

Needs Assessment 2025-2028

Western Sydney Primary Health Network

November 2024

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Acronyms

ABS	Australian Bureau of Statistics
AGPT	Australian General Practice Training
AH	After hours
AIHW	Australian Institute of Health and Welfare
AIHW GEN	Australian Institute of Health and Welfare Aged Care Data
AOD	Alcohol and other drugs
AWP	Activity Work Plan
AVO	Apprehended Violence Order
CALD	Culturally and Linguistically Diverse
CKD	Chronic Kidney Disease
COPD	Chronic Obstructive Pulmonary Disease
CVD	Cardiovascular diseases
CRM	Customer Relationship Management
DCJ	NSW Department of Communities and Justice
DoHAC	Australian Department of Health and Aged Care
DV	Domestic Violence
ED	Emergency Departments
FTE	Full Time Equivalent
GP	General Practitioner
HIU	Health Intelligence Unit – Western Sydney PHN
HSI	Health Systems Improvement
IAG	Insurance Group Australia
Km	Kilometre
LGA	Local Government Area/s
MBS	Medicare Benefits Schedule
MDS	Medical Deputising Service/s
n.d.a	No date available
NFD	Not further defined
NIAA	National Indigenous Australians Agency
NSW	New South Wales
PHIDU	Public Health Information Development Unit, affiliated with Torrens University

PHN	Primary Health Network
RMO/s	Resident Medical Officers
SA3	Statistical Areas Level 3
SEIFA	Socio-Economic Indexes for Areas
SMEs	Subject Matter Experts
WHO	World Health Organization
WSLHD	Western Sydney Local Health District
WSPHN	Western Sydney Primary Health Network
VR	Vocationally registered
VSG	Victoria State Government

Executive Summary

The Western Sydney Primary Health Network (WSPHN) 2025-2028 health needs assessment provides a comprehensive analysis of the region's health profile, identifying priority areas for intervention. It aligns with the PHN Program Needs Assessment Policy Guide's mandate for a detailed and systematic assessment of regional population's health needs, ensuring evidence-based planning and commissioning to support an efficient, equitable and culturally responsive primary health system in the WSPHN region.

Methodology

The needs assessment utilised a comprehensive **mixed methods approach** to identify and analyse the WSPHN region's health needs and service gaps. **Quantitative data** were sourced from key local, state and national datasets, providing insights into population demographics, chronic disease prevalence, healthcare utilisation, and socio-economic indicators across the Local Government Areas (LGAs) serviced by WSPHN. Additional de-identified health data, such as Alcohol and other drugs and mental health service usage, were incorporated to triangulate findings where relevant. This robust analysis ensured an evidence-based understanding of regional health trends.

Community engagement **complemented quantitative insights** through a citizens' jury model, involving participants from culturally and linguistically diverse (CALD) and First Nations communities. This participatory approach captured qualitative insights into lived experiences, barriers to service access, and community priorities. The Culturally Diverse Citizens' Jury and First Nations Citizens' Jury each delivered valuable perspectives, particularly on the need for culturally safe healthcare services and workforce development. These findings were critical in contextualising the quantitative data, ensuring that the assessment reflected the diverse needs of the WSPHN population.

Key findings

The WSPHN region is home to over one million residents as of 2021, with an anticipated population increase of 16.1% by 2028. The region is marked by its cultural diversity and religious significance, with a high concentration of parents, homebuilders, a young workforce, and children. The population is distributed across four LGAs: Blacktown, Cumberland, Parramatta, and The Hills Shire. Blacktown LGA, the largest, also has the highest proportion of First Nations residents. Meanwhile, Cumberland LGA stands out as the most culturally diverse, with the lowest percentage of residents with English and Australian ancestry, the highest proportion of those speaking a language other than English at home, and a significant group with limited English proficiency.

The region faces several social and economic challenges with notable health implications, particularly evident at the LGA level. Cumberland LGA is the most disadvantaged, with the lowest Socio-Economic Indexes for Areas (SEIFA) score, highest rates of unemployment and childhood vulnerability, and significant issues such as homelessness and disengagement among working-age individuals. Residents in Cumberland also experience the lowest median incomes and high housing affordability stress, second only to Parramatta LGA. Blacktown LGA, while economically stronger, also struggles with a low SEIFA score and concerningly high rates of domestic violence-related assaults and apprehended violence orders, surpassing state averages.

Lifestyle factors and environmental influences significantly impact health outcomes in the region. Key risk factors include low rates of physical activity, insufficient fruit and vegetable consumption, and high levels of obesity among both children and adults. Slight increases in smoking and vaping also pose health risks. Meanwhile, high bulk-billing rates on health services in the region provide some protection from cost-of-living pressures and indicate a positive direction towards equity in healthcare access.

However, this high reliance also presents risks, as it may lead to financial strain on healthcare providers, potentially reducing service quality or availability of care. This dependence could exacerbate disparities if providers are unable to sustain bulk billing, leading to reduced access or longer wait times for essential care.

The findings above underscore the need for targeted interventions across priority areas identified in the 2025-28 needs assessment. Table A (see next page) provides a concise overview of the key findings related to priority areas of need. These areas include mental health, Aboriginal and Torres Strait Islander health, population health, aged care, and the primary care workforce.

This comprehensive health needs assessment identified the pressing social, economic, and health factors impacting the WSPHN region. By aligning these findings with priority areas such as mental health, Aboriginal and Torres Strait Islander health, population health, aged care, and the primary care workforce, the assessment provides a robust foundation for strategic planning and targeted service delivery.

Table A: 2025-2028 WSPHN Health Needs Assessment: Summary of key findings

Priority area	Regional focus	Key findings
Mental Health	WSPHN region	<p>Increasing levels of high or very high psychological distress, with women being more affected than men.</p> <ul style="list-style-type: none"> - There was a slight increase in the reported incidence of high or very high psychological distress in the region. The rate among women remained five percentage points higher than men.
	WSPHN region	<p>Mental health disorders were most prevalent among younger residents, with mental health service utilisation also highest in this group, but both declined with age.</p> <ul style="list-style-type: none"> - Young people aged 16 to 34 years reported the highest prevalence of mental health disorders within a 12-month period. Meanwhile, the lowest prevalence was reported by residents aged 65 to 85 years. Furthermore, mental health service utilisation was highest among younger people aged 16-24 years and lowest among residents aged 65 to 74 years.
	WSPHN region	<p>Women experienced higher rates of non-fatal suicide attempts and self-harm hospitalisation compared to men.</p> <ul style="list-style-type: none"> - The rate of non-fatal attempts at suicide by women increased from one and a half times to two times greater than males. Meanwhile, female self-harm hospitalisations increased from one and a half times to two and a half times greater than the male rate.
	WSPHN region	<p>Women utilised mental health services more than men, though GP mental health visits remained stable across the population.</p> <ul style="list-style-type: none"> - Women accessed in person mental health services at twice the rate of men and digital mental health services at one and a half times the male rate. Despite these patterns, GP mental health service visits remained stable for all residents.
Aboriginal and Torres Strait Islander health	WSPHN region	<p>Reduction of the gap in full immunisation among First Nations children and children in the wider community aged 5 years.</p> <ul style="list-style-type: none"> - The full immunisation rate among First Nations children aged five years remained at or above the national target of 95% between 2020 and 2022. Meanwhile, the rate among children in the wider community aged 5 years was slightly lower than the national target over the same period.
Population Health	Blacktown LGA	<p>Blacktown LGAs had the highest prevalence of chronic conditions.</p> <ul style="list-style-type: none"> - Residents of Blacktown LGA had the highest prevalence in e of ten chronic conditions. The conditions of particular concern were asthma, arthritis, diabetes and a mental health condition.

Priority area	Regional focus	Key findings
	WSPHN region Blacktown LGA	<p>Chronic conditions prevalence showed gender and age disparities, most notably in Blacktown LGA.</p> <ul style="list-style-type: none"> - Asthma, arthritis and a mental health condition was more prevalent among women than men. Meanwhile, a higher rate of diabetes was observed among people aged 65 to 74 years than younger residents in the 15 to 24 years age group. While this variance was consistent across all LGAs, it was most apparent in Blacktown LGA.
	WSPHN region	<p>Chronic disease hospitalisations declined overall, though gender and age differences persist.</p> <ul style="list-style-type: none"> - Males have consistently higher hospitalisation rates for chronic kidney and cardiovascular diseases, while younger women aged 35–64 experience higher rates of COPD. Hospitalisations for Type 2 diabetes have risen among residents aged 55–64, despite overall stability or decline in other age groups.
	WSPHN region	<p>Chronic conditions among people with a disability mirrored overall population trend, with gender disparities evident.</p> <ul style="list-style-type: none"> - Asthma, arthritis, diabetes and a mental health condition were the most prevalent chronic conditions among people living with a disability. Females reported higher rates of arthritis and asthma, while males reported higher rates of diabetes and mental health conditions.
	WSPHN region	<p>GP attendances dominated Medicare-subsidised services, though slight growth was observed in after-hours and enhanced primary care.</p> <ul style="list-style-type: none"> - GP attendances accounted for nearly nine in ten Medicare-subsidised services used in the region, despite a slight decrease. Enhanced primary care and after-hours care services saw a modest increase in usage.
	WSPHN region	<p>Preventable hospitalisations declined across most conditions, led by dental conditions.</p> <ul style="list-style-type: none"> - Preventable hospitalisations for asthma, cardiac failure, COPD, and dental conditions all decreased, while vaccine preventable pneumonia and influenza surged from 9.3 to 88.9 per 100,000 potentially linked to the lifting of the COVID-19 restrictions. Emergency department presentations for urgent and semi-urgent cases (84.9 and 83.6 per 1,000 people) were below national rates, with non-urgent presentations also lower than the national rate at 14.8 per 1,000 people.
Aged Care	WSPHN region	<p>More people use home care and home support services compared to residential aged care.</p> <ul style="list-style-type: none"> - For every 1000 people aged over 65 years, 91.2 used home care and 157.8 used home support services, compared to just 37 who used permanent residential aged care services. The primary home support services used by residents were allied health services, transport and domestic assistance.

Priority area	Regional focus	Key findings
	WSPHN region	<p>Female aged care admissions surpass males in the 90+ age group, while other care types exhibit gender differences across age brackets.</p> <ul style="list-style-type: none"> - Among individuals aged 90 years and over, females accounted for a higher proportion of admissions into permanent (31.1%) and respite residential care (29.9%) compared to males (25.8% and 22.1% respectively), while earlier age groups showed higher male representation in both permanent and respite care.
	WSPHN region	<p>Aged care services show higher reliance on private providers and a decline in residential care places, and lower occupancy rates than other PHNs.</p> <ul style="list-style-type: none"> - The region accounts for 9.9% of NSW's aged care services, with 43% of aged care places operated by private providers (higher than the NSW's average of 34.1%). Residential aged care places per 1,000 people aged 70+ decreased from 78 in 2020 to 70 in 2023.

1 Introduction

A Needs Assessment is a systematic examination of the health and service needs of a community. Primary Health Networks (PHNs) are required to regularly undertake a comprehensive and systematic assessment of population health needs and health care services. All PHNs are required to submit a health and service needs assessment of their regions to the Department of Health and Aged Care (DoHAC – ‘the Department’) every three years, and each report intends to guide planning and commissioning activities for the succeeding three years.

The Needs Assessment supports PHN decisions about the commissioning of services, delivery of Practice Support and Health Systems Improvement (HSI) activities. It is also used to guide other reporting obligations to the Department such as the Activity Work Plan (AWP) and half yearly and annual performance reporting.

The 2025-28 Needs Assessment of the Western Sydney Primary Health Network (WSPHN) region (‘the region’) is the third report submitted to the Department by the WSPHN. This document builds on previous assessments, incorporating new evidence and insights to refine the understanding of regional health needs and inform the next phase of strategic health initiatives.

1.1 Methodology

A mixed methods approach was implemented for the 2025–2028 Needs Assessment, incorporating the collection, analysis, and synthesis of quantitative and qualitative data. This approach built on the health needs and service strengths identified in the 2022–2025 Needs Assessment while addressing updated regional priorities. The quantitative component reassessed previously identified priorities against updated publicly available administrative data and de-identified health data. The qualitative component included internal stakeholder consultations to review the current methodology, validate priority indicators from the previous assessment, and identify new data sources for consideration.

The key steps undertaken to develop this needs assessment were as follows:

- Extraction of priority indicators identified in the 2022-25 needs assessment.
- Internal planning and consultation with key stakeholders at the WSPHN to validate the methodology, including priority indicators for reporting and identification of new sources of data.
- Collection of accessible publicly available administrative data and de-identified health data.
- Extraction of secondary qualitative data from existing primary research commissioned by the WSPHN.
- Synthesis and triangulation of the quantitative and qualitative results across multiple sources to identify complementary and convergent themes and validate indicators.
- Review and approval of the current Needs Assessment by WSPHN stakeholders.

The 2025–2028 Needs Assessment aimed to provide up-to-date and comparable data across the WSPHN region while identifying opportunities to enhance future reporting. Challenges such as variations in data collection periods, limited LGA-level reporting, and data gaps for groups including veterans, people experiencing homelessness, and LGBTQIA+ communities were noted. Addressing these gaps will be a focus for future improvements.

1.2 Community consultations

The 2025–2028 Needs Assessment was informed and supported by extensive community consultation conducted through the Citizens’ Jury model, a participatory engagement approach grounded in deliberative democratic theory. This consultation process aimed to elevate community voices in the health planning landscape of the WPSHN region. Two separate juries were convened to reflect the region’s distinct populations:

- **Culturally Diverse Citizens’ Jury:** Held in August 2023 with 20 participants, this jury explored health access barriers, community priorities, and culturally appropriate care models for Western Sydney’s diverse CALD communities.
- **First Nations Citizens’ Jury:** Conducted in September 2023 with 16 participants, this jury focused on the unique perspectives and priorities of First Nations communities, emphasizing culturally safe care and systemic equity.

Both juries were supported by comprehensive evidence handbooks developed with input from diverse local advisory sources. Through facilitated discussions, participants deliberated on the presented evidence, shared lived experiences, and provided actionable recommendations to enhance the delivery of health services in the region.

The juries developed a comprehensive set of recommendations, highlighting the importance of culturally responsive, community-focused care. Key areas include:

1. **Preventive Health:** Prioritise early childhood support through programs aimed at reducing adverse childhood events and provide sustained home visits by maternal nurses.
2. **Community Development:** Create community hubs for health education, disease prevention, and improved access to health information, with co-designed communication strategies.
3. **Team-based Care:** Introduce multidisciplinary care teams (e.g., social workers, mental health professionals) to foster a proactive, relationship-centred approach.
4. **Expansion of Urgent Care:** Increase the availability of urgent care services to alleviate pressure on emergency departments.
5. **Data Sharing:** Enhance data integration across care sectors to support proactive health management.
6. **Workforce Development:** Encourage healthcare professionals to work in Western Sydney, streamline pathways for overseas-trained professionals, and establish career pathways for First Nations community members.
7. **Intergenerational Programs:** Promote initiatives linking children with older adults to strengthen community bonds and mitigate loneliness.
8. **Anti-Racism:** Implement strategies to raise awareness of health inequities and reduce systemic barriers.
9. **Sustainable Funding:** Secure ongoing funding beyond political cycles to ensure long-term community impact.
10. **Evaluation:** Continuously assess the return on investment of these recommendations to monitor their effectiveness for the community.

1.3 Structure of this report

This report is divided into 10 chapters, each focusing on a key area of health within the region. It is structured as follows:

- **Chapter 2: WSPHN Profile** - Introduces the demographic and cultural characteristics of the WSPHN region¹, covering geographic boundaries, population size, life expectancy, and linguistic diversity.
- **Chapter 3: Social Determinants of Health** – Explores the socio-economic factors impacting health in the WSPHN region, including education, employment, housing and social vulnerability indicators.
- **Chapter 4: Behavioural, Biomedical and Environmental risk factors** – Discusses lifestyle health risks, environmental factors and health access in the region.
- **Chapter 5: Mental Health** – Analyses the prevalence of mental health conditions and service usage in the region.
- **Chapter 6: Aboriginal and Torres Strait Islander Health** – Focuses on chronic conditions, preventive health, immunisation rates and aged care needs for First Nations people.
- **Chapter 7: Population Health** – Includes Chronic conditions (prevalence and hospitalisation rates of chronic diseases, including comorbidity trends), Digital Health (assesses the use of telehealth and internet access for healthcare in the region), Disability (explores the prevalence of disability, use of support services, and the health needs of people living with disability in the region) and Alcohol and Other Drugs (covers alcohol and drug use trends and related healthcare services in the region).
- **Chapter 8: Aged Care** – Discusses aged care needs, service utilisation, and residential care options for older adults.
- **Chapter 9: Primary Health Workforce** – Reviews the capacity of the primary health workforce focusing on GPs, allied health professionals, and mental health services.
- **Chapter 10: Summary of key priorities** – Reports on the key areas of focus by priority area and region affected, whether the WSPHN region or individual LGAs

¹ 'WSPHN region' refers to the residents who reside within the geographic boundaries that are served by the Western Sydney Primary Health Network (WSPHN).

2 WSPHN Profile

This chapter explores the geographic, demographic and cultural profile of the region. It is divided into two sections: the first examines the geographic and demographic context, and the second focuses on cultural and linguistic diversity.

Summary of key traits about the region 2021-2024

1. There are over 1 million people residing in the region with 8.2% growth expected by 2024, particularly in the Parramatta (10.3%) and Hills Shire (10.4%) LGAs.
2. Seven in ten First Nations people in the region reside in Blacktown LGA (71.1%).
3. Parents and homebuilders (aged 35 to 49 years) are the largest population group in the region, NSW and Australia. However, the proportion of parents and homebuilders is slightly higher in the region (23.0%) than NSW (20.1%) and Australia (20.2%).
4. Two in three Cumberland LGA residents speak a language other than English at home compared to one in two across the region (65.2% vs 51.5%). Additionally, Cumberland has the highest proportion of residents who speak little to no English (14%) and the lowest rates of Australian and English ancestry (10.6% and 9.2%).
5. Residents in the region are highly religious with a smaller proportion identifying as secular (21.8%) compared to NSW (33.0%) and Australia (38.7%).

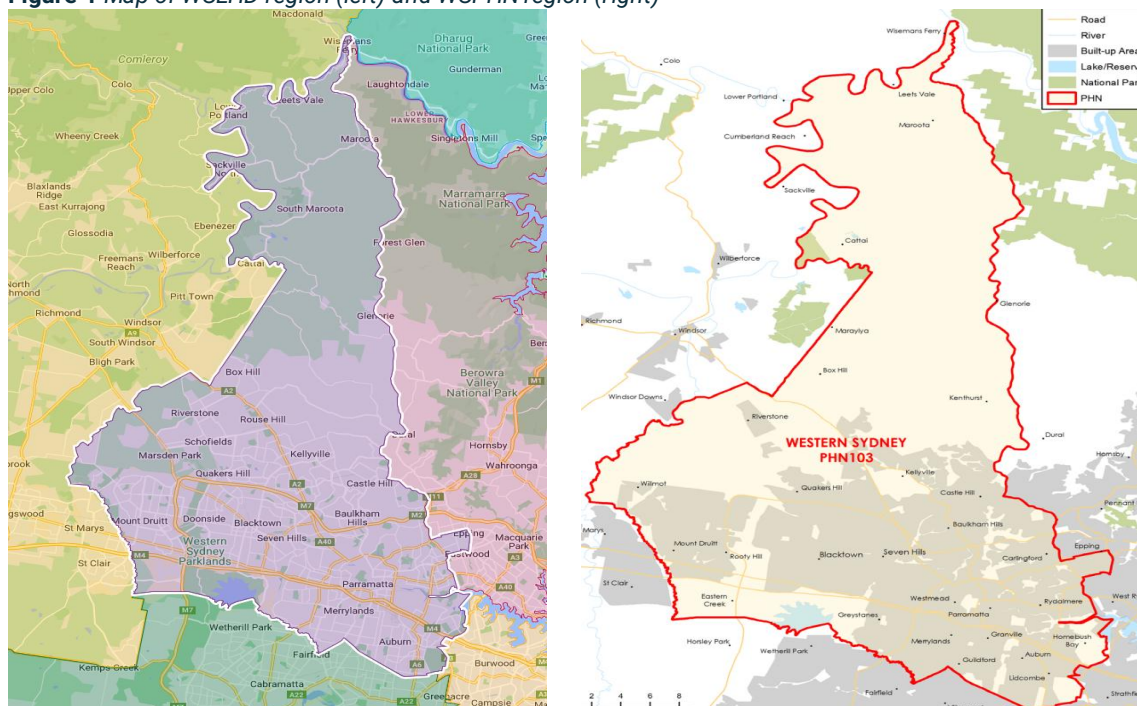
2.1 Geographic and demographic context

This section examines the geographic boundaries, population characteristics, age distribution, and life expectancy in the region, providing an overview of the demographic factors that shape health needs.

2.1.1 Geographic boundaries

The region covers about **782 square kilometres**, stretching from Wisemans Ferry in the North to Regents Park in the South, and from Epping in the East to Ropes Crossing in the West². It overlaps with the same boundaries as the Western Sydney Local Health District (WSLHD); see Figure 1. The traditional custodians of the region are **the Darug people**.

Figure 1 Map of WSLHD region (left) and WSPHN region (right)



Source: NSW Health (2022a); Australian Government Department of Health (2018a). Compiled by WSPHN.

² Informed Decisions, 2023a; Department of Health and Aged Care n.d.a

2.1.2 Population characteristics

Data from the Australian Bureau of Statistics (ABS) 2021³ highlights the following insights about the population of the region (see Table 1 and Figure 2):

- **The population has crossed 1 million and continues to grow rapidly:** the total population of the region stood at 1,080,828 residents and was forecasted to increase by 16.1% by 2028. The Hills Shire and Parramatta LGAs were expected to experience the largest increases (16.6% and 21.8%). Overall, the region accounted 13.4% of the NSW population (8,072,161) and 4.3% of the Australian population (25,422,789).
- **Approximately 4 out of every 10 residents lived in Blacktown LGA:** the population of Blacktown LGA was 396,781, representing 36.7% of all residents in the region. This was followed by Parramatta (256,729; 23.8%), Cumberland (235,440; 21.8%) and the Hills Shire (191,878; 17.8%) LGAs.
- **A large proportion of First Nations residents lived in Blacktown LGA:** of the 16,614 First Nations people in the region, 71.1% (11,812) lived in Blacktown LGA. This was followed by Parramatta (2,079; 12.5%), Cumberland (1,516; 9.1%) and the Hills Shire (1,207; 7.3%).
- **First Nations residents made up 6% of the First Nations population in NSW and 2% nationally:** there were 16,614 First Nations residents in the region, representing six per cent of the total First Nations population in NSW (278,043) and only two per cent of the national First Nations population (812,728).

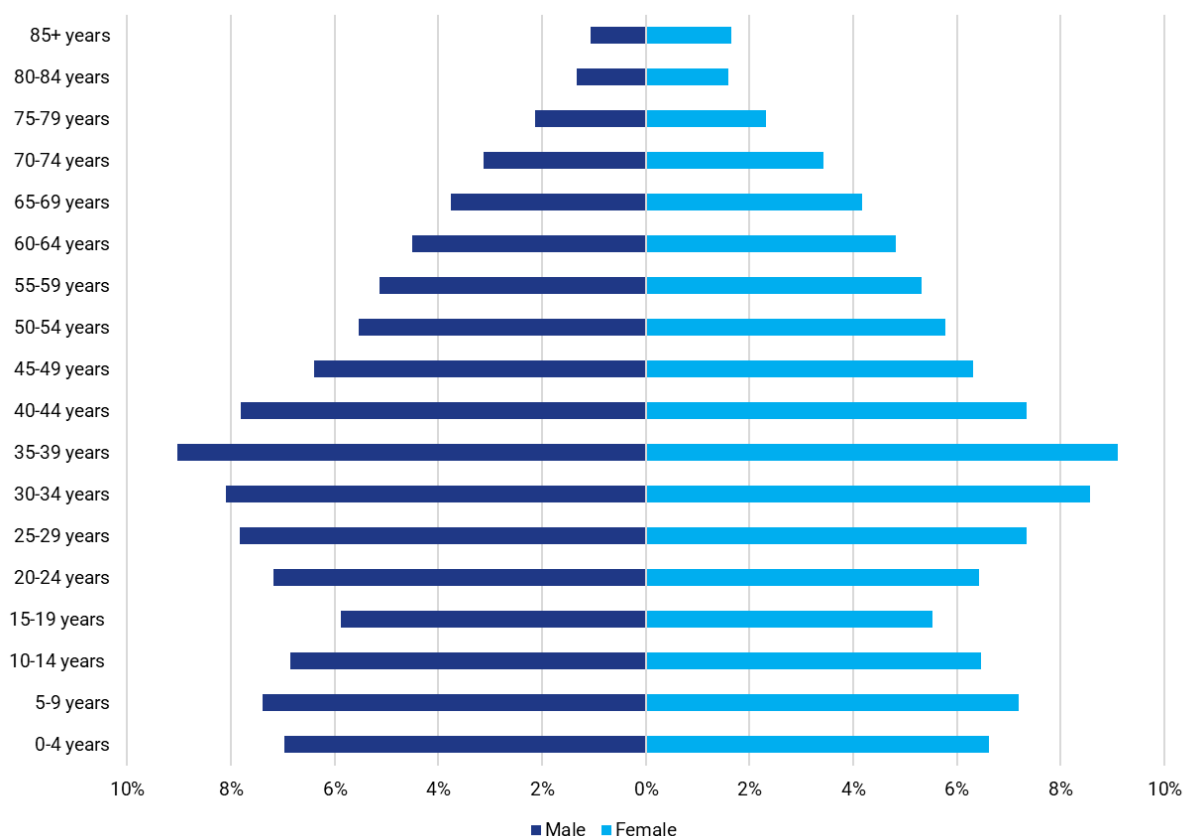
Table 1 Resident population across the WSPHN region, NSW and Australia, 2021

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW	Australia
Total	1,080,828	396,781	235,440	256,729	191,878	8,072,161	25,422,789
Male	542,769	197,876	121,502	128,734	94,657	3,984,166	12,545,154
Female	538,059	198,905	113,938	127,995	97,221	4,087,995	12,877,635
First Nations	16,614	11,812	1,516	2,079	1,207	278,043	812,728
2028 total forecast	1,254,939	451,981	269,957	299,253	233,748	-	-

Source: Australian Bureau of Statistics (2021a-d). Compiled by WSPHN.

³ Australian Bureau of Statistics, 2021a-d

Figure 2 Age-Sex pyramid of age distribution in Western Sydney PHN in 2021



Source: Australian Bureau of Statistics (2021e-h). Compiled by WSPHN.

2.1.3 Life expectancy

Data from HealthStats NSW 2020⁴ revealed the following insights about life expectancy⁵ in the region (see Table 2):

- **Residents lived an average of 85.2 years:** average life expectancy in the region was 85.2 years in 2020, which is consistent with the NSW average of 84.5 years.
- **Life expectancy varied by up to five years across LGAs, Parramatta LGA has the highest and Blacktown LGA has the lowest:** average life expectancy in Parramatta LGA was 88.2 years; 85.5 years for males and 90.3 years for females. In contrast, average life expectancy in Blacktown LGA was 83.4 years; 82.1 years for males and 84.9 years for females.
- **Females lived an average of 3.8 years longer than males:** average life expectancy among females across the region was 87.1 years compared to 83.3 years among males. This gender difference is consistent across all LGAs.

