inner West Sydney overall.

Table 7: Health behaviours of the residents of Inner West Sydney and NSW

Indicator	Inner West Sydney	IWS trend	NSW	NSW trend
Consumes more than 2 standard drinks per day when drinking alcohol, persons aged 16 years and over, 2011	23.9%	Since 2002 steady with slight reduction	29.6%	Steady
Current smoking, persons aged 16 years and over, 2011	14.9%	Decreasing since 1997	14.7%	Decreasing since 1997
Recommended fruit consumption, persons aged 16 years and over, 2011	51.5%	Steady	50.4%	Steady
Recommended vegetable consumption, persons aged 16 years and over, 2011	7.1%	Steady	8.4%	Steady
Adequate physical activity, persons aged 16 years and over, 2011	56.1%	Overall increase since 1998. Recent decline.	54.6%	Overall slight increase since 1998. Recent decline.
Vaccinated against influenza in the last 12 months, persons aged 65 years and over, 2011	67.3%	Increase since 1997	72.4%	Increase since 1997
Vaccinated against pneumococcal disease, persons aged 65 years and over, 2011	54.0%	Increase since 2002	59.5%	Increase since 2002

Source: NSW Adult Population Health Survey (SaPHaRI); Centre for Epidemiology and Evidence, NSW Ministry of Health available at Health Statistics.

Vaccination rates for adults within the Inner West Sydney are lower than that for NSW, with other indicators reflecting a similar health behaviour pattern to the rest of the state.

4

Long term conditions, chronic disease and disability

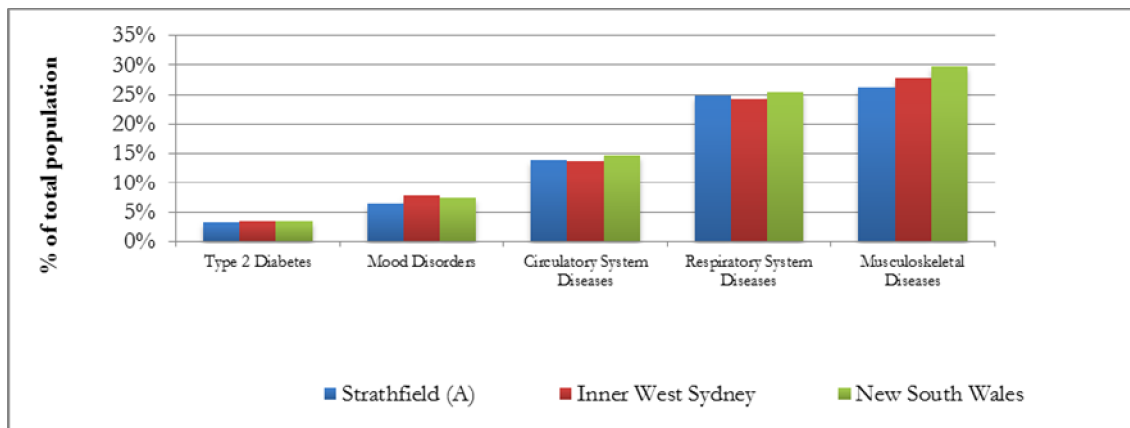
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- **Below-average prevalence of most types of cancer**, compared to the catchment and NSW average;
- **Below-average prevalence of most chronic diseases** (except respiratory conditions) compared to catchment and NSW averages, and lower-than-average mortality from these conditions;
- **Higher incidence of all types of STIs** compared to the state average, but lower than the catchment.

4.1 PREVALENCE OF CHRONIC DISEASE

The 2007-08 National Health Survey (Figure 9) shows that the prevalence of chronic diseases in the Strathfield LGA are virtually equivalent to rates across both the catchment and NSW. Residents of Strathfield reported lower rates of mood disorders such as anxiety and depression, and musculoskeletal conditions such as arthritis and osteoporosis, compared to the catchment and NSW overall. The prevalence of circulatory and respiratory conditions were marginally above the catchment average, although these rates do not appear to have translated into high levels of mortality from these conditions (see Figure 10).

Figure 9: Prevalence of selected chronic conditions vs Inner West Sydney and state comparators, 2007-08



Source: Public Health Information Development Unit and Australian Bureau of Statistics 2007-08 National Health Survey
 Note: 'Mood disorders' include depression, anxiety, dysthymia and bipolar; 'Circulatory system conditions' include ICD-10-AM codes I00 to I99;
 'Respiratory system diseases' include ICD-10-AM codes J00 to J99; musculoskeletal conditions' include ICD-10-AM codes M00 to M99.

Strathfield Local Government Area Health Profile

The information in Tables 8 and 9 reflecting the health status of NSW residents and residents in Inner West Sydney has been extracted from the NSW Population Health Survey 2010 and 2011 Report on Adult Health and NSW Health Chief Health Officer's Report 2010. Strathfield is one of the eight LGA's covered in the area.

People living in Inner West Sydney generally consider themselves to have good health when compared with the NSW population. Of particular note is that self reported diabetes rates are higher than for NSW.

Table 8: Indicators reflecting health status of residents of Inner West Sydney and NSW

Indicator	Inner West Sydney	NSW
Excellent, very good, or good self-rated health status by age, persons aged 16 years and over, 2011	81.3%	80.4%
Current asthma, persons aged 16 years and over, 2010	8.8%	11.3%
Diabetes or high blood glucose, persons aged 16 years and over, 2010	8.5%	7.4%
Hysterectomy, females aged 20-69, 2010	6.6%	11.3%
Overweight and obesity, persons aged 16 years and over, 2011	46.7%	52.2%
Visited a dental professional in the last 12 months, people aged 16 and over, 2010	59.1%	58.6%
Has private health insurance for dental expenses, people aged 16 and over, 2010	51.3%	51.2%

Source: NSW Population Health Survey 2010 and 2011 (HOIST). Centre for Epidemiology and Research, NSW Ministry of Health.

Table 9 shows that residents of Strathfield are significantly less likely to be hospitalised, including for potentially preventable causes, for coronary heart disease, chronic obstructive pulmonary disease, high body mass index, smoking or alcohol attributable reasons than the overall NSW population.

Strathfield Local Government Area Health Profile

Table 9: Indicators reflecting health status of residents, Strathfield LGA and NSW

Indicator	Strathfield	NSW (Ratio only)
Hospitalisations 2009-10 to 2010-11, smoothed number of separations per year, Smoothed Standardised Separation Ratio (sSSR) ¹⁹	10,851 (87.4) -	(100)
Potentially preventable hospitalisations 2009-10 to 2010-11, smoothed number of separations (sSSR)	638 (73.6) -	(100)
Diabetes hospitalisations 2009-10 to 2010-11, smoothed number of separations per year (sSSR)	85 (95.6)	(100)
Coronary heart disease hospitalisations 2009-10 to 2010-11 smoothed number of hospitalisations per year (sSSR)	142 (65.7) -	(100)
Chronic obstructive pulmonary disease hospitalisations, persons aged 65+, 2008-09 to 2009-10 smoothed number of hospitalisations per year (sSSR)	37 (56.5) -	(100)
High body mass index attributable hospitalisations, smoothed number of separations per year 2008-09 to 2009-10 (sSSR)	123 (71.2) -	(100)
Alcohol attributable hospitalisations, 2009 – 2010 to 2010 – 2011, smoothed number of hospitalisations per year, (sSSR)	157 (64.6) -	(100)
Smoking attributable hospitalisations, 2009 – 2010 to 2010 – 2011, smoothed number of hospitalisations per year, sSSR	132 (67.6) -	(100)
Fall-related injury hospitalisations, persons aged 65 years and over, 2008-2009 to 2009-2010 combined, smoothed number of hospitalisations per year, sSSR	134 (94.9)	(100)
Potentially avoidable deaths, persons aged under 75 years, 2006 to 2007 combined, smoothed number of deaths per year, Smoothed Standardised Mortality Ratio (sSMR) ²⁰	41 (91.7)	(100)
Deaths potentially avoidable by primary prevention, persons aged under 75 years, 2006 to 2007 combined, smoothed number of deaths per year (sSMR)	24 (87.6)	(100)
Potentially avoidable deaths from causes amenable to health care, persons aged under 75 years, 2006 to 2007 combined, smoothed number of deaths per year (sSMR)	17 (96.8)	(100)
High body mass attributable deaths 2006 to 2007, Smoothed Number of Deaths per Year, sSMR	14 (104.1)	(100)
Alcohol attributable deaths, 2006 to 2007, smoothed number of deaths per year (sSMR)	5 (89.9)	(100)
Smoking attributable deaths, 2006 to 2007, smoothed number of deaths per year (sSMR)	21 (91.2)	(100)

