

OUR PEOPLE AND THEIR HEALTH

GEOGRAPHY

The South Eastern Sydney Illawarra Health (SESIH) area comprises 13 Local Government Areas (LGAs) that are divided into five community clusters for health status reporting: Eastern (Botany, Randwick, part of Sydney, Waverley, and Woollahra LGAs), St George (Hurstville, Kogarah and Rockdale LGAs), Sutherland (Sutherland Shire), Illawarra (Kiama, Shellharbour and Wollongong LGAs) and Shoalhaven (Shoalhaven LGA). Community clusters can be aggregated into three hospital networks for administrative and service planning purposes: Northern (Eastern cluster), Central (St George and Sutherland clusters) and Southern (Illawarra and Shoalhaven clusters). See Map 1 at the end of this profile for more information on SESIH geography and facility locations.

DEMOGRAPHY

At the 2006 Census of Population and Housing there were an estimated 1.1 million people living in the SESIH area – 20% of the NSW population – with another 750,000 people travelling to the area each day for business, study and recreation. Shoalhaven and St George have the highest proportion of residents aged 70 years and over, while the Illawarra has the highest proportion of children aged less than 5 years. The SESIH population is expected to reach 1.4 million by 2031, with people aged 60 years and over projected to grow by 82% from 2001 to 2031 (see Figure 1).

In 2006 the estimated Aboriginal population of SESIH was 13,526 – 1.2% of the total population. The Shoalhaven cluster has the highest proportion of Aboriginal people; however, more Aboriginal people actually live in the Illawarra cluster (see Table 1).

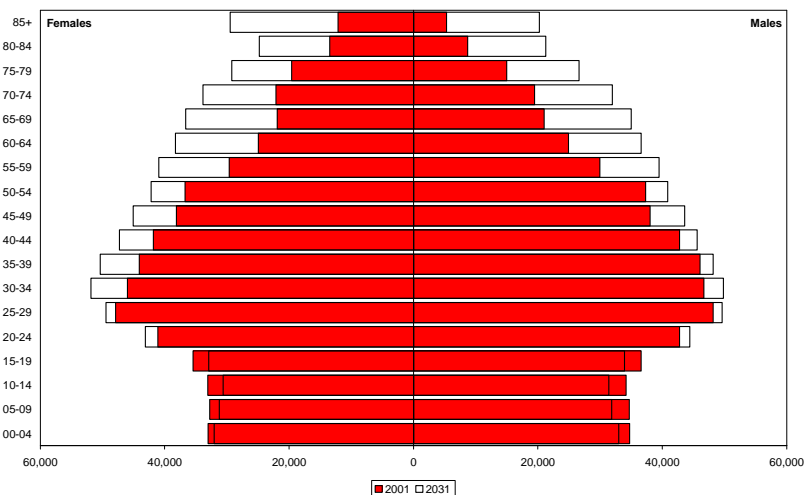


Figure 1 SESIH estimated residential populations, 2001 and 2031

People born overseas comprised 27% (305,059 people) of the SESIH population in 2006. The major countries of birth for overseas-born residents were the UK, New Zealand, China, Greece and Italy; while the most frequently reported languages spoken at home after English are Chinese, Cantonese and Mandarin (4%), Greek (3.1%), Italian (1.7%), Arabic (1.7%) and Macedonian (1.6%). A study from the Census of Population and Housing estimated that there were 4,000 homeless people in SESIH in 2001. Table 1 shows selected social and demographic indicators for SESIH areas and NSW.

Table 1 Demographic and social indicators for SESIH areas and NSW

	Estimated Population (2001)	Estimated Population (2006)	Estimated Population <5 yrs (2006)	Estimated Population ≥75 yrs (2006)	Aboriginal & Torres Strait Islander Peoples (2006)	Born overseas	Born overseas and speaks English "not well" or "not at all"	Speaks language other than English at home	Index of Relative Socio-Economic Disadvantage (2006)	Projected Population Growth 2001-2031
	N	N	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	Score	N (%)
Eastern	334,981	342,855	16,538 (4.8)	21,926 (6.4)	3,223 (0.9)	117,169 (34.2)	9,782 (8.3)	81,979 (23.9)	1048	111,285 (32.3)
St George	207,551	218,388	13,242 (6.1)	17,676 (8.1)	997 (0.5)	85,182 (39.0)	15,442 (18.1)	101,573 (46.5)	1017	69,543 (31.7)
Sutherland	202,158	212,813	13,218 (6.2)	13,941 (6.6)	1,254 (0.6)	33,980 (16.0)	1,687 (5.0)	21,236 (10.0)	1084	5,092 (2.4)
Illawarra	256,095	273,914	16,474 (6.0)	18,863 (6.9)	4,741 (1.7)	53,104 (19.4)	5,604 (10.6)	36,795 (13.4)	1007	58,843 (21.8)
Shoalhaven	83,305	88,405	4,481 (5.1)	8,469 (9.6)	3,311 (3.7)	11,162 (12.6)	263 (2.4)	2,962 (3.4)	964	41,850 (47.7)
Northern Hospitals	334,981	342,855	16,538 (4.8)	21,926 (6.4)	3,223 (0.9)	117,169 (34.2)	9,782 (8.3)	81,979 (23.9)	1048	111,285 (32.3)
Central Hospitals	409,709	431,201	26,460 (6.1)	31,617 (7.3)	2,251 (0.5)	119,142 (27.6)	17,129 (14.4)	122,809 (28.5)	1041	74,635 (17.2)
Southern Hospitals	339,400	362,319	20,955 (5.8)	27,322 (7.5)	8,052 (2.2)	64,266 (17.7)	5,867 (9.1)	39,757 (11.0)	986	100,693 (28.2)
SESIH	1,084,090	1,136,375	63,953 (5.6)	80,865 (7.1)	13,526 (1.2)	300,577 (26.5)	32,778 (10.9)	244,545 (21.5)	1025	286,613 (25.3)
NSW	6,311,179	6,538,848	420,180 (6.4)	440,372 (6.7)	138,032 (2.1)	1,553,250 (23.8)	194,877 (12.5)	1,312,862 (20.1)	1000	1,700,703 (25.9)