⁴ HealthStats NSW, 2021b

⁵ Life expectancy is defined as “an estimate of the average length of time (in years) that a person can expect to live, assuming that the current rates of death for each age group will remain the same for the lifespan of that person.” Source: HealthStats NSW, 2021b

Table 2 Life expectancy at birth in years across the WSPHN region and NSW, 2020⁶

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW
Male	83.3	82.1	82.8	85.5	85.0	82.4
Female	87.1	84.9	88.4	90.3	87.2	86.6
Total persons	85.2	83.4	85.5	88.2	86.4	84.5

Source: HealthStats NSW (2021b). Compiled by WSPHN.

2.1.4 Age distribution

Data from the Informed Decisions 2021⁷ highlighted the following insights about age groups living in the region (see Figure 3):

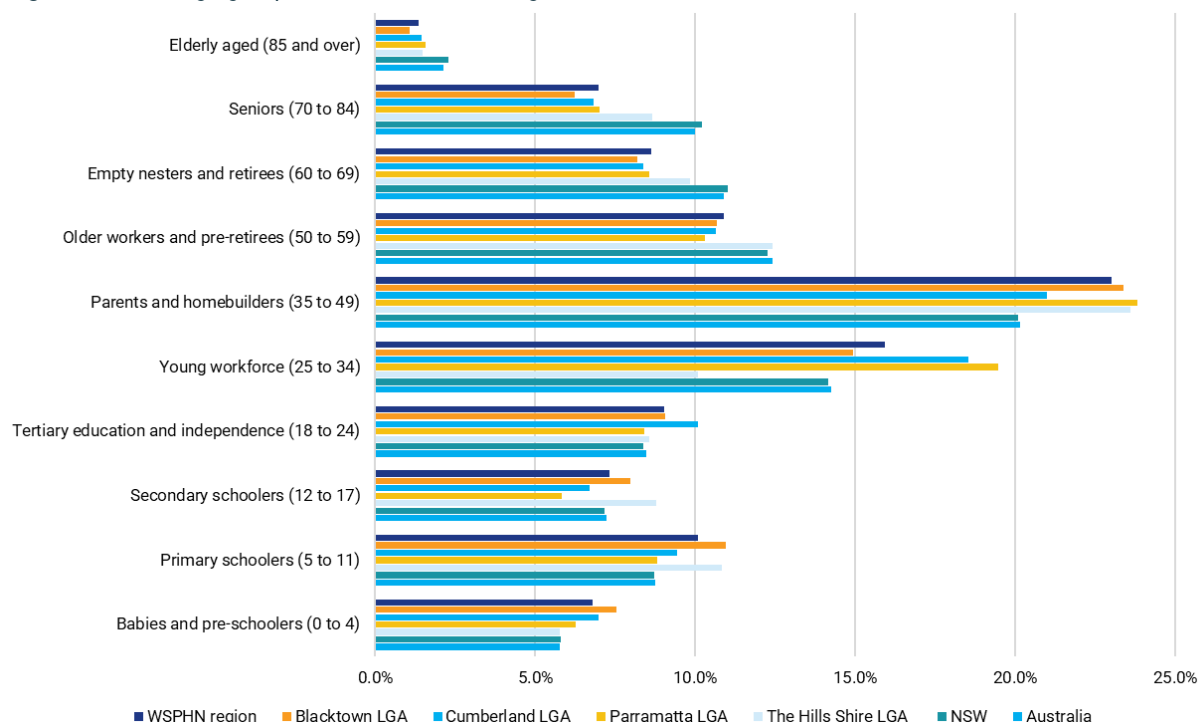
- **Slightly higher concentration of parents and homebuilders (35 to 49 years), children (11 years and younger)⁸, and young workforce (25 to 34 years) compared to the state:** parents and homebuilders accounted for 23.0% of the population, compared to 20.1% in NSW and 20.2% across Australia. Babies, pre-schoolers, and primary schoolers aged 11 years or younger represented 16.9% of the population, compared to 14.5% in both NSW and Australia. Additionally, 15.9% of people in the region were in the young workforce, slightly higher than NSW (14.1%) and Australia (14.3%).
- **Fewer elderly residents compared to the state and national averages:** 1.4% of residents in the region were aged 85 years or over in 2021 compared to 2.3% in NSW and 2.1% in Australia.
- **Cumberland LGA had a slightly higher share of 18 to 24 years adults across the region:** 10.1% of Cumberland LGA residents were among the tertiary education and independence (18-24 years) service age group compared to 9.0% in the region.
- **The Hills Shire LGA had a larger population of older workers and pre-retirees (50 to 59 years) across the region:** the proportion of older workers and pre-retirees in the region is 10.9%, slightly lower than the Hills Shire LGA at 12.4%.

⁶ HealthStats reports that potential drops in life expectancy from 2020 were largely due to the impacts of COVID-19.

⁷ Informed Decisions, 2021h-l

⁸ The ABS defines a child as a person under 15 years old who is usually resident in a household and forms a parent-child relationship with another member of the household

Figure 3 Service Age groups across the WSPHN region, NSW and Australia, 2021



Source: Informed Decisions (2021h-l). Compiled by WSPHN.

2.1.5 Cultural and linguistic diversity

This section explores the cultural and linguistic diversity within the region, focusing on indicators such as place of birth, ancestry, language proficiency, and religion. These factors play a critical role in shaping healthcare access and utilisation, highlighting the need for culturally and linguistically appropriate health services.

2.1.5.1 Place of Birth and Ancestry

Data from the ABS 2021⁹ highlighted the following trends in place of birth and ancestry of residents in the region:

- **Australia remains the most common country of birth across all LGAs, with India and China among the top five countries of birth for residents born overseas:** India was among the top five countries of birth across LGAs in the region, with representation ranging between 6.6% of residents in the Hills Shire LGA and 11.9% of residents in Blacktown LGA. Meanwhile, China was among the top five countries of birth in the Cumberland (6.6%), Parramatta (11.3%) and Hills Shire (6.4%) LGAs (see Table 3).
- **The region shows greater ancestral diversity, with lower proportions of Australian and English ancestry:** only 16.5% of residents report Australian ancestry and 15.6% report English ancestry in the region, compared to state and national averages of almost 30%. Chinese (12.3%) and Indian (11.1%) ancestries are more prevalent in the region (see Table 4).

⁹ Australian Bureau of Statistics, 2021a-d

- **Cumberland LGA has the lowest proportion of Australian and English ancestry:** in Cumberland LGA, only 10.6% of residents identify with Australian ancestry and 9.2% with English ancestry, the lowest across the region. This contrasts with the Hills Shire LGA, where Australian and English ancestries are more common, at 22.0% and 22.6% respectively (see Table 5).

Table 3 Top five countries of birth across the WSPHN region, 2021

	Blacktown LGA		Cumberland LGA		Parramatta LGA		The Hills Shire LGA	
	Country	Pop. %	Country	Pop. %	Country	Pop. %	Country	Pop. %
First	Australia	50.4	Australia	39.7	Australia	42.4	Australia	57.5
Second	India	11.9	India	8.5	India	11.3	India	6.6
Third	Philippines	6.4	China ^(a)	6.6	China ^(a)	11.3	China ^(a)	6.4
Fourth	New Zealand	2.1	Lebanon	4.8	South Korea	4.3	England	2.7
Fifth	Fiji	1.9	Nepal	4.3	Hong Kong ^(b)	2.3	Philippines	1.8

Source: Australian Bureau of Statistics (2021a-d). Compiled by WSPHN.

^(a)China excludes Special Administrative Regions (SARs) and Taiwan.

^(b)Hong Kong as SAR of China.

Table 4 Top five ancestries in the WSPHN region, NSW and Australia, 2021

	WSPHN region		NSW		Australia	
	Ancestry	Pop. %	Ancestry	Pop. %	Ancestry	Pop. %
First	Australian	16.5	English	29.8	English	33.0
Second	English	15.6	Australian	28.6	Australian	29.9
Third	Chinese	12.3	Irish	9.1	Irish	9.5
Fourth	Indian	11.1	Scottish	7.7	Scottish	8.6
Fifth	Irish	3.8	Chinese	7.2	Chinese	5.5

Source: Informed Decisions (2021m-r). Compiled by WSPHN.

Table 5 Top five ancestries across the WSPHN region, 2021

	Blacktown LGA		Cumberland LGA		Parramatta LGA		The Hills Shire LGA	
	Ancestry	Pop. %	Ancestry	Pop. %	Ancestry	Pop. %	Ancestry	Pop. %
First	Australia	19.1	Chinese	12.6	Chinese	22.3	English	22.6
Second	English	16.8	Lebanese	11.9	English	14.4	Australia	22.0
Third	Indian	13.5	Australia	10.6	Australia	13.9	Chinese	14.7
Fourth	Filipino	9.0	English	9.2	Indian	11.2	Indian	9.1
Fifth	Chinese	4.5	Indian	8.7	Korean	5.90	Irish	6.9

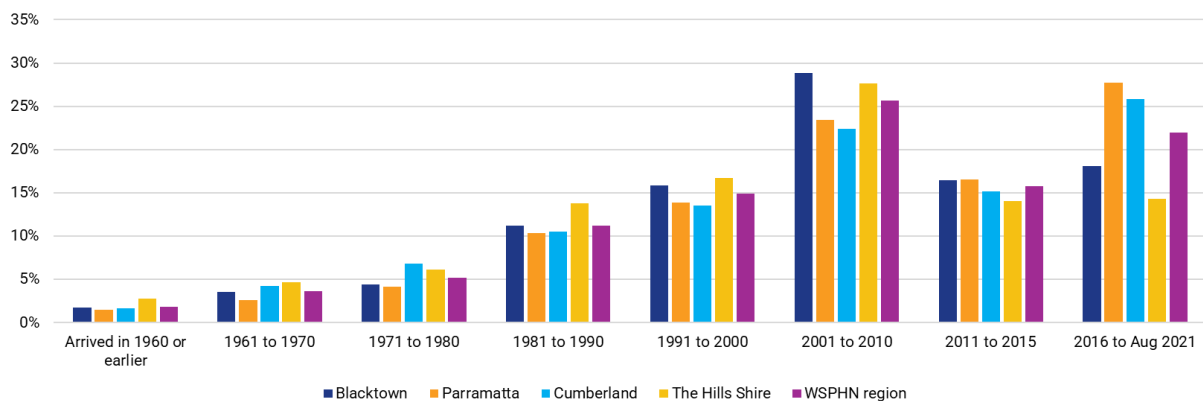
Source: Informed Decisions (2021m-r). Compiled by WSPHN.

2.1.6 Overseas Arrivals

Data from Informed Decisions 2021¹⁰ highlighted the following trends in overseas arrivals to the region (see Figure 4):

- **Almost half of all overseas arrivals settled during two key migration period, from 2001 to 2010 and from 2016 to 2021:** the largest proportions of overseas arrivals in the region occurred during two periods: 25.1% of the population arrived between 2001 and 2010, and 21.5% arrived between 2016 and August 2021. These figures are higher than the corresponding averages for NSW (20.4% and 18.5%) and Australia (22.1% and 18.0%).
- **Over a quarter of overseas arrivals in Parramatta and Cumberland LGAs occurred between 2016 and 2021:** during 2016-2021, 27.3% of recent arrivals were in Cumberland LGA, while 25.2% were in Parramatta LGA. These are notably higher than the Blacktown (17.7%) and Hills Shire LGA (14.1%) LGAs.

Figure 4 Proportion of overseas arrivals across the WSPHN region from pre-1960 to August 2021



Source: Informed Decisions (2021s-x). Compiled by WSPHN.

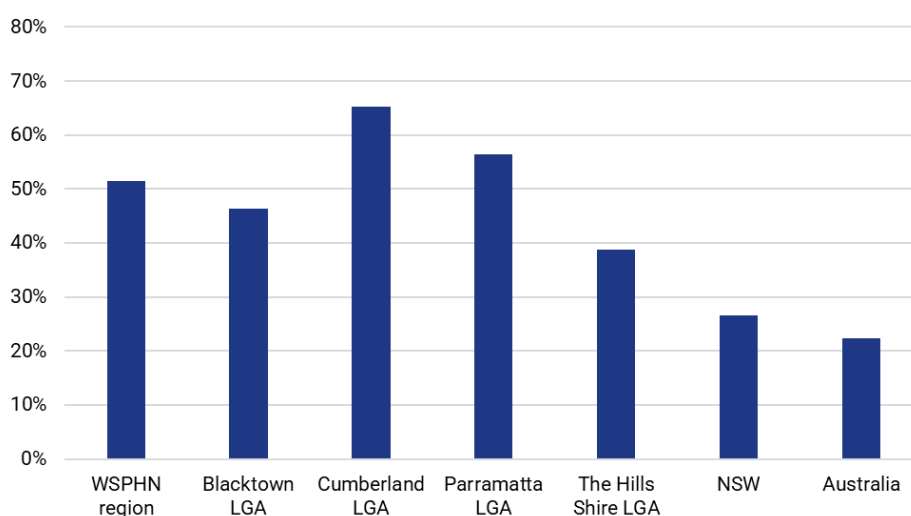
¹⁰ Informed Decisions, 2021s-x

2.1.7 Proficiency in English and language used at home

People with little to no English proficiency are impacted in their ability to engage in daily life, employment and navigation of the healthcare system. Data from ABS 2021¹¹ highlighted the following trends in English proficiency and language used in the region:

- **Just over 1 in 2 residents spoke a language other than English at home:** 51.5% of residents spoke a language other than English at home, compared to 26.6% in NSW and 22.3% in Australia. The proportion was significantly high in the Cumberland LGA, where 65.2% of residents spoke a language other than English at home. The rate in other LGAs was 56.4% in Parramatta LGA, 46.3% in Blacktown LGA and 38.8% in the Hills Shire¹² (see Figure 5).
- **Older residents who spoke a language other than English at home was double the rate of NSW:** 45.5% of residents aged 65 years and over in the region spoke a language other than English at home compared to 20.7% in NSW (see Figure 6).
- **About 1 in 7 people living in the Cumberland LGA had limited English proficiency, exceeding other areas and the state and national averages:** 14% of Cumberland LGA population had limited English proficiency, compared to nine per cent in Parramatta LGA, and about five per cent in both the Blacktown and Hills Shire LGAs. Furthermore, the rate in Cumberland LGA is over four times the Australian average (three per cent) and more than three times the NSW average (four per cent)¹³; see Figure 7.

Figure 5 Proportion of residents who spoke a language other than English at home across the WSPHN region, NSW and Australia by LGAs, 2021



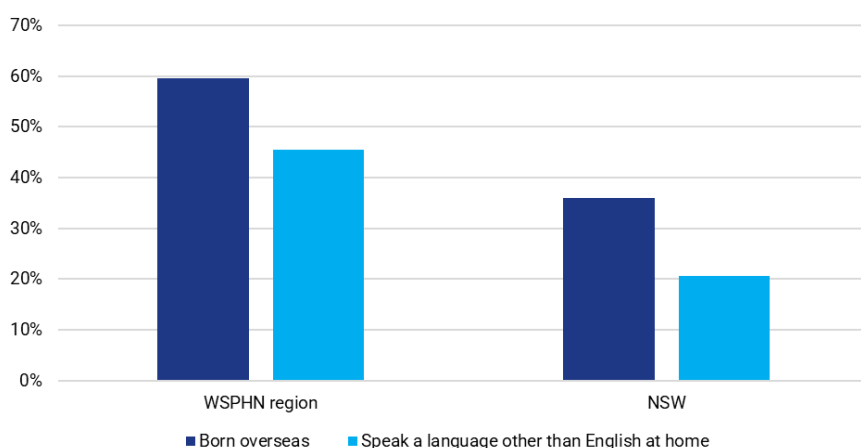
Source: Australian Bureau of Statistics (2021e-h, q-r). Compiled by WSPHN.

¹¹ Australian Bureau of Statistics, 2021a-d

¹² Australian Bureau of Statistics, 2021a-d

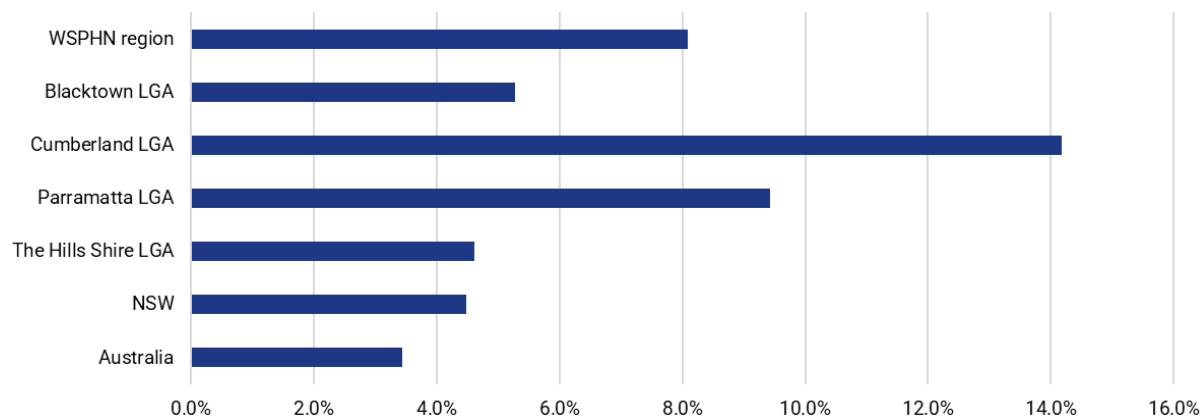
¹³ Informed Decisions, 2021b-g

Figure 6 Cultural diversity among residents aged 65 years and over in the WSPHN region and NSW, 2021



Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

Figure 7 Proportion of residents who spoke little to no English across the WSPHN region, NSW and Australia, 2021



Source: Australian Bureau of Statistics (2021a-d). Compiled by WSPHN.

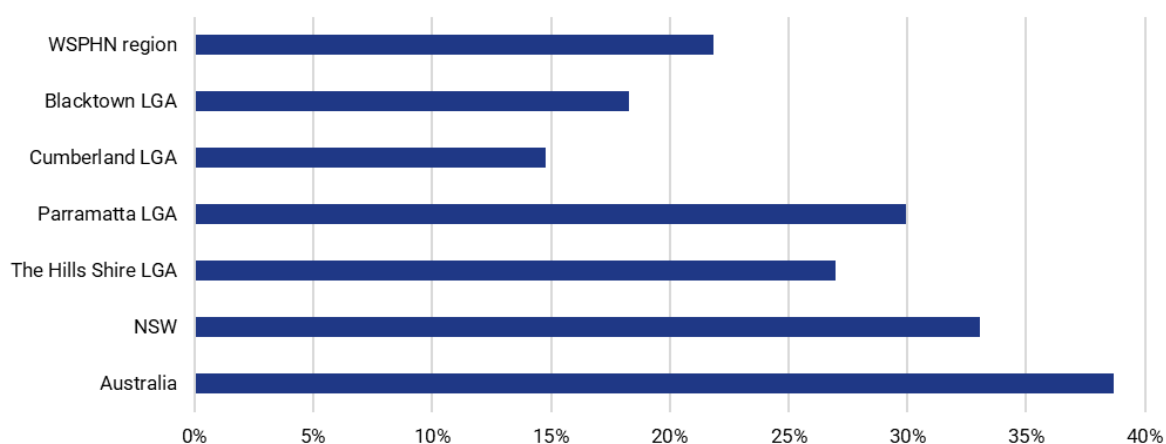
2.1.8 Religion

Religious following, both secular and non-secular, contribute to discussion about cultural diversity. Data from Informed Decisions 2021¹⁴ highlighted the following religious trends in the region:

- **Around 8 in 10 residents had a religious affiliation:** 21.8% of population in the region identified as secular, which was lower than both NSW (33.0%) and Australia (38.7%). However, secular self-identification varied across LGAs in the region, with higher proportions reported in the Parramatta (29.9%) and Hills Shire (27.0%) LGAs and lower proportions reported in the Cumberland (14.8%) and Blacktown (18.3%) LGAs (see Figure 8).
- **Roman Catholicism was the largest affiliated religion across most LGAs:** one in five residents in the region was affiliated with Roman Catholicism in 2021 (20.9%), mirroring trends in NSW (21.7%) and Australia (19.6%). A further 12.2% were affiliated with Hinduism and 10.0% with Islam. Affiliation with Roman Catholicism was also highest in the Blacktown (24.0%), Parramatta (17.1%) and Hills Shire (24.4%) LGAs, while Islamic affiliation was highest in Cumberland LGA (22.8%); see Table 6.

¹⁴ Informed Decisions, 2021y-ad

Figure 8 Secular self-identification across the WSPHN region, NSW and Australia, 2021



Source: Informed Decisions (2021y-ad). Compiled by WSPHN.

Table 6 Religious affiliation in the WSPHN region, NSW and Australia, 2021

	WSPHN region		NSW		Australia	
	Religion	Pop. %	Religion	Pop. %	Religion	Pop. %
Largest religion	Roman Catholic	20.9	Roman Catholic	21.7	Roman Catholic	19.6
Second	Hinduism	12.2	Anglican	11.9	Anglican	9.8
Third	Islam	10.0	Islam	4.0	Islam	3.2
Fourth	Anglican	6.7	Hinduism	3.4	Christian (NFD) ¹⁵	2.7
Fifth	Buddhism	3.1	Buddhism	2.8	Hinduism	2.7

Source: Informed Decisions (2021y-ad). Compiled by WSPHN.

¹⁵ NFD = not further defined

3 Social Determinants of Health

Health is closely linked to the social conditions in which people live and work. Socioeconomic status, education, employment, wealth distribution, empowerment, and social support – collectively known as social determinants of health¹⁶ – can either enhance or undermine the health of individuals and communities and contribute to health inequities. In every society, lower socioeconomic status is associated with poorer health¹⁷.

This chapter presents key social and economic factors that affect the health of the population in the region. The chapter first considers socio-economic and employment indicators, measured by SEIFA scores, weekly income and educational attainment of residents, levels of disengagement, housing and homelessness rates. It then addresses family, social and vulnerability indicators, through household composition, engagement in voluntary work, childhood development and domestic violence.

Summary of key traits about the region 2021-2024

1. Cumberland LGA had the lowest SEIFA score (SEIFA Index - 904), median weekly income (\$1,678) and proportion of residents with advanced degrees (26.7%) across the region.
2. Cumberland LGA had the highest unemployment rate (8.3%), disengagement among prime working age residents (16.3% aged 25 to 54 years), and homelessness (94.3 per 10,000 people) across the region.
3. Couple with children households accounted for just over half of households in the region (54.6%) compared to just over 40% in NSW and Australia.
4. Developmental vulnerability among children was slightly higher in the region than NSW on one or more domains (20.6% and 19.9%) and two or more domains (9.9% and 9.6%).
5. Blacktown LGA had the highest rates of domestic violence assault incidents and domestic AVOs issued in the region per 100,000 people (528.4 and 707.1), much higher than NSW rates (447.1 and 552.7).

¹⁶ Defined as 'describes social determinants as non-medical factors influencing health outcomes. These are the conditions in which people are born, grow, work, live, and age, and are shaped by broader forces like economic policies, social norms, and political systems.' Source: WHO, 2011

¹⁷ World Health Organization, 2011

3.1 Socio-economic and employment indicators

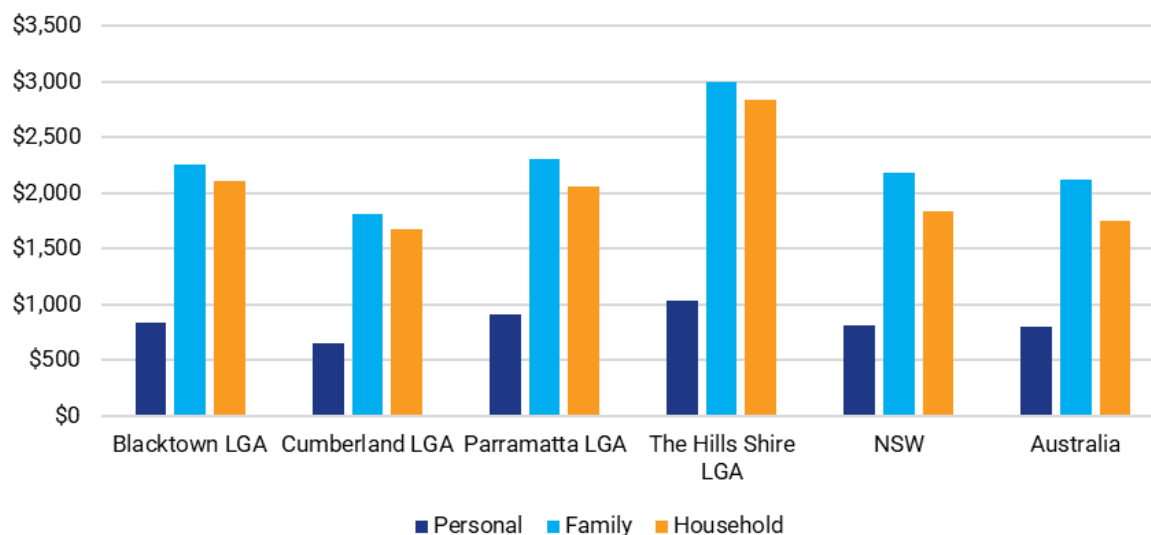
This section outlines the key socio-economic indicators that shape the health environment in the region, providing information on income, employment, education and housing.

3.1.1 Socioeconomic status: SEIFA, income, education

Data from the ABS 2021¹⁸ highlighted the following socioeconomic trends, based on SEIFA¹⁹ scores, income and educational attainment in the region:

- **Socioeconomic disadvantage varied across LGAs:** Cumberland and Blacktown LGAs had SEIFA scores of 904 and 987 in 2021, indicating greater disadvantage in these LGAs than in NSW (SEIFA Index - 1,001) and Australia (SEIFA Index - 1,000). However, SEIFA scores in the Parramatta and Hills Shire LGAs were 1030 and 1098, indicating less disadvantage²⁰.
- **Large income disparities across the region:** median weekly household income varied notably across the region, with the Hills Shire LGA reporting the highest income at \$2,831, while Cumberland LGA had the lowest, at \$1,678. The Blacktown and Parramatta LGAs had median household incomes of \$2,107 and \$2,051, respectively (see Figure 9).
- **Educational attainment is higher in the Parramatta and Hills Shire LGAs:** the Parramatta (44.2%) and Hills Shire (40.5%) LGAs had the highest proportion of residents with a bachelor's degree or higher. In contrast, the Cumberland (26.7%) and Blacktown (29.2%) LGAs had lower levels of tertiary education attainment (see Table 7).

Figure 9 Median weekly income of residents aged 15 years and over across the WSPHN region, NSW and Australia, 2021



Source: Australian Bureau of Statistics (2021a-d). Compiled by WSPHN.

¹⁸ Australian Bureau of Statistics, 2021a-d

¹⁹ SEIFA scores are a measure of socioeconomic status, used as a rank for a specified region in Australia according to its socio-economic status, indicating relative advantage or disadvantage. Source: Australian Bureau of Statistics, 2023b

²⁰ Source: Australian Bureau of Statistics, 2023b

Table 7 Highest level of schooling across the WSPHN region, NSW and Australia, 2021

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW	Australia
Bachelor level & above	34.3%	29.2%	26.7%	44.2%	40.5%	27.8%	26.3%
Advanced Diploma & Diploma level	9.4%	9.0%	9.0%	9.6%	10.7%	9.3%	9.4%
Certificate level III & IV	10.5%	12.6%	9.0%	8.3%	11.1%	15.0%	16.1%
Certificate level I and II	0.1%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%
Year 12	16.6%	16.6%	19.2%	15.0%	15.3%	14.5%	14.9%
Year 11	3.0%	3.5%	3.0%	2.3%	2.8%	3.2%	4.6%
Year 10	8.1%	10.0%	8.5%	5.6%	7.3%	10.6%	10.0%
Year 9 or below	6.2%	7.1%	8.5%	4.2%	4.5%	7.4%	7.2%
No educational attainment / none stated / unclear	11.8%	12.0%	16.1%	10.8%	7.8%	12.1%	11.4%

Source: Australian Bureau of Statistics (2021a-d). Compiled by WSPHN.

