phn
CENTRAL AND
EASTERN SYDNEY

An Australian Government Initiative

CHRONIC CONDITIONS

2025-2027 Needs Assessment

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Overview

The prevalence, incidence, and risk factors of chronic disease serve as key indicators of the overall health and wellbeing of the CESPHN community. Where and how the care of those with a chronic disease are supported identifies opportunities for service improvement. This chapter describes how primary care working with other health partners can support those at risk of and living with chronic disease. A combination of disrupted healthcare services, increasing fee for service, worsening population health, inequities, and systemic strain has amplified the challenges of managing chronic disease in the post-COVID era. There is a need to re-engage and empower the community to participate in preventive care and lifestyle modification and chronic disease management programs.

Chronic diseases are a leading cause of disability and are often progressive and life-limiting. Chronic diseases and their consequent conditions are neither entirely preventable nor inevitable. Ageing carries risks of deteriorating health, however, irrespective of age, the burden of chronic disease is not evenly distributed across members of the community. Greater socio-economic disadvantage correlates with increased risk of chronic disease.

This inequitable distribution suggests both social determinants of chronic disease and adverse impacts of chronic disease on social and economic functioning. Within the CESPHN region, there is significant variability in the management of chronic diseases and prevalence with differences in both socioeconomic status and age across the region likely accounting for some of this variability

The primary prevention of chronic disease requires identifying and treating known risk factors as well as the prevention of the risk factors themselves. Chronic diseases such as cardiovascular and cerebrovascular disease, dementia, diabetes and cancer have shared behavioural and lifestyle risk factors (which include, smoking, physical inactivity and high dietary intake of fats, sugar and salt). These behavioural risk factors lead to the development of proximal risks, such as obesity, hyperlipoidemia, diabetes and hypertension, which in turn can be prevented and/or treated using non-pharmaceutical and/or pharmaceutical interventions. Variability in these behaviours across the region are notable.

Key issues

- High burden of chronic disease in the region
- Higher age-standardised rates of melanoma in Sutherland, Woollahra and Waverley LGAs when compared with NSW
- High prevalence of behavioural risk factors for chronic disease highlighting the need for risk reduction strategies
- Low uptake of cancer screening.

Key gaps

- Early detection and prevention of Type II diabetes
- Strategies to address increased rates of liver cancer.
- Effective monitoring of cerebrovascular risk factors such as hypertension
- Variability in prevention, delayed screening behaviours and need to work specifically with multicultural and Aboriginal populations to increase uptake
- Scaled up local lifestyle programs that are effective in reducing risk factors for chronic disease
- Engagement with priority population groups that have low health literacy regards chronic disease
- Ensuring that general practice and other primary care providers have a stronger focus on preventive factors and early intervention rather than on treating and responding to chronic disease.

Lifestyle modification

Modifiable behavioural risk factors are shared by a broad spectrum of chronic diseases including, but not limited to conditions such as cancer, circulatory diseases, lung diseases and diabetes (1).Tobacco smoking, alcohol intake in excess of recommended levels, physical activity, high body mass and diet have been estimated to account for 36.9% of the burden of disease in people who identify as Aboriginal and 31.5% of other residents within Australia (1).

The prevalence of some modifiable risk factors, such as current smoking tracks lower in the CESPHN region compared with NSW as a whole (Table 1) (8.2% versus 11.7%), however, prevalence is high for drinking more than the recommended number of standard drinks (34.1%), being overweight (32.4%) and obese (16.0%), and insufficient physical activity (26.1%) (2). Recommended daily intake of fruit is achieved by only 42.6% of residents, while intake of recommended serves of vegetables is low (5.7%) (2). Vaping is an emerging issue that has the potential to significantly impact the health of our communities with some population groups particularly at risk.

Table 1: Prevalence of modifiable risk factors in CESPHN region NSW 2023

Modifiable Behavioural Risk Factors	CESPHN	NSW
Current Smoking in Adults	8.2%	11.7%
Daily Smoking in Adults	5.0%	8.2%
Drinking more than 2 standard drinks on a day when drinking (long-term risk of harm)	34.1%	33.5%
Eating recommended serves of fruit daily	42.6%	37.8%
Eating recommended serves of vegetables daily	5.7%	5.3%
Overweight	32.4%	34.9%
Obese	16.0%	24.6%
Insufficient physical activity in adults	26.1%	35.5%

Source: NSW Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence. NSW Ministry of Health