SOCIOECONOMIC STATUS

Social and economic factors are important determinants of health status, with disadvantaged groups more likely to die earlier from potentially preventable diseases and have higher rates of illness and disability. According to the Index of Relative Socio-Economic Disadvantage – a general measure of socioeconomic status – the SESIH area is relatively less disadvantaged than NSW (see Table 1). However, there is important variation between community clusters, with Shoalhaven and Illawarra relatively more disadvantaged than St George, Eastern and Sutherland. The three most disadvantaged LGAs are Botany, Shellharbour and Shoalhaven, while the three most advantaged LGAs are Sutherland, Woollahra and Waverly.

OVERALL HEALTH STATUS

The residents of SESIH experience generally better health and a slightly higher life-expectancy (79.9 years males, 84.7 years females) than the residents of NSW. In the last 10 years, deaths from all causes have reduced by an average 3% per year, while the differential between males and females has decreased 37% – down from 342 to 215 deaths per 100,000 population (see Figure 2). SESIH Aboriginal death rates are 1.6 times their non Aboriginal counterparts. Compared to NSW, death rates are significantly lower in Eastern, St George and Sutherland, and significantly higher in the Shoalhaven and among Aboriginal people. Hospitalisations for all causes are significantly higher in Eastern, Illawarra and Shoalhaven and lower in St George and Sutherland compared to NSW. Deaths and hospitalisation rates for specific causes are shown in Table 3 for SESIH areas, population groups and NSW.

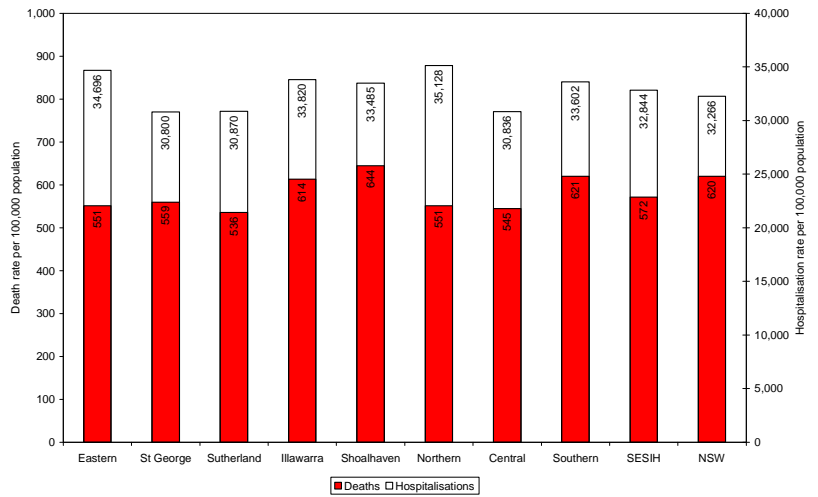


Figure 2 Age-standardised rates for causes of death (2003-2005) and hospitalisation (2005/06)

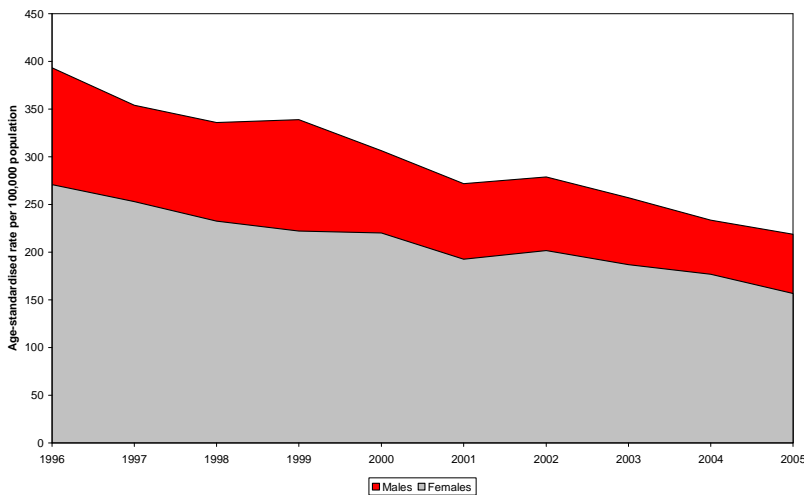


Figure 3 Age-standardised death rates for cardiovascular disease, male and female SESIH residents, 1996 to 2005

CARDIOVASCULAR DISEASE

Cardiovascular disease mortality reduced from 3,446 deaths in 1996 to 2,641 deaths in 2005. Although cardiovascular disease deaths are still higher among males compared to females, the differential is closing (see Figure 3). From 1996 to 2005, death rates for cardiovascular disease reduced by 6.1%, 4.1%, 6.2%, 6.1%, and 4.8% per year in Eastern, St George, Sutherland, and Illawarra and Shoalhaven, respectively. Cardiovascular disease is 1.7 times higher among SESIH Aboriginal persons compared to non Aboriginal persons and accounts for 42%, 38% and 36% of deaths among Melanesian, Micronesian and Polynesian; European; and African born residents, respectively. Two thirds of all cardiovascular disease deaths in SESIH are attributable to heart disease (48.7%) and stroke (27.7%). Table 3 shows death and hospitalisation rates for cardiovascular disease in SESIH areas, population groups and NSW.