3.1.2 Employment

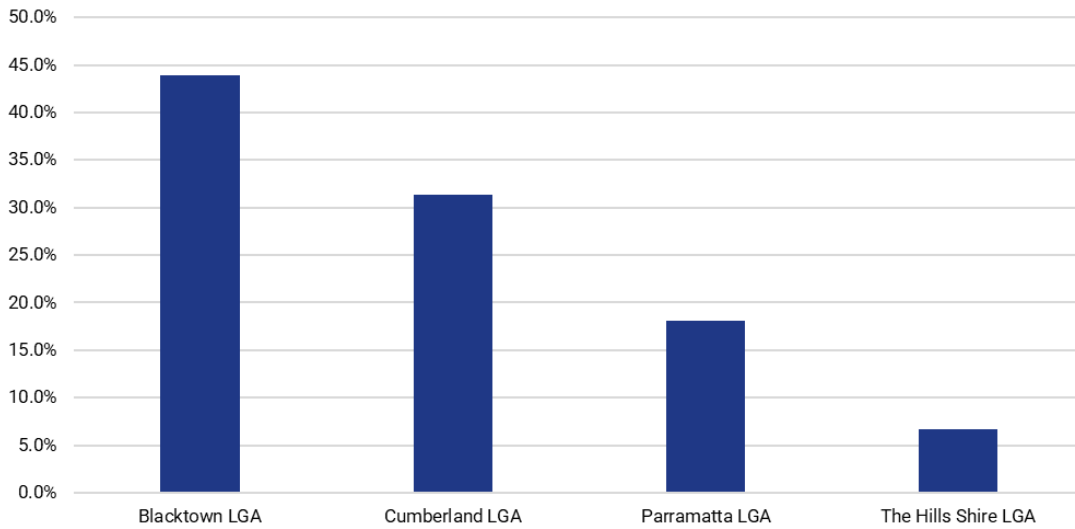
Employment data is reflective of the capacity to work, education and job opportunity, and directly impacts socioeconomic status. Data from ABS 2021²¹ and the Australian Urban Observatory 2024²² highlighted the following employment trends in the region:

- **Welfare recipients were concentrated in the Blacktown and Cumberland LGAs:** as of August 2024, three quarters of JobSeeker and Youth Allowance recipients resided in the Blacktown and Cumberland LGAs, with 14,511 recipients in Blacktown LGA (43.8%) and 10,344 in Cumberland LGA (31.4%); see Figure 10.
- **Cumberland LGA had the highest unemployment rate:** the unemployment rate in Cumberland LGA in 2021 was 8.3% in 2021, well above the NSW average of 4.9% and the national rate of 5.1%. In contrast, the Hills Shire LGA had the lowest unemployment rate in the region at 4.1% (see Figure 11).
- **Full-time employment in Cumberland LGA was notably lower than other LGAs:** Cumberland LGA had the lowest full-time employment rate in the region at 48.8% in 2021, compared to 58.9% in the Hills Shire LGA, 56.8% in Parramatta LGA and 56.2% in Blacktown LGA (see Figure 11).
- **Low proportion of residents lived and worked in the same local area:** local employment was 27.2% in the Hills Shire LGA, followed by the Cumberland (25.9%), Parramatta (23.2%), and Blacktown (22.7%) LGAs (see Figure 12).

²¹ Australian Bureau of Statistics, 2021a-d

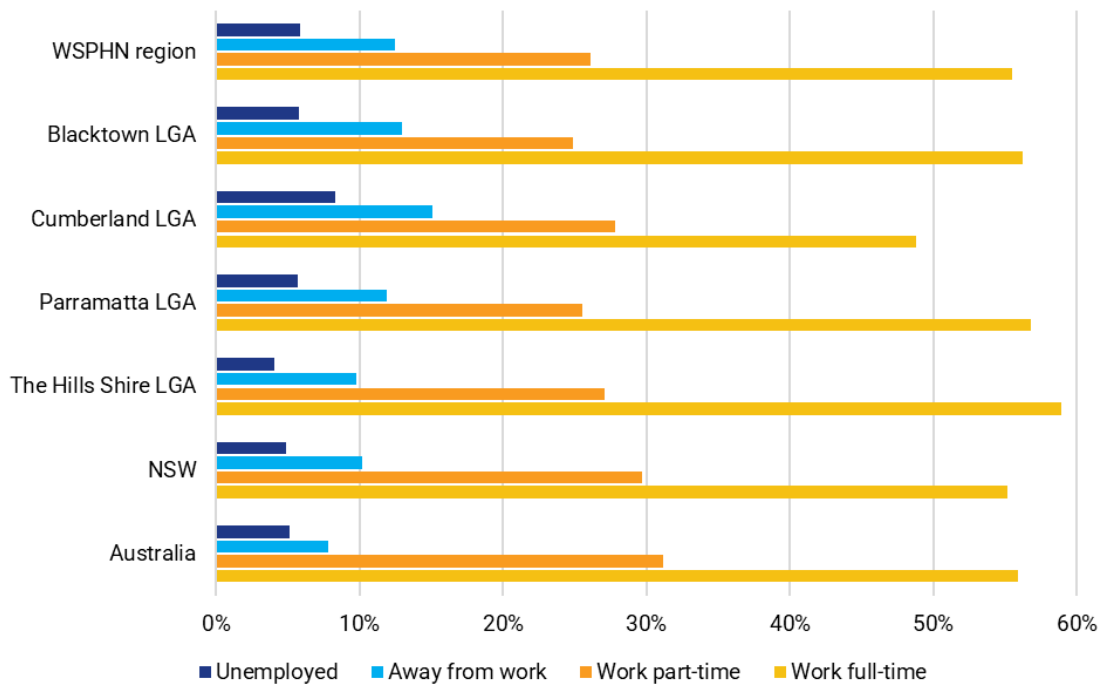
²² Australian Urban Observatory, 2024

Figure 10 Proportion of JobSeeker and Youth Allowance recipients across the WSPHN region, August 2024



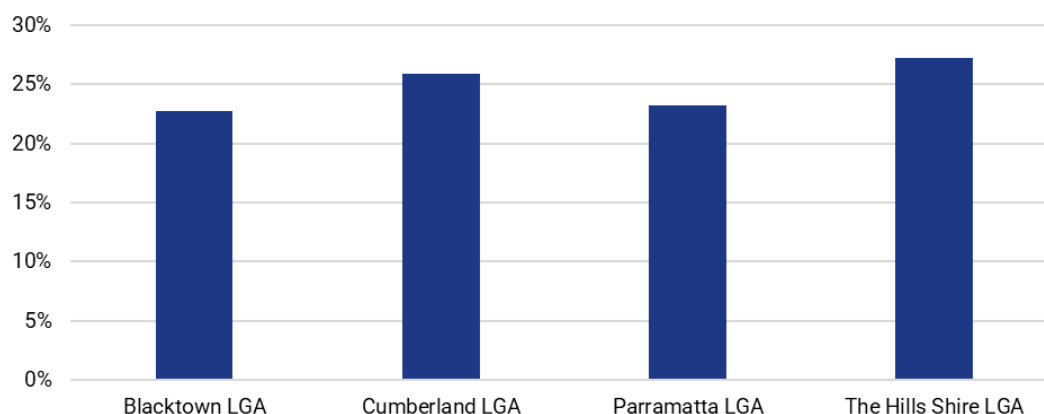
Source: Informed Decisions (2024e-h). Compiled by WSPHN.

Figure 11 Employment status of residents aged 15 years and over across the WSPHN region, NSW and Australia, 2021



Source: Australian Bureau of Statistics (2021a-d). Compiled by WSPHN.

Figure 12 Proportion of people living and working in the same local area across the WSPHN region, 2024



Source: Australian Urban Observatory (2024). Compiled by WSPHN.

3.1.3 Disengagement by age

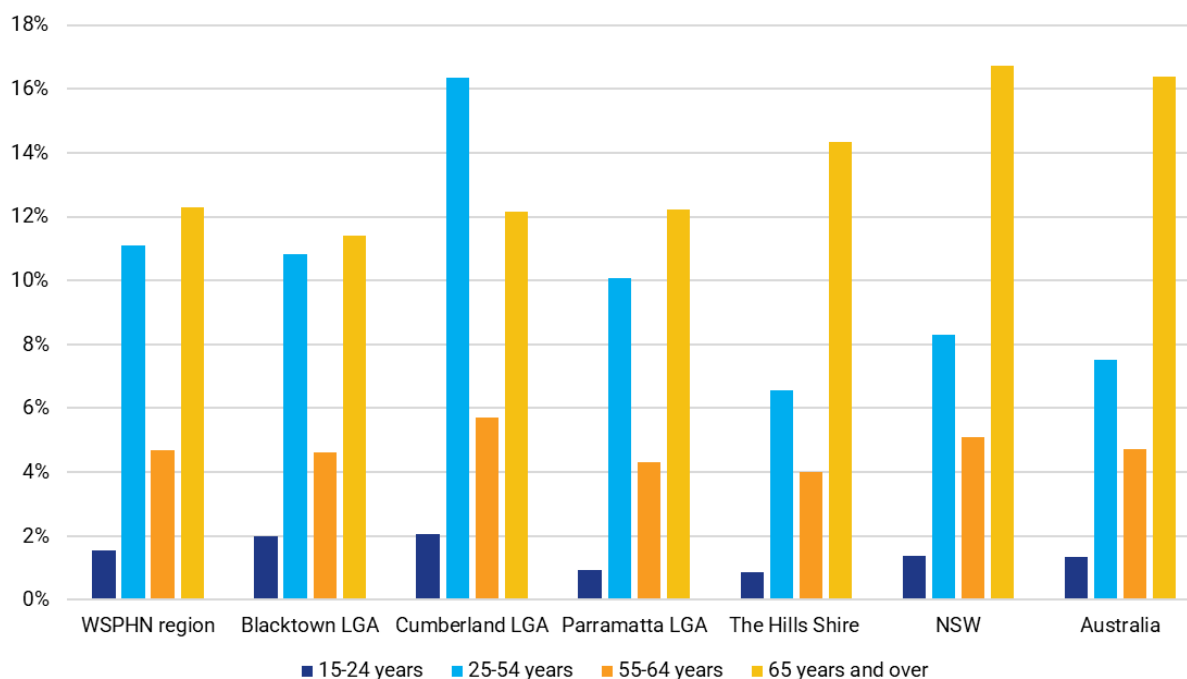
People aged 15 years and over who do not engage in any form of employment or education are considered 'disengaged'. This disengagement is highly dependent on age such that retirees and stay-at-home parents are among the population that are likely to be disengaged²³. Data from Informed Decisions 2021²⁴ revealed the following on the varying levels of disengagement in work or study across different age groups in the region (see Figure 13):

- **Disengagement was highest among older adults and prime working age residents:** disengagement among people aged 25 to 54 years was higher in the region (11.1%) than in NSW (8.3%) and Australia (7.5%). Disengagement was highest among residents in the region aged 65 years and over (12.3%), but lower than state (16.7%) and national (16.4%) rates.
- **Disengagement among older and prime working aged residents was higher in the Hills Shire and Cumberland LGAs:** the disengagement rate among residents aged 65 years and over in the Hills Shire LGA was 14.3%, slightly higher than the region overall (12.3%). Meanwhile, 16.3% of Cumberland LGA residents aged 25 to 54 years were disengaged compared to 11.1% across the region.

²³ Australian Bureau of Statistics, 2021I

²⁴ Informed Decisions, 2021bc-bh

Figure 13 Proportion of residents aged 15 years and over who are disengaged from work and/or study across the WSPHN region, NSW and Australia, 2021



Source: Informed Decisions (2021bc-bh). Compiled by WSPHN.

3.1.4 Housing and homelessness

Housing data considers private dwellings, including through a lease, mortgage or outright ownership of property. Data from the Australian Urban Observatory 2024²⁵ and Homelessness NSW 2024²⁶ highlighted the following on housing affordability and homelessness in the region:

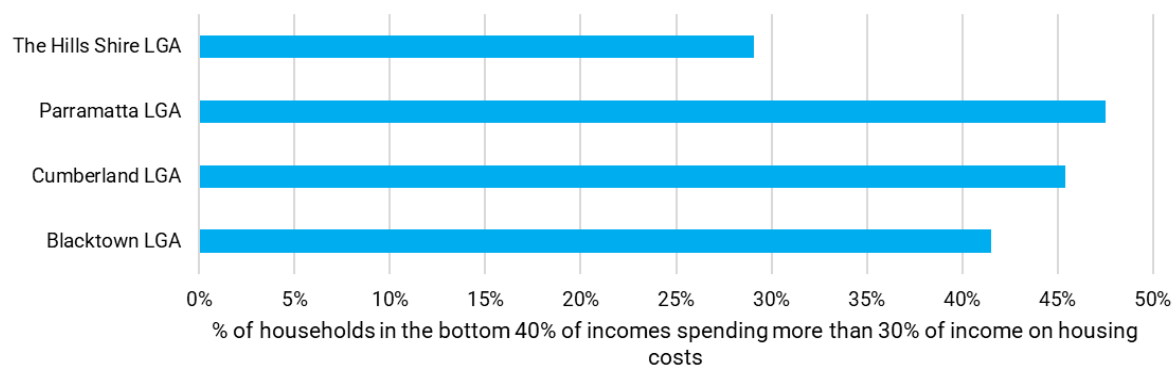
- **The Parramatta, Cumberland and Blacktown LGAs had the highest housing affordability stress:** housing affordability stress in 2021 was notably higher in the Parramatta (47.5%), Cumberland (45.4%) and Blacktown LGAs (41.5%) than Hills Shire (29.1%) LGA (see Figure 14).
- **Cumberland LGA has the highest homelessness rate, more than double the regional and state averages:** in 2021, the homelessness rate in Cumberland LGA was 94.3 per 10,000 people, more than twice the rate in the region (44.9 per 10,000) and NSW (43.4 per 10,000). The Cumberland LGA rate was also double the rate of Blacktown LGA (40.4 per 10,000), triple the rate of Parramatta LGA (32.0 per 10,000) and nine times greater than the rate in the Hills Shire LGA (10.7 per 10,000); see Table 8.
- **Over half of people in the region experiencing homelessness are men, particularly in the Cumberland and Hills Shire LGAs:** in 2021, men accounted for 58% of the homeless population in the region and in NSW but represented close to two thirds of the homeless population in the Cumberland and Hills Shire LGAs (62%). The proportion of homeless children and youth aged under 19 years was higher in the region (26.0%) than in NSW (21.4%). Meanwhile, these residents represented 37.4% of the homeless population in Blacktown LGA (see Table 8).

²⁵ Australian Urban Observatory, 2024

²⁶ Homelessness NSW, 2024

- **Over a quarter of the homeless population in the region was employed, with higher rates in the Parramatta and Hills Shire LGAs:** in 2021, 28.9% of homeless individuals in the region were employed, slightly higher than the NSW average of 27.6%. At an LGA level, employment rates amongst the homeless population were highest in Parramatta (36.3%) and the Hills Shire (34.5%) (see Table 8).

Figure 14 Housing affordability stress as a liveability indicator across the WSPHN region, 2024



Source: Australian Urban Observatory (2024). Compiled by WSPHN.

Table 8 Estimated homelessness across the WSPHN region and NSW, 2021

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW
Total homeless persons	4,848	1,601	2,220	821	206	34,944
Rate of homelessness per 10,000	44.9	40.4	94.3	32	10.7	43.4
First Nations	2.4%	5.1%	0.6%	2.8%	0.0%	6.8%
Children and Youth (<19 years)	26.0%	37.4%	21.1%	16.7%	27.2%	21.4%
Women	42.0%	49.0%	38.0%	38.0%	54.0%	42.0%
Men	58.0%	51.0%	62.0%	62.0%	46.0%	58.0%
Employed but homeless	28.9%	29.4%	25.4%	36.3%	34.5%	27.6%

Source: Homelessness NSW (2024). Compiled by WSPHN.

3.1.5 Internet Connection

Internet connection refers to the access that people have to the internet. Data from the Informed Decisions 2016²⁷ identified the following on internet engagement in the region (see Table 9):

- **Internet connection rates were higher than NSW and Australia:** the proportion of Western Sydney residents connected to the internet was 82.7%, slightly higher than the NSW (78.2%) and Australia (78.8%) populations.
- **The Hills Shire LGA had the highest proportion of people with internet connection:** just over nine in ten Hills Shire LGA residents (91.2%) were connected to the internet. Meanwhile, internet connection in other LGAs in the region ranged from a low of 77.5% in Cumberland LGA to a high of 83.5% in Parramatta LGA.

Table 9 Percentage of people with internet connection: WSPHN region, NSW, Australia, 2016

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire	NSW	Australia
Internet connection	82.7%	81.4%	77.5%	83.5%	91.2%	78.2%	78.8%
No internet connection	10.7%	11.8%	14.5%	9.4%	5.1%	14.0%	13.6%
Not stated	6.6%	6.8%	8.0%	7.1%	3.6%	7.7%	7.6%

Source: Informed Decisions (2016a-f). Compiled by WSPHN.

²⁷ Internet connectivity was not measured in the 2021 Census.

3.2 Family, social and vulnerability indicators

This section presents data on family composition, social structures, and specific vulnerabilities in the region that influence health.

3.2.1 Family composition and social isolation

Family and social interactions within the home are critical health determinants, providing essential support that influences physical and mental well-being. Strong family support is linked to lower psychological distress and better health outcomes. Data from ABS 2021²⁸, the Australian Institute of Health and Welfare (AIHW) 2024²⁹ and Informed Decisions 2021³⁰ highlighted the following trends in family composition and social isolation in the region:

- **The region has more couple families with children and less couple families without children than NSW and Australia:** in 2021, couple families with children accounted for 54.6% of the household composition in the region compared to 44.7% in NSW and 43.7% in Australia. This was particularly pronounced in the Hills Shire (59.2%) and Blacktown (56.2%) LGAs. However, couple families without children represented 29.3% of households in the region compared to 37.9% in NSW and 38.8% in Australia. The lowest rate of couple households with children was in Blacktown LGA (25.6%); see Table 10.
- **There are a smaller proportion of single person households but higher representation of older people who live alone:** single or lone person households made up 17.8% of the household composition in the region in 2021, with 17.4% of these households comprised of residents aged 65 years and over. In comparison, lone person households represented 25.0% of households in 2021-22 in NSW, with 22.1% of these residents being 65 years or over (see Table 11 and Table 12).
- **Low level of volunteer participation:** volunteer participation in the region was 9.9%, slightly lower than NSW (13.0%) and Australia (14.1%). The Hills Shire LGA had the highest rate of volunteering (13.7%), while Cumberland LGA had the lowest (7.2%); see Figure 15.

²⁸ Australian Bureau of Statistics, 2021a-d

²⁹ Australian Institute of Health and Welfare, 2024k

³⁰ Informed Decisions, 2021bi-bn

Table 10 Family composition across the WSPHN region, NSW, Australia, 2021

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW	Australia
Couple family without children	29.3%	25.6%	28.3%	35.3%	30.0%	37.9%	38.8%
Couple family with children	54.6%	56.2%	53.1%	49.8%	59.2%	44.7%	43.7%
One parent family	14.3%	16.5%	16.1%	12.9%	10.0%	15.8%	15.9%
Other family	1.7%	1.7%	2.5%	2.0%	0.8%	1.6%	1.6%

Source: Australian Bureau of Statistics (2021a-d). Compiled by WSPHN.

Table 11 Proportion of lone person and parent households: WSPHN, NSW, Australia, 2021

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW	Australia
Single (or lone) households	17.8%	15.9%	19.5%	22.5%	12.2%	25.0%	25.6%
Single (or lone) parents	14.3%	16.5%	16.1%	12.9%	10.0%	15.8%	15.9%
Male single parent	17.4%	17.3%	16.4%	17.7%	19.3%	19.0%	19.6%
Female single parent	82.6%	82.8%	83.6%	82.4%	80.6%	81.0%	80.4%

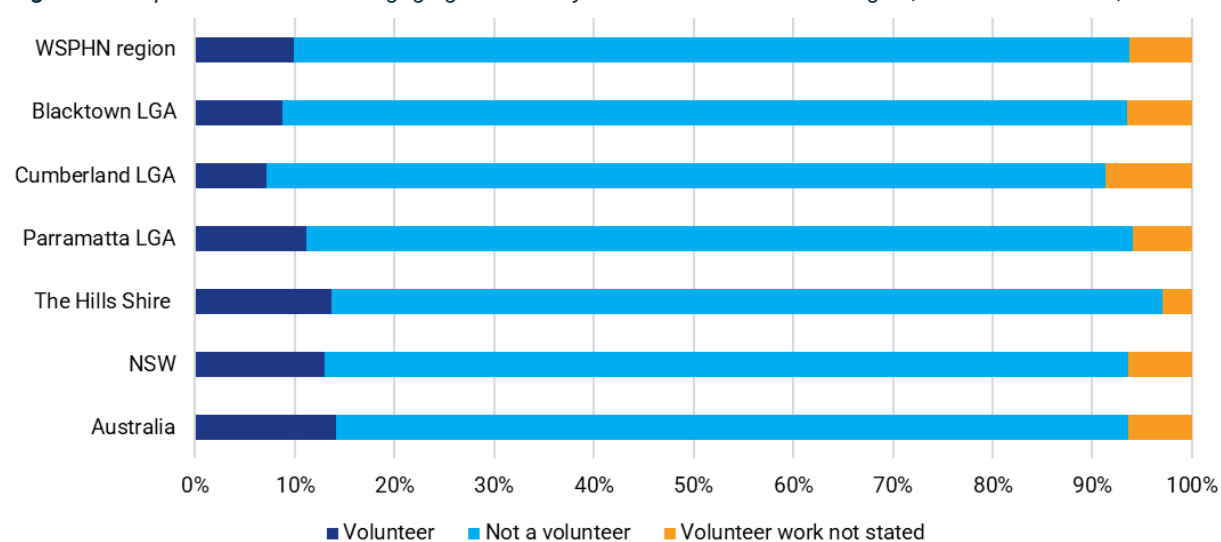
Source: Australian Bureau of Statistics (2021a-d). Compiled by WSPHN.

Table 12 Residents aged 65 years and over living alone: WSPHN region and NSW, 2021

	WSPHN region		NSW	
	N	%	N	%
Live alone	22,426	17.4	312,292	22.1

Source: Australian Institute of Health and Welfare, (2024k). Compiled by WSPHN.

Figure 15 Proportion of residents engaging in voluntary work across the WSPHN region, NSW and Australia, 2021



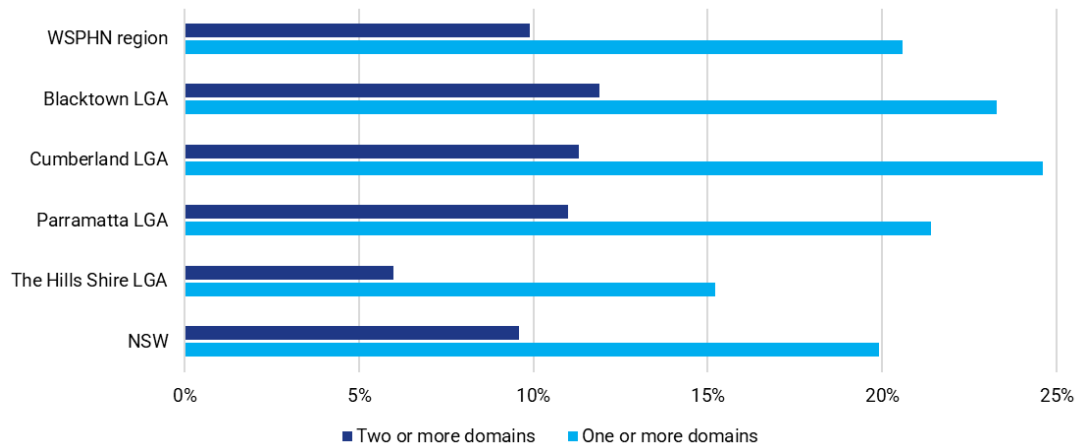
Source: Informed Decisions (2021bi-bn). Compiled by WSPHN.

3.2.2 Early childhood and development vulnerability

Data from the NSW Department of Communities and Justice 2023³¹ highlighted the following on developmental vulnerability among children in the region (see Figure 16):

- **Slightly higher developmental vulnerability:** the region had a slightly higher percentage of developmentally vulnerable children (20.6% in one or more domains, 9.9% in two or more domains) compared to the NSW state average (19.9% and 9.6%).
- **The Hills Shire LGA had the lowest rates of developmental vulnerability in children, while Cumberland LGA had the highest:** the proportion of children in the Hills Shire LGA who were developmentally vulnerable on one or more domains was 15.2%, while 6.0% were developmentally vulnerable on two or more domains. Meanwhile, 24.6% of children in Cumberland LGA were developmentally vulnerable on one or more domains and 11.3% were vulnerable on two or more domains. The comparative figures for other LGAs in the region ranged from 21.4% to 23.3% on one or more domains and 11.0% to 11.9% on two or more domains.

Figure 16 Rate of developmental vulnerability among children across the WSPHN region, NSW, 2023



Source: Department of Communities and Justice (2023). Compiled by WSPHN.

³¹ Communities and Justice, 2023

3.2.3 Domestic violence

Domestic violence³² (DV) is a global public health issue, experienced by an estimated one in four women (27%) and one in eight men since the age of 15 years. Data from the NSW Bureau of Crime Statistics and Research (BOCSAR) 2024³³ highlighted the following occurrences and rates in DV in the region (see Table 13):

- **Lower rate of DV related assaults and Apprehended Violence Orders (AVOs) issued than in NSW:** the rate of DV assaults in the region was 360.1 per 100,000 people compared to 447.1 per 100,000 people in NSW between April 2023 and March 2024. Similarly, the rate of AVOs issued in the region was 463.7 per 100,000 compared to 552.7 per 100,000 in NSW. These rates were likely influenced by the Hills Shire (146.6 and 203.4) and Parramatta (321.1 and 412.9) LGAs, where DV assaults and AVOs issued were lowest across the region.
- **Highest rates of DV related assaults and AVOs issued in Blacktown LGA, surpassing state levels:** the rate of DV related assaults in Blacktown LGA was 528.4 per 100,000 people between April 2023 and March 2024. The rate in other LGAs in the region ranged from a low of 146.6 to 444.4 per 100,000 people. Blacktown LGA also had the highest rate of AVOs issued at 707.1 per 100,000 people compared to a range between 203.4 and 531.4 per 100,000 people in other LGAs in the region. The rates of both DV related assaults and AVOs issued in Blacktown LGA was higher than the state (447.1 and 552.7 per 100,000 people).

Table 13 Domestic Violence assaults and AVOs: WSPHN region, NSW, 2023–2024

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW
Domestic violence related assault incidents recorded by the NSW Police Force (number)	4,354	2,171	1,055	836	292	36,513
Domestic violence related assault incidents recorded by the NSW Police Force (per 100,000 residents)	360.1	528.4	444.4	321.1	146.6	447.1
% against NSW total	11.9%	5.9%	2.9%	2.3%	0.8%	-
Number of AVO³⁴ issued (domestic)	4,838	2,457	1,089	941	351	39,705
Rate of AVOs issued per 100,000 population (domestic)	463.7	707.1	531.4	412.9	203.4	552.7
% against NSW total (domestic)	12.2%	6.2%	2.7%	2.4%	0.9%	-
Number of AVOs issued (personal)	579	233	186	124	36	5,428
Rate of AVOs issued per 100,000 population (personal)	58.3	67.1	90.8	54.4	20.9	75.6
% against NSW total (personal)	10.7%	4.3%	3.4%	2.3%	0.7%	-

Source: NSW Bureau of Crime Statistics and Research (2024a). Reporting Period: April 2023-March 2024 Compiled by WSPHN.