Source: Health Statistics NSW and NSW Health Chief Health Officer's Report 2010

--below State average at 5% level of significance;

- below State average at 1% level of significance

++ above State average at 5% level of significance,

+ above State average at 1% level of significance

Table 10 provides details of the ten most common reasons for hospitalisation in 2010/11 for Strathfield residents:

¹⁹ The smoothed Standardised Separation Ratio (sSSR) can be interpreted as a 'relative risk', and is compared to the NSW average which is set to 100.

²⁰ The smoothed Standardised Mortality Ratio (sSMR) can be interpreted as a 'relative risk', and is compared to the NSW average which is set to 100.

Strathfield Local Government Area Health Profile

Table 10: Ten most common reasons for hospitalisation in 2010/11 in the Ashfield LGA and NSW

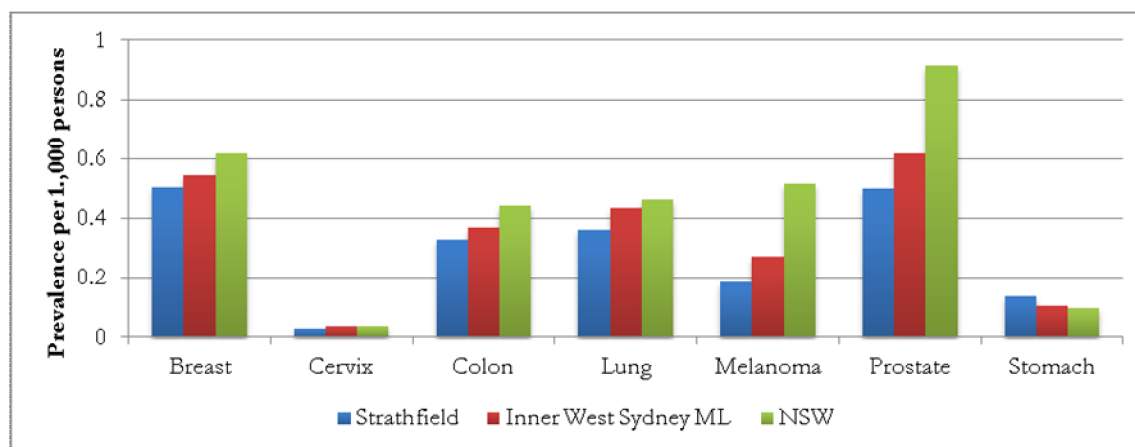
NSW 2010/11s	Strathfield	Strathfield Rank	NSW Separations	NSW Rank
Digestive system	1413 (18.93%)	1	27803 (16.59%)	1
Pregnancy, childbirth and the puerperium	770 (10.32%)	2	17482 (10.43%)	2
Musculoskeletal system and connective tissue	676 (9.06%)	3	16756 (10.00%)	3
Circulatory system	592 (7.93%)	4	13753 (8.21%)	4
Respiratory system	477 (6.39%)	5	9627 (5.75%)	6
Eye	454 (6.08%)	6	7632 (4.55%)	11
Ear, nose, mouth and throat	423 (5.67%)	7	8905 (5.31%)	7
Female reproductive system	399 (5.35%)	8	9897 (5.91%)	5
Skin, subcutaneous tissue and breast	392 (5.25%)	9	8296 (4.95%)	9
Nervous System	348 (4.66%)	10	8877(5.30%)	8

Source: Sydney Local Health District, Flow Info V. 11.0

4.2 CANCER

Figure 10 shows that the incidence of cancer in the Strathfield LGA appears lower across most cancer types as compared to the catchment and NSW rates per 1,000 persons. The rate of prostate cancer is 46% lower than the NSW average. Stomach cancer is the only major type of cancer where the incidence in Strathfield is above the catchment and NSW rate.

Figure 10: Incidence of selected cancers per 1,000 persons vs Inner West Sydney and state comparators, 2004 to 2008



Source: Cancer Institute NSW (2010); Note: Incidences reported are crude rates (not age-standardised)

Information on cancer screening rates is not available at an LGA level. For the Inner West Sydney catchment level, cancer screening information is available for both breast and cervical cancer screening.

The NSW Cancer Plan includes a target to increase breast cancer screening participation in the age group 50-69 years so that over 70% of women aged 50-69 years have 2 yearly mammograms by 2010. In the period 2009-2010, the participation rate in the catchment was 47%, compared to 52.7% for NSW.²¹

²¹ Health Statistics NSW http://www.healthstats.nsw.gov.au/Indicator/can_brstscr_lhn. Accessed 19 November 2012

Strathfield Local Government Area Health Profile

Cervical cancer screening rates in NSW for women aged 20 - 69 in 2009 and 2010 combined were 56.5% and in the catchment were 54.9%.²²

The count and age standardised incidence rates (per 100,000) for cancers (2004-2008) in the Strathfield LGA and NSW are presented in Table 11. Over this period, 642 people from the Strathfield LGA were diagnosed with cancer, a rate of 389.7 per 100,000 (less than the state rate of 483.2 per 100,000). The most common cancers were breast, prostate and lung. Incidence rates for kidney, stomach, thyroid, pancreatic, brain and ovarian cancers as well as non-Hodgkins lymphoma were higher than for the state. Notably both melanoma and bladder cancer rates were approximately half that for the state.

Table 11: Count and age standardised incidence rates (per 100,000) for cancers, 2004 – 2008, Strathfield LGA and NSW

Cancer Site	Strathfield LGA		NSW	
	Count	Standardised Incidence Rate/100,000	Count	Standardised Incidence Rate/100,000
All Cancers	642	389.7	177,519	483.2
Bladder	8	4.9	3,631	9.7
Brain	16	9.3	2,356	6.6
Breast	84	51.8	21,102	58.2
Cervix	5	3	1,228	3.5
Colon	55	33.4	15,072	40.6
Head and Neck	18	11.3	4,686	12.8
Kidney	29	16.6	4,857	13.2
Leukaemia	18	11.2	4,605	12.6
Lip	NA	NA	1,203	3.3
Liver	8	5.1	2,088	5.7
Lung	60	37.2	15,905	43
Melanoma	31	19.4	17,716	48.8
Mesothelioma	NA	NA	1,047	2.8
Non-Hodgkins Lymphoma	30	18.7	6,828	18.6
Oesophagus	NA	NA	2,024	5.4
Ovaries	12	7.7	2,191	6
Pancreas	21	11.8	4,062	10.9
Prostate	83	51.5	31,321	84.4
Rectal	25	15.4	8,338	22.6
Stomach	23	13.8	3,275	8.8
Testicles	NA	NA	1,084	3.2
Thyroid	23	14.1	3,301	9.4
Uterus	12	7.2	3,043	8.3
Cancer at Indef & Unspec Site	21	11.3	6,014	16
Other Cancers	48	28.2	10,542	28.8

Source: Incidence and Mortality data is from the NSW Central Cancer Registry. Population estimates are from HOIST, Epidemiology and Surveillance Branch, NSW Health Department.²³

²² Health Statistics NSW http://www.healthstats.nsw.gov.au/Indicator/can_cervscr_lhn. Accessed 19 November 2012

Strathfield Local Government Area Health Profile

The count and age standardised mortality rates (per 100,000) for cancers (2004 – 2008) in the Strathfield LGA and NSW are presented in Table 12. Over this period 251 residents of Strathfield LGA died from cancer, representing a lower rate than that for NSW. The 3 main cancers causing death were (in descending order) lung, breast and colon. Mortality rates for breast, pancreatic stomach, ovarian, brain cancers were higher in Strathfield than for NSW.