In the 2005 NSW Population Health Survey, just over one quarter of SESIH residents reported having ever been diagnosed with high blood pressure (25.8%; 25.3% males, 26.2% females) or high cholesterol (26.1%; 29.1% males, 23.3% females). Encouragingly, 91.2% (89.9% males, 92.7% females) and 60% (59.3% males, 60.7% females) of respondents reported having their blood pressure and cholesterol levels checked in the previous two years.

CANCER

On average, 2,230 SESIH residents die from cancer each year, and 6,230 new cases are diagnosed. The most common types of cancer in SESIH males are lung, prostate and bowel cancer; for females the most common are breast, lung and bowel cancer.

Lung cancer

From 2003 to 2005, 260 male and 150 female residents died from lung cancer each year. Over the same period, 310 and 200 new cases of lung cancer were diagnosed annually in men and women, respectively. SESIH lung cancer incidence and mortality are similar to the state average; however, mortality and incidence rates are significantly lower than the NSW average in Sutherland males.

Bowel cancer

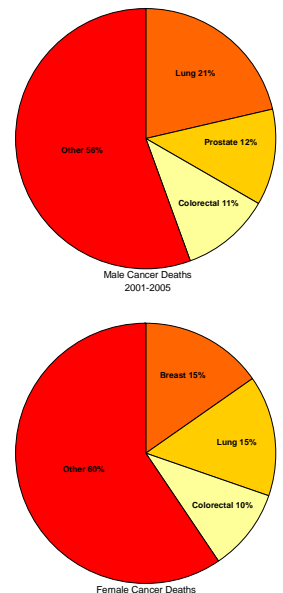
Each year, 235 (135 male, 100 female) SESIH residents die from bowel cancer and 795 (440 male, 355 female) new cases are diagnosed in SESIH residents. Mortality from bowel cancer among females in Eastern (and Northern Hospital Group) is significantly lower than NSW.

Female breast and cervical cancer

From 2003 to 2005, 155 SESIH women died from breast cancer each year and 735 new cases of breast cancer were diagnosed annually. Over the same period, fewer than twenty SESIH women died from cervical cancer each year and 45 new cases of cervical cancer were diagnosed among SESIH females each year. Mortality and incidence rates for female breast and cervical cancer in all SESIH areas are similar to the NSW average.

Prostate cancer

Each year, 150 SESIH males die from prostate cancer and 1,060 new cases are diagnosed. SESIH, St George, Sutherland and Central Hospital Group incidence rates are all significantly higher than the NSW state average; however, mortality is significantly lower than NSW for St George and Central Hospital group.



DIABETES

In the 2005 NSW Population Health Survey 6.9% of SESIH male and 6.4% of SESIH female residents reported having been diagnosed with diabetes or high blood glucose. On average, 350 SESIH residents die from diabetes and diabetes-related conditions each year and there are 3,000 admissions among SESIH residents with a principal diagnosis of diabetes. Diabetes admission rates are highest in Illawarra (356 per 100,000) and Shoalhaven (352 per 100,000), followed by St George (234 per 100,000), Sutherland (157 per 100,000) and Eastern (150 per 100,000).

INJURY

Four-hundred SESIH residents die from injuries each year and there are 26,500 injury hospitalisations among SESIH residents annually. Major causes of injury deaths in SESIH residents are suicide, motor vehicle accidents, poisoning and falls, while the major causes of hospitalisation are falls, motor vehicle accidents and intentional self-harm.

Injury death rates are significantly higher in Shoalhaven compared to NSW but significantly lower in Sutherland; injury hospitalisation rates are significantly higher than the NSW average in Eastern, Illawarra and Shoalhaven but significantly lower in St George and Sutherland.

Deaths from injuries are 2.3 times higher in SESIH males compared to females, 1.7 times higher in SESIH Aboriginal people compared to non Aboriginal people and 1.6 times higher in the three most disadvantaged SESIH LGAs compared to the three most advantaged LGAs. Deaths from injury are proportionally higher among people born in Asia and New Zealand.

ASTHMA

In the 2005 NSW Population Health Survey, 19.5% (20.9% males, 18.1% females) of SESIH respondents aged 16 years and over indicated that they had been diagnosed with asthma, with 9.9% reporting symptoms of asthma or treatment for asthma in the last 12 months. Asthma is the underlying cause of about 20 deaths each year in SESIH, which is similar to the NSW average. There are 1,900 hospital admissions among SESIH residents for asthma annually, with just over 50% occurring in the 0-4 (39.6%) and 5-9 (12.2%) years age groups.