³² Domestic Violence (DV), also known as “domestic abuse” or “intimate partner violence”, is defined as a pattern of behaviour in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. Source: United Nations, n.d.

³³ NSW Bureau of Crime Statistics and Research, 2024a

³⁴ AVO = Apprehended Violence Order

4 Behavioural, Biomedical and Environmental Risk Factors

Many health issues faced by the population are driven by modifiable risk factors such as physical inactivity, tobacco use, obesity, and elevated blood pressure. These behaviours influence individual health outcomes and contribute to the broader burden on the healthcare system³⁵. In addition to lifestyle factors, there are also factors imposed by the environmental surroundings and access to care.

This chapter outlines the key behavioural, biomedical, and environmental risk factors impacting the health of the region's population, including smoking, physical activity, obesity, and environmental risks such as built environment and access to healthcare services.

Summary of key risk factors for the WSPHN region 2021-2024

1. Slight increase in the proportion of people who smoke (10.6% to 12.8%) in the region compared to a slight decline in NSW (12.0% to 11.7%). Meanwhile, vaping increased similarly in the region (3.3% to 4.9%) and in NSW (3.2% and 4.3%).
2. The region has consistently higher rates of physical inactivity (46.1% in 2020; 41.7% in 2023) compared to NSW (38.3% and 35.5%) and lower rates of people consuming the recommended daily intake of fruit and vegetables (31.7% and 2.0%) than NSW (37.8% and 5.3%).
3. Close to half the total population (47.4%) in the region are predicted to be overweight or obese.
4. Greatest bushfire risk is in the Hills Shire (11.3%), while riverine flooding risk was highest in Parramatta LGA (2.0%).
5. The bulk-billing rate in the region was the second highest across NSW at 93.6%.

³⁵ Australian Institute of Health and Welfare, 2024f

4.1 Behavioural risk factors

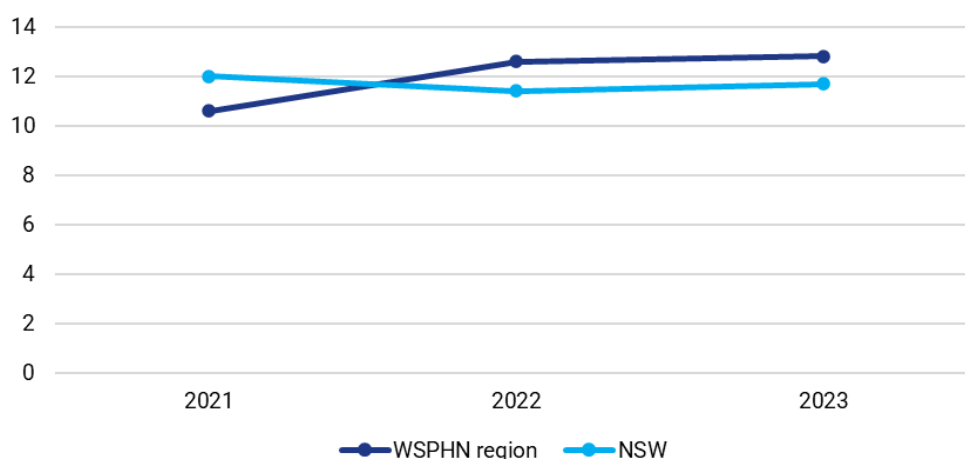
This section focuses on lifestyle choices that negatively impact health, emphasising preventable behaviours and their prevalence in the region.

4.1.1 Smoking and E-cigarette use

Smoking refers to use of tobacco products, which includes cigarettes, self-rolled cigarettes, tobacco in pipes, cigars and waterpipes³⁶. Data from HealthStats NSW 2023³⁷ and AIHW 2024³⁸ showed the following on smoking and e-cigarette trends in the region:

- **Increasing proportion of smokers:** the proportion of smokers aged 16 years and over in the region increased slightly over time from 10.6% to 12.8% between 2021 and 2023. Meanwhile, there was a slight gradual decrease in the proportion of smokers in NSW over the same period from 12.0% in 2021 to 11.7% in 2023 (see Figure 17).
- **Similar increases in daily vaping among residents of the region compared to NSW:** there was a slight increase in daily vaping in the region from 3.3% in 2021-22 to 4.9% in 2022-23. Similarly, daily vaping in NSW increased slightly from 3.2% to 4.3% over the same period (see Table 14).

Figure 17 Proportion of current smokers aged 16 years and over: WSPHN region and NSW, 2021-2023



Source: HealthStats NSW (2023d). Compiled by WSPHN.

Table 14 E-cigarette use (vaping): WSPHN region and NSW, 2024

	WSPHN region		NSW	
	2021-22 (%)	2022-23 (%)	2021-22 (%)	2022-23 (%)
Vape daily	3.3	4.9	3.2	4.3
Vape occasionally	3.1	3.3	2.8	3.1
Used to vape (not currently)	2.3	2.9	1.7	2.0
Tried but not regularly	8.4	8.4	9.5	9.2
Never vaped	82.9	80.6	82.9	81.4

Source: Australian Institute of Health and Welfare (2024g). Compiled by WSPHN.

³⁶ Australian Institute of Health and Welfare, 2024g

³⁷ HealthStats NSW, 2023d

³⁸ Australian Institute of Health and Welfare, 2024g

4.1.2 Physical activity

Data from Informed Decisions 2021³⁹ and HealthStats NSW 2023⁴⁰ highlighted the following key trends on travel methods, physical activity, and sedentary behaviour in the region:

- **Low physical activity and high sedentary behaviour in children:** in 2022-23 only 17.1% of children aged five to 15 years in the region met physical activity guidelines, while 58.2% engaged in sedentary behaviour (see Table 15).
- **Higher rates of insufficient physical activity:** the rate of insufficient physical activity among adults (aged 18 years and over) in the region was consistently higher than NSW between 2020 (46.1% and 38.3%) and 2023 (41.7% and 35.5%); see Figure 18.
- **Greater proportion of residents worked from home, with higher rates in the Parramatta and Hills Shire LGAs:** in 2021, 37.8% of the residents in the region aged 15 years and over worked from home compared to 31.0% in NSW and 21.0% in Australia. The Parramatta (43.9%) and Hills Shire (45.3%) LGAs had the highest proportion of residents working from home during 2021 (see Table 16).

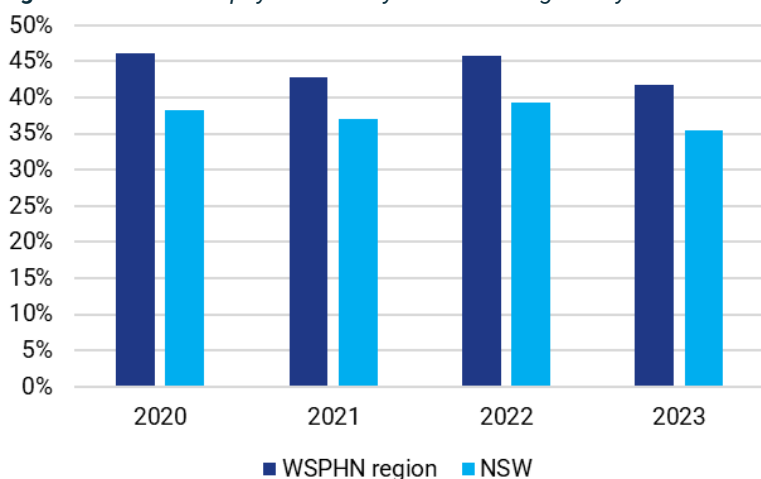
Table 15 Physical activity⁴¹ in children aged five to 15 years: WSPHN region and NSW, 2023^(a)

	WSPHN region		NSW	
	Physical activity (%)	Sedentary behaviours (%)	Physical activity (%)	Sedentary behaviours (%)
2022-2023	17.1	58.2	20.0	57.4
2021-2022	16.5	64.8	20.5	58.8
2020-2021	13.4	57.9	17.8	56.9

Source: HealthStats NSW (2023a). Compiled by WSPHN.

^(a) 'WSLHD' has the same geographic coverage as WSPHN, so the data available on WSLHD was utilised for WSPHN.

Figure 18 Insufficient physical activity in residents aged 18 years and over: WSPHN region and NSW, 2020-2023



Source: HealthStats NSW (2023b). Compiled by WSPHN.

³⁹ Informed Decisions, 2021aw-bb

⁴⁰ HealthStats, 2023a-b

⁴¹ Physical activity in children prior 2021 was defined as 1 or more hours of vigorous or moderate physical activity outside of school hours each day. Meanwhile, the definition after 2021 was one or more hours of vigorous moderate physical activity each day.

Table 16 *Travel to work methods, residents aged 15 and over: WSPHN, NSW, Australia, 2021*

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW	Australia
Car - as driver	35.4	40.0	36.0	29.2	34.3	43.1	52.7
Worked at home^(a)	37.8	33.1	29.8	43.9	45.3	31.0	21.0
Did not go to work^(a)	13.8	14.4	15.0	13.2	12.3	13.2	11.8
Car - as passenger	3.0	3.5	3.6	2.4	2.2	3.2	3.9
Walked only	1.2	0.7	1.7	2.0	0.8	2.5	2.5
Train	5.2	4.6	9.8	5.5	1.9	2.8	2.5

Source: Informed Decisions (2021aw-bb). Compiled by WSPHN.

^(a)The 2021 Census was administered during the COVID-19 pandemic. During this time many occupations were required to work from home and some industries closed so people did not go to work.

4.1.3 Food and nutrition

Data from the Australian Urban Observatory 2024⁴² and HealthStats 2024⁴³ showed the following trends on food security and access in the region:

- **Distance to fresh food outlets is generally comparable to the NSW average, but some areas have greater travel distances:** the average distance to fresh food outlets was 1.2km in the region and 1.1km in NSW in 2022-23. Residents in the Blacktown and Hills Shire LGAs had to travel slightly longer distances to fresh food outlets (1.4km and 1.5km) compared to residents in the Cumberland and Parramatta LGAs (1.0km); see Table 17.
- **Lower proportion of dwellings that are within one kilometre of a fresh food outlet, with variance across LGAs:** in 2022-23, 42.3% of dwellings in the region were within one kilometre of a fresh food outlet compared to 51.6% in NSW. A smaller proportion of dwellings in the Blacktown (33.7%) and Hills Shire (38.1%) LGAs were within one kilometre of a fresh food outlet than the region overall. In comparison, 47.3% and 50% of dwellings in the Cumberland and Parramatta LGAs were within a kilometre of a fresh food outlet (see Table 17).
- **Fruit and vegetable consumption is low:** in 2022-23, the percentage of adults consuming the recommended daily intake of fruits and vegetables among was lower in the region (31.7% and 2.0%) than in NSW (37.8% and 5.3%)⁴⁴. The percentage of children consuming the recommended daily intake of fruit and vegetables (54.0% and 3.1%) was lower than in NSW (57.8% and 5.2%)⁴⁵; see Figure 19 and Figure 20.

Table 17 *Access to Fresh and fast-food outlets: WSPHN and NSW, 2022-23*

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW
Distance to Fresh Food Outlet	1.2km	1.4km	1.0km	1.0km	1.5km	1.1km
Distance to Fast-Food Outlet	1.3km	1.4km	1.1km	1.2km	1.7km	1.6km
Dwellings within one km of a supermarket (%)	42.3%	33.7%	47.3%	50.0%	38.1%	51.6%

Source: Australian Urban Observatory (2024) and Nichols (2024). Compiled by WSPHN.

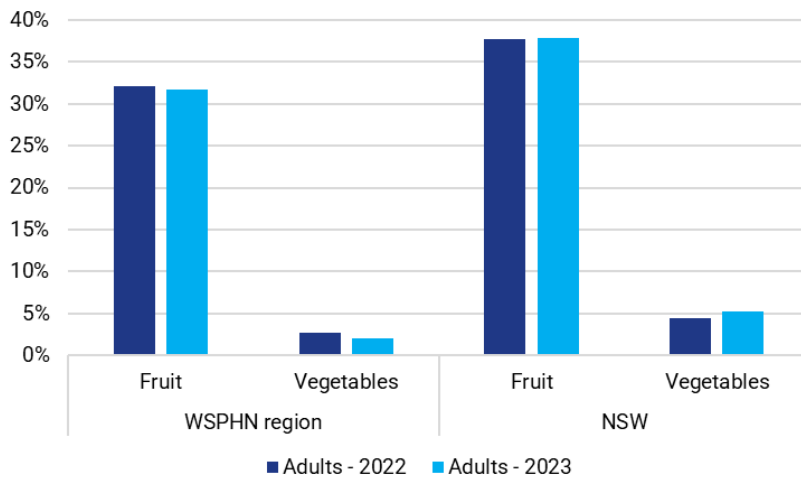
⁴² Australian Urban Observatory, 2024

⁴³ HealthStats NSW, 2024b-c

⁴⁴ HealthStats NSW, 2024b

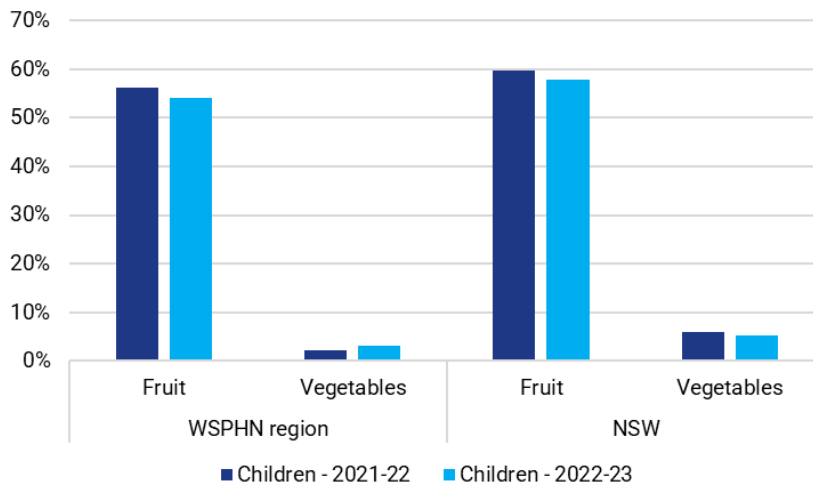
⁴⁵ HealthStats NSW, 2024c

Figure 19 Fruit and vegetable consumption among residents in the WSPHN region and NSW, 2022-23



Source: HealthStats NSW (2024b). Compiled by WSPHN.

Figure 20 Fruit and vegetable consumption among residents in the WSPHN region and NSW, 2021-22 and 2022-23



Source: HealthStats NSW (2024c). Compiled by WSPHN.

4.2 Biomedical and Environmental risk factors

This section presents the physical and environmental conditions contributing to health risks in the region.

4.2.1 Overweight, obesity and high blood pressure⁴⁶

Modelled estimates from PHIDU (2024) revealed the following health insights on the estimated number of persons who were overweight, obese, or had high blood pressure in the region:

- **Nearly half of the population were predicted to be overweight or obese:** 47.4% of residents, inclusive of both adults and children, were predicted to be overweight or obese in the region in 2024, with higher rates among males (52.5%) compared to females (42.4%). A total of 258,206 adults and 35,368 children were reported as being overweight but not obese, while 205,173 adults and 14,017 children were classified as obese (see Table 18).
- **High blood pressure was predicted to affect one in seven adults and be consistent across LGAs:** 155,864 adults were predicted to have high blood pressure in 2024, representing 14.4% of the adult population in the region. The proportion of residents with high blood pressure was similar across LGAs with 13.8% in Blacktown LGA, 13.9% in Parramatta LGA, 14.7% in the Hills Shire LGA and 15.9% in Cumberland LGA (see Table 19).

Table 18 Estimated number of overweight or obese persons: WSPHN, 2017-18^(a)

	Sex	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA
Individuals over 18 years who were overweight but not obese	Male	152,387	52,512	38,722	34,860	26,163
	Female	106,149	37,043	24,533	25,019	19,575
	Total persons	258,206	89,442	63,165	59,805	45,685
Individuals over 18 years who were obese	Male	106,597	44,326	25,776	19,446	16,539
	Female	98,778	42,310	21,939	18,140	15,978
	Total persons	205,173	86,583	47,621	37,551	32,501
Individuals between 2-17 years who were overweight but not obese	Male	18,805	7,577	4,024	3,691	3,531
	Female	16,661	6,655	3,674	3,308	3,048
	Total persons	35,368	14,189	7,682	6,982	6,557
Individuals between 2-17 years who were obese	Male	7,295	3,205	1,699	1,121	1,249
	Female	6,687	2,918	1,568	1,035	1,147
	Total persons	14,017	6,137	3,275	2,162	2,403
Total % of population that are overweight or obese	Male	52.5%	54.4%	57.8%	45.9%	50.2%
	Female	42.4%	44.7%	45.4%	37.1%	40.9%
	Total persons	47.4%	49.5%	51.7%	41.5%	45.4%

Source: PHIDU (2024). Compiled by WSPHN.

^(a)Estimates were developed by PHIDU in 2024 modelled on the 2017-2018 data

⁴⁶ Caution is advised with the interpretation the data on persons predicted to be overweight or obese as these results are based off BMI scores and does not necessarily account for differences in age, sex, race or ethnicity within the population.

Table 19 *Estimated number of persons aged 18 years and over with high blood pressure: WSPHN region, 2017-18^(a)*

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA
Individuals aged 18 years and over with high blood pressure	155,864	54,744	37,528	35,738	28,184
Total % of population that have high blood pressure	14.4%	13.8%	15.9%	13.9%	14.7%

Source: PHIDU (2024). Compiled by WSPHN.

^(a)Estimates were developed by PHIDU in 2024 modelled on the 2017-2018 data

4.2.2 Environmental and built environment risk factors

Data from the Climate Council 2022⁴⁷ and the Australian Urban Observatory 2024⁴⁸ showed the following on climate-based risks and liveability indicators across the region:

- **Bushfire risk is highest in the Hills Shire LGA:** the Hills Shire LGA has the highest proportion of properties at high risk of bushfires at 11.3% (412 homes). In contrast, Blacktown LGA has 1.7% of properties at high risk (13 homes), while the Cumberland and Parramatta LGAs have no homes at high bushfire risk⁴⁹ (see Table 20).
- **High risk of riverine and surface water flooding in the Cumberland and Parramatta LGAs:** over one thousand homes in the Parramatta (1,327) and Cumberland (1,313) LGAs are at high risk of riverine and surface water flooding. In comparison, the number of homes at risk in the Blacktown and Hills Shire LGAs are 568 and 374 (see Table 20).
- **Varied access to open spaces and public transport:** access to large public open spaces (within 400m) is relatively similar in the Blacktown (41.6%), Cumberland (41.2%), and Parramatta (40.2%) LGAs. Meanwhile, the Hills Shire LGA has slightly lower access (38.9%). Access to public transport (within 400m of a dwelling) with regular services was slightly greater in the Cumberland (76.5%) and Parramatta (72.3%) LGAs than the Blacktown (66.5%) and Hills Shire (64.8%) LGAs (see Table 21).
- **Higher temperatures and expected increase in the frequency of extreme heat days by 2040⁵⁰:** temperatures in the region are six to ten degrees higher than Sydney City during extreme heat events. Furthermore, the region is projected to experience an additional ten days per year where temperatures exceed 35 degrees, primarily driven by urban development contributing to the 'urban heat island effect'⁵¹.

⁴⁷ Climate Council, 2022

⁴⁸ Australian Urban Observatory, 2024

⁴⁹ Rural & Regional Renewal, 2020

⁵⁰ AdaptNSW, 2024

⁵¹ AdaptNSW, 2024

Table 20 Projected number and percentage of homes at medium to high climate disaster risk by 2030: WSPHN region

	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA
Bushfire (% of properties at risk)	1.7%	None	None	11.3%
Bushfire (N of homes)	13 homes	None	None	412 homes
Riverine flooding (% of properties at risk)	0.8%	2.7%	2.3%	0.8%
Riverine flooding (N of homes)	568 homes	1,313 homes	1,327 homes	374 homes
Surface Water Flooding (% of properties at risk)	0.2%	0.6%	2.0%	None
Surface Water Flooding (N of homes)	307 homes	457 homes	1,494 homes	None
Coastal inundation	No medium or high-risk properties in these regions.			
Extreme wind	No medium or high-risk properties in these regions.			

Source: Climate Council (2022). Compiled by WSPHN.

Note: Projections are based on continuing at current emission rates

Table 21 Proportion of dwellings across the WSPHN region located near large open public spaces and regular public transport, 2024

, Apr	Description	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA
Large public open space within 400m	% of dwellings within 400 m of public open space larger than 1.5 hectares	41.6	41.2	40.2	38.9
Regular public transport access	% of dwellings within 400m of public transport with regular 30-minute weekday service (7am-7pm)	66.5	76.5	72.3	64.8

Source: Australian Urban Observatory (2024). Compiled by WSPHN.

4.2.3 Gambling and Hotels

Data from NSW Government Liquor & Gaming⁵² showed the following figures on club and hotel gaming machines across the region (see Table 22):

- **There is a lower rate of gaming machines as a total compared to the state:** there are 568 club and 202 hotel gaming machines per 100,000 population in WSPHN, compared to the 810 club and 280 hotel gaming machines per 100,000 population in NSW.
- **Cumberland LGA has the highest rate of club gaming machines, also exceeding the state level:** at 933 club electronic gaming machines per 100,000 population, this rate is almost double that of Blacktown LGA (542 per 100,000 people) and more than twice rate in Parramatta (452 per 100,000 people) and the Hills Shire LGAs (328 per 100,000 people). It is also notably higher than the rate at the state level (at 810 club gaming machines per 100,000 population).

⁵² Liquor & Gaming NSW 2024a-b

Table 22 Number of gaming machines in clubs and hotels across the region and state, April to June 2024

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW
Number of Club Gaming Machines at 31 May 2024	6,139	2,152	2,197	1,160	630	65,321
Number of Club Electronic Gaming machines per 100,000 population	568	542	933	452	328	810
Number of Hotel Gaming Machines at 31 May 2024	2,179	758	522	661	238	22,544
Number of Hotel Electronic Gaming machines per 100,000 population	202	191	222	257	124	280
LGA population	1,080,820	396,776	235,439	256,729	191,876	8,060,800

Source: Liquor & Gaming NSW (2024a-b). Compiled by WSPHN.

4.2.4 Access to healthcare

Access to health care services considers the distance required to travel to a service, affordability through Medicare bulk-billing and out of pocket costs, and types of services available in the region. Data from HealthDirect 2023, ABS 2021⁵³ and the Australian Urban Observatory 2024⁵⁴ shows the following trends on access to health care services in the region:

- **Blacktown LGA has the highest concentration of services:** there are 122 General Practice clinics in Blacktown LGA (72% of which offer after-hours services), two Emergency Departments (EDs), one upcoming Urgent Care Service (UCS)⁵⁵ and one Urgent Care Clinic (UCC)⁵⁶; see Figure 21.
- **Travel distance to the nearest general practice is shortest in Cumberland LGA:** Cumberland LGA residents could travel 676.6 meters to the nearest general practice and 677 meters to the nearest bulk-billed general practice. In contrast, the travel distances to the nearest general practice and bulk-billed general practice were 1,212.6 meters and 1,398.4 meters in the Hills Shire, 759 and 894.1 meters in Blacktown LGA and 801.8 and 901.7 meters in Parramatta LGA (see Figure 22).
- **High usage of bulk-billed⁵⁷ services:** in March to June quarter of 2024, the region reported the second highest bulk-billing rate for GP non-referred attendances in NSW, at 93.6%.

⁵³ GP service mapping was compiled by the WSPHN using HealthDirect data and cross-checking with ABS to calculate number of practices in each LGA across the WSPHN region.

⁵⁴ Australian Urban Observatory, 2024

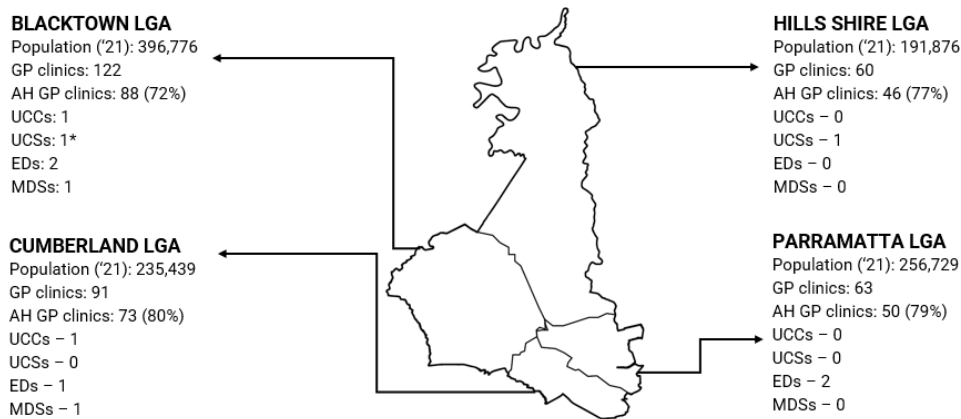
⁵⁵ Medicare Urgent Care Clinics operate across Australia and provide bulk-billed healthcare that does not require an emergency department. They are usually run by general practitioners and operate 7 days a week and during after-hours.

⁵⁶ Urgent Care Services operate in NSW and provide free treatment when you are not feeling well or have a minor injury that is not life threatening. Urgent Care Services operate between 8am and 8pm, seven days a week, including public holidays.

⁵⁷ Bulk-billing rate = number of services bulk-billed divided by the total number of services provided, multiplied by 100.

- **One of the lowest out-of-pocket contributions in NSW:** in the region, the average patient out-of-pocket contribution⁵⁸ (out of hospital) in the March to June 2024 period was \$40.53 in the region, lower than NSW (\$47.44) and Australia (\$47.69)⁵⁹. This was also the second lowest among all PHNs in NSW (see Table 23).

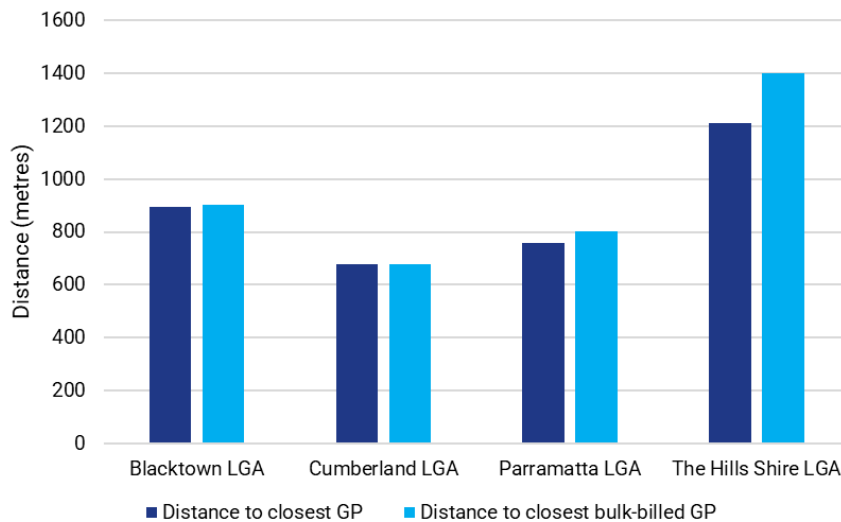
Figure 21 Number of key health services across the WSPHN region, 2024⁶⁰



Source: Western Sydney Primary Health Network (2024). Compiled by WSPHN.