Overall, the CESPHN population practices healthier behaviours compared to the rest of the state. However, variation is seen across the SA3 areas (3).noting that the data available at a small area level is much older. The highest and lowest percentages (respectively) for the following behaviours were:

- Adequate fruit intake – Eastern Suburbs – North (59.1%) and Marrickville – Sydenham – Petersham (48.8%).
- Current smokers – Canterbury (15.3%) and Leichhardt (8.7%).
- Low, very low or no exercise in past week – Canterbury (74.3%) and Eastern Suburbs – North (49.7%).
- More than two standard alcoholic drinks per day **–** Eastern Suburbs – North (20.3%) and Canterbury (7.8%).(5)

Table 2: Health behaviour rates of people aged 18 years and over by SA3 (ASR per 100), 2017-18

SA3	Adequate fruit intake	Current smokers	Low, very low or no exercise	More than two alcoholic drinks per day
Botany	52.0	14.5	68.9	11.4
Canada Bay	54.6	10.0	60.6	14.2
Canterbury	56.8	15.3	74.3	7.8
Cronulla - Miranda – Caringbah	54.8	11.7	59.0	19.5
Eastern Suburbs – North	59.1	9.0	49.7	20.3
Eastern Suburbs – South	55.8	12.1	60.7	14.9
Hurstville	52.5	12.4	65.6	12.1
Kogarah – Rockdale	54.0	13.7	68.4	10.3
Leichhardt	50.5	8.7	55.6	18.5
Marrickville - Sydenham - Petersham	48.8	14.2	61.3	14.7
Strathfield - Burwood - Ashfield	53.7	13.1	65.0	10.2
Sutherland - Menai - Heathcote	53.2	9.3	61.5	19.0
Sydney Inner City	50.3	13.5	58.1	15.3
CESPHN	53.7	12.3	62.0	14.3
NSW	52.5	14.4	65.3	15.5
Australia	51.3	15.1	66.1	16.1

Source: PHIDU 2021

In 2023 (4), the proportion of overweight and obese adults was higher in:

- Men compared with women (65% and 54%, respectively)
- 55-65 year age group (51%)
- Disadvantaged areas (69%)
- Australians or people from English -speaking countries had a slighter higher proportion than the CALD communities (63%, 59%, 48%, respectively).

Over the last ten years, the percentage of Aboriginal people living with overweight or obesity also increased from 57% in 2014 to 72% in 2023.

Prevalence of select chronic diseases

The modelled prevalence estimates for other chronic conditions 2017-18 showed that rates for the CESPHN region were below both state and national rates for all conditions, except for osteoporosis (3). These estimates despite being 2017-2018 are likely to be stable given the absence of population health interventions during this period that would have affected their prevalence.

Table 3 highlights the prevalence of chronic conditions in CESPHN as well as disparities by geography.

Table 3: Rate of people aged 18 years and over with selected chronic diseases, ASR per 100, by SA3, 2017-18

SA3	Arthritis	Asthma	COPD	Circulatory disease	Osteoporosis
Botany	12.8	7.5	2.1	5.1	3.5
Canada Bay	12.4	7.2	1.6	4.5	4.8
Canterbury	14.5	7.8	2.0	5.0	5.4
Cronulla - Miranda – Caringbah	14.2	11.3	2.0	4.4	4.0
Eastern Suburbs – North	12.2	8.0	1.8	3.6	4.1
Eastern Suburbs – South	12.2	9.8	2.2	4.3	4.3
Hurstville	12.1	7.0	1.8	4.4	5.7
Kogarah - Rockdale	12.1	6.6	1.9	4.7	4.7
Leichhardt	11.3	8.6	2.3	4.4	4.4
Marrickville - Sydenham - Petersham	11.4	9.6	2.2	4.5	4.5
Strathfield - Burwood – Ashfield	11.7	7.3	2.0	4.5	5.1
Sutherland - Menai – Heathcote	14.4	10.8	2.1	4.8	4.0
Sydney Inner City	10.8	7.2	2.4	4.0	4.2
CESPHN	12.5	8.2	2.0	4.4	4.6
NSW	15.5	10.6	2.2	4.9	4.2
Australia	15.0	11.2	2.5	4.8	3.8

Source: PHIDU 2021

Heart, stroke and vascular diseases

Heart, stroke and vascular diseases are conditions which cause chronic disability and poor-health and are themselves caused by the development of biomedical risk factors and lifestyle factors. The most recent modelled incidence is from AIHW (for 2017 and 2018). At that time, an estimated 60,602 residents of CEPSHN were living with health, stroke or vascular disease, representing 4.7% of all adult residents.