Table 2 Notification rates per 100,000 population for selected communicable diseases, SESIH and NSW residents, 2004-2006

	Chlamydia	Gonorrhoea	Syphilis	Pertussis	Hepatitis C
Eastern	333.1	122.3	42.4	115.8	91.2
St George	127.6	19.6	9.6	57.5	38.7
Sutherland	119.4	14.7	4.5	95.9	28.1
Illawarra	148.6	11.0	5.4	56.6	53.3
Shoalhaven	141.0	16.6	2.3	26.2	94.5
Northern	333.1	122.3	42.4	115.8	91.2
Central	123.8	17.4	7.2	76.3	33.7
Southern	146.7	12.0	4.7	48.8	62.3
SESIH	207.6	53.3	18.3	80.2	60.7
NSW	165.6	23.8	13.2	69.2	60.1

MOTHERS AND BABIES

In 2005 14,877 babies were born to SESIH mothers in NSW. This represents an increase of 3.5% over 2004. Total birth rates – the expected number of children per female – are highest in Shoalhaven (1.9), followed by Sutherland (1.8), Illawarra and St George (1.7) and lowest in Eastern (1.4). Teenage pregnancy rates are very high in SESIH Aboriginal women (17.9%) and higher than the SESIH average in Shoalhaven (6.5%) (see Figure 5). Smoking during pregnancy is also highest in SESIH Aboriginal mothers (42.7%), followed by mothers from Shoalhaven (24.4%) and born in New Zealand (21.5%). Premature birth and low birth weight rates are higher for Aboriginal babies but similar to the NSW average for all other SESIH areas and population groups. Maternal and birth outcomes are poorer in the three most disadvantaged SESIH LGAs compared to the three least disadvantaged LGAs. Table 3 shows maternal and birth outcomes for SESIH areas, population groups and NSW.

Figure 4 shows SESIH age-specific rates for injury deaths and hospitalisations, which are higher in people aged 65+ years (due to falls) and 15-24 years (due to motor vehicle accidents and falls). Age-standardised rates for all-causes of injury deaths and hospitalisations are reported in Table 3.

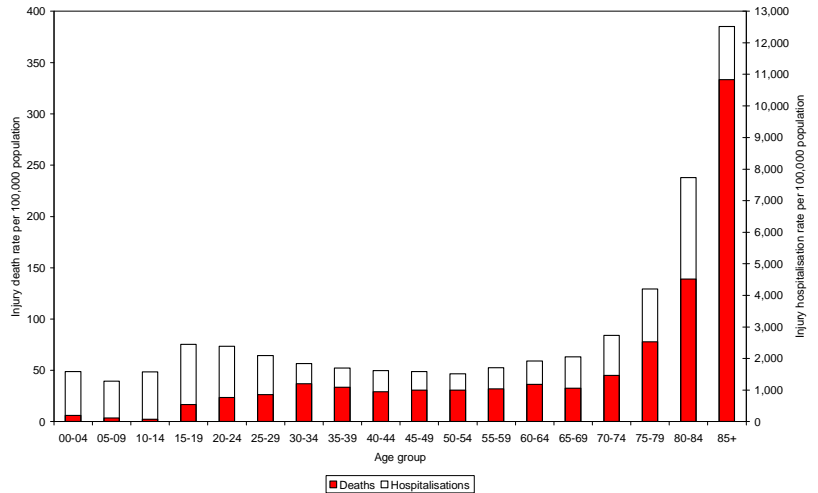


Figure 4 Age-specific death (2003-2005) and hospitalisation (2005/06) rates for SESIH residents

COMMUNICABLE DISEASES

Communicable diseases describe a range of conditions including HIV/AIDS, hepatitis C and other blood borne viruses, vaccine preventable diseases such as measles, mumps and rubella, and sexually transmitted infections. The most commonly notified condition in SESIH (and NSW) is chlamydia, comprising 35% of all notifications. Notification rates for SESIH are significantly higher than the NSW state average due to very high rates of chlamydia, gonorrhoea, syphilis and pertussis (whooping cough) in the SESIH part of Sydney LGA (see Table 2). Approximately 60% of the HIV positive population of NSW live in the Northern and Central hospital group areas of SESIH, while around 40% of new HIV cases in NSW are reported in SESIH.

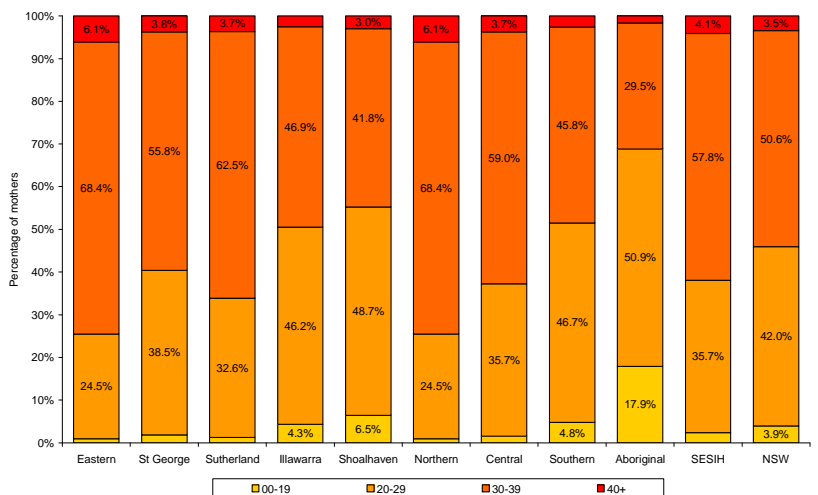


Figure 5 Age distribution of mothers giving birth in NSW, SESIH and NSW residents, 2003-2005.

MENTAL HEALTH

The Australian Institute of Health and Welfare estimates that mental disorders accounted for 13% of the total burden of disease and injury in Australia in 2003. Just over 6,000 SESIH residents are admitted to hospital each year for mental health disorders, which is significantly higher than the NSW average, and 1,500 residents require hospitalisation following suicide attempts (similar to NSW). Major causes of mental health admissions for males are anxiety and depression (28%), substance use disorders (27%) and schizophrenia (22%), and anxiety and depression (30%), other mental disorders (22%) and substance use disorders for females (16%). Around 185 SESIH residents die from mental disorders each year, with a further 105 deaths from suicides – both similar to the NSW average. In the 2005 NSW Population Health Survey, 10.2% of SESIH respondents reported high or very high levels of psychosocial distress, which was not significantly different to the NSW average of 9.7%.