*Note: UCS in Blacktown is projected to open by 2025, in Marsden Park.

Figure 22 Average distance to the closest general practice and bulk-billed general practice from dwellings, across the WSPHN region, 2024



Source: Australian Urban Observatory (2024). Compiled by WSPHN.

⁵⁸ The average patient contribution, also known as the average out-of-pocket, is based on patient billed services rendered out-of-hospital. More information about how this is calculated can be found here: [Explanatory notes for Medicare statistics | Australian Government Department of Health and Aged Care](#)

⁵⁹ Department of Health and Aged Care, 2024a

⁶⁰ Medical Deputising Services (MDS) are not geographically confined to LGA boundaries and can be accessed across all LGAs, e.g. virtual consultations or classes, telephone triage. Additionally, further investigation is required to better depict geographic distribution of these services (as there are some existing AH GPs able to perform these services).

Table 23 Medicare bulk-billing rate of GP non-referred attendances across PHNs in NSW and in Australia, June 2023-24 Q4

Region / NSW PHNs	GP NRA^(a) Bulk Billing Rate (%)	GP NRA^(a) Avg Patient Contribution Per Service (\$): Out of Hospital
Australia	78.8%	\$47.69
NSW	83.1%	\$47.44
Western Sydney	93.6%	\$40.53
Central and Eastern Sydney	78.5%	\$50.56
Northern Sydney	72.9%	\$50.64
Nepean Blue Mountains	91.2%	\$43.64
South Western Sydney	94.1%	\$37.34
South Eastern NSW	78.3%	\$46.37
Western NSW	84.3%	\$48.21
Hunter New England and Central Coast	74.9%	\$47.06
North Coast	81.3%	\$47.31
Murrumbidgee	82.1%	\$47.21

Source: Department of Health and Aged Care (2024a). Compiled by WSPHN.

^(a)NRA = non-referred attendance

5 Mental Health

The World Health Organisation (WHO) defines mental health as a state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to their community. People with mental health issues or mental illnesses, may experience a wide range of psychological and behavioural disorders, which impact cognitive, emotional and social functioning⁶¹. These issues may range from a single instance, or episodic mental ill-health, to severe and enduring mental illness. For some people, mental health issues or psychological distress may be associated with intentional self-harm, non-fatal attempts at suicide or death by suicide.

This chapter provides an overview of mental illness in the region, focusing on key trends, prevalence, and high-risk groups. It examines psychological distress, mental health disorders, rates of non-fatal attempts and deaths by suicide, self-harm rates, and access to services.

Summary of key mental illness trends for the region 2021-2023

1. Small overall rise in high to very high psychological distress in the region (17.5% in 2021; 18.0% in 2023), with this increase being slightly more pronounced among women (18.6% and 20.5%) than men (14.5% and 15.4%).
2. Prevalence of mental health disorders was highest among younger adults aged 16 to 34 years (8.8%) and lowest among residents aged 65 years and over (0.8%) in the region.
3. Women had a higher prevalence of mental health disorders (19.1%) than men (14.0%).
4. Rate of deaths by suicide have fluctuated in the region over the past five years from 8.2 per 100,000 people in 2018 to 6.2 in 2020 and then rising to 8.1 in 2022 but have consistently remained lower than the NSW average over the same period (ranging from 10.5 to 11.6 per 100,000).
5. More women (146.9 per 1,000 people) and younger groups (193.2 per 1,000 people aged 16 to 24 years) had at least one consultation with a mental health service than men (79.5 per 1,000) and older people (48.9 per 1,000 people aged 65 to 74 years).

⁶¹ WHO, 2024

5.1 Overall psychological distress

Psychological distress is largely defined as a state of emotional suffering characterised by symptoms of depression and anxiety and is widely used as an indicator of mental health and well-being in a population⁶². Data from HealthStats NSW 2024⁶³ show the following changes in psychological distress levels among residents in the region between 2021 and 2023:

- **Women in the region reported higher levels of psychological distress than men:** in 2021, 18.6% of women in the region reported experiencing high or very high distress compared to 14.5% of men. By 2023, the rates were 20.5% among women and 15.4% among men. A similar trend was also observed in NSW with 19.4% of women and 14.3% of men reporting high or very high psychological distress in 2021. Meanwhile, the rates in 2023 were 20.3% among women and 18.1% among men (see Table 24).
- **Shift toward slightly higher levels of psychological distress in the region and the state:** between 2021 and 2023, the rate of low distress fell from 57.0% to 54.4%, and moderate distress rose from 25.5% to 27.6%. While high distress remained stable (around 11.2%), very high distress increased slightly from 6.2% to 6.8% leading to a small overall rise in total high or very high distress from 17.5% to 18.0%. These trends mirror those observed across NSW, where similar changes occurred (see Figure 23).

Table 24 Proportion of residents experiencing psychological distress in the WSPHN region and NSW by sex, 2021 and 2023

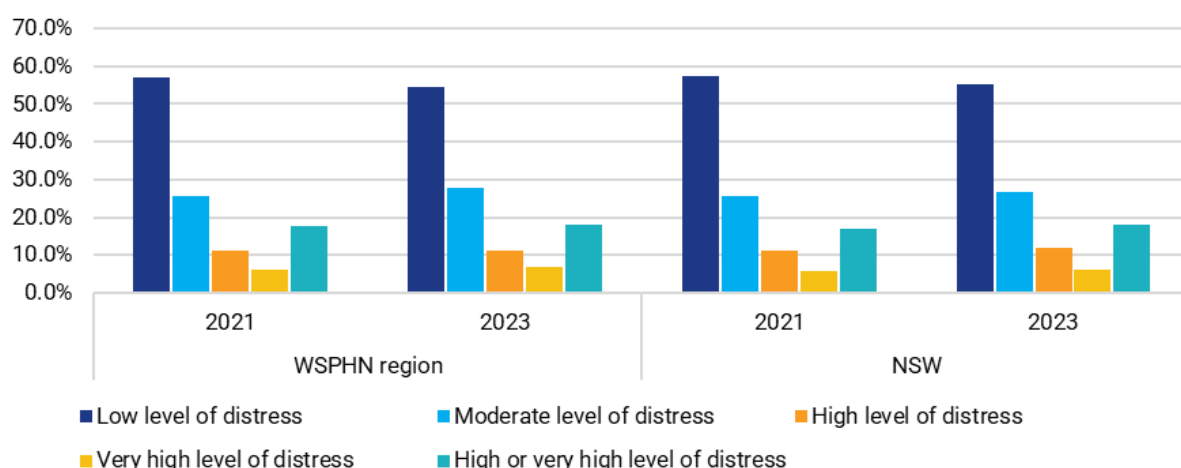
Psychological distress	Males WSPHN region (%)		Males NSW (%)		Females WSPHN region (%)		Females NSW (%)	
	2021	2023	2021	2023	2021	2023	2021	2023
Low level of distress	64.9	62.2	62.8	60.3	51.8	46.6	52.1	49.9
Moderate level of distress	20.6	22.3	23	23.9	29.7	32.9	28.4	29.7
High level of distress	10.0	10.8	10.1	10.6	13.9	11.5	12.5	13.4
Very high level of distress	4.5	4.6	4.2	5.3	4.7	9.0	6.9	6.9
Total high or very level of distress	14.5	15.4	14.3	16.1	18.6	20.5	19.4	20.3

Source: HealthStats NSW (2024h). Compiled by WSPHN.

⁶² Baxter, Tooth & Mishra, 2021

⁶³ HealthStats NSW, 2024h

Figure 23 Proportion of residents experiencing psychological distress in the WSPHN region and NSW, 2021 and 2023



Source: HealthStats NSW (2024h). Compiled by WSPHN.

5.2 Prevalence of mental health disorders

Data from the ABS National Study of Mental Health and Wellbeing 2020-22⁶⁴ show the following trends in mental health disorders for the region and NSW:

- **A lower overall prevalence of mental health disorders compared to the state:** in the region, 16.5% of individuals aged 16 to 85 years reported experiencing a mental health disorder in the past 12 months, lower than the NSW average of 19.5% (see Table 25).
- **Young adults and females experience the highest prevalence of mental health disorders:** Young adults (16 to 34 years) in the region reported the highest prevalence of mental health disorders at 8.8%, slightly above the NSW average of 8.3%. In contrast, older adults (65 to 85 years) had a much lower prevalence at 0.8%, well below the NSW average of 1.9%. Additionally, females reported a higher burden of mental health disorders (19.1%) compared to males (14.0%); see Table 26.

Table 25 Number and proportion of residents with any 12-month mental health disorder in the WSPHN region and NSW by age, 2023

Age group	WSPHN region		NSW	
	N	%	N	%
16-34 years	72,499	8.8	519,300	8.3
35-64 years	56,400	6.9	585,300	9.3
65-85 years	6,945	0.8	116,900	1.9
Total 16-85 years any 12-month mental health condition	135,844	16.5	1,220,100	19.5
Total population aged 16-85 years		822,247		6,265,000

Source: Australian Bureau of Statistics (2023c). Compiled by WSPHN.

⁶⁴ Australian Bureau of Statistics, 2023c

Table 26 Number and proportion of residents with any 12-month mental health disorder in the WSPHN region and NSW by sex, 2023

	WSPHN region		NSW	
	Males	Females	Males	Females
Any 12-month mental health disorder (%)	14.0%	19.1%	17.9%	20.7%
Total population any 12-month mental health condition	58,021	77,822	554,800	657,000
Total population	413,849	408,398	3,093,500	3,172,000

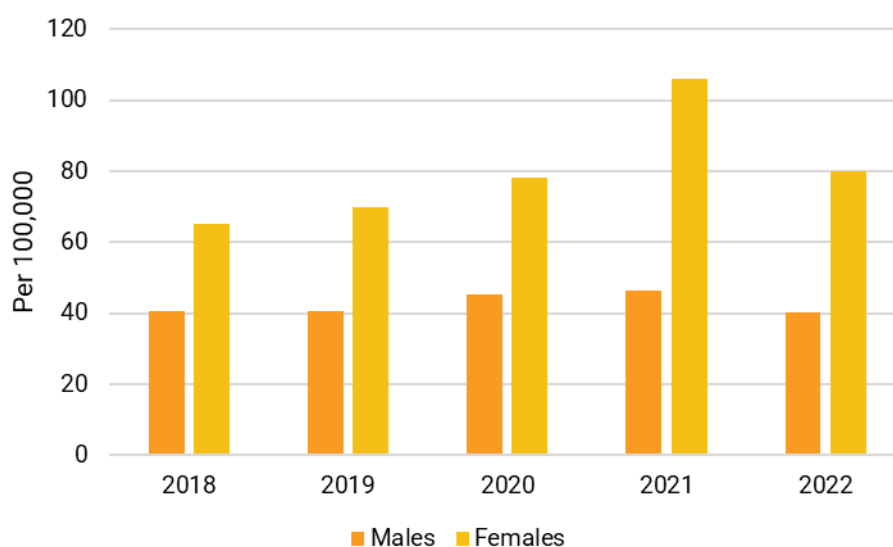
Source: Australian Bureau of Statistics (2023c). Compiled by WSPHN.

5.3 Suicide and self-harm

Data from AIHW 2024⁶⁵ and HealthStats NSW 2024⁶⁶ shows the following trends in rates of deaths by suicide, non-fatal attempts at suicide and intentional self-harm hospitalisations for the region:

- **Non-fatal attempts at suicide and self-harm varied by sex in the region:** rates of non-fatal attempts at suicide for females gradually increased from 65.1 per 100,000 in 2018 to a peak of 106 per 100,000 in 2021 before dropping to 80.1 in 2022. Meanwhile, male rates remained stable ranging between 40.4 and 46.2 per 100,000 between 2018 and 2022. Similarly, self-harm hospitalisations for females rose sharply from 78.1 per 100,000 in 2019-20 to 106.0 in 2021-22, while the male rate remained stable ranging from 46.2 to 40.3 per 100,000 over the same period (see Figures 24 and 25).
- **Fluctuating rate of deaths by suicide in the region, while remaining lower than the state:** between 2018 and 2022, the rate of deaths by suicide in the region fluctuated, dropping from 8.2 per 100,000 in 2018 to 6.2 in 2020 before rising again to 8.1 in 2022. Despite these changes, the rates remained consistently lower than the NSW average, which ranged from 10.5 to 11.6 per 100,000 (see Figure 26).

Figure 24 Rate of non-fatal attempts at suicide per 100,000 of the population in the WSPHN region by sex, 2018-2022

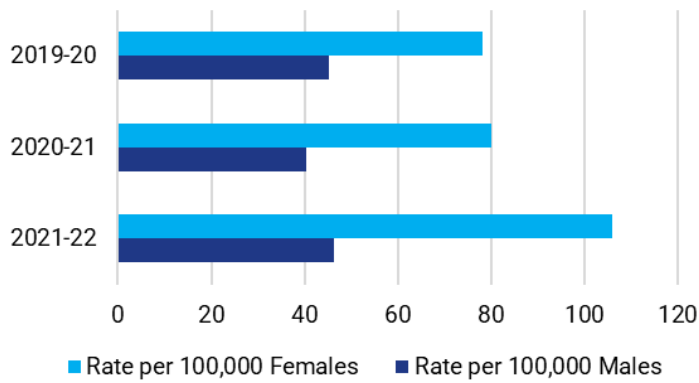


Source: HealthStats NSW (2024d). Compiled by WSPHN.

⁶⁵ Australian Institute of Health and Welfare, 2024j

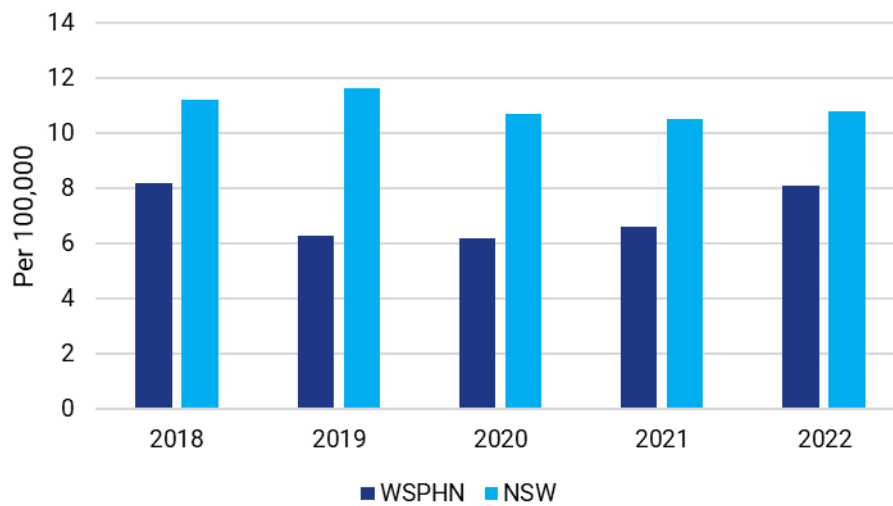
⁶⁶ HealthStats NSW, 2024d

Figure 25 Rate of intentional self-harm hospitalisations per 100,000 of the population in the WSPHN region by sex, 2019-2022



Source: HealthStats NSW (2024d). Compiled by WSPHN.

Figure 26 Rate of deaths by suicides per 100,000 of the population in the WSPHN region and NSW, 2018-2022⁶⁷



Source: Australian Institute of Health and Welfare (2024j). Compiled by WSPHN.

⁶⁷ AIHW advises that data are not published for PHN areas where there are small numbers of deaths by suicide due to privacy and confidentiality concerns or other concerns about the quality of the data. As such the rate of death by suicide cannot be reported further than at the WSPHN region level.

5.4 Mental Health service utilisation

Data from the ABS National Study of Mental Health and Wellbeing 2020-22⁶⁸ and AIHW MBS 2023⁶⁹ show the following trends in mental health service access in the region:

- **Higher mental health service utilisation among females in the region:** females in the region used mental health services at much higher rates than males, with 146.9 per 1,000 having at least one consultation in 2020-22 compared to 79.5 per 1,000 for males. Digital mental health services showed a similar pattern, with females accessing these services at a higher rate (48.5 per 1,000) than males (28.4 per 1,000); see Table 27.
- **Mental health service utilisation in the region decreased with age:** mental health service utilisation in the region was highest among residents aged 16 to 24 years (193.2 per 1,000), progressively declining to a low of 45.9 per 1,000 among those aged 65 to 85 years. Digital service use followed the same trend, decreasing from 78.8 per 1,000 among residents aged 16 to 24 years to 6.8 per 1,000 among those aged 65 to 74 years (see Table 28).
- **Stable visits to GP mental health services in the region:** GP mental health service visits in the region remained stable at 11.9 visits per 100 people in 2021-22 and 11.8 in 2022-23. Allied health visits also remained stable, with only a slight change from 19.9 to 19.0 visits per 100 people during the same period (see Table 29).

Table 27 Number and rate per 1,000 people who had at least one mental health in-person or digital consultation in the WSPHN region by sex, 2020-2022

Sex	At least one MH service by consultation		At least one MH service via digital	
	N	Rate per 1,000	N	Rate per 1,000
Male	32,903	79.5	11,767	28.4
Female	60,000	146.9	19,791	48.5

Source: Australian Bureau of Statistics (2023c). Compiled by WSPHN.

Table 28 Number and rate per 1,000 people who had at least one mental health in-person or digital consultation in the WSPHN region by age group, 2020-2022

Age group	At least one MH consultation service		At least one MH digital service	
	N	Rate per 1,000	N	Rate per 1,000
16-24	23,778	193.2	9,691	78.8
25-34	23,306	136.4	8,798	51.5
35-44	19,597	108.7	7,011	38.9
45-54	13,160	102.4	3,354	26.1
55-64	7,749	74.6	1,911	18.4
65-85	5,313	45.9	792	6.8

Source: Australian Bureau of Statistics (2023c). Compiled by WSPHN.

⁶⁸ Australian Bureau of Statistics, 2023c

⁶⁹ Australian Institute of Health and Welfare, 2024m

Table 29 Percentage and rate per 100 people who had an MBS subsidised mental health care General Practice or allied health service visit in the WSPHN region, 2021-22 to 2022-23

Mental Health service	2021-22		2022-23	
	per 100 people	%	per 100 people	%
General Practice Mental Health⁷⁰	11.9	7.0	11.8	7.1
Allied Health - Mental Health Care	19.9	3.8	19.0	3.7

Source: Australian Institute of Health and Welfare (2024m). Compiled by WSPHN.

⁷⁰ Does not include mental health care provided by GPs that is MBS claimable.

6 Aboriginal and Torres Strait Islander Health

This chapter provides an overview of health needs among First Nations people in the region, focusing on the prevalence of chronic conditions, engagement in preventive health, immunisation coverage for children and the possible need for aged care services.

Summary of key health needs for First Nations people in the region 2021-2024

1. Three quarters of First Nations residents receiving financial support for disability and experiencing a chronic condition resided in Blacktown LGA (74.5%). Asthma, arthritis, diabetes and a mental health condition were the most reported chronic conditions among these.
2. Usage of MBS 715 health check ranged from a low of 9.8% in the Hills Shire LGA to a high of 27.5% in Blacktown LGA.
3. The full immunisation rate fell for First Nations children from 91.3% to 88.1% between 2020 and 2022. Meanwhile, rates among children in the wider community remained stable at 91.4% and 90.85 between 2020 and 2022.
4. The potential need for aged care was lower among First Nations residents aged 50 years and over (166.8 per 1,000 people) than residents in the wider community (189.9 per 1,000 people).

6.1 Disability and chronic conditions

Data from the ABS 2021⁷¹ showed the following on chronic disease prevalence among First Nations residents in the region:

- **Chronic conditions coexist with disability in the region, particularly in Blacktown LGA:** 74.5% of First Nations residents in the region with a chronic condition and receiving disability support resided in Blacktown LGA in 2021. Higher numbers of First Nations residents receiving disability support also experienced asthma, arthritis, diabetes and a mental health condition in Blacktown LGA. These chronic conditions were also most common across all other LGAs in the region (see Table 30).

Table 30 Number of First Nations peoples with chronic conditions receiving disability support across the WSPHN region, 2021

Chronic condition	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA
Arthritis	206	149	31	23	3
Asthma	277	208	33	31	5
Cancer (including remission)	51	43	0	8	0
Dementia (including Alzheimer's)	8	8	0	0	0
Diabetes (excluding gestational diabetes)	177	137	13	24	3
Heart disease (including heart attack or angina)	100	84	13	3	0
Kidney disease	46	32	10	0	4
Lung condition (including COPD or emphysema)	79	97	22	10	0
Mental Health condition	400	281	54	59	6
Stroke	27	27	0	0	0
Any other chronic condition	124	177	33	25	6
Total First Nations affected	1,495	1,243	209	165	27
Overall First Nations population	16,614	11,812	1,516	2,079	1,207

Source: Australian Bureau of Statistics (2021o). Compiled by WSPHN.

⁷¹ Australian Bureau of Statistics, 2021o

6.2 Immunisation coverage among children

Immunisation⁷² data from HealthStats NSW 2022⁷³, as shown in Figure 25 below, indicated the following on full immunisation rates of children^{74,75} at aged one, two and five years in the region for the First Nations and wider community not identifying as First Nations (see Figure 27):

- **The 95% national full immunisation target was consistently met or exceeded by First Nations children who were aged five years:** the immunisation rate of First Nations children aged five years was 95.9% in 2020 and 97.6% in 2021, exceeding the national target of 95%. The rate slightly dropped in 2022 to 95.1% but was still on par with the national target. In comparison, the rate for children in the wider community aged five years remained slightly lower than the national benchmark at 94.3% in 2022 and 2021, and 93.9% in 2022.
- **Full immunisation rates among First Nations children fluctuated over time but remained consistently lower than children in the wider community aged one and two years:** the immunisation rate among First Nations children aged one year fell from 92.8% to 89.5% between 2020 and 2021. This was followed by a slight increase to 91.6% in 2022. Similarly, the immunisation rate among First Nations children aged two years fell from 91.3% in 2020 to 88.1% in 2022. In comparison, the rate for children in the wider community remained stable at around 94% among children aged one year and 91% among children aged two years.
- **Delayed immunisation could explain lower rates among children aged one and two years:** the lower rates of full immunisation among First Nations children aged one and two years, along with the subsequent closing of the gap in immunisations among children aged five years, is indicative of a possible delay in immunisations received by children in the one and year old age groups.

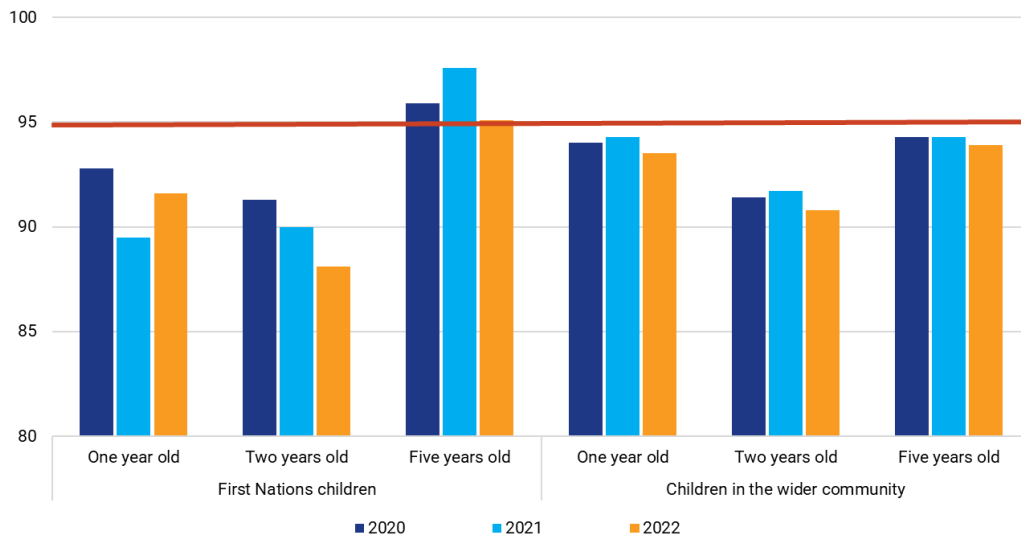
⁷² Immunisation coverage refers to the percentage of all Australian children who have received all vaccines recommended for their age. The national aspirational immunisation coverage target for Australia is 95%.

⁷³ HealthStats NSW, 2022

⁷⁴ Immunisation of a child aged 12 months to less than 15 months is regarded as 1 year old, aged 24 to less than 27 months is regarded as 2 years old and aged 60 to less than 63 months is regarded as 5 years old. As such, children immunised outside of these ranges may not be counted within the correct cohort of children. This along with potential under-reporting of vaccination may suggest rates may be higher than reported for each age group.

⁷⁵ Fully immunised at one year means a child has had their third vaccination for diphtheria, tetanus, whooping cough, polio, hepatitis B, Haemophilus influenzae type b, and either second or third vaccination for pneumococcal disease. Fully immunised at two years means a child has had their fourth vaccination for diphtheria, tetanus, whooping cough, and Haemophilus influenzae type b, third vaccination for polio, hepatitis B, and pneumococcal disease, first vaccination for meningococcal C and varicella (chicken pox) and second vaccination for measles, mumps and rubella. Fully immunised at five years means a child has had their fourth or fifth vaccination for diphtheria, tetanus, whooping cough and fourth vaccination for polio. All recommended vaccinations at each age group assumes all previous vaccinations were received.

Figure 27 Proportion of children aged one, two and five years with full immunisation coverage in the WSPHN region by First Nations status, 2020-23



Source: HealthStats NSW (2022). Compiled by WSPHN.

6.3 Aged Care needs

AIHW 2021⁷⁶ used residents over 50 years as a proxy of potential need for aged care among residents identifying as First Nations and the wider community. Data from AIHW 2021 showed the following on the potential need for aged care in the region:

- **Lower rate of potential need for aged care among First Nations residents aged 50 years and over in the region:** First Nations residents aged 50 years and over in the region have a lower rate of potential need for aged care services, at 166.8 per 1,000 of the population, compared to 273.4 per 1,000 for residents in the wider community. Furthermore, the potential need for aged care among First Nations residents was also lower than the NSW rate (189.9 per 1,000 of the population); see Table 32.

⁷⁶ Australian Institute of Health and Welfare, 2024k

Table 31 Residents aged 50 years and over who may need aged care services in the WSPHN region and NSW by First Nations status, 2021

Indigenous status	WSPHN region		NSW	
	N	Rate per 1,000 pop.	N	Rate per 1,000 pop.
First Nations	2,771	166.8	52,796	189.9
Wider community	277,711	273.4	2,675,770	361.4

Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

7 Population health

This chapter provides an overview of health trends across in the region, with considerations around chronic conditions, use of digital health platforms, insight into disability and associated conditions, alcohol and other drugs trends, utilisation trends of Medicare-subsidised services, prevention of hospitalisations and trends in Urgent Care presentations.