Almost one-in-ten (9.7%) residents aged 55-74 were living with these conditions. One-in-four (25.3%) residents aged more than 75 years of age were affected by heart, stroke and vascular diseases, similar to Australia-wide estimated prevalence (25.7%). Heart, stroke and vascular disease was higher in males than females, particularly in the over 75-year age group (31.7% versus 20.1%) (5).

Diabetes

In 2024, there were 99,777 registrants in the National Diabetes Services Scheme (NDSS) living with any type of diabetes in the CESPHN region, 4.25% of the population. The majority of registrants have Type 2 diabetes (N=84,817; 85.0%), followed by Type 1 (N=11,006; 11.0%), gestational (N=2,858 2.9%), and other types (N=1,096; 1.1%) ((6). People identifying as Aboriginal are three times more likely to develop diabetes than someone with a non-Aboriginal background (7). In 2020, the crude incidence of insulin-treated diabetes within the CESPHN region was 6.4 per 100,000 and the age-adjusted incidence is 6.8, which was lower than the age-adjusted incidence for New South Wales (8).

Diabetes is still largely undiagnosed in the community and early detection and prevention strategies are required to reduce the impact and likelihood of diabetic-related complications. The detection of pre-diabetes is recommended in national guidelines via use of validated risk assessment scores, routine assessment of HbA1c blood levels with more frequent annual screening recommended for people identified as meeting the pre-diabetes threshold (9).

Adverse outcomes due to diabetes are shown in the table below, specifically, diabetes related hospitalisations, amputations and causes of death. Variability in these rates by LHD are evident for amputations and cause of death (higher in Sydney LHD) (10).

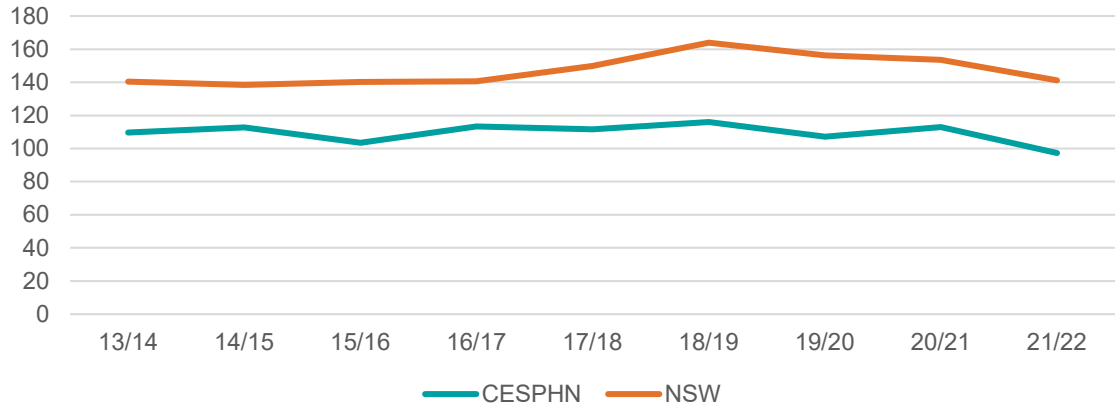
Table 4: Rate of adverse outcomes attributed to diabetes (per 100,000 population), CESPHN by LHD

Adverse outcome	Sydney LHD	South Eastern Sydney LHD	Total CESPHN
Diabetes related hospitalisations (21/22)			
Type 1 Diabetes	21.3	24.1	23.1
Type 2 Diabetes	67.4	66.6	67.1
Other	9.8	4.8	7.1
Total	98.5	95.5	97.3
Amputations due to Diabetes (20/21-21/22)			
Toe/Foot/ankle	12.4	9.2	10.5
Below knee	1.9	0.9	1.3
Above knee	0.6	0.4	0.5
Total	14.9	10.6	12.3
Underlying or associated cause of death (2021)	56.0	48.5	51.2

Source: HealthStats, NSW (2024)

The rate of diabetes-related hospitalisations has fallen consistently since 2018 to 2022, from 116 per 100,000 to 97.3 per 100,000. This an indicator of improved management and prevention within the primary care system (10).

Figure 1: Rate of total diabetes hospitalisations per 100,000, CESPHN and NSW, 2013-2022



Source: HealthStats, NSW Health

In the CESPHN region, there were 428 diabetes-related deaths in 2019, which increased to 519 in 2021, which could relate to inadequate management because of the COVID waves (10).