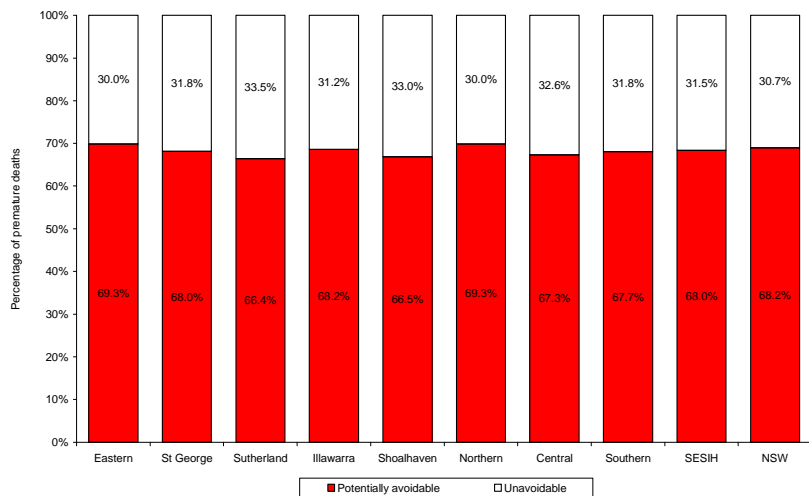


Figure 6 Potentially avoidable premature deaths in SESIAH and NSW Residents, 2001 to 2005.

POTENTIALLY AVOIDABLE DEATHS

Deaths before age 75 are considered premature. Potentially avoidable deaths are premature deaths that could have been averted based on current knowledge of causation and the effectiveness of disease prevention and health care technologies. In 2005 there were 2,392 premature deaths in SESIH residents; 68% of these deaths were due to potentially avoidable causes, including heart disease, lung and colorectal cancer, stroke and suicide. The good news is that from 1991 to 2005 the rate of potentially avoidable deaths reduced by 47% in SESIH, although rates of potentially avoidable death are still 1.8 times higher in men compared to women, 2.4 times higher in Aboriginal compared to non Aboriginal people, and 1.3 times more frequent in the most compared to the least disadvantaged SESIH LGA's. Figure 6 shows the percentage of premature deaths potentially avoidable for selected SESIH areas and NSW. Rates for all areas and population groups can be found in Table 3.

POTENTIALLY AVOIDABLE HOSPITALISATIONS

Hospital admissions that could have been potentially avoided through preventive care and early disease management are seen as an indicator of access to, and quality of, primary care (although other factors may also influence avoidable hospitalisation rates). In 2005/06 there were 27,947 potentially avoidable hospitalisations among SESIH residents. Over 97% of the admissions were attributable to chronic and acute conditions. Rates of potentially avoidable admissions for SESIH males and females are similar, although male rates for vaccine-preventable conditions are 1.5 times higher. Potentially avoidable hospitalisations are 1.4 times higher in SESIH Aboriginal persons compared to non Aboriginal persons, and 1.5 times higher in disadvantaged compared to advantaged SESI LGAs. Figure 7 shows potentially avoidable hospitalisations attributable to specific causes, while potentially avoidable hospitalisation rates for SESIAH areas and NSW are reported in Table 3.

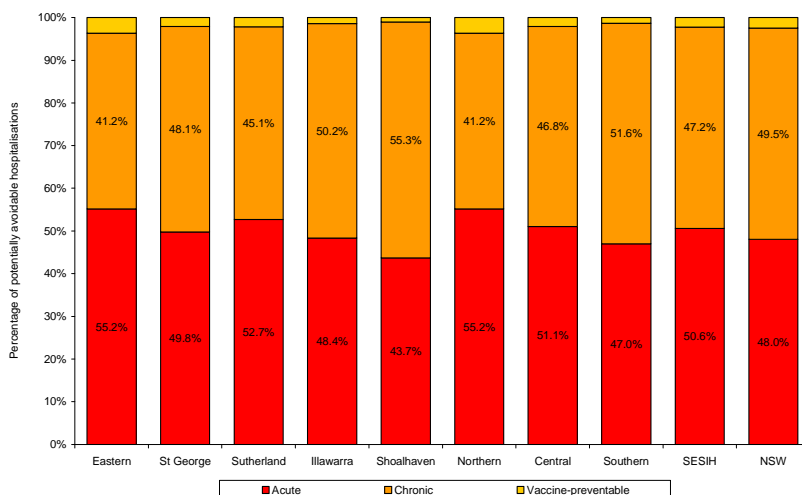


Figure 7 Potentially avoidable hospital admissions attributable to vaccine-preventable, acute and chronic conditions, SESIH and NSW residents, 2005/06.

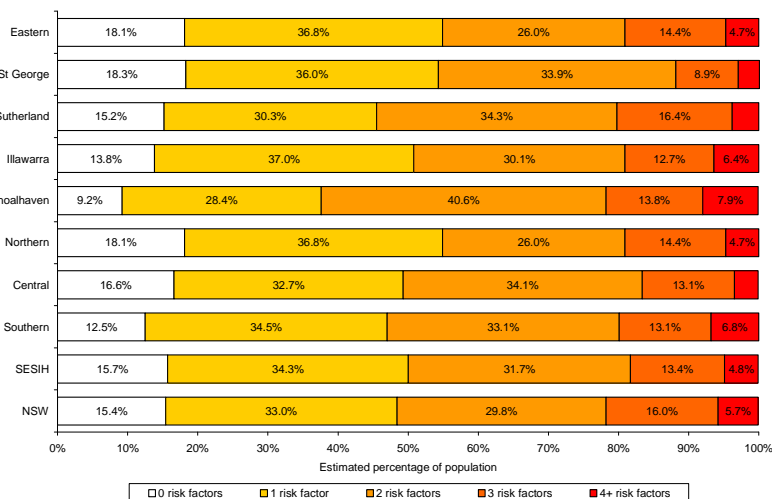


Figure 8 Prevalence of self reported risk factors for chronic diseases among SESIH and NSW residents, 2005.