Summary of key population health trends for the WSPHN region 2021-2023

1. Arthritis, asthma, diabetes and mental health conditions were most prevalent in the region with rates ranging from 495.6 to 553.6 per 10,000 people. Meanwhile, Blacktown LGA had the highest prevalence rates on seven of ten chronic conditions.
2. Hospitalisations for chronic conditions generally declined across the region. However, males had higher rates than women in CKD (6,730.5 vs. 3,730.5 per 100,000) and CVD (1,754.5 vs. 1041.4 per 100,000) hospitalisations.
3. The rate of profound or severe disability was highest in the Cumberland (528.2 per 10,000 people) and Parramatta (477.1 per 10,000 people) LGAs, while mental health conditions was the most prevalent chronic condition among people living with a disability across the region (31.2%).
4. Alcohol related hospitalisations has remained consistently lower across the region (629.7 in 2020-21 and 527.5 in 2022-23 per 100,000 people) than in NSW (908.4 and 780.3 per 100,000 people). This trend was also observed with drug related hospitalisations across the region (558.7 in 2020-21 and 422.4 in 2022-23 per 100,000 people) compared to NSW (683.2 and 555.0 per 100,000 people).
5. Most residents visited a GP in 2021-22 (90.9%) and 2022-23 (87%). However, slight increases were also observed with attendances during after-hours attendances (25.8% to 27.8%), for GP enhanced primary care (23.2% to 24.9%) and allied health services (5.1% to 5.5%).
6. Declining rate of potentially preventable hospitalisations particularly with dental conditions (233.4 in 2020-21 to 199.1 in 2021-22) which is the leading cause of preventable hospitalisations across the region.

7.1 Chronic Conditions

Chronic diseases are long lasting and persistent conditions that can cause illness, disability and even death. These conditions can occur at any age and have complex and multiple causes that impact on an individual's quality of life.

7.1.1 Prevalence of chronic conditions

Data from the ABS 2021⁷⁷ shows the following on chronic disease prevalence in the region:

- **High prevalence of chronic conditions in the region, particularly in Blacktown LGA:** the most common chronic conditions in the region—arthritis, diabetes, asthma, and mental health conditions—had prevalence rates ranging from 496.5 to 553.6 per 10,000 people. Diabetes had a higher rate of prevalence in the region (516.8 per 10,000) compared to NSW (478.7 per 10,000). Blacktown LGA emerged as a critical hotspot in 2021, with the highest prevalence rates for seven of ten chronic conditions, with diabetes reaching 609.5 per 10,000—well above the regional average (see Table 37).
- **Disparities in chronic disease prevalence in the region is distinguished by gender and age:** chronic conditions were more prevalent among females in the region, particularly for arthritis, mental health conditions, and asthma. Arthritis, for example, affected 724.2 per 10,000 women compared to 384.5 per 10,000 men, with similar differences observed in mental health conditions (612.0 vs. 383.5 per 10,000). Chronic disease prevalence was also higher among older adults. Diabetes, for instance, impacted 181.8 per 1,000 people aged 65 to 74 years, compared to just 4.7 per 1,000 among the 15 to 24 years age group. These patterns of gender and age disparities are consistent across all LGAs, with particularly high rates in Blacktown (see Tables 38 and 39).

Table 32 Prevalence of chronic conditions per 10,000 of the population across the WSPHN region and NSW, 2021

Chronic condition	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW
Arthritis	553.6	603.6	518.5	485.2	584.9	839.9
Diabetes (excluding gestational diabetes)	516.8	609.5	528.8	428.4	428.7	478.7
Mental health condition	497.2	564.1	407.3	490.6	478.0	765.3
Asthma	496.5	585.4	385.4	450.0	511.0	654.9
Heart disease (including heart attack or angina)	293.6	301.4	278.2	276.8	318.7	389.2
Cancer (including remission)	184.2	171.1	152.4	190.3	242.0	280.3
Lung condition (including COPD or emphysema)	99.3	120.4	92.6	85.0	83.4	165.8
Kidney disease	71.8	80.0	71.1	65.6	63.8	93.2
Stroke	61.5	67.8	61.7	53.5	58.8	89.5
Dementia (including Alzheimer's)	50.0	47.9	51.7	50.5	51.5	76.7

Source: Australian Bureau of Statistics (2021n). Compiled by WSPHN.

⁷⁷ Australian Bureau of Statistics, 2021n

Table 33 Prevalence of chronic conditions per 10,000 of the population across the WSPHN region by sex, 2021

Chronic conditions	Sex	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA
Arthritis	Male	384.5	426.8	341.8	328.9	426.3
	Female	724.2	779.5	706.9	642.4	739.2
Diabetes (excluding gestational diabetes)	Male	563.4	649.9	551.8	481.3	509.3
	Female	469.8	569.4	504.3	375.1	350.2
Mental health condition	Male	383.5	433.3	312.5	385.4	367.7
	Female	612.0	694.4	508.3	596.4	585.4
Asthma	Male	427.2	487.7	321.1	402.8	470.1
	Female	566.4	682.5	454.0	497.6	550.8
Cancer (including remission)	Male	164.9	152.4	130.7	165.8	233.8
	Female	203.6	189.8	175.4	214.9	249.9
Dementia (including Alzheimer's)	Male	40.3	37.4	39.8	42.1	44.4
	Female	59.8	58.4	64.5	58.9	58.5
Heart disease (including heart attack or angina)	Male	362.8	369.8	330.0	341.6	419.4
	Female	223.7	233.3	222.9	211.7	220.6
Kidney disease	Male	76.7	81.3	74.3	75.8	71.2
	Female	66.9	78.8	67.7	55.3	56.7
Lung condition (including COPD or emphysema)	Male	96.2	113.9	92.7	82.0	83.1
	Female	102.5	126.8	92.4	88.0	83.6
Stroke	Male	68.6	74.5	68.1	59.7	69.0
	Female	54.3	61.1	54.9	47.3	48.9

Source: Australian Bureau of Statistics (2021n). Compiled by WSPHN.

Table 34 Prevalence of chronic conditions across per 1,000 of the population across the WSPHN region by age group, 2021

Chronic condition	Region	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	≥ 85 years
Arthritis	WSPHN region	3.1	8.6	19.7	54.6	116.3	203.9	257.5	384.1
	Blacktown LGA	3.9	11.0	23.0	70.7	149.9	248.6	342.3	357.2
	Cumberland LGA	2.3	6.4	16.9	56.6	118.6	208.1	285.9	335.7
	Parramatta LGA	2.6	6.8	13.5	43.2	101.1	180.1	296.7	353.0
	The Hills Shire LGA	3.1	13.0	27.7	38.9	81.4	164.0	156.8	342.5
Diabetes (excluding gestational diabetes)	WSPHN region	4.7	10.3	31.5	65.0	122.8	181.8	175.7	156.5
	Blacktown LGA	6.0	12.9	37.4	85.6	163.7	236.6	253.6	179.6
	Cumberland LGA	3.6	9.0	30.4	73.8	137.8	201.3	223.1	152.8
	Parramatta LGA	3.7	7.8	23.6	51.9	104.0	159.9	182.6	151.0
	The Hills Shire LGA	4.5	12.1	31.0	38.0	70.0	115.4	89.3	134.0
Mental health condition	WSPHN region	67.2	60.6	54.9	69.6	68.0	57.2	51.2	99.5
	Blacktown LGA	77.4	72.4	58.2	82.0	83.6	68.2	70.9	106.0
	Cumberland LGA	37.4	34.7	43.3	65.7	76.6	63.5	63.5	80.0
	Parramatta LGA	70.0	53.9	48.2	72.1	66.8	56.9	59.9	80.8
	The Hills Shire LGA	80.8	127.6	81.2	51.4	40.2	38.4	25.0	91.9
Asthma	WSPHN region	72.3	57.3	58.3	60.6	60.3	68.4	64.6	69.0
	Blacktown LGA	86.5	69.7	63.7	74.8	79.4	87.2	92.8	76.5
	Cumberland LGA	52.6	36.5	41.6	47.6	54.0	64.1	68.7	59.1
	Parramatta LGA	66.5	47.2	48.4	55.6	54.1	62.6	73.5	66.3
	The Hills Shire LGA	74.9	116.6	94.2	54.5	44.6	52.6	36.4	73.5
Cancer (including remission)	WSPHN region	1.6	2.9	7.3	18.3	37.9	69.2	86.5	96.2
	Blacktown LGA	1.8	3.0	6.6	18.8	41.1	73.3	101.3	89.9
	Cumberland LGA	1.5	1.8	6.1	15.5	33.6	62.0	87.6	83.8
	Parramatta LGA	1.2	3.0	6.6	19.5	41.5	73.0	107.1	102.0
	The Hills Shire LGA	2.0	6.3	13.5	18.7	33.8	66.2	62.9	112.4

Chronic condition	Region	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	≥ 85 years
Dementia (including Alzheimer's)	WSPHN region	0.1	0.1	0.2	0.7	2.5	9.1	41.3	153.3
	Blacktown LGA	0.2	0.1	0.2	0.7	3.0	10.5	57.1	169.6
	Cumberland LGA	0.0	0.0	0.3	1.1	2.8	10.2	50.3	147.6
	Parramatta LGA	0.1	0.2	0.0	0.7	2.4	8.7	46.6	143.1
	The Hills Shire LGA	0.0	0.0	0.0	0.3	1.7	6.7	21.8	150.2
Heart disease (including heart attack or angina)	WSPHN region	2.0	2.7	7.0	20.8	55.2	116.7	162.0	234.8
	Blacktown LGA	2.4	3.3	8.1	25.5	68.4	136.8	208.5	232.9
	Cumberland LGA	1.8	2.0	6.2	23.2	56.7	116.4	189.1	209.3
	Parramatta LGA	1.3	2.1	5.4	17.9	52.3	112.3	184.0	253.0
	The Hills Shire LGA	2.4	4.7	7.9	14.3	38.0	95.0	100.5	242.8
Kidney disease	WSPHN region	1.2	2.0	3.9	6.4	11.8	22.1	35.8	61.1
	Blacktown LGA	1.1	2.0	4.0	7.8	15.1	30.6	54.3	65.5
	Cumberland LGA	1.0	1.8	4.3	7.8	13.0	20.9	42.4	56.5
	Parramatta LGA	1.1	1.9	3.1	5.8	11.3	19.5	35.1	64.8
	The Hills Shire LGA	1.6	3.0	4.7	3.7	6.5	14.1	19.2	54.4
Lung condition (including COPD or emphysema)	WSPHN region	0.8	1.0	2.3	7.4	19.1	38.7	56.8	76.5
	Blacktown LGA	1.0	1.0	3.2	11.5	28.9	53.1	84.9	73.7
	Cumberland LGA	0.6	0.8	2.1	7.2	19.2	40.1	62.3	64.4
	Parramatta LGA	0.5	0.9	1.4	5.2	16.0	34.7	60.8	67.0
	The Hills Shire LGA	0.9	1.6	2.0	3.2	8.4	22.4	30.9	72.1
Stroke	WSPHN region	0.3	0.7	1.9	5.2	12.0	24.7	46.3	64.0
	Blacktown LGA	0.5	0.8	1.9	5.6	13.4	29.3	53.1	61.4
	Cumberland LGA	0.3	0.2	1.2	4.8	11.7	24.3	44.9	59.7
	Parramatta LGA	0.1	0.5	1.3	3.5	9.3	19.0	38.6	54.7
	The Hills Shire LGA	0.4	1.9	1.2	2.3	5.9	15.8	19.8	61.9

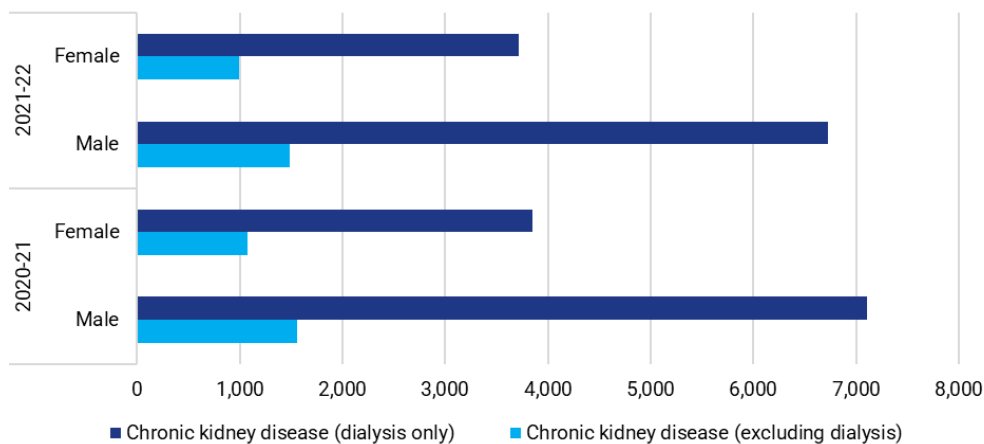
Source: Australian Bureau of Statistics (2021n). Compiled by WSPHN.

7.1.2 Hospitalisations due to chronic conditions

Data from HealthStats NSW 2024⁷⁸ indicated the following on hospitalisations due to chronic conditions in the region:

- **Overall decline in chronic disease hospitalisation in the region with persistent gender and age disparities:** hospitalisations for chronic conditions such as cardiovascular disease (CVD), chronic kidney disease (CKD), and chronic obstructive pulmonary disease (COPD) have generally declined between 2020-21 and 2021-22. However, males continue to experience higher rates, particularly for CKD (6,730.5 vs. 3,720.5 per 100,000 for females) and CVD (1,754.5 vs. 1,041.4 per 100,000). Furthermore, COPD hospitalisations remain notably higher in males aged 65+ (828.7 vs. 667.4 per 100,000 in females); see Figures 28, 29 and 30.
- **Younger women in the region continue to have higher rates of COPD hospitalisations:** women aged 35 to 64 years had a greater rate of hospitalisations for COPD than men in 2020-21 (95.9 vs. 81.9 per 100,000). The comparative rate of hospitalisations for COPD in 2021-22 was also higher among women than men aged 35 to 64 years (91.0 vs. 59.9 per 100,000); see Figure 29.
- **Stable or declining diabetes hospitalisations, with a rising burden among residents aged 55 to 64 years:** hospitalisations for Type 1 diabetes have generally remained stable or declined across all age groups, including a reduction from 6.0 to 4.7 per 100,000 among residents aged zero to 24 years. For Type 2 diabetes, most age groups saw stable or reduced rates, except for those aged 55 to 64 years, where hospitalisations increased from 15.5 to 18.4 per 100,000 (see Figures 31 and 32).

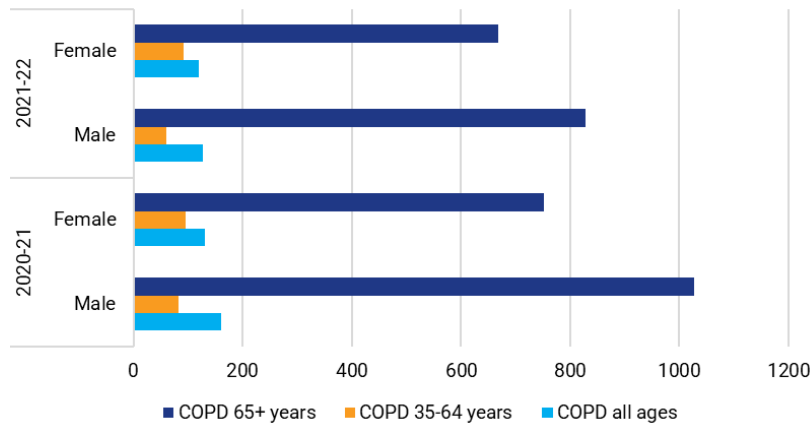
Figure 28 Rate of hospitalisations for chronic kidney disease (CKD) per 100,000 of the population in the WSPHN region by sex, 2020-21 and 2021-22



Source: HealthStats NSW (2024i). Compiled by WSPHN.

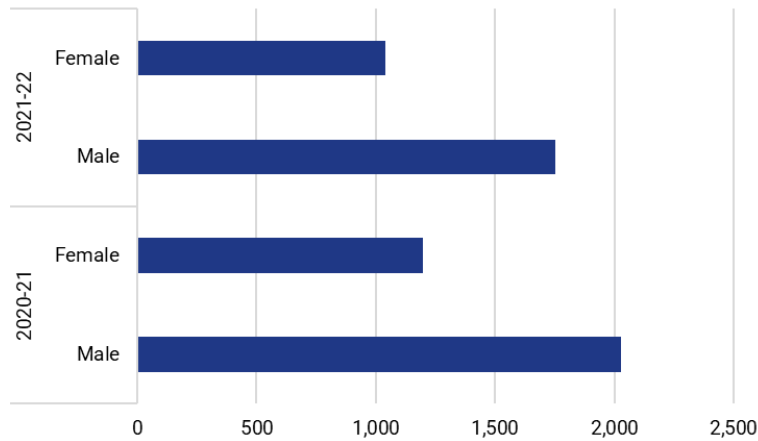
⁷⁸ HealthStats NSW, 2024i-I

Figure 29 Rate of hospitalisations for chronic obstructive pulmonary disease (COPD) per 100,000 of the population in the WSPHN region by sex and at-risk age groups, 2020-21 and 2021-22



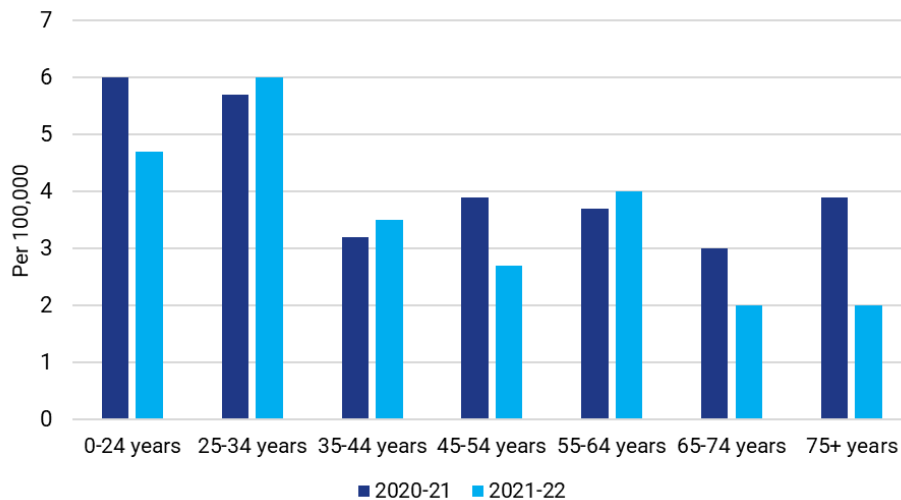
Source: HealthStats NSW (2024j). Compiled by WSPHN.

Figure 30 Rate of hospitalisations for cardiovascular disease (CVD) per 100,000 of the population in the WSPHN region by sex, 2020-21 and 2021-22



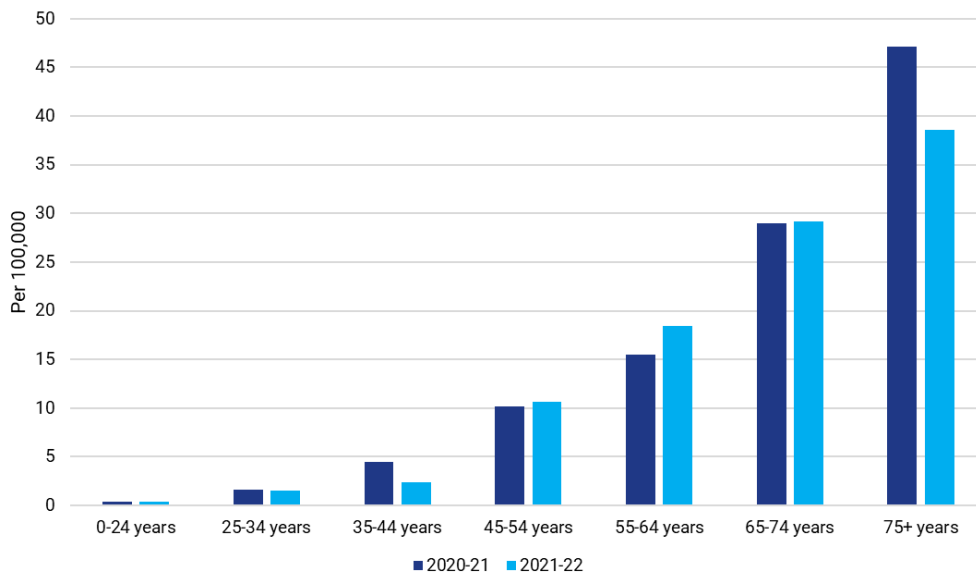
Source: HealthStats NSW (2024k). Compiled by WSPHN.

Figure 31 Rate of the hospitalisations for Type 1 diabetes per 100,000 of the population in the WSPHN region by age, 2020-21 to 2021-22



Source: HealthStats NSW (2024l). Compiled by WSPHN.

Figure 32 Rate of hospitalisations for Type 2 diabetes per 100,000 of the population in the WSPHN region by age, 2020-21 to 2021-22



Source: HealthStats NSW (2024). Compiled by WSPHN.

7.2 Disability

Individuals living with a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities, are considered as living with a disability. Types of disabilities include, but are not limited to, “sensory, intellectual, physical, psychosocial, head injury, stroke or acquired brain injury,”⁷⁹. Disability has the potential to impact an individual’s quality of life, due to daily limitations. There are four core activity limitation levels used by the ABS – profound, severe, moderate and mild disabilities. A person’s limitation level is determined by the amount of assistance they require with core activities (self-care, mobility or communication⁸⁰).

7.2.1 Prevalence and need for assistance

Data from PHIDU 2024⁸¹ and Informed Decisions 2021⁸² show the following trends in people experiencing disability in the region:

- **Need for core activities assistance in the region was greatest among older people and the working age population with a disability:** just over half of all people with a disability in the region aged 65 years and over required assistance with one or more core activities (53.9%) in 2024. A further quarter of people requiring core activities assistance were aged 20 to 59 years (25.2%); see Figure 33.
- **The Cumberland and Blacktown LGAs have the highest disability burden in the region with significant variation:** the rate of profound or severe disability in the Cumberland and Blacktown LGAs was 594.5 and 528.2 per 10,000 people, higher than the regional average of 477.1 per 10,000 people. Meanwhile, similar rates were observed in the Parramatta and Hills Shire LGAs (368.7 and 368.5 per 10,000 people). In terms of daily assistance needs, Cumberland LGA leads with 596.2 per 10,000, followed by

⁷⁹ Commonwealth of Australia, 2019

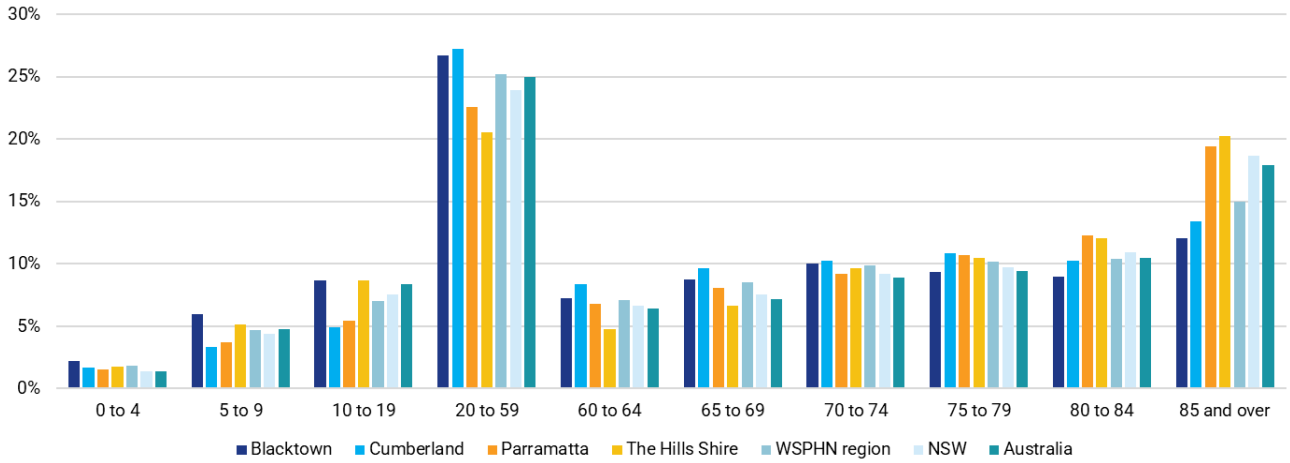
⁸⁰ Core activities specifically defined as self-care (e.g., bathing, showering), mobility (e.g., getting in or out of bed), and/or communication (understanding and being understood by family).

⁸¹ PHIDU, 2024

⁸² Informed Decisions, 2021ae-aj

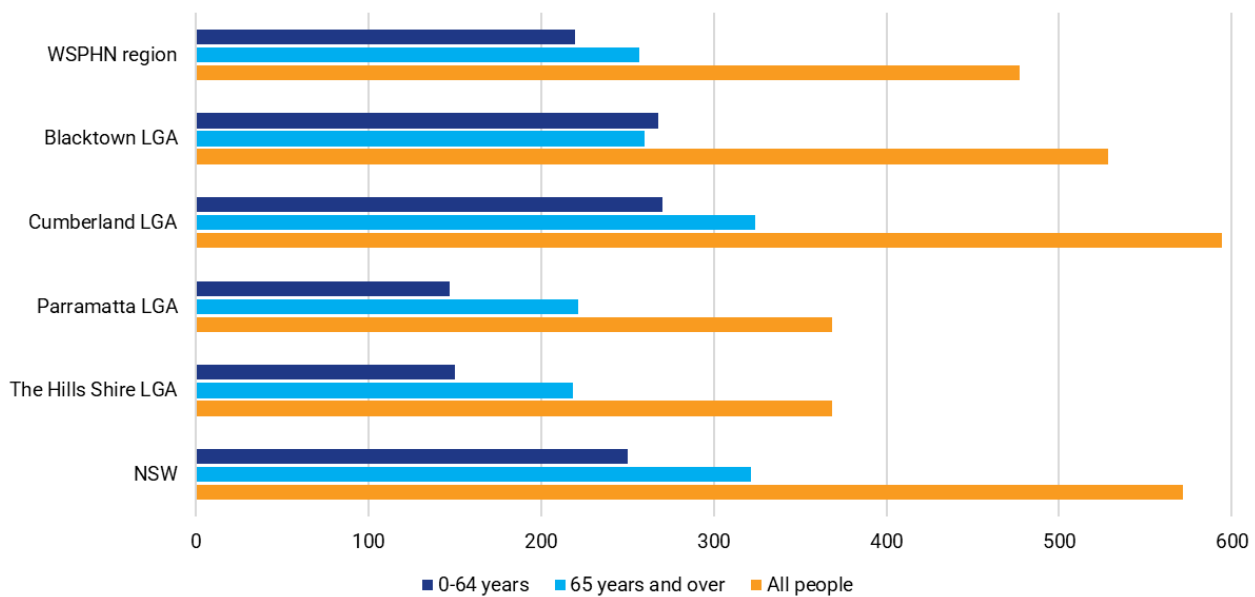
Blacktown LGA at 530.1 per 10,000, while Parramatta LGA has a lower rate of 410.4 per 10,000 (see Figure 34 and Table 42).

Figure 33 Proportion of people requiring daily assistance due to disability across the WSPHN region, NSW and Australia by age group, 2021



Source: Informed Decisions (2021ae-aj). Compiled by WSPHN.

Figure 34 Rate of profound or severe disability per 10,000 of the population across the WSPHN region and NSW, 2021



Source: PHIDU (2024). Compiled by WSPHN.

Note: This table of data includes people with a profound or severe disability living in long-term accommodation.

Table 35 Number and rate of people requiring daily assistance due to disability across the WSPHN region and NSW, 2021

	WSPHN region	Blacktown LGA	Cumberland LGA	Parramatta LGA	The Hills Shire LGA	NSW
Number	52,711	21,032	14,036	10,535	7,108	1,464,421
Rate per 10,000 population	487.7	530.1	596.2	410.4	370.4	1814.2

Source: Informed Decisions (2021ae-aj). Compiled by WSPHN.