Table 12: Count and age standardised mortality rates (per 100,000) for cancers, 2004 – 2008, Strathfield LGA and NSW

Cancer Site	Strathfield		NSW	
	Count	Mortality Rate/100,000	Count	Mortality Rate/100,000
All Cancers	251	147.4	66,228	176.9
Bladder	NA	NA	1,644	4.3
Brain	10	6.3	1,716	4.7
Breast	24	14.4	4,693	12.6
Cervix	NA	NA	415	1.1
Colon	19	10.7	5,511	14.6
Head and Neck	5	2.8	1,762	4.7
Kidney	8	4.2	1,605	4.3
Leukaemia	6	3.6	2,248	6
Lip	NA	NA	NA	NA
Liver	5	3.1	1,527	4.1
Lung	45	27.8	12,781	34.4
Melanoma of skin	9	5.5	2,314	6.2
Mesothelioma	NA	NA	947	2.5
Non-Hodgkins Lymphoma	10	6.1	2,569	6.8
Oesophagus	NA	NA	1,590	4.2
Ovaries	6	3.9	1,394	3.7
Pancreas	17	9.7	3,611	9.6
Prostate	13	7.3	4,904	12.8
Rectal	8	4.7	3,018	8.1
Stomach	15	8.8	2,232	6
Testicles	NA	NA	NA	NA
Thyroid	NA	NA	168	0.4
Uterus	NA	NA	614	1.6
Cancer at Indef & Unspec Site	16	8.5	4,473	11.8
Other Cancers	20	11.6	4,411	11.8

Source: Incidence and Mortality data is from the NSW Central Cancer Registry. Population estimates are from HOIST, Epidemiology and Surveillance Branch, NSW Health Department.²⁴

NA denotes no figure available as total count was under 5²⁵

²³ Cancer Institute NSW, Central Cancer Registry Statistical Reporting Module website. Accessed 10 November 2012. Available at: <http://www.cancerinstitute.org.au/data-and-statistics/cancer-statistics/online-statistics-module>

²⁴ Cancer Institute NSW, Central Cancer Registry Statistical Reporting Module website. Accessed 10 November 2012. Available at: <http://www.cancerinstitute.org.au/data-and-statistics/cancer-statistics/online-statistics-module>

²⁵ Additional information relating to Cancer can be obtained from the Cancer Institute NSW, Central Cancer Registry Statistical Reporting Module web page. Available at: <http://www.statistics.cancerinstitute.org.au/>.

4.3 MORTALITY

The median age of death for and deaths from all causes for residents of the Strathfield LGA and NSW is provided in Table 13.

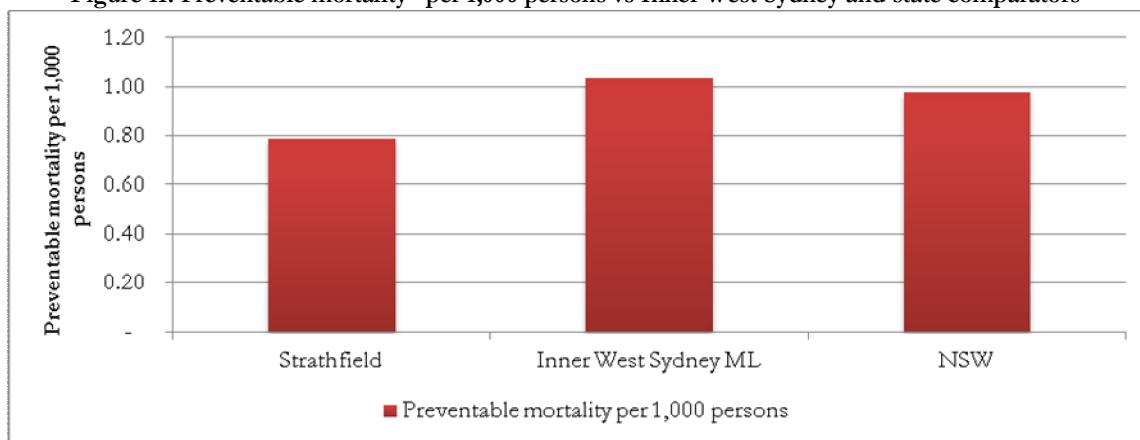
Table 13: Life expectancy and deaths from all causes for residents of the Strathfield LGA and NSW

Indicator	Strathfield		NSW	
Deaths from all causes 2011, Indirectly Standardised Death Rate ^	5.1		5.7	
Deaths from suicide and self-inflicted injuries 2003-2007, average annual ASR ²⁶ per 100,000 population #	5.1		9.3	
	Males	Females	Males	Females
Median Age of Death 2003 - 2007 ²⁷	79	84	77	83

Source: ^SSWLHD & SLHD Centre for Research, Evidence Management and Surveillance; # Public Health Information Development Unit (2012)

Consistent with its low overall risk profile, Strathfield residents experience significantly lower rates of preventable mortality than the total catchment area, as well as lower mortality compared to NSW, as shown in Figure 11. The difference in preventable mortality between the Strathfield and NSW averages represents a saving of 6.7 lives per year.

Figure 11: Preventable mortality* per 1,000 persons vs Inner West Sydney and state comparators



Source: Public Health Information and Development Unit and Australian Bureau of Statistics (2012)

Note: * Data relates to persons aged from 0 to 74 years where mortality is caused by a number of conditions specified by the Public Health Information Development Unit. Mortality rates reported are crude rates (not age-standardised).

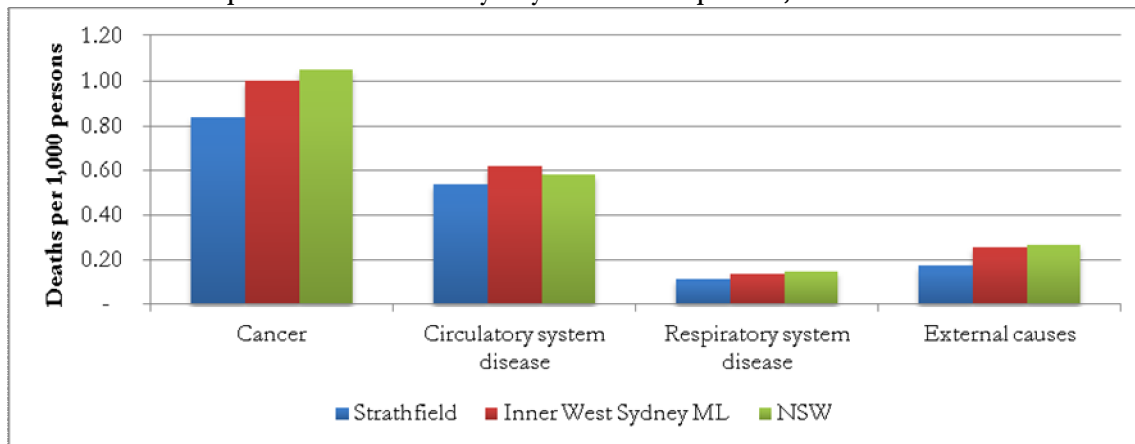
Figure 12 shows that premature deaths from cancer, circulatory system disease, respiratory system disease and external causes in Strathfield were all well below per-capita benchmark levels across the catchment and NSW.