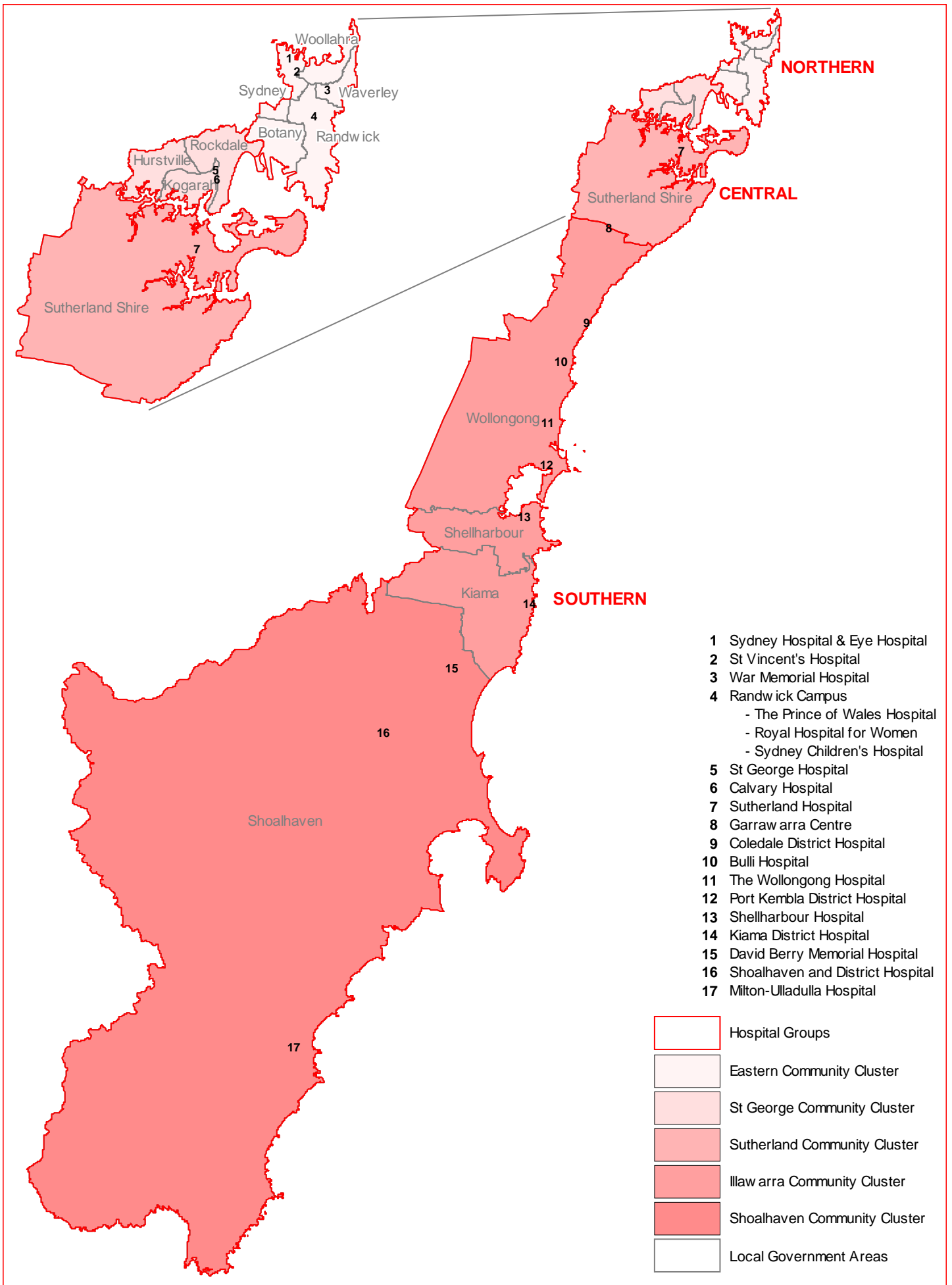
RISK FACTORS

The Australian Institute of Health and Welfare estimates that in 2003 32% of the total disease burden in Australia was attributable to 14 risk factors, including tobacco (7.8%), high blood pressure (7.6%), overweight and obesity (7.5%), physical inactivity (6.6%), high blood cholesterol (6.2%), harmful alcohol use (2.3%) and low fruit and vegetable intake (2.2%). Overall, the risk factor profile for SESIH is similar to NSW; however, the estimated percentages of residents overweight or obese are significantly lower than NSW in Eastern and significantly higher than NSW in Illawarra (see Table 3). Figure 8 shows the percentage of SESIH and NSW residents with risk factors for chronic disease (any alcohol risk drinking behaviour, inadequate fruit and vegetable intake, current smoking, inadequate physical activity and obesity). Deaths and hospitalisations attributable to alcohol and tobacco are also shown in Table 3.