7.2.2 Chronic conditions among people with disability

Data from ABS 2021⁸³ showed the following on prevalence of chronic conditions among people receiving financial support for a disability in the region, as detailed in Table 43 below:

- **Gender disparities in the prevalence of chronic conditions amongst people living with disability in the region:** Females receiving disability support reported higher rates of arthritis (20.9% vs. 12.2% for males) and asthma (12.9% vs. 9.4% for males), while males receiving disability support reported higher rates of mental health conditions (33.5% vs. 29.4) and diabetes (15.6% vs. 14.0% for females).
- **High prevalence of mental health and chronic diseases amongst people living with disability in the region:** Mental health conditions was the most prevalent chronic issue, affecting 31.2% of people receiving disability support, with the highest rates reported in the Hills Shire LGA. Other significant chronic conditions include arthritis, diabetes, asthma and heart disease, with notable variations across LGAs. Cumberland LGA reports higher rates of heart disease and diabetes, while Blacktown LGA has elevated rates of arthritis and asthma.

⁸³ Australian Bureau of Statistics, 2021o

Table 36 Prevalence of chronic conditions among people receiving disability support across the WSPHN region by sex, 2021

Chronic conditions	Sex	WSPHN region (%)	Blacktown LGA (%)	Cumberland LGA (%)	Parramatta LGA (%)	The Hills Shire LGA (%)
Arthritis	Male	12.2	12.9	12.9	10.3	8.8
	Female	20.9	21.1	21.4	19.5	21.0
Asthma	Male	9.4	10.3	8.0	8.8	10.0
	Female	12.9	14.5	11.2	12.6	9.6
Cancer (including remission)	Male	4.4	4.5	3.8	4.7	5.5
	Female	4.9	4.5	4.9	5.8	6.2
Dementia (including Alzheimer's)	Male	1.5	1.3	1.2	2.2	1.7
	Female	1.1	1.0	1.3	1.1	0.7
Diabetes (excluding gestational diabetes)	Male	15.6	15.9	17.5	14.0	10.5
	Female	14.0	14.3	15.6	11.5	11.5
Heart disease (including heart attack or angina)	Male	10.1	10.1	11.2	9.3	8.2
	Female	6.1	6.3	6.5	5.0	6.0
Kidney disease	Male	3.9	3.9	3.8	4.8	2.0
	Female	2.9	3.1	2.7	2.3	4.3
Lung condition (incl. COPD or emphysema)	Male	5.6	6.4	5.0	5.1	3.4
	Female	5.2	6.2	4.2	5.1	2.3
Mental health condition	Male	33.5	30.4	33.0	37.7	46.1
	Female	29.5	26.1	29.9	34.9	35.9
Stroke	Male	3.9	4.3	3.8	3.1	3.8
	Female	2.6	3.0	2.3	2.2	2.5

Source: Australian Bureau of Statistics (2021o). Compiled by WSPHN.

7.3 Alcohol and Other Drugs

Harmful use of alcohol through high levels of consumption are a major health risk for development of chronic disease, injury and premature death⁸⁴. Illicit drug use is recognised as a major risk of preventable diseases and poses a risk to the community⁸⁵.

7.3.1 Risky alcohol consumption

Data from HealthStats NSW 2024⁸⁶ shows the following on risky alcohol consumption behaviour in the region:

- **Greater decline in weekly alcohol consumption in the region, when compared to NSW:** weekly alcohol consumption in the region decreased from 32.2% in 2020-21 to 27.1% in 2022-23. This contrasts with NSW, where weekly drinking, while higher than the region, only decreased slightly from 41.5% to 39.8% (see Table 44).
- **Alcohol-related risk of harm in the region was lower compared to the rest of the state:** the region had a lower proportion of adults exceeding NHMRC alcohol guideline 1, with only 4.5% of residents consuming more than ten drinks a week or more than four drinks on any one day, compared to 8.2% in NSW. Additionally, binge drinking was less common (see Figure 35).
- **Almost one third of residents in the region were exposed to long-term risks of alcohol consumption:** the long-term risk of alcohol-related harm in the region increased from 22.8% in 2020 to 27.0% in 2023, though it remained consistently lower than NSW, where the risk fluctuated around 33.5% (Table 45).

Table 37 Alcohol drinking frequency among adults: WSPHN region and NSW, 2020-23

Year	WSPHN region (%)				NSW (%)			
	Never drink	Drink less than weekly	Drink weekly	Drink daily	Never drink	Drink less than weekly	Drink weekly	Drink daily
2020-21	34.2	30.3	32.2	3.4	24.9	27.2	41.5	6.5
2021-22	34.4	31.7	30.4	3.5	24.9	27.5	41.4	6.2
2022-23	37.8	32.0	27.1	3.2	25.4	28.7	39.8	6.1

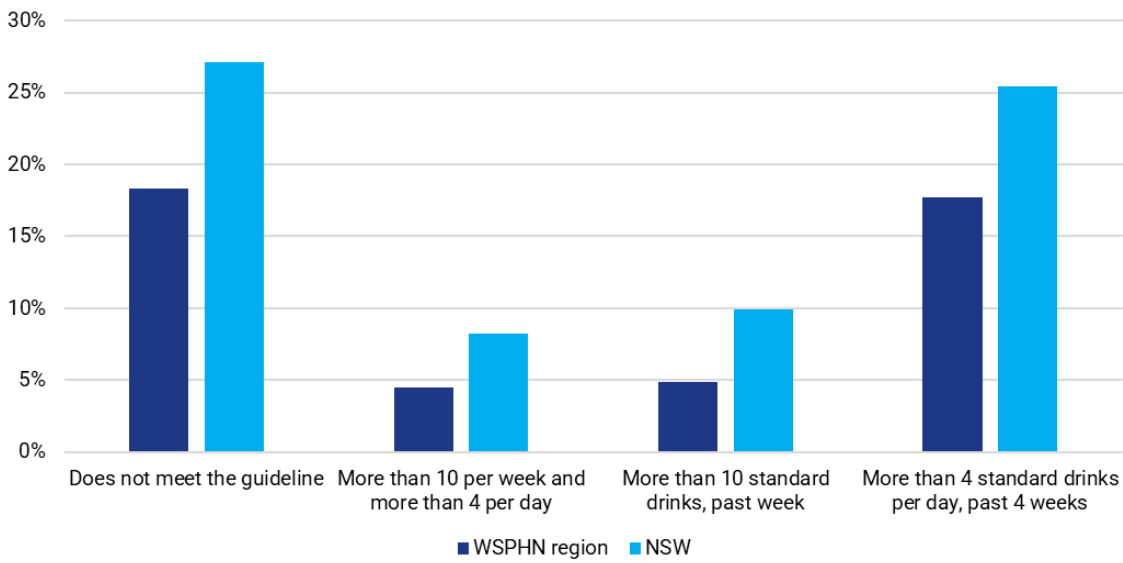
Source: HealthStats NSW (2024e). Compiled by WSPHN.

⁸⁴ Australian Institute of Health and Welfare, 2024d

⁸⁵ Australian Institute of Health and Welfare, 2024e

⁸⁶ HealthStats NSW, 2024e

Figure 35 Proportion of people exceeding the alcohol-related risk of harm NHRMC guideline 1 for adults in the WSPHN region and NSW, 2023



Source: HealthStats NSW (2024f). Compiled by WSPHN.

Table 38 Proportion of people at long-term risk of alcohol consumption in the WSPHN region and NSW, 2020-23

	WSPHN region (%)	NSW (%)
2020	22.8	32.5
2021	27.5	33.5
2022	23.5	32.4
2023	27.0	33.5

Source: HealthStats NSW (2024g). Compiled by WSPHN.

7.3.2 Drug related hospitalisations

Data from HealthStats NSW 2023⁸⁷ showed the following on alcohol and other drug related hospitalisations in the region:

- **Falling rate of alcohol and other drug related hospitalisations in the region, which has remained consistently lower than NSW:** the rate of alcohol related hospitalisations in the region fell from 629.7 to 527.5 per 100,000 people between 2020-21 and 2022-23. Similarly, the rate of drug related hospitalisations fell from 558.7 to 422.4 per 100,000 people over the same period. Meanwhile, the rate of alcohol (908.4 to 780.3 per 100,000 people) and other drug related (683.2 to 555.0 per 100,000 people) hospitalisations also fell in NSW between 2020-21 and 2022-23 but remained higher than the rate in the region (refer to Table 49).

Table 39 Rate of AOD related hospitalisations per 100,000 of the population in the WSPHN region and NSW, 2020-21 to 2022-23

Year	WSPHN region		NSW	
	Alcohol related per 100,000	Other drugs related per 100,000	Alcohol related per 100,000	Other drugs related per 100,000
2020-21	629.7	558.7	908.4	683.2
2021-22	522.7	456.1	790.7	588.2
2022-23	527.5	422.4	780.3	555.0

Source: HealthStats NSW (2023c). Compiled by WSPHN.

⁸⁷ HealthStats NSW, 2023c

7.4 Use of Medicare-subsidised services

Data from AIHW 2024⁸⁸ indicated the following on utilisation of Medicare subsidised services in the region, as also detailed in Table 50 below:

- **Medicare-subsidised General Practice attendances has remained high, while slight growth also observed in after-hours and enhanced primary care in the region:** The percentage of the population in the region who attended a GP remained stable and high between 2021-22 (90.9%) and 2022-23 (87.0%). Additionally, slight increases were observed in the use of Medicare-subsidised after-hours GP services and GP Enhanced Primary Care. After-hours service usage increased 25.8% to 27.8%, while GP Enhanced Primary Care usage increased from 23.2% to 24.9%.
- **Increased utilisation of Medicare-subsidised diagnostic imaging and allied health services in the region:** there was a notable increase in diagnostic imaging and allied health services use. The percentage of the population accessing diagnostic imaging services rose from 37.5% to 40.3%, with attendances per 100 people increasing from 106.0 to 116.3 between 2021-22 and 2022-23. Allied health services, excluding physical health care, also saw growth, with the proportion of users rising from 5.1% to 5.5% and attendances increasing from 13.9 to 15.3 per 100 people.
- **Stable usage of Medicare subsidised allied health mental health and specialist services in the region:** the proportion of the population accessing allied health mental health services remained largely stable, at 3.8% in 2021-2022 and 3.7% in 2022-2023, with attendances per 100 people remaining relatively unchanged at 19.9 and 19.0, respectively. Specialist service utilisation showed a slight increase, with the percentage of people using these services rising from 30.8% to 31.7%, while attendances per 100 people stayed nearly flat at 101.1 in 2021-2022 and 101.4 in 2022-2023.

⁸⁸ Australian Institute of Health and Welfare, 2024m; Care Collective, 2024a-b

Table 40 Use of Medicare-subsidised services in the WSPHN region by type of service, 2021-22 and 2022-23

	2021-2022		2022-2023	
	% ^(a)	Number of attendances per 100 people ^(b)	% ^(a)	Number attendances per 100 people ^(b)
General Practice^(b)	90.9	853.8	87.0	750.5
GP Enhanced primary care⁸⁹	23.2	55.7	24.9	60.8
After-hours	25.8	52.4	27.8	56.8
Optometry	27.8	35.5	31.0	41.1
Allied Health mental health care⁹⁰	3.8	19.9	3.7	19.0
Physical health care	5.3	18.2	6.2	21.8
Allied health - other	5.1	13.9	5.5	15.3
Diagnostic imaging	37.5	106.0	40.3	116.3
Nursing and Aboriginal health workers	4.6	8.8	5.0	10.2
Specialist attendance	30.8	101.1	31.7	101.4

Source: Australian Institute of Health and Welfare (2024m). Compiled by WSPHN.

(a) The numerator is the number of people who had an attendance, and the denominator is the Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP).

(b) General Practice attendance includes PIP GP attendance items, From 31 October 2022 these items have been removed.

⁸⁹ GP Enhanced Primary Care refers to a range of services such as health assessments, medication management reviews, the creation and review of treatment plans, and coordination of care for people living with complex health conditions who require multidisciplinary, team-based care from a GP and at least 2 other providers.

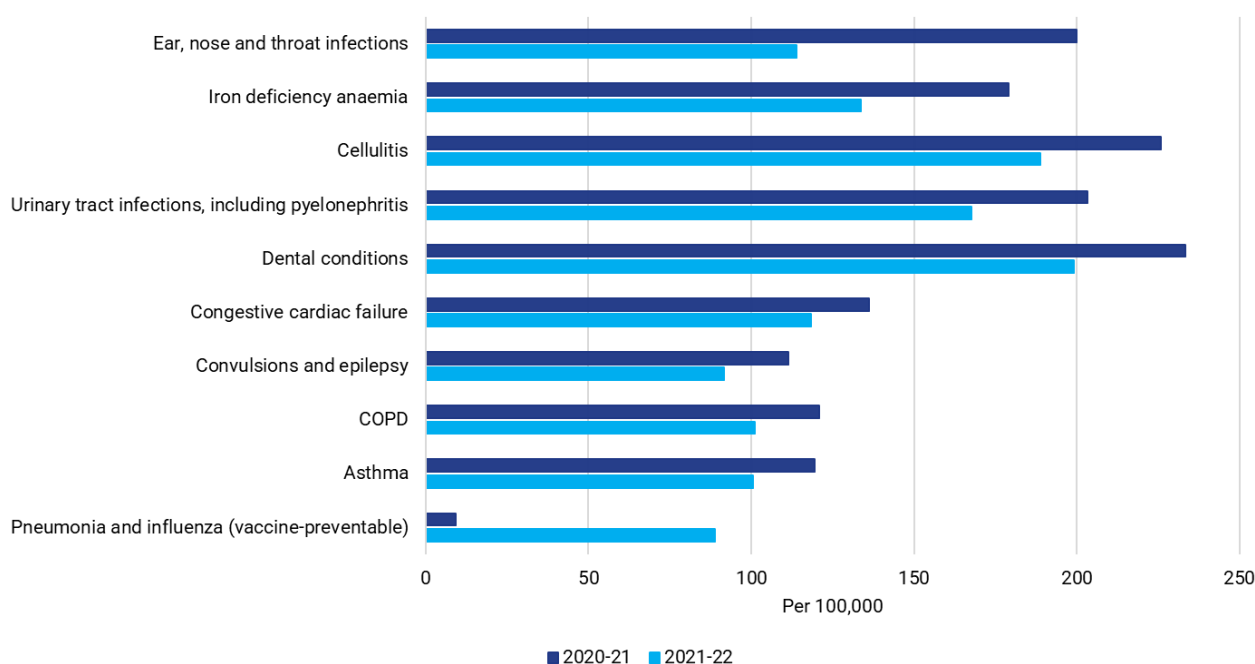
⁹⁰ Allied health mental health care includes assessment, treatment and management of patients with mental disorders by clinical psychologists, other psychologists and other allied mental health workers. It does not include psychiatry services.

7.5 Potentially preventable hospitalisation

Data from PHIDU 2024⁹¹ and HealthStats NSW 2024⁹² showed the following on potentially preventable hospitalisations⁹³ in the region:

- **Overall decline in the rate of preventable hospitalisations in the region:** asthma hospitalisations dropped from 119.5 to 100.5 per 100,000, congestive cardiac failure from 136.2 to 118.4, and COPD from 120.9 to 101.2. The leading causes of preventable hospitalisations, dental conditions (down from 233.4 to 199.1) and cellulitis (down from 225.7 to 188.9), also saw declines. However, vaccine-preventable pneumonia and influenza hospitalisations increased significantly from 9.3 to 88.9 per 100,000, primarily due to COVID-19 lockdowns during 2020-21⁹⁴ (see Figure 36).
- **Most emergency department (ED) presentations in the region were triaged as urgent and semi-urgent:** urgent and semi-urgent cases represented the largest share of ED presentations, accounting for 35.3% and 34.8% of all triage categories, respectively. This corresponds to 84.9 and 83.6 presentations per 1,000 people, both notably lower than the national rates of 129.7 and 129.6 per 1,000, respectively. Non-urgent presentations accounted for 6.2% of cases, with a rate of 14.8 per 1,000, also much lower than the national average of 33.8 per 1,000 (see Table 51).

Figure 36 Rate of potentially preventable hospitalisations per 100,000 residents in the WSPHN region by condition, 2020-21 to 2021-22



Source: HealthStats NSW (2024m). Compiled by WSPHN.

⁹¹ PHIDU, 2024

⁹² HealthStats NSW, 2024m

⁹³ AIHW defines potentially preventable hospitalisations as hospitalisations thought to be avoidable if timely and adequate non-hospital care had been provided, either to prevent the condition occurring, or to prevent the hospitalisation for the condition.

⁹⁴ Rate of vaccine preventable pneumonia and influenza hospitalisations in 2019-20, prior to the COVID-19 lockdowns, was 138.1 per 100,000 people.

Table 41 Emergency department (ED) presentations by triage category in the WSPHN region and Australia, 2020-21

Triage category	N	%	Presentations per 1,000 population (WSPHN region)	Presentations per 1,000 population (Australia)
Resuscitation	3076	1.2	2.9	2.7
Emergency	57,098	22.4	53.9	49.4
Urgent	89,904	35.3	84.9	129.7
Semi-urgent	88,548	34.8	83.6	129.6
Non-urgent	15,643	6.2	14.8	33.8

Source: PHIDU (2024). Compiled by WSPHN.

8 Aged Care

This chapter provides an overview of aged care in the region, focusing on utilisation, admissions and General Practice attendances.

Summary of key aged care trends for the WSPHN region 2021-2023

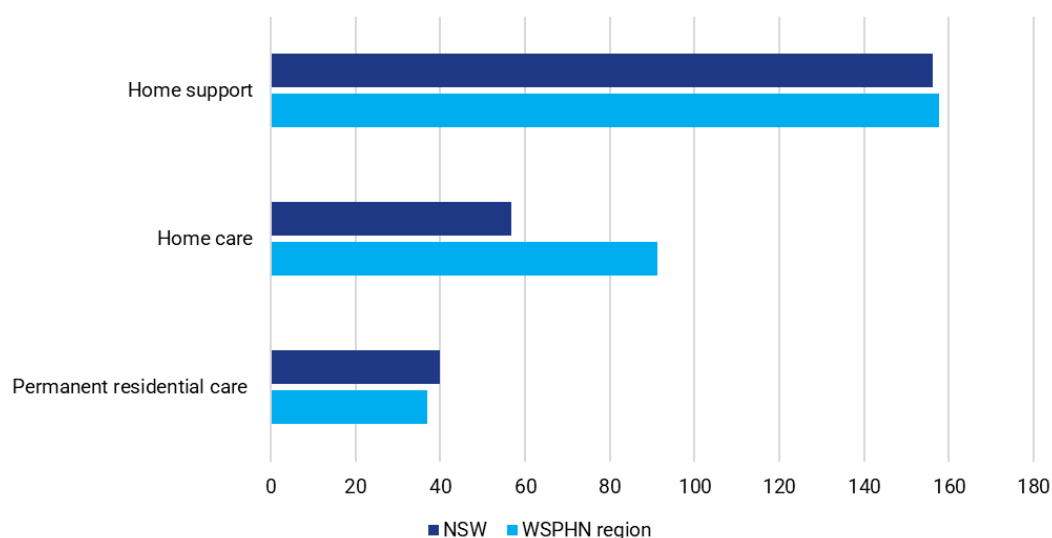
1. Higher rate of reliance on home care (91.2 per 1,000 people) and home support (157.8 per 1,000 people) than residential care (37.0 per 1,000) across the region. Home support services were primarily used for Allied Health (17.9%) transport (15.6%) and domestic assistance (14.5%) to support health, mobility and daily living.
2. Women aged 90 years and over had higher rates of admission than men into permanent residential (31.1% and 25.8%) and respite (29.9% and 22.1%) care. Meanwhile men aged 85 years and over had higher rates of admissions than women into transition care (34.4% and 30.2%).
3. Close to six in ten residents in permanent residential aged care had a confirmed dementia diagnosis (59.4%).
4. One in ten NSW aged care services operate in the region (9.9%). However, a notable proportion are operated privately (43%) and have experienced a decline in the number of places (78 in 2020 to 70 in 2023 per 1,000 people).
5. The average occupancy rate in the region was 81.9%, the lowest among NSW PHNs.

8.1.1 Utilisation of aged care services and user characteristics

The type of mainstream aged care services used are residential aged care⁹⁵, home care and home support⁹⁶. Data from the AIHW GEN Aged Care Dataset 2024⁹⁷ showed the following on the utilisation of aged care services in the region:

- **Home care and home support utilisation is higher in the region than residential care:** the usage rate of home care and home support was 91.2 and 157.8 per 1,000 people, while rate for permanent residential care was 37.0 per 1,000 people (Figure 37).
- **Allied health, transport, and domestic assistance are the most common home support services in the region:** among residents aged 65 years and over primarily used home support for Allied Health (17.9%), transport (15.6%), and domestic assistance (14.5%) services for health, mobility, and daily living assistance support (Table 55).
- **Over half of home care users in the region were born overseas:** 55% of home care users in the region were born overseas, and 20% spoke a language other than English (Figure 38).
- **Large proportion of home care users in the region live alone and have disabilities:** 37.4% of home care users in the region lived alone, and 20% had a disability (Figure 38).

Figure 37 Rate of utilisation of aged care services per 1,000 of the population aged 65 years and over in the WSPHN region, NSW and Australia, 2023



Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

⁹⁵ Residential aged care is for older Australians who can no longer live in their own homes and includes accommodation and personal care 24 hours a day. It also includes access to nursing and general health services.

⁹⁶ Home support and home care services provide support to help older people stay in their homes. Home support refers to assistance with low level care needs, while home care refers to assistance with multiple or more complex needs.

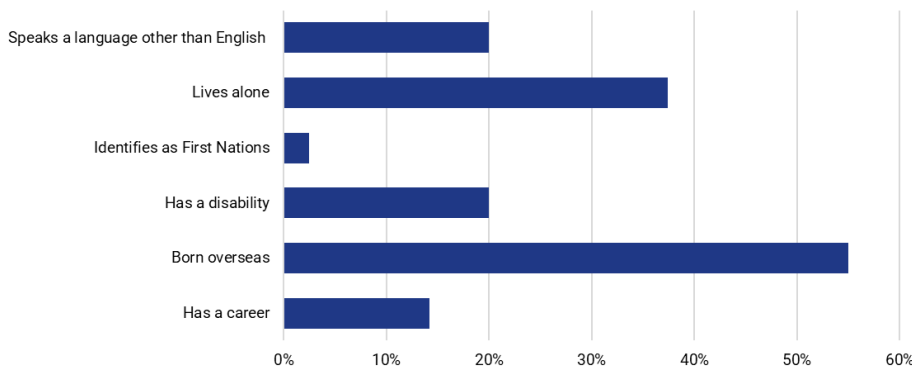
⁹⁷ Australian Institute of Health and Welfare, 2024k

Table 42 Top 5 home care support services used by residents aged 65 years and over in the WSPHN region, 2022-23

	N	%
Allied Health and Therapy Services	6,334	17.9
Transport	5,524	15.6
Domestic Assistance	5,137	14.5
Social Support Individual	3,589	10.1
Nursing	3,574	10.1

Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

Figure 38 Characteristics of residents using home care in the WSPHN region, 2022-23



Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

8.2 Admissions patterns in aged care: gender, age and care type

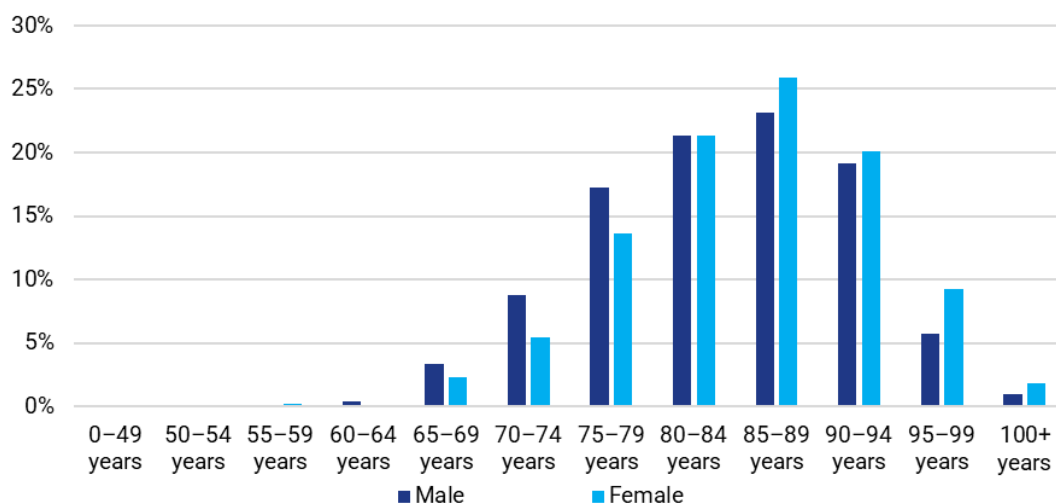
Data from the AIHW GEN Aged Care Dataset 2024⁹⁸ highlighted the following on admissions into aged care services for the region:

- **Higher female admissions in aged care for 90+ year age group in the region:** The percentage of admissions into permanent and respite residential aged care for individuals aged 65 to 84 years were higher for males (50.6% and 53.1%) compared to females (42.6% and 42.8%). However, the percentage of female admissions into permanent and respite care admissions (31.1% and 29.9%) were greater than male admissions in the same categories (25.8% and 22.1%) among those aged 90 years and over (see Figures 39 and 40).
- **Home care admissions in the region show balanced gender distribution, peaking at 80 to 84 years:** The percentage of home care admissions were similar for men and women, peaking at 80 to 84 years (24.1% for males and 23.0% for females). Both genders saw notable declines after the age of 85 years, with admissions for males dropping from 19.6% to 11.2% and for females from 19.4% to 10.0% (see Figure 41).

⁹⁸ Australian Institute of Health and Welfare, 2024k

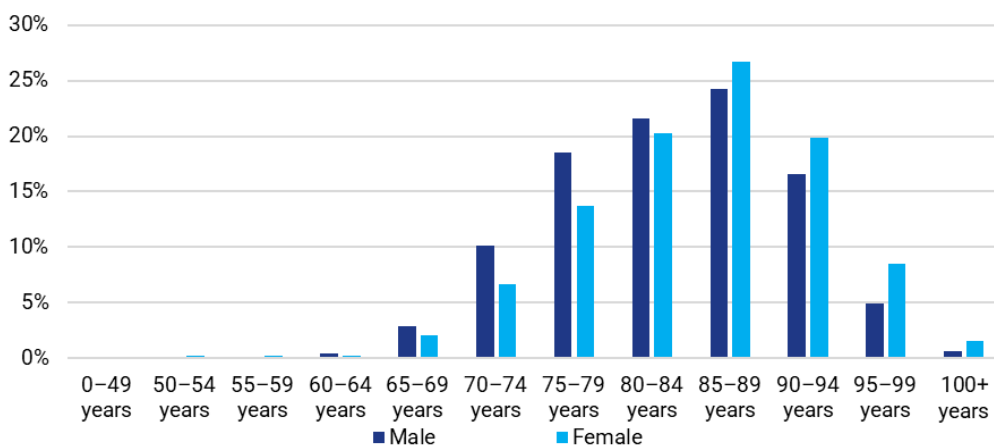
- **Males over 85 years in the region have higher utilisation of transition care⁹⁹ than females:** while transition care admissions increased with age for both genders, males aged 85 years and older had slightly higher admissions (34.4%) compared to females (30.2%); refer to Figure 42.
- **Women enter short-term restorative care¹⁰⁰ earlier than men in the region:** short-term restorative care admissions peaked earlier for women (24.2% at 75 to 79 years) than for men, whose admissions peaked at 22.6% in the 85-to-89-year age group (see Figure 43).