²⁶ ASR denotes indirectly age-standardised rate per 100,000 population

²⁷ Public Health Information Development Unit Social Health Atlas of Australia: Statistical Local Area and Local Government Area 2012 http://www.publichealth.gov.au/data/social-health-atlas-of-australia%3a-statistical-local-area-and-local-government-area_-published-2012.html accessed 10/11/12

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Figure 12: Premature mortality* from chronic disease (ages 0 to 74 years) and external causes per 1,000 persons vs Inner West Sydney and state comparators, 2003 to 2007



Source: Public Health Information and Development Unit and Australian Bureau of Statistics (2012)

Note: * 'Premature mortality' is defined by PHIDU as mortality occurring prior to 75 years of age;

'Circulatory system conditions' include ICD-10-AM codes I00 to I99; 'Respiratory system diseases' include ICD-10-AM codes J00 to J99;

'External causes' include deaths arising from transport accidents, accidental falls, accidental poisoning, assault and suicide;

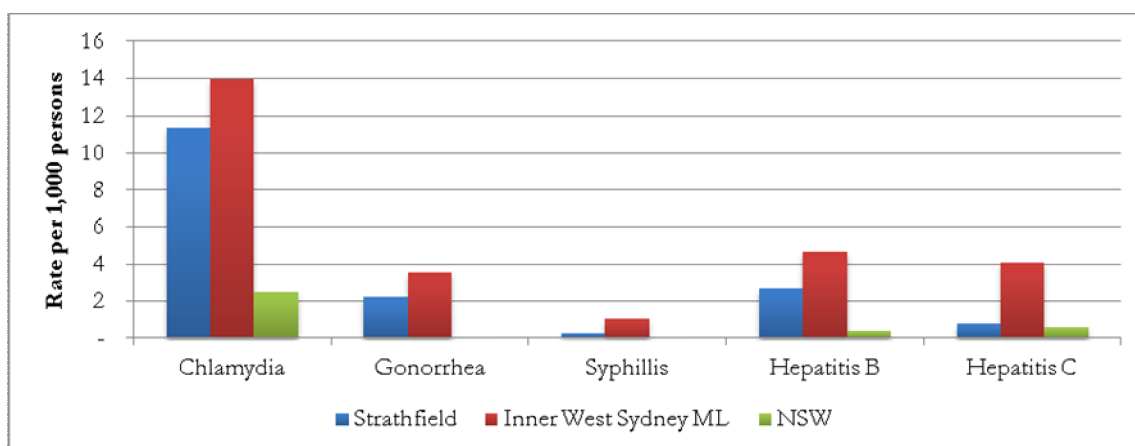
Death rates reported are crude rates (not age-standardised).

4.4 INFECTIOUS DISEASES

In New South Wales, Inner West Sydney has the highest rate of Hepatitis B virus reflecting a high population from East Asian countries. Inner West Sydney has the second highest rate of HIV (reflecting a high population of gay and other homosexually active men) and the second highest rate of Hepatitis C virus (reflecting high rates of injecting drug use).

Figure 13 shows that the prevalence of all types of sexually transmissible infections (STIs) in Strathfield is lower than across other LGAs in the catchment; however, the rates associated with all types of STIs are higher incidence than the NSW average. Although the chlamydia rate is lower than the catchment average, Strathfield joins Burwood and Canterbury with one the highest HBV rates.²⁸

Figure 13: Prevalence of sexually transmissible infections per 1,000 persons vs Inner West Sydney and state-level comparators, 2010



Source: Sydney Local Health District and NSW Health Centre for Epidemiology and Research (2010)

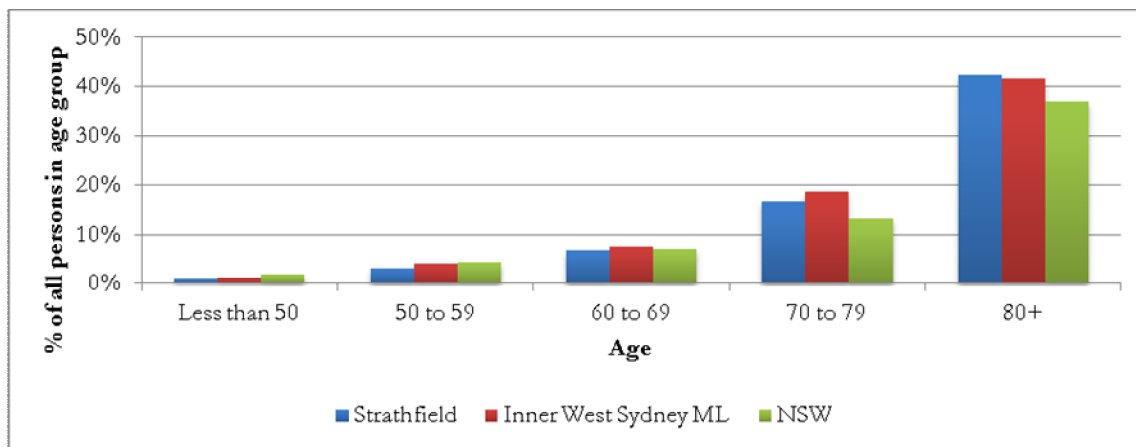
Note: Rates reported are crude (not age standardised)

²⁸ Australian Society for HIV Medicine

4.5 DISABILITY

Figure 14 shows that the proportion of persons that require assistance with core activities in Strathfield is similar to the overall catchment, but is higher than the NSW average for persons aged 70 years and above. The proportion of Strathfield residents aged 80 years or above that need assistance with core activities (42.4%) is almost six percentage points higher than the average across NSW (36.9%).

Figure 14: Proportion of persons requiring assistance with core activities* vs Inner West Sydney and state comparators, 2011



Source: Australian Bureau of Statistics (2011)

Note: * 'Core activities' are defined by the ABS as needing help in one or more of three activity areas of self-care, mobility and communication'

5

Health service utilisation

Headlines

- Primary care services for Strathfield residents in 2009/10 were in line with the levels of the same services across the entire catchment, but noticeably less than most service types within NSW;
- The rate of practice nurse services in Strathfield (155 per 1,000 persons) is almost half of the rate demonstrated across NSW as a whole (296 per 1,000 persons);
- The per-capita utilisation of ED services in all triage classifications is significantly lower for Strathfield residents than the overall catchment area;
- The rate of preventable hospitalisation for ambulatory care-sensitive conditions in Strathfield (19.6 per 1,000 persons) is marginally higher than the rate observed across the catchment (18.9 cases per 1,000), although significantly below the rate across NSW (23.8 per 1,000 persons); and
- HACC clients located in Strathfield receive a much lower number of HACC services per-capita for most service types.

5.1 PRIMARY CARE UTILISATION

Medicare data shown in Figure 15 illustrates that primary care services billed to the Medicare Benefits Schedule (MBS) for Strathfield residents in 2009/10 were in line with the levels of the same services across the entire catchment. However, these same levels were noticeably less than most service types within NSW. The largest shortfall was in relation to practice nurse services, in which the rate within Strathfield (155 per 1,000 persons) was almost half of the rate demonstrated across NSW as a whole (296 per 1,000 persons). This rate may be easily explained by the very low availability of practice nurses in the Strathfield LGA, with only a single practice nurse listed as operating in the Strathfield LGA.²⁹

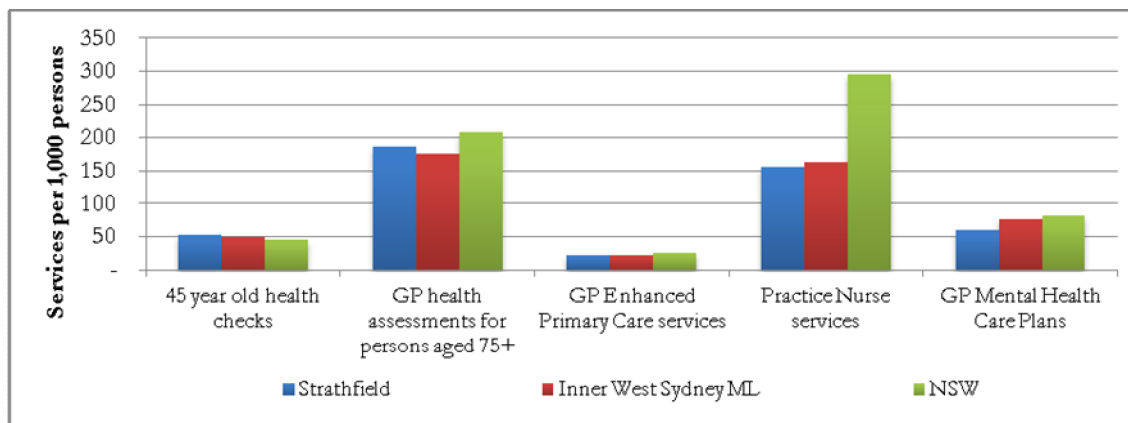
Data provided by Inner West Sydney ML also shows that Strathfield has the lowest number of GPs per-capita of any LGA (1.19 per 1,000 persons, compared to an average of 1.42 across the entire catchment), and the third-highest proportion of GPs aged over 55 (40.5%)³⁰ of any LGA.