Table 3 Selected health indicators for SESIH and NSW residents

	Deaths and Hospitalisations ¹										Mothers and Babies					Behavioural Risk Factors (%)			
	Circulatory System	Cancer	Respiratory System	Nervous System	Digestive System	Injury and Poisoning	Potentially Avoidable	Smoking-related	Alcohol-related	All Causes	Teenage Pregnancy	Smoking during pregnancy	First ante-natal visit 20+ weeks gestation	Premature birth	Low birth weight	Over-weight and Obesity	Inadequate Physical Activity	Smoking	Any risk-drinking behaviour
Community Clusters																			
Eastern	188 [↓] 2,131	164 [↓] 1,445 [↑]	46 [↓] 1,370 [↓]	20 2,038 [↑]	18 3,791 [↑]	35 2,414 [↑]	158 2,113 [↓]	84 [↓] 772	19 799 [↑]	551 [↓] 34,696 [↑]	0.9%	4.1%	9.7%	6.6%	6.0%	40.2% [↓]	42.1%	18.8%	34.3%
St George	207 [↓] 1,807 [↓]	162 [↓] 1,390	48 [↓] 1,346 [↓]	18 1,760	19 3,104 [↓]	31 1,635 [↓]	143 [↓] 1,996 [↓]	82 [↓] 642 [↓]	18 417 [↓]	559 [↓] 30,800 [↓]	1.9%	7.3%	12.1%	6.6%	5.8%	54.3%	46.0%	17.7%	25.3%
Sutherland	179 [↓] 2,264 [↑]	164 [↓] 1,471 [↑]	45 [↓] 1,255 [↓]	22 2,026 [↑]	16 [↓] 3,764 [↑]	25 [↓] 1,811 [↓]	126 [↓] 1,783 [↓]	70 [↓] 674 [↓]	16 489 [↓]	526 [↓] 30,870 [↓]	1.3%	8.0%	6.7%	7.1%	5.6%	51.6%	45.3%	16.9%	39.5%
Illawarra	221 2,349 [↑]	183 1,114 [↓]	57 1,494 [↓]	19 1,576 [↓]	22 3,862 [↑]	31 2,391 [↑]	171 2,676 [↑]	102 832 [↑]	21 641	614 33,820 [↑]	4.3%	17.8%	4.4%	7.9%	6.1%	58.9% [↑]	47.8%	22.4%	34.7%
Shoalhaven	236 2,446 [↑]	192 1,333	46 1,755 [↑]	18 1,807	24 3,812 [↑]	47 [↑] 2,254 [↑]	180 2,761 [↑]	102 867 [↑]	23 710 [↑]	644 33,485 [↑]	6.5%	24.8%	11.9%	6.5%	6.4%	56.6%	51.7%	24.8%	38.3%
Hospital Networks																			
Northern	188 [↓] 2,131	164 [↓] 1,445 [↑]	46 [↓] 1,370 [↓]	20 2,038 [↑]	18 3,791 [↑]	35 2,466 [↑]	158 2,113 [↓]	84 [↓] 772	19 799 [↑]	551 [↓] 34,696 [↑]	0.9%	4.1%	9.7%	6.6%	6.0%	40.2%	42.1%	18.8%	34.3%
Central	195 [↓] 2,014 [↓]	163 [↓] 1,427 [↑]	47 [↓] 1,305 [↓]	20 1,885 [↑]	18 [↓] 3,425 [↓]	28 [↓] 1,725 [↓]	135 [↓] 1,898 [↓]	77 [↓] 656 [↓]	17 452 [↓]	545 [↓] 30,836 [↓]	1.6%	7.6%	9.5%	6.8%	5.7%	52.8%	45.6%	17.2%	33.3%
Southern	225 2,372 [↑]	185 1,177 [↓]	53 1,553	18 1,647 [↓]	22 3,848 [↑]	35 2,375 [↑]	173 2,690 [↑]	102 840 [↑]	21 656 [↑]	621 33,602 [↑]	4.8%	19.3%	6.0%	7.6%	6.2%	58.3%	51.1%	23.1%	35.8%
SESIH																			
Males	236 [↓] 2,763 [↑]	215 [↓] 1,685 [↑]	63 [↓] 1,600 [↓]	21 1,894 [↑]	24 3,774 [↑]	45 2,503	200 [↓] 2,281 [↓]	135 [↓] 1,051	29 784	696 [↓] 32,999 [↑]	--	--	--	--	--	60.9%	43.4%	21.9%	38.1%
Females	173 [↓] 1,659	138 1,091	40 [↓] 1,254 [↓]	18 1,809	15 3,578	20 1,737	111 [↓] 2,182 [↓]	49 493 [↓]	10 466 [↑]	472 [↓] 33,169	2.4%	10.1%	8.5%	--	--	42%	48.0%	17.2%	30.7%
Persons	203 [↓] 2,174 [↑]	171 [↓] 1,354	49 [↓] 1,412 [↓]	19 1,850 [↑]	19 3,660 [↑]	32 2,139	155 [↓] 2,220 [↓]	87 [↓] 751 [↓]	19 620	572 [↓] 32,844 [↑]	--	--	--	7.0%	5.9%	51.4%	45.8%	19.6%	34.4%
Aboriginal	355 [↑] 1,921 [↓]	221 634 [↓]	89 1,919 [↑]	14 1,021 [↓]	47 [↑] 2,164 [↓]	53 2,411 [↑]	377 [↑] 3,022 [↑]	201 [↑] 1,096 [↑]	51 [↑] 1,330 [↑]	892 [↑] 32,005	17.9%	47.2%	22.3%	11.1%	10.4%	--	--	--	--
Least disadvantaged	176 2,163	165 1,479	42 1,267	19 2,122	16 4,017	25 2,162	133 1,836	72 673	16 588	517 33,259	0.9%	6.1%	7.0%	6.8%	5.5%	46.3%	44.0%	16.7%	36.9%
Moderately disadvantaged	209 [▲] 2,085 [▼]	169 1,324 [▼]	51 [▲] 1,400 [▲]	19 1,739 [▼]	20 3,443 [▼]	34 [▲] 2,131	167 [▲] 2,226 [▲]	90 [▲] 743 [▲]	20 [▲] 607	582 [▲] 32,298 [▼]	2.5%	9.5%	9.2%	7.0%	6.0%	51.7%	45.0%	18.9%	33.1%
Most disadvantaged	225 [▲] 2,470 [▲]	185 [▲] 1,267 [▼]	53 [▲] 1,670 [▲]	21 1,802 [▼]	23 [▲] 3,860 [▼]	39 [▲] 2,379 [▲]	187 [▲] 2,815 [▲]	103 [▲] 896 [▲]	21 734 [▲]	628 [▲] 34,458 [▲]	4.7%	19.7%	9.0%	7.4%	6.5%	59.2	51.1%	26.4%	33.4%
Africa & the Middle East	36% 7.7%	31% 3.5%	7% 3.1%	4% 5.2%	4% 11.9%	4.8% 4.7%	65.3% --	34.3% 24.6%	8.0% 11.6%	N=935 36,827	2.1%	4.7%	11.3%	6.7%	6.5%	--	--	--	--
Asia	32% 5.9%	35% 3.6%	5% 2.6%	2% 5.7%	3% 12.2%	10.4% 4.5%	72.1% --	32.6% 22.0%	8.3% 14.1%	N=1072 55,165	0.7%	1.1%	15.9%	6.0%	6.4%	--	--	--	--
Europe – UK & Ireland	38% 9.4%	30% 5.3%	10% 4.7%	4% 5.5%	3% 11.9%	4.8% 6.8%	69.6% --	31.4% 27.7%	8.3% 15.8%	N=4195 67,444	0.3%	6.9%	6.3%	6.5%	5.2%	--	--	--	--
Europe – Remainder	38% 10.1%	33% 4.8%	7% 3.4%	3% 5.7%	3% 10.3%	3.9% 4.5%	68.7% --	30.3% 25.6%	7.1% 10.2%	N=5481 130,324	0.6%	5.4%	12.0%	5.9%	5.2%	--	--	--	--
Latin America & the Caribbean	28% 5.8%	40% 3.2%	6% 2.9%	4% 5.0%	2% 13.9%	5.4% 4.3%	55.0% --	39.9% 26.4%	10.3% 15.1%	N=148 9,291	0.5%	2.9%	12.4%	6.3%	5.0%	--	--	--	--
North America	32% 5.8%	28% 3.5%	13% 3.8%	3% 5.5%	0% 12.9%	10.7% 6.5%	82.0% --	28.9% 23.6%	10.4% 28.8%	N=149 5,620	1.0%	2.9%	7.4%	7.0%	4.1%	--	--	--	--
New Zealand	34% 5.9%	29% 4.1%	9% 3.7%	3% 4.5%	2% 10.9%	10.7% 8.5%	74.1% --	45.5% 25.0%	14.2% 20.5%	N=484 17,895	3.3%	21.5%	21.8%	7.3%	5.2%	--	--	--	--
Melanesia, Micronesia & Polynesia	42% 8.1%	28% 4.6%	5% 2.3%	1% 5.8%	2% 7.2%	7.9% 3.9%	68.8% --	24.5% 24.0%	11.5% 14.5%	N=139 10,166	0.7%	7.2%	30.0%	8.0%	7.7%	--	--	--	--
Australia	37.4% 6.6%	27.9% 4.3%	8.9% 4.7%	3.6% 6.0%	3.2% 11.2%	5.4% 6.7%	65.0% --	27.2% 22.4%	7.9% 15.1%	N=25,660 820,370	2.9%	12.0%	6.3%	7.2%	5.9%	--	--	--	--
NSW	228 2,119	179 1,335	55 1,571	20 1,792	21 3,544	34 2,140	178 2,416	97 783	20 614	620 32,266	3.9%	14.7%	12.0%	7.2%	6.3%	49.9%	48.1%	20.1%	32.1%