Figure 39 Proportion of total admissions into permanent residential care in the WSPHN region by age and sex, 2022-23



Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

Figure 40 Proportion of total admissions into respite residential care in the WSPHN region by age and sex, 2022-23

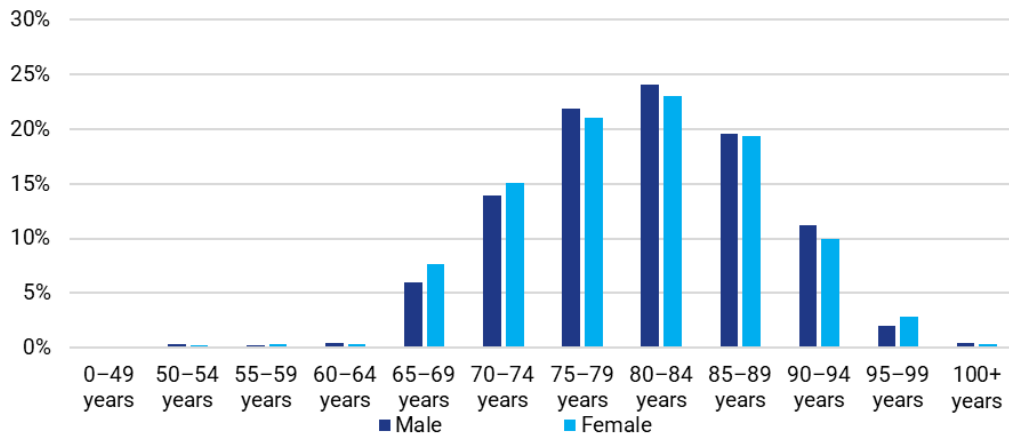


Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

⁹⁹ Transition care provides short terms care to older people to help them recover after a hospital stay including social work, nursing support, personal care, and allied health care. Care can last up to 12 weeks and can take place in a person’s home, and aged care home or both.

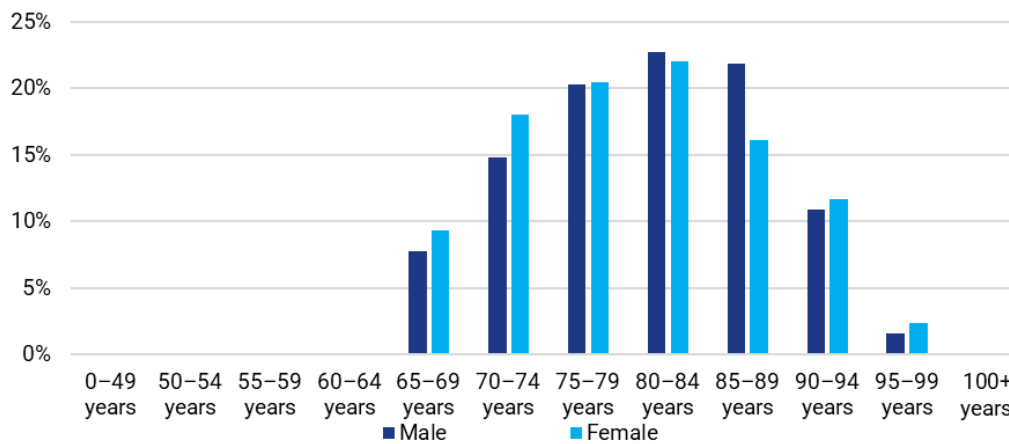
¹⁰⁰ Short term restorative care aims to reverse of slow functional decline so that older people can delay or avoid long-term care. Tailored support services are offered for up to 8 weeks in a person’s home, aged care home or both, with day-to-day activities such as bathing, dressing, eating, shopping and driving.

Figure 41 Proportion of total admissions into home care in WSPHN region by age and sex, 2022-23



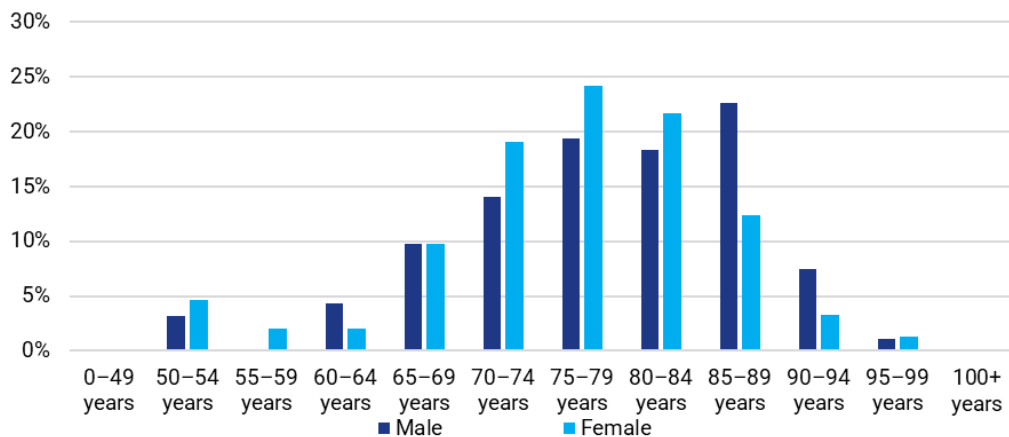
Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

Figure 42 Proportion of total admissions into transition care in the WSPHN region by age and sex, 2022-23



Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

Figure 43 Proportion of total admissions into short-term restorative care in WSPHN region by age and sex, 2022-23



Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

8.3 Residential aged care trends: dementia, GP services and demographics

Data from the AIHW 2022-23¹⁰¹ showed the following on permanent residential aged care exits and MBS GP attendances¹⁰² in the region:

- **High proportion of dementia diagnoses in residential aged care in the region:** 59.4% of residents in permanent residential care in the region had a confirmed diagnosis of dementia (Table 56).
- **The median length of stay in permanent residential care for residents in the region was 24 months:** most exits were due to death (1,570 exits), while fewer residents returned to the community (82), transferred to hospitals (47) or other residential care (161); refer to Table 57.
- **Increase in GP attendances per residential aged care patient in the region:** GP attendances per residential aged care patient increased from 19.6 in 2021-22 to 21.0 in 2022-23. The number of aged care patients also grew from 8,790 to 9,061 during this period (Table 58).
- **First Nations people accounted for less than one percent of residents in aged care in the region:** 95.0% of residents in subsidised residential aged care were residents of the wider community, while only 0.9% were First Nations residents. Additionally, 4.0% of residents had an unknown status regarding their cultural background (Table 59).

Table 43 Proportion of residents in permanent residential care with a confirmed diagnosis of dementia in the WSPHN region, 2022

	%
% with confirmed diagnosis of dementia	59.4

Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

Table 44 Median length of stay and exit reason from permanent residential care: WSPHN region, 2022-23

	Deaths	Return to community	To hospital	To other residential care
Median length of stay (months)	24.0	3.6	5.3	21.6
Total exits	1,570	82	47	161

Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

Table 45 MBS subsidised GP attendance at residential aged care: WSPHN region, 2021-22 and 2022-23

	2021-22	2022-23
GP attendance per residential aged care patient	19.6	21.0
No. residential aged care patients	8,790	9,061

Source: Medicare Benefits Schedule (2024b-c). Compiled by WSPHN.

Table 46 MBS subsidised GP attendance at residential aged care in the WSPHN region, 2022-23

	N	%
First Nations	2,771	0.9
Wider community	277,711	95.0
Unknown	11,766	4.0

Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

¹⁰¹ Australian Institute of Health and Welfare, 2024k

¹⁰² Medicare Benefits Schedule, 2024b-c

8.4 Aged Care Services

An aged care provider (or organisation) manages an aged care service. Providers may operate several different services, sometimes across different aged care programs. A service is a facility that provides aged care, such as residential care or home care. A service can also be an outlet that provides home support. The Australian Government provides funding for approved aged care service providers. Data from the AIHW GEN data 2024¹⁰³ showed the following on aged care services in the region:

- **292 Aged Care services in the region were operating as of 30 June 2023:** this accounted for 9.9% of the 2,938 aged care services in NSW. It included 122 home care services (15.7% of NSW's total), 99 home support services (8.2%), and 63 residential care services (7.6%). Some service types, like multi-purpose services and the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program, were not available in the region (see Table 60).
- **Higher reliance on private providers in the region when compared to the state:** 43% of aged care places are operated by private providers, higher than in NSW (34.1%). Not-for-profit providers manage 55.5% (61.3% in NSW) of places, and government-operated places make up only 1.5%, compared to 4.6% across NSW (see Figure 44).
- **Decline in residential aged care places¹⁰⁴ per 1,000 population aged 70 years and over in the region and the state:** the number of residential aged care places per 1,000 people aged 70 years and over in Western Sydney decreased from around 78 places in 2020 to approximately 70 places in 2023. This decline mirrors the state trend, where residential places per capita have also reduced over the same period. However, the region remains slightly above the state average, which was around 68 places per 1,000 population aged 70 years and over in 2023 (see Figure 45).
- **Occupancy rates¹⁰⁵ ranged between 80% and 90% across NSW for residential aged care services:** the occupancy rate for residential aged care in the region was 81.9% in 2023 (refer to Figure 46).

Table 47 Number of aged care services in the WSPHN region and NSW, 2023

	WSPHN region	NSW	% of NSW aged care services in WSPHN
Residential care	63	826	7.6
Home care	122	776	15.7
Home support	99	1,208	8.2
Transition care	1	22	4.5
Short-term restorative care	6	37	16.2
Multi-purpose service	0	65	0.0
Innovative pool	1	2	50.0
For NATSIFAC ¹⁰⁶	0	2	0.0
Total	292	2,938	9.9

Source: Australian Bureau of Statistics (2021k). Compiled by WSPHN.

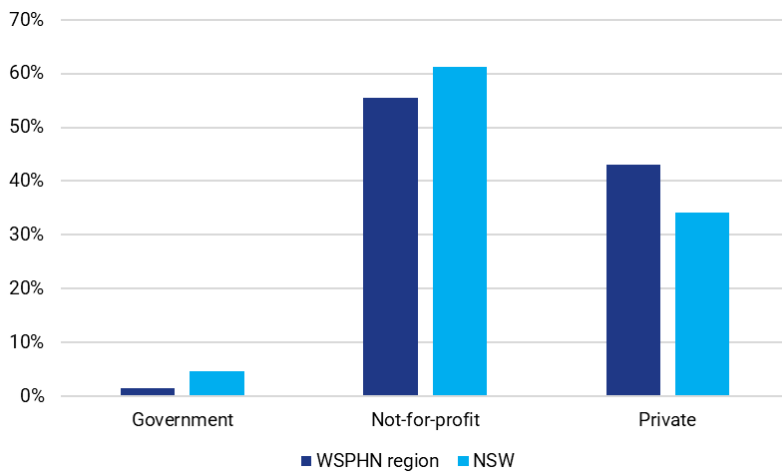
¹⁰³ Australian Bureau of Statistics, 2021k.

¹⁰⁴ A residential aged care place refers to the number of beds that are either occupied, or available to be occupied.

¹⁰⁵ Occupancy rates can be affected by a lack of FTE staff in residential aged care that can provide adequate quality of care or when a resident is admitted to hospital for 24 hours or longer.

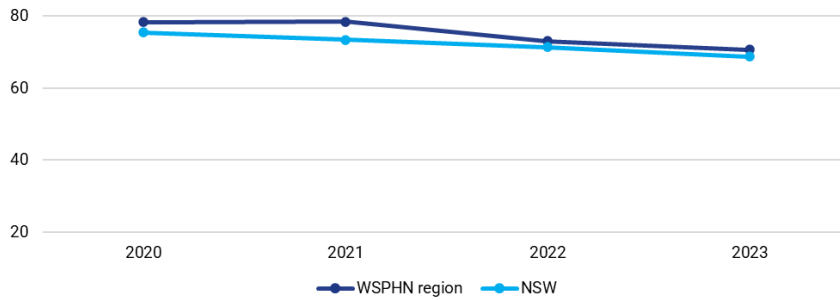
¹⁰⁶ NATSIFAC = National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

Figure 44 Proportion of aged care places in the WSPHN region and NSW by organisation type, 2023



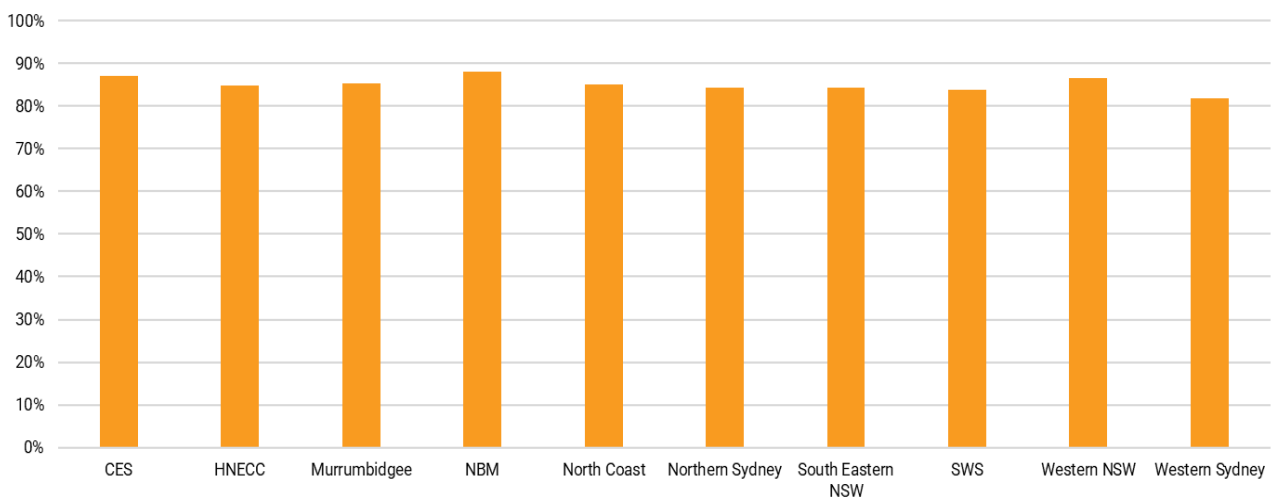
Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

Figure 45 Places in residential aged care per 1,000 people aged 70 years and over in the WSPHN region and NSW, 2023



Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

Figure 46 Average occupancy rates in residential aged care services: NSW PHNs, 2023



Source: Australian Institute of Health and Welfare (2024k). Compiled by WSPHN.

9 Summary of key priorities

The population of the WSPHN region was over 1 million in 2021 and is expected to increase by eight percent by 2024. The region is culturally diverse and highly religious with a high proportion of parents and homebuilders, young workforce and children residing across four LGAs - Blacktown LGA, Cumberland LGA, Parramatta LGA and the Hills Shire LGA. The largest among these in terms of population is Blacktown LGA which also has the greatest proportion of First Nations residents. Cumberland LGA is the most culturally diverse of all LGAs in the region with the lowest proportion of residents with English and Australian ancestry, highest proportion who spoke a language other than English at home and a notable proportion who spoke little to no English.

The region is faced with a series of social and economic factors that have health implications for the population, particularly when examined at the LGA level. Cumberland LGA is the most disadvantaged among LGAs in the region with the lowest SEIFA score, highest rates of unemployment, disengagement among working age groups, childhood vulnerability and homelessness. Additionally, Cumberland LGA residents have the lowest median incomes and experience high rates of housing affordability stress, second to residents in Parramatta LGA. Similarly, Blacktown LGA had a low SEIFA score compared to other LGAs in the region, but also had the highest rates of domestic violence related assaults and apprehended violence orders issued, surpassing state recorded levels.

Lifestyle factors such as smoking or engaging in physical activity along with an individual's environment and access to care increase risk of negative health outcomes. Risk factors identified as pertinent to the region include low rates of physical activity and consumption of the recommended intake of fruit and vegetables, high rates of obesity among children and adults, and slight increases in smoking and vaping. However, there is also a high rate of bulk-billed service usage in the region which may be an indication of protection against cost-of-living pressure for residents within the region

The key priorities for the region are outlined below against each of the priority areas of need addressed in the 2025-28 needs assessment.

Table 48 Key findings for the region by priority area and regional focus

Priority area	Regional focus	Key findings
Mental Health	WSPHN region	<p>Increasing levels of high or very high psychological distress, with women being more affected than men.</p> <ul style="list-style-type: none"> - There was a slight increase in the reported incidence of high or very high psychological distress in the region. The rate among women remained five percentage points higher than men.
	WSPHN region	<p>Mental health disorders were most prevalent among younger residents, with mental health service utilisation also highest in this group, but both declined with age.</p> <ul style="list-style-type: none"> - Young people aged 16 to 34 years reported the highest prevalence of mental health disorders within a 12-month period. Meanwhile, the lowest prevalence was reported by residents aged 65 to 85 years. Furthermore, mental health service utilisation was highest among younger people aged 16-24 years and lowest among residents aged 65 to 74 years.
	WSPHN region	<p>Women experienced higher rates of non-fatal suicide attempts and self-harm hospitalisation compared to men.</p> <ul style="list-style-type: none"> - The rate of non-fatal attempts at suicide by women increased from one and a half times to two times greater than males. Meanwhile, female self-harm hospitalisations increased from one and a half times to two and a half times greater than the male rate.
	WSPHN region	<p>Women utilised mental health services more than men, though GP mental health visits remained stable across the population.</p> <ul style="list-style-type: none"> - Women accessed in person mental health services at twice the rate of men and digital mental health services at one and a half times the male rate. Despite these patterns, GP mental health service visits remained stable for all residents.
Aboriginal and Torres Strait Islander health	WSPHN region	<p>Reduction of the gap in full immunisation among First Nations children and children in the wider community aged 5 years.</p> <ul style="list-style-type: none"> - The full immunisation rate among First Nations children aged five years remained at or above the national target of 95% between 2020 and 2022. Meanwhile, the rate among children in the wider community aged 5 years was slightly lower than the national target over the same period.
Population Health	Blacktown LGA	<p>Blacktown LGAs had the highest prevalence of chronic conditions.</p> <ul style="list-style-type: none"> - Residents of Blacktown LGA had the highest prevalence in eight of ten chronic conditions. The conditions of particular concern were asthma, arthritis, diabetes and a mental health condition.

Priority area	Regional focus	Key findings
	WSPHN region Blacktown LGA	<p>Chronic conditions prevalence showed gender and age disparities, most notably in Blacktown LGA.</p> <ul style="list-style-type: none"> - Asthma, arthritis and a mental health condition was more prevalent among women than men. Meanwhile, a higher rate of diabetes was observed among people aged 65 to 74 years than younger residents in the 15 to 24 years age group. While this variance was consistent across all LGAs, it was most apparent in Blacktown LGA.
	WSPHN region	<p>Chronic disease hospitalisations declined overall, though gender and age differences persist.</p> <ul style="list-style-type: none"> - Males have consistently higher hospitalisation rates for chronic kidney and cardiovascular diseases, while younger women aged 35–64 experience higher rates of COPD. Hospitalisations for Type 2 diabetes have risen among residents aged 55–64, despite overall stability or decline in other age groups.
	WSPHN region	<p>Chronic conditions among people with a disability mirrored overall population trend, with gender disparities evident.</p> <ul style="list-style-type: none"> - Asthma, arthritis, diabetes and a mental health condition were the most prevalent chronic conditions among people living with a disability. Females reported higher rates of arthritis and asthma, while males reported higher rates of diabetes and mental health conditions.
	WSPHN region	<p>GP attendances dominated Medicare-subsidised services, though slight growth was observed in after-hours and enhanced primary care.</p> <ul style="list-style-type: none"> - GP attendances accounted for nearly nine in ten Medicare-subsidised services used in the region, despite a slight decrease. Enhanced primary care and after-hours care services saw a modest increase in usage.
	WSPHN region	<p>Preventable hospitalisations declined across most conditions, led by dental conditions.</p> <ul style="list-style-type: none"> - Preventable hospitalisations for asthma, cardiac failure, COPD, and dental conditions all decreased, while vaccine preventable pneumonia and influenza surged from 9.3 to 88.9 per 100,000 potentially linked to the lifting of the COVID-19 restrictions. Emergency department presentations for urgent and semi-urgent cases (84.9 and 83.6 per 1,000 people) were below national rates, with non-urgent presentations also lower than the national rate at 14.8 per 1,000 people.

Priority area	Regional focus	Key findings
Aged Care	WSPHN region	<p>More people use home care and home support services compared to residential aged care.</p> <ul style="list-style-type: none"> - For every 1000 people aged over 65 years, 91.2 used home care and 157.8 used home support services, compared to just 37 who used permanent residential aged care services. The primary home support services used by residents were allied health services, transport and domestic assistance.
	WSPHN region	<p>Female aged care admissions surpass males in the 90+ age group, while other care types exhibit gender differences across age brackets.</p> <ul style="list-style-type: none"> - Among individuals aged 90 years and over, females accounted for a higher proportion of admissions into permanent (31.1%) and respite residential care (29.9%) compared to males (25.8% and 22.1% respectively), while earlier age groups showed higher male representation in both permanent and respite care.
	WSPHN region	<p>Aged care services show higher reliance on private providers and a decline in residential care places, and lower occupancy rates than other PHNs.</p> <ul style="list-style-type: none"> - The region accounts for 9.9% of NSW's aged care services, with 43% of aged care places operated by private providers (higher than the NSW's average of 34.1%). Residential aged care places per 1,000 people aged 70+ decreased from 78 in 2020 to 70 in 2023.

10 Appendix: Summary of key findings

10.1 Profile

- There are over 1 million people residing in the region with 16.1% growth expected by 2028, particularly in the Parramatta (16.6%) and Hills Shire (21.8%) LGAs.
- Seven in ten First Nations people in the region reside in Blacktown LGA (71.1%).
- Parents and homebuilders (aged 35 to 49 years) are the largest population group in the region, NSW and Australia. However, the proportion of parents and homebuilders is slightly higher in the region (23.0%) than NSW (20.1%) and Australia (20.2%)
- Three in four Cumberland LGA residents speak a language other than English at home compared to six in ten across the region (65.2% vs 51.5%). Additionally, Cumberland has the highest proportion of residents who speak little to no English (14%) and the lowest rates of Australian and English ancestry (10.6% and 9.2%).
- Residents in the region are highly religious with a smaller proportion identifying as secular (21.8%) compared to NSW (33.0%) and Australia (38.7%).

10.2 Social Determinants of Health

- Cumberland LGA had the lowest SEIFA score (SEIFA Index - 904), median weekly income (\$1,678) and proportion of residents with advanced degrees (26.7%) across the region.
- Cumberland LGA had the highest unemployment rate (8.3%), disengagement among prime working age residents (16.3% aged 25 to 54 years), and homelessness (94.3 per 10,000 people) across the region.
- Couple with children households accounted for just over half of households in the region (54.6%) compared to just over 40% in NSW and Australia.
- Developmental vulnerability among children was slightly higher in the region than NSW on one or more domains (20.6% and 19.9%) and two or more domains (9.9% and 9.6%).
- Blacktown LGA had the highest rates of domestic violence assault incidents and domestic AVOs issued in the region per 100,000 people (528.4 and 707.1), much higher than NSW rates (447.1 and 552.7).

10.3 Behavioural, Biomedical and Environmental Risk Factors

- Slight increase in the proportion of people who smoke (10.6% to 12.8%) in the region compared to a slight decline in NSW (12.0% to 11.7%). Meanwhile, vaping increased similarly in the region (3.3% to 4.9%) and in NSW (3.2% and 4.3%).
- The region has consistently higher rates of physical inactivity (46.1% in 2020; 41.7% in 2023) compared to NSW (38.3% and 35.5%) and lower rates of people consuming the recommended daily intake of fruit and vegetables (31.7% and 2.0%) than NSW (37.8% and 5.3%).
- Close to half the total population (47.4%) in the region are predicted to be overweight or obese.
- Greatest bushfire risk is in the Hills Shire (11.3%), while riverine flooding risk was highest in Parramatta LGA (2.0%).
- The bulk-billing rate in the region was the second highest across NSW at 93.6%.

10.4 Mental Health

- Small overall rise in high to very high psychological distress in the region (17.5% in 2021; 18.0% in 2023), with this increase being slightly more pronounced among women (18.6% and 20.5%) than men (14.5% and 15.4%).
- Prevalence of mental health disorders was highest among younger adults aged 16 to 34 years (8.8%) and lowest among residents aged 65 years and over (0.8%) in the region.
- Women had a higher prevalence of mental health disorders (19.1%) than men (14.0%).
- Rate of deaths by suicide have fluctuated in the region over the past five years from 8.2 per 100,000 people in 2018 to 6.2 in 2020 and then rising to 8.1 in 2022 but have consistently remained lower than the NSW average over the same period (ranging from 10.5 to 11.6 per 100,000).
- More women (146.9 per 1,000 people) and younger groups (193.2 per 1,000 people aged 16 to 24 years) had at least one consultation with a mental health service than men (79.5 per 1,000) and older people (48.9 per 1,000 people aged 65 to 74 years).

10.5 Aboriginal and Torres Strait Islander Health

- Three quarters of First Nations residents receiving financial support for disability and experiencing a chronic condition resided in Blacktown LGA (74.5%). Asthma, arthritis, diabetes and a mental health condition were the most reported chronic conditions among these.
- The full immunisation rate fell for First Nations children from 91.3% to 88.1% between 2020 and 2022. Meanwhile, rates among children in the wider community remained stable at 91.4% and 90.85 between 2020 and 2022.
- The potential need for aged care was lower among First Nations residents aged 50 years and over (166.8 per 1,000 people) than residents in the wider community (189.9 per 1,000 people).

10.6 Population Health

- Arthritis, asthma, diabetes and mental health conditions were most prevalent in the region with rates ranging from 495.6 to 553.6 per 10,000 people. Meanwhile, Blacktown LGA had the highest prevalence rates on seven of ten chronic conditions.
- Hospitalisations for chronic conditions generally declined across the region. However, males had higher rates than women in CKD (6,730.5 vs. 3,730.5 per 100,000) and CVD (1,754.5 vs. 1041.4 per 100,000) hospitalisations.
- The rate of profound or severe disability was highest in the Cumberland (528.2 per 10,000 people) and Parramatta (477.1 per 10,000 people) LGAs, while mental health conditions was the most prevalent chronic condition among people living with a disability across the region (31.2%).
- Alcohol related hospitalisations has remained consistently lower across the region (629.7 in 2020-21 and 527.5 in 2022-23 per 100,000 people than in NSW (908.4 and 780.3 per 100,000 people).
- Most residents visited a GP in 2021-22 (90.9%) and 2022-23 (87%). However, slight increases were also observed with attendances during after-hours attendances (25.8% to 27.8%), for GP enhanced primary care (23.2% to 24.9%) and allied health services (5.1% to 5.5%).

- Declining rate of potentially preventable hospitalisations particularly with dental conditions (233.4 in 2020-21 to 199.1 in 2021-22) which is the leading cause of preventable hospitalisations across the region.

10.7 Aged Care

- Higher rate of reliance on home care (91.2 per 1,000 people) and home support (157.8 per 1,000 people) than residential care (37.0 per 1,000) across the region. Home support services were primarily used for Allied Health (17.9%) transport (15.6%) and domestic assistance (14.5%) to support health, mobility and daily living.
- Women aged 90 years and over had higher rates of admission than men into permanent residential (31.1% and 25.8%) and respite (29.9% and 22.1%) care. Meanwhile men aged 85 years and over had higher rates of admissions than women into transition care (34.4% and 30.2%).
- Close to six in ten residents in permanent residential aged care had a confirmed dementia diagnosis (59.4%).
- One in ten NSW aged care services operate in the region (9.9%). However, a notable proportion are operated privately (43%) and have experienced a decline in the number of places (78 in 2020 to 70 in 2023 per 1,000 people).
- The average occupancy rate in the region was 81.9%, the lowest among NSW PHNs.

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