²⁹ Based upon data provided by the Inner-West Sydney Medicare Local

³⁰ Data provided by Inner-West Sydney Medicare Local

Strathfield Local Government Area Health Profile

Figure 15: Selected primary care services per 1,000 persons, vs Inner West Sydney and state comparators, 2010



Source: Public Health Information Development Unit and Department of Health and Ageing (2012)

5.2 EMERGENCY

Table 14 shows that residents of the Strathfield LGA made 4,927 emergency department (ED) visits to public hospitals within Inner West Sydney during 2011-2012; representing 3.6% of all ED visits to these hospitals overall.

Table 14 shows that of all Strathfield residents accessing emergency department services, 79.9% presented to Concord Hospital, 11.7% to Royal Prince Alfred Hospital and 8.4% to Canterbury Hospital.

ED presentations by Strathfield residents comprised 11.4% of the Concord Hospital's total ED caseload, but comprised only a fraction of the ED caseload of the other hospitals within Inner West Sydney. Information is not available on the private ED usage of Strathfield residents.

Table 14: Emergency department presentations by hospital, 2011-12

	Canterbury Hospital	Concord Hospital	Royal Prince Alfred Hospital	Total
Presentations from Strathfield LGA	413 (8.4%)	3,935 (79.9%)	579 (11.7%)	4,927 (100%)
ED presentations for all persons (within and outside Inner West Sydney)				
Total ED presentations for hospital (all persons)	35,998 (26.0%)	34,629 (25.1%)	67,586 (48.9%)	138,213 (100%)
Strathfield % of Total	1.1%	11.4%	0.9%	3.6%

Source: Statewide Emergency Data provided by Inner-West Sydney Medicare Local

Data relating to patient triage classification across the catchment per 1,000 persons is provided in Table 15. Table 15 signifies lower crude usage of public emergency care facilities, as the per-capita utilisation of ED services in all triage classifications is significantly lower for Strathfield residents than the overall catchment area. The number of presentations per-capita for 'non-urgent' reasons, are the lowest of any LGA in the catchment, and are less than half of the average number of non-urgent ED cases per-capita across the entire catchment. '.

Strathfield Local Government Area Health Profile

Table 15: Emergency department presentations per capita, by triage category, 2011-12

LGA	Triage classification - number of persons per 1,000 (not age standardised)				
	Resuscitation	Emergency	Urgent	Semi-urgent	Non-urgent
Ashfield	1.36	13.15	58.57	64.01	13.66
Burwood	1.94	17.52	90.55	119.81	14.16
Canada Bay	1.17	14.26	62.45	87.51	11.43
Canterbury	1.33	14.17	82.05	90.89	10.35
Leichhardt	0.84	14.81	59.20	55.92	20.10
Marrickville	1.70	20.77	82.51	80.17	28.20
Strathfield	0.99	9.49	48.74	72.50	7.25
Sydney South	0.69	8.76	35.15	33.17	12.88
Sydney West	0.75	15.31	60.39	59.30	23.67
Inner West Sydney	1.24	14.73	68.56	77.22	15.63

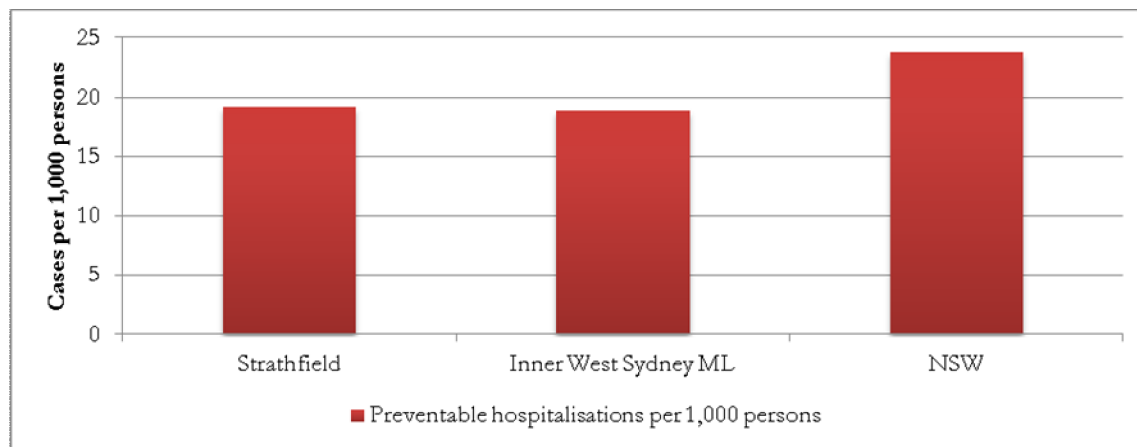
Source: Statewide Emergency Data provided by Inner-West Sydney Medicare Local

5.3 AMBULATORY-CARE SENSITIVE ADMISSIONS

Figure 16 shows potentially preventable hospitalisations resulting from Ambulatory-Care Sensitive Conditions (ACSCs). ACSCs are those conditions for which hospitalisation may be avoidable with primary care, Public Health interventions and early intervention. ACSC's include vaccine-preventable conditions, selected acute conditions and selected chronic conditions that may potentially be modifiable through behaviour or lifestyle change.

Figure 16 shows that rates of hospitalisation for ambulatory care-sensitive conditions in Strathfield (19.6 per 1,000 persons) are marginally higher than the rate observed across the catchment (18.9 cases per 1,000), but significantly below the rate across NSW (23.8 per 1,000 persons).

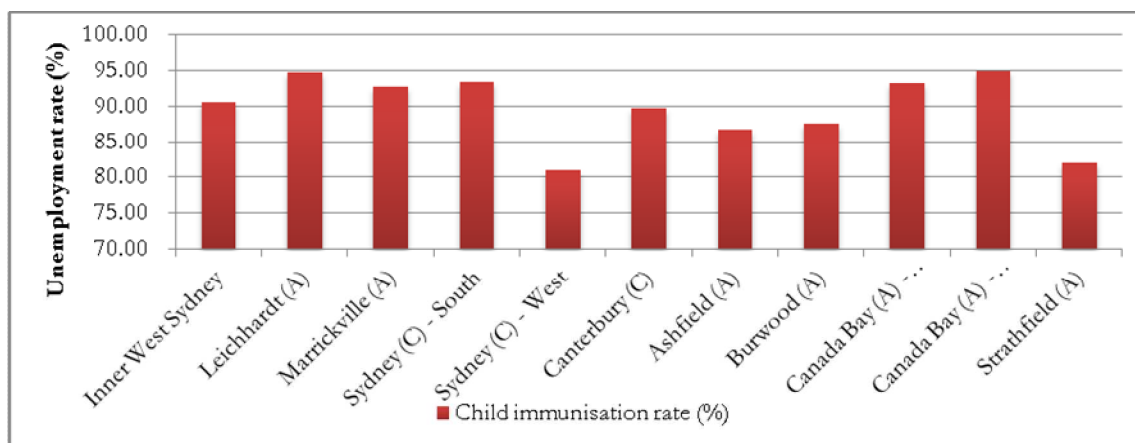
Figure 16: Preventable hospitalisations for ambulatory-care sensitive conditions per 1,000 persons* vs Inner West Sydney and state comparators, 2009-10 to 2011-12



Source: NSW Health Centre for Epidemiology and Evidence (2011); Note: Rates reported are indirectly standardised by age and gender.