Diabetic-related amputations had increased during the COVID pandemic to a rate of 11.3 per 100,000 before decreasing to 10.5 per 100,000 in 2022. The rate of below the knee and above the knee amputations has remained relatively unchanged since 2012 (10). The annual diabetes cycle of care is for patients with established diabetes and includes diabetes management and general health checks. In 2021-22, 3,169 patients in the CESPHN region received an annual diabetes cycle of care (0.20 per 100 people compared to 0.45 per 100 people nationally). Hurstville SA3 had the highest rate of people receiving this MBS item (0.34 per 100 people) (11).

Chronic kidney disease

Hospitalisations per 100,000 population for chronic kidney diseases in 2021/2022 were higher in residents within the Sydney Local Health District, compared with the NSW average (N=6216.3, 95% CI=6157.7-6275.4 versus 5878.4, 95% CI=5863.1 to 5893.7), and are lower in the South Eastern Sydney LHD (N=5058, 95% CI=5015.3 to 5101.4) (12).

Deaths for chronic kidney diseases shows variation across the CESPHN region, according to Local Government Area. Relatively higher crude rates are seen in residents of the Canterbury-Bankstown LGA (partially within CESPHN), and Randwick, Botany and Rockdale (10).

Table 5: Chronic kidney disease deaths, by Local Government Areas and Total CESPHN, 2018 to 2020

Local Government Area (LGA)	Rate per 100,000
Botany LGA	50.8
Burwood LGA	44.8
Canada Bay LGA	39.0
Canterbury-Bankstown LGA*	56.4
Georges River LGA	43.4
Inner West LGA	45.4
Randwick LGA	50.4
Rockdale LGA	50.0
Strathfield LGA	44.1
Sutherland Shire LGA	40.6
Sydney LGA	37.5
Waverley LGA	35.0
Woollahra LGA	30.5
CESPHN Total	43.8

Source: HealthStats, NSW Health
**Bankstown is not within the CESPHN region*

Data from NSW Health were not disaggregated according to Aboriginality. NSW Health reports higher death rates for chronic kidney diseases for Aboriginal people (113.9 per 100,000). Since the reporting period of 2013-2015, mortality has decreased within CESPHN from 50.2 per 100,000 to 43.8 per 100,000 between 2018-2020.

Cancer

During 2021, 8,294 CESPHN residents were newly diagnosed with cancer and 2,384 had died from the disease. Cancer mortality was highest in the Inner West LGA, which is partly within the CESPHN region, mainly attributable to a higher risk of lung cancer mortality (4; 4; 13; 4). Within the region, residents of Woollahra, Sutherland Shire and Randwick LGAs had an elevated risk of being diagnosed with cancer.

In the Sutherland Shire and Woollahra LGA's, this is attributable in part to an increased risk of melanoma of the skin which is 60% and 16%, respectively, above the expected age-standardised rate (4). Detailed breakdown of incidence and mortality by region are available from the Cancer Institute, NSW.

In females, the most frequently diagnosed cancers in the CESPHN region are breast (N=5,374), followed by melanoma of the skin (N=1,627), lung (N=1,424), colon (N=1,398), thyroid (N=1,176) and uterine cancers (N=845). Deaths from lung cancer (N=834), breast cancer (N=828), pancreatic cancer (N=452), colon cancer (N=388), ovarian cancer (N=269), and cancer with unknown primary (N=251) were the most prevalent causes of mortality.

Amongst males within the CESPHN region, cancers of the prostate (N=6,336), melanoma of the skin (N=2259), lung (N=1,849), colon (N=1,430), non-Hodgkin's lymphoma (N=1,077) and rectal cancer (N=984) were the most frequently diagnosed. Prevalent cancer causes of death in males were lung (N=1,299), prostate (N=755), pancreatic (N=440), colon (N=420), liver (N=359) and rectal (N=329) (4).