Deaths are reported over hospitalisations; age-standardised death and hospitalisation rates per 100,000 population are reported for community clusters, hospital networks, SESIH (males, females, persons, Aboriginal people and disadvantage groups) and NSW; Percentages of total deaths and hospitalisations are reported for country of birth groups, with total (N) deaths and hospitalisations shown in All Causes column. ²Percentage of mothers giving birth are reported for Teenage Pregnancy, Smoking and First Antenatal 20+ Weeks Gestation; Percentage of births reported for all other indicators. ³Estimated percentage of population. ¹Significantly higher than the NSW average (p<0.01); [↓] significantly lower than the NSW average (p<0.01). [▲]Significantly higher than three least disadvantaged SESIH LGAs; [▼] significantly lower than three least disadvantaged SESIH LGAs.



Map 1 SESIH Local Government Areas, hospital networks, community clusters and facilities

Data sources: ABS census (2001,2006), mortality data (males, females, persons and disadvantage groups 2003-2005, Aboriginal people and country of birth 2001-2005), NSW Inpatient Statistics Collection (males, females, persons and disadvantage groups 2005/06, Aboriginal people and country of birth 2003/04-2005/06), NSW Midwives Data Collection 2003-2005, NSW Notifiable Diseases Database 2004-2006, NSW HIV/AIDS Database 2002-2006, NSW Continuous Health Survey data 2005 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.