As a potential cause of ACSCs for children (e.g. whooping cough), Figure 17 shows that Strathfield has lower immunisation rates for children aged less than 15 months, with only 81.9% of children immunised, compared to an average of 90.6% across the entire catchment.

Figure 17: Child immunisation rates* across Inner-West Sydney LGAs / SLAs, 2008

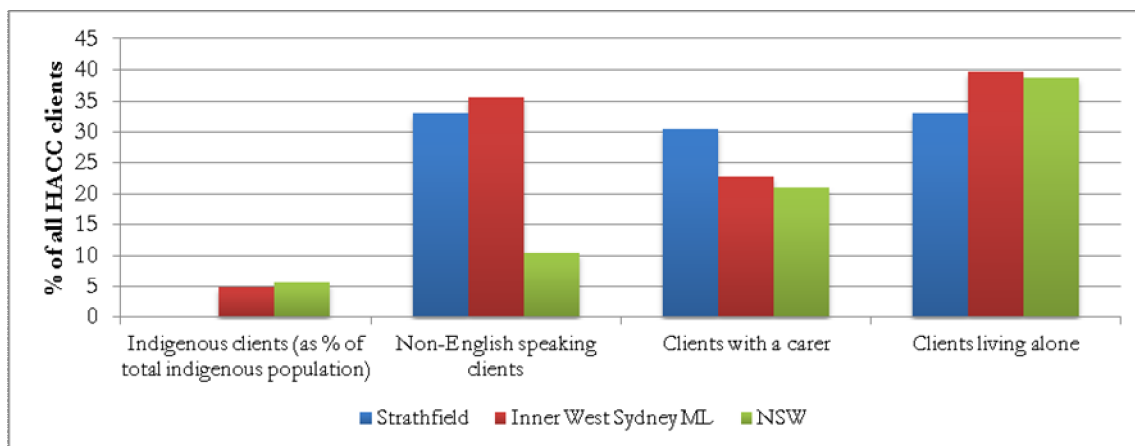


Source: Public Health Information Development Unit and National Centre for Immunisation Research and Surveillance (2012)
 Note: * Child immunisation rates refer to children aged 15 months or less, who are immunised against diphtheria, tetanus, whooping cough, polio, Hib and Hepatitis B.

5.4 HOME AND COMMUNITY CARE

Figure 18 shows the profile of Home and Community Care (HACC) clients in Strathfield, compared to the inner-West Sydney catchment and NSW. There was a lower proportion of clients that do not speak English (33.0%) as compared to the catchment. There is a relatively higher proportion of HACC clients with a carer (30.6%), and a correspondingly lower proportion of clients living alone (33.0%). This may be a reflection of the culturally diverse make up of the LGA.

Figure 18: HACC client profile vs Inner West Sydney and state comparators, 2010-11

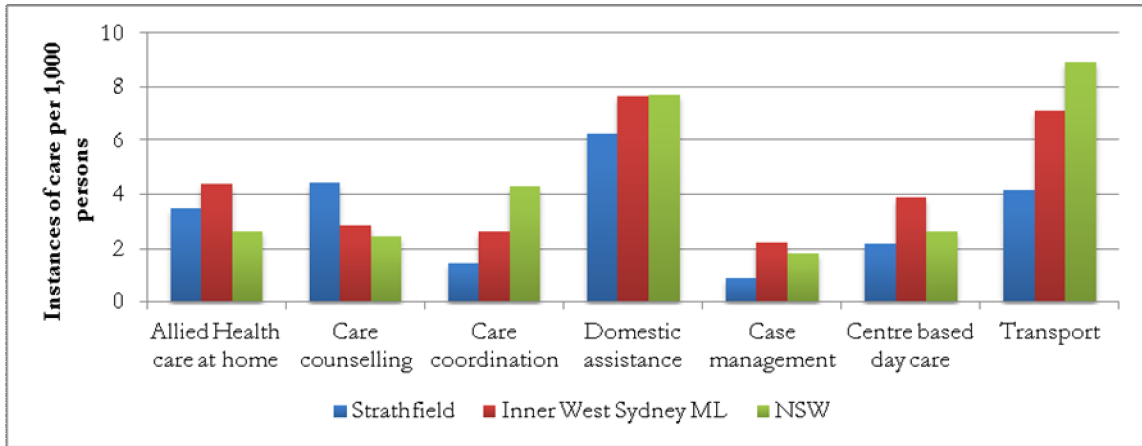


Source: Public Health Information Development Unit and Department of Health and Ageing (2012)

Figure 19 provides a graphical comparison of selected HACC services in Strathfield, compared to the catchment and NSW. It shows that HACC clients living in Strathfield received a lower number of HACC services per-capita for most service types, especially in care coordination, case management, centre-based day care and transport.

Strathfield Local Government Area Health Profile

Figure 19: HACC service profile vs Inner West Sydney and state comparators, 2010-11



Source: Public Health Information Development Unit and Department of Health and Ageing (2012);
 Note: Rates reported are indirectly standardised by age and gender.

Health service availability

Headlines

- Lowest number of GPs per capita within the catchment (1.19 per 1,000 persons);
- Lowest number of practice nurses within the catchment (0.03 per 1,000 persons); and
- Low availability of most allied health practitioners as compared to the catchment overall.
- Although the number of high-care residential aged care places in Strathfield (90.8 per 1,000 persons aged 70+) is well above the per-capita availability across both the catchment (63.5) and NSW (45.1), the number of low-care places in Strathfield (14.7 per 1,000 persons aged 70+) are less than half of the number per-capita provided in both the catchment (34.8) and less than a third of the per-capita rate across NSW (42.6); and
- There are no community aged care places available within the Strathfield LGA.

6.1 HOSPITALS AND DAY SURGERY

As Table 16 shows, there are two facilities located within the Strathfield LGA, notably both operated by the private sector. The first is Strathfield Private Hospital, a 96 bed acute surgical and rehabilitation facility, and the second is Alwyn Rehabilitation Hospital, a 26 bed facility. The nearest public hospital and emergency department to Strathfield LGA is the principal referral Concord Repatriation and General Hospital, located within the Canada Bay LGA. The Royal Prince Alfred Hospital provides tertiary and quaternary services.

Table 16: Acute and day surgery facilities available in Strathfield

Health Service Name	Service Type	Location
Private sector health services		
Strathfield Private Hospital	Private hospitals	Strathfield
Alwyn Rehabilitation Hospital	Rehabilitation hospitals	Strathfield

Source: NSW Health Establishment Registration Online (HERO) database

6.2 GENERAL PRACTICE

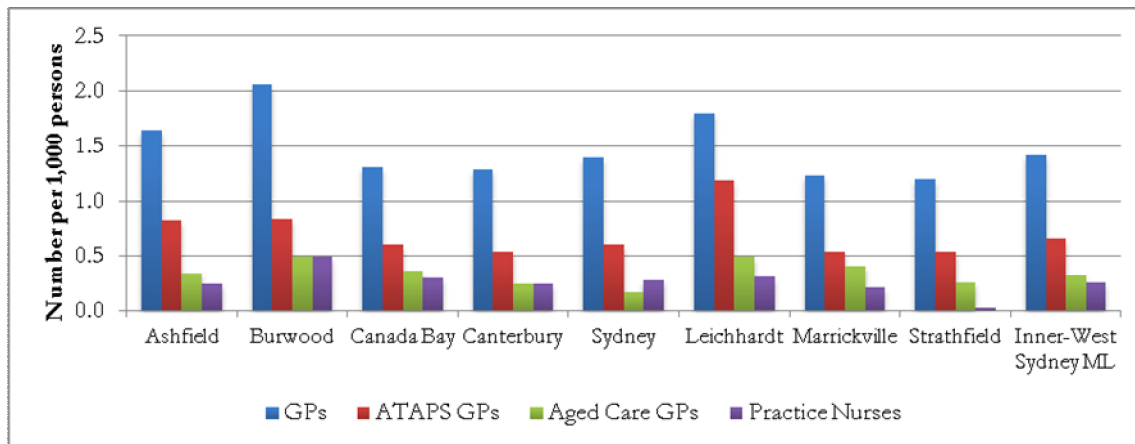
Selected characteristics of General Practitioners currently practicing across the catchment are shown in Figure 17. The number of GPs per 1,000 persons in Strathfield is the lowest of any LGA in the catchment (1.2 per 1,000 persons). The reported number of practice nurses per capita is of even greater concern at 0.03 per 1,000 persons.