Table 6: Number of incident cancers and age-standardised rates (ASR) of incidence by Local Government Areas within CESPHN, 2021

Local Government Area (LGA)	Cases	ASR per 100,000	ASR lower 95% CI	ASR High 95% CI
Botany LGA	257	462.2	407.0	522.8
Burwood LGA	202	458.5	395.5	528.5
Canada Bay LGA	495	449.5	410.2	491.4
Canterbury-Bankstown LGA*	800	462.1	430.2	495.7
Georges River LGA	853	454.1	423.4	486.3
Inner West LGA	945	472.4	442.6	503.8
Randwick LGA	814	528.9	492.8	567.0
Rockdale LGA	610	452.1	416.2	490.2
Strathfield LGA	178	403.7	345.2	469.1
Sutherland Shire LGA	1,547	514.9	488.9	541.9
Sydney LGA	834	466.3	434.3	499.9
Waverley LGA	344	487.5	436.8	542.6
Woollahra LGA	415	553.9	499.8	612.1
CESPHN Total	8,294	478.7	468.4	489.3

Source: Cancer Institute, NSW

Note: LGA boundaries do not perfectly align with CESPHN boundaries- Canterbury-Bankstown partially overlaps with CESPHN boundary.

The age-standardised cancer mortality rates were highest in Inner West LGA (ASR=139.4), Canterbury-Bankstown LGA (ASR=145.6) and Sydney LGA (ASR=136.4). (4).

Table 7: Number of cancer deaths and age-standardised rates (ASR) of mortality by Local Government Areas within CESPHN, 2021

Local Government Area (LGA)	Cases	ASR per 100,000	ASR lower 95% CI	ASR High 95% CI
Botany LGA	75	134.2	105.5	168.3
Burwood LGA	58	115.3	86.2	150.7
Canada Bay LGA	155	128.2	108.5	150.4
Canterbury-Bankstown LGA*	258	136.4	120.0	154.4
Georges River LGA	260	123.2	108.2	139.6
Inner West LGA	286	139.4	123.5	156.6
Randwick LGA	224	133.9	116.6	153.0
Rockdale LGA	204	133.4	115.3	153.5
Strathfield LGA	46	103.1	75.0	138.1
Sutherland Shire LGA	427	125.7	113.8	138.6
Sydney LGA	212	129.7	112.6	148.7
Waverley LGA	95	130.4	105.2	159.9
Woollahra LGA	83	91.7	72.6	114.3
CESPHN Total	2,384	128.1	122.9	133.4

Source: Cancer Institute, NSW

Note: LGA boundaries do not perfectly align with CESPHN boundaries – Canterbury-Bankstown partially overlaps with CESPHN boundary.

Cancer prevention and control

Approximately 42% of cancers, including skin cancers, are attributable to modifiable behavioural, environmental and biochemical risk factors (14). Of note, smoking and obesity are implicated in thirteen different cancers, diabetes increases the risk of seven cancers and alcohol intake is causally linked to five cancers (14). Reducing the prevalence of modifiable risk factors in the community provides an opportunity for large gains in terms of cancer prevention.

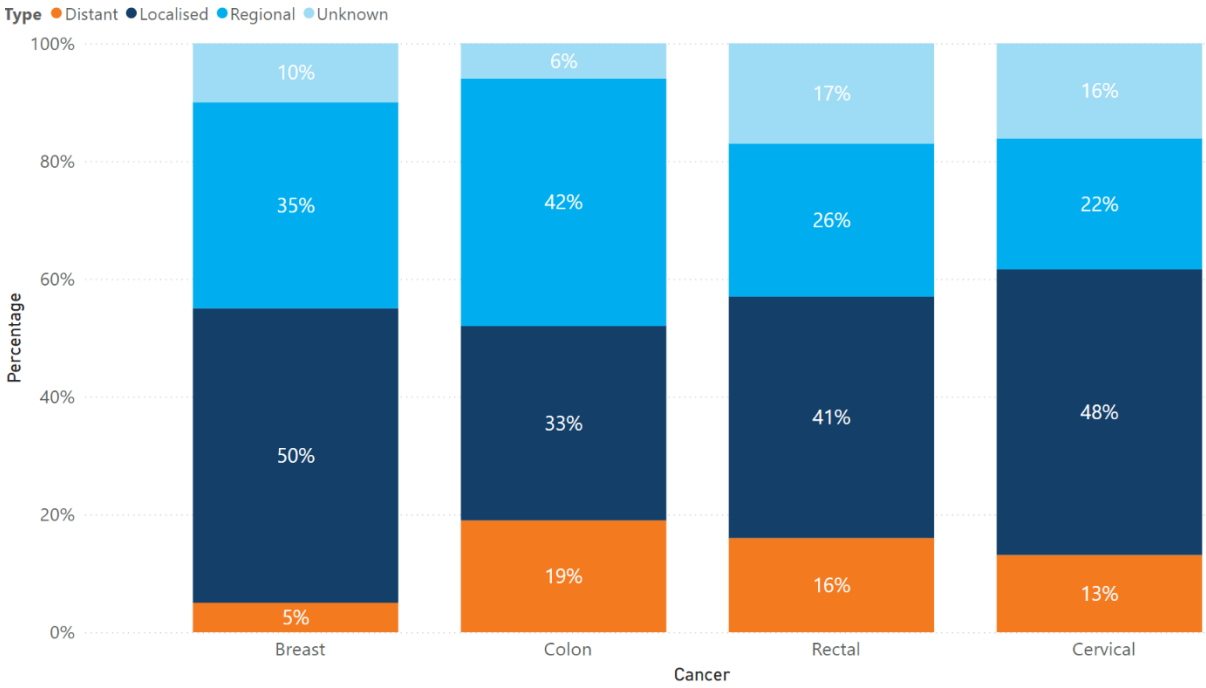
Evidence-based screening and early detection of cancer provide more immediate gains in cancer control, specifically, in reducing the risk of cancer-related mortality. There are four national Cancer Screening programs: breast, cervical and for colon and rectal cancers ("bowel" cancer screening). Each program aims to detect cancers early to reduce treatment-related morbidity and maximise the likelihood of survival. Therefore, the proportion of cancers diagnosed as localised provides a measure of the extent to which cancer screening has met its aims. However, one limitation of this measure is that cancer statistics available at PHN level are not limited to the screening target age-group and encompass all ages.

Cervical cancer screening also aims to identify pre-cancerous lesions and together with universal vaccination in adolescence against Human Papilloma Viruses (implicated in causing almost all cervical cancers) has the potential to eliminate cervical cancer incidence. Colorectal cancer screening

will also detect pre-cancerous polyps. Therefore, a decline in incidence can be expected with screening, although this may be offset by higher detection rates.

Currently, within the CESPHN region, around 49.8% of breast cancers are diagnosed at the localised stage, slightly below the NSW average of 52.0%. Almost half of cervical cancers are detected at the localised stage (48.1%), similar to the NSW average (48.3%). One-third and 40% of colon and rectal cancers, respectively, are diagnosed as localised on par with NSW averages (33.8% and 41.7%), respectively (4).

Figure 2:Spread of disease at diagnosis for cancers with a national funded screening program, CESPHN region, 2017-2021



Source: Cancer Institute, NSW

Vaccination against HPV is a central component of cervical cancer prevention. The NSW School Vaccination Program offers free vaccination for adolescents as part of the National Immunisation Program (NIP). In 2021, the HPV immunised rates (first dose) for females and males in the CESPHN region were higher than the NSW rates (6).

Table 8: Percentage of first dose adolescent vaccination coverage rates by school year, 2021

LHD	HPV Female (Year 7) (%)	HPV Male (Year 7) (%)
SLHD	87	83
SESLHD	85	86
NSW	83	80

Source: HealthStats NSW 2023

Nationally funded screening programs for breast, cervical cancer and colorectal cancers are all under-utilised within CESPHN amongst eligible participants, compared with national and state averages. Variability in the region raises concerns about equitable access to services. The most recently available data spans the COVID-19 pandemic era (2020-2021). During that time period, only four SA3 regions within CESPHN had bowel cancer screening participation rates above the state average (Sutherland-Menai-Heathcote, Cronulla-Miranda-Caringbah). The lowest uptake was seen in Canterbury (32.8%), followed by the Eastern Suburbs North (33.7%), Sydney Inner City (33.6%), Botany (34.9%) and Kogarah-Rockdale (35.4%) (15).

Table 9: Percentage of breast screening participation by and SA3, 2019-2020

SA3	Breast (%)
Botany	n.p
Canada Bay	45.6
Canterbury	41.4
Cronulla – Miranda – Caringbah	50.0
Eastern Suburbs – North	40.7
Eastern Suburbs – South	50.4
Hurstville	45.8
Kogarah – Rockdale	45.3
Leichhardt	51.0
Marrickville – Sydenham – Petersham	46.1
Strathfield – Burwood – Ashfield	42.5
Sutherland – Menai – Heathcote	52.2
Sydney Inner City	40.0
CESPHN	45.5
NSW	46.8
National	49.6

Source: AIHW, 2023

Five SA3 areas exceeded the national average of uptake of breast screening (49.6%)- Cronulla-Miranda-Caringbah, Eastern Suburbs South, Leichhardt and Sutherland-Miranda-