In spite of this remarkably low number of practice nurses, the number of practice nurse services is comparable to the per capita rate across the catchment, as shown in Figure 15. This may point to deficiencies in available data that identify the number of practice nurses in Strathfield.

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The per-capita rate of GPs providing services under the Access to Allied Psychological Services (ATAPS) program (0.54 GPs per 1,000 persons) is also the lowest of any LGA within the catchment, and GPs delivering services in an aged care setting is the second-lowest within the catchment (0.26 GPs per 1,000 persons). This may point to an opportunity to diversify the range of services provided by GPs in the Strathfield LGA.

Figure 20: GPs and services provided per 1,000 persons, comparison across the catchment

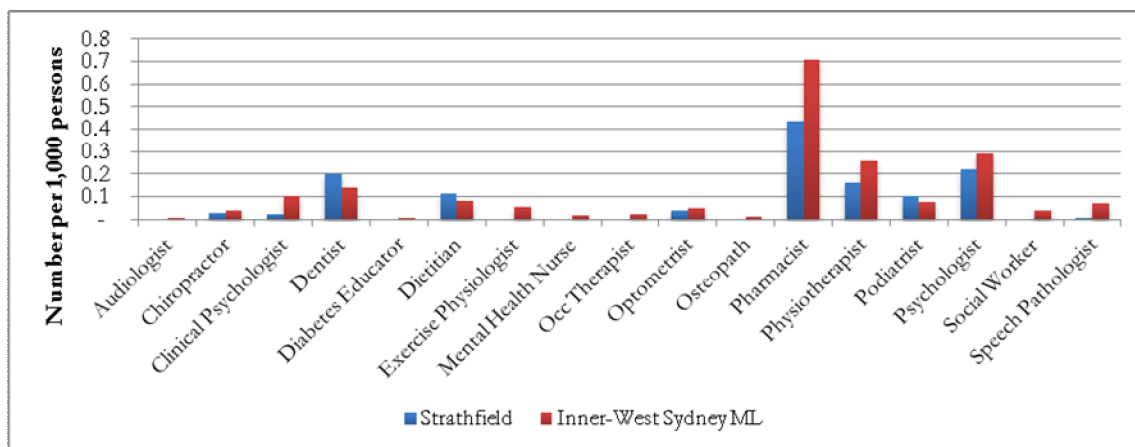


Source: Inner-West Sydney Medicare Local (2012); Note: Rates reported are crude (not age standardised).

6.3 ALLIED HEALTH

Figure 21 shows the availability of allied health practitioners in Strathfield on a per-capita basis, as compared to Inner West Sydney overall. The availability of allied health services such as clinical psychology, occupational therapy, pharmacy, physiotherapy and social work in Strathfield is well behind the availability for these practitioner types across the catchment. Only dentists, dieticians and podiatrists are more readily available within Strathfield compared to the overall catchment.

Figure 21: Number of selected private allied health practitioners per 1,000 persons



Source: Inner-West Sydney Medicare Local (2012).

Note: Data is not available at the state level regarding per-capita availability of all service providers. As a result, comparisons to NSW have not been shown in this Figure; Rates reported are crude (not age standardised).

6.4 COMMUNITY HEALTH SERVICES

Residents in Strathfield have access to a full range of community health services provided located in major facilities in Croydon, Marrickville, Redfern and Canterbury. These services provide services based on varied catchments, with most being available to all catchment LGAs.

The Strathfield Early Childhood Centre, which is shown in Table 17, is the only community health facility located in Strathfield LGA.

Table 17: Community health facilities in Strathfield

Health Service Name	Service Type	Location
Public sector health services		
Strathfield Early Childhood Centre	Child Health Services	Strathfield

Source: NSW Health Establishment Registration Online (HERO) database

6.5 AGED CARE

Much of the health-related care delivered to older people, people requiring rehabilitation, and their carers is delivered directly by the Aged Care and Rehabilitation (AC&R) service, a core part of the Sydney Local Health District. Other religious, charitable and community organisations throughout the inner-west areas of Sydney also provide services. The availability of nursing home facilities within the Strathfield LGA is shown in Table 18:

Table 18: Aged care facilities in Strathfield

Private Nursing Home	Location
Crescent Nursing Home	Homebush

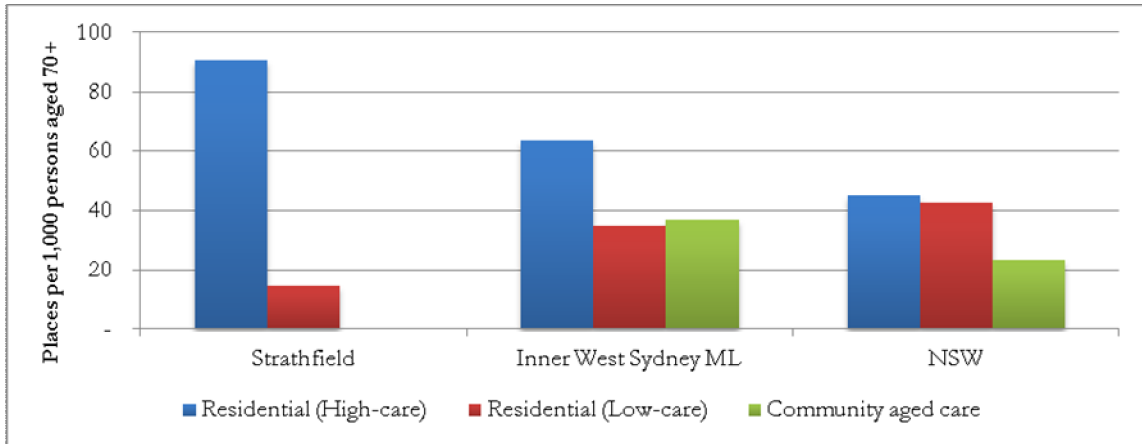
Source: NSW Health Establishment Registration Online (HERO) database

Data obtained from PHIDU and the department of Health and Ageing reinforces the low availability of aged care places in Strathfield, as shown in Figure 22. Although the number of high-care residential aged care places in Strathfield (90.8 per 1,000 persons aged 70+ years) is well above the per-capita availability across both the catchment (63.5) and NSW (45.1), the number of low-care places in Strathfield (14.7 per 1,000 persons aged 70+ years) are less than half of the number per-capita provided in both the catchment (34.8) and less than a third of the per-capita rate across NSW (42.6).

The data available from PHIDU indicates that there are no community aged care places available within the Strathfield LGA. Although forecast population growth in aged persons is expected to be below the state average to 2025, growth in persons aged 65 years or more is expected to be 44.0%.³¹ The development of community aged care arrangements within Strathfield will be important in meeting this increased demand, and may help to alleviate existing pressures as a result of the absence of low-care places.

³¹ Public Health Information Development Unit and Australian Bureau of Statistics (2012)

Figure 22: Aged care places per 1,000 persons vs Inner West Sydney, state and national comparators, 2010



Source: Public Health Information Development Unit and Department of Health and Ageing (2012)

Appendix A: Postcode to LGA / SLA correspondences

In a number of cases, data was only available at the postcode level, rather than a LGA or SLA level. Where this occurred, the data at the postcode level has been mapped to the LGA or SLA according to the correspondences shown in Table A.1. The correspondences in Table A.1 are based upon published data sourced from the Australian Bureau of Statistics regarding postcode to SLA or LGA mappings determined under the Australian Standard Geographical Classification.

In a number of cases, a single postcode spans a number of LGAs or SLAs. Where this occurs, HealthConsult has only considered those postcode where more than 10% are within an LGA or SLA boundary.

Table A.1: Postcode to SLA / LGA correspondences

LGA / SLA	POSTCODE	% WITHIN LGA BOUNDARY	LGA / SLA	POSTCODE	% WITHIN LGA BOUNDARY
Ashfield	2045	99.62	Leichhardt	2038	98.95
	2130	99.97		2039	100.00
	2131	100.00		2040	99.99
	2132	40.71		2041	100.00
Burwood	2132	59.29	Marrickville	2042	60.98
	2133	51.54		2044	99.74
	2134	100.00		2048	99.95
	2135	20.33		2049	100.00
	2136	52.34		2050	40.17
Canterbury	2133	40.35		2203	100.00
	2191	78.20		2204	99.96
	2192	100.00	Strathfield	2129	100.00
	2193	95.86		2135	72.70
	2194	100.00		2136	47.66
	2195	100.00		2140	100.00
	2196	74.57		2191	21.80
	2206	100.00	Sydney South	2008	33.62
	2208	50.22		2015	100.00
	2209	32.92		2016	100.00
2210	17.78	2017		100.00	
Canada Bay	2046	100.00		2018	37.02
	2047	100.00	2042	39.02	
	2137	100.00	2043	100.00	
	2138	100.00	Sydney West	2006	100.00
	2139	100.00		2007	92.59
		2008		66.38	
		2009		100.00	
		2037		100.00	
		2050	59.83		

Appendix B: Data limitations and assumptions

B.1. DATA SOURCES

The background paper to Medicare Locals Health Needs Assessment and Planning released by the Commonwealth Department of Health and Ageing states that “Medicare Locals will be required to have an excellent understanding of their catchment area...which will involve Medicare Locals carrying out comprehensive and robust health needs assessment exercises and planning”. The Department has not prescribed an approach to health needs assessment and planning at this stage, but has developed an interim approach that aims to ensure that Medicare Locals’ Needs Assessment Reports “reflect on the specific characteristics and health care needs of their populations in determining which priority activities to pursue”.

Unfortunately the breadth of detail required to inform the LGA/SLA profiles is not available within a single data source. Accordingly, data has been sourced on a range of relevant indicators using the most appropriate, recently available source for each indicator. In some cases, the absence of complete data consistency across all indicators may require consumers of the LGA/SLA profiles to interpret some findings with caution, and this document aims to identify those areas where this is most likely to be the case.

The Consultant has attempted to source and attribute external data collections where possible throughout the document, either directly below tables or in footnotes at the bottom of each page. These references should be used in conjunction with this document when interpreting the LGA/SLA profiles.

B.1.1 PHIDU Social Health Atlas of Australia

Wherever possible, data underpinning the development of the LGA/SLA profiles have been drawn from a single data source. In many cases data has been sourced from the August and October 2012 releases of the Social Health Atlas of Australia, which is compiled by the Public Health Information Development Unit (PHIDU), which is under the auspices of the University of Adelaide.

The data obtained from PHIDU is provided at the LGA/SLA, Medicare Local, state and national levels and includes a broad number of indicators that are relevant to population health needs. However, in a number of cases the data collections that underpin these indicators have been compiled by different organisations that use different sampling techniques and assumptions. Furthermore, the range of indicators presented in PHIDU’s Social Health Atlas use data collected over different years. The breadth of data sources, collection techniques and collection timeframes used in PHIDU’s Social Health Atlas should therefore be taken into consideration when interpreting the data, and readers should be cautious about drawing direct comparisons between indicators that are based upon data that has been collected at different timeframes, by different organisations, or using different assumptions.

Some indicators presented within PHIDU’s Social Health Atlas of Australia are ‘synthetic predictions’ that have been derived by PHIDU at the LGA or SLA level, based upon various different data collections. As a result, these predictions do not represent data collected in administrative or other data sets, should be used with caution, and be treated as indicative of the prevalence of the health condition or risk factor in an area with these demographic and socioeconomic characteristics. Synthetic predictions within the PHIDU dataset have been made

for indicators relating to the prevalence of chronic disease, private health insurance coverage and health risk factors.

B.1.2 Other data sources

Although PHIDU's Social Health Atlas of Australia provides an excellent repository of data relating to population health needs, it does not contain data on some other variables of interest that HealthConsult has deemed important to inform the LGA/SLA profiles.

As a result, these data items have been sourced by the Consultant from a range of publicly and privately-held data collections; predominantly the Australian Bureau of Statistics and Health Statistics New South Wales, but also a range of others.

As stated above in relation to PHIDU data, the need to obtain data from a range of sources introduces the possibility for misalignment of populations and assumptions when comparing data across time periods, or from different data sources. Nonetheless, it has been necessary as part of the development of the LGA/SLA profiles to draw conclusions between indicators that are based upon different data collections. Although the LGA/SLA profiles have been constructed in such a way that the most relevant, recently available data has been used for each indicator, it is important to recognise the limitations inherent in comparing data sourced from different collections, and over different timeframes.

Considering the diversity of data sources used to construct the LGA/SLA profiles, data was not always available for all indicators at the state, Medicare Local or LGA/SLA level. As a result, some indicators have been derived in order to provide comparisons between indicators at these different levels. Where benchmarks have been calculated by the Consultant they have been identified in footnotes to Tables and figures included in the LGA/SLA profiles. Consumers should exercise caution when making comparisons between derived benchmarks and reported results.

Inner West Sydney Medicare Local provided workforce data on private allied health provider for this report. Note that this database is still being constructed and is subject to review.

B.1.3 Health Risk Factors – definitions

The data in Figure 8 are self-reported data, reported to interviewers in the 2007–08 National Health Survey.

A current smoker is an adult (over 18 years of age) who reported at the time of interview that they smoked cigarettes, cigars or pipes at least once a week.

Risky alcohol consumption was based on estimated alcohol consumption in the seven days prior to interview using two components – the number of days on which the respondent reported consuming alcohol in the previous week; and the quantity consumed in the most recent days on which they consumed alcohol. For people who drank on no more than three days in the last week, their daily consumption was simply the total consumed divided by seven. Harmful use of alcohol is defined as average daily consumption of more than 75 ml (three standard drinks) for males and 50 ml (two standard drinks) for females.

Physical inactivity is defined as those aged 15 years and over who did not exercise in the two weeks prior to interview for the 2007–08 NHS, through sport, recreation or fitness (including walking).

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Psychological Distress: This data is derived from the Kessler Psychological Distress Scale (K-10), which is a scale of non-specific psychological distress based on 10 questions asked of respondents about negative emotional states in the 4 weeks prior to interview. 'High' and 'very high' distress are the two highest levels of distress categories (of a total of four categories).

Overweight and Obesity: The BMI was calculated from self-reported height and weight information and grouped as follows to allow reporting against both World Health Organization and National Health & Medical Research Council guidelines – normal range: 18.5 to less than 25.0 and 25.0 to less than 30.0; overweight: 25.0 to less than 30.0; obese: 30.0 and greater.

A list of ICD codes used as the basis for the calculation of 'preventable mortality' (Figure 12) is available at:

http://www.publichealth.gov.au/pdf/atlasses/avoid_mortality_aust_2006/avoid_mortality_appendix_full.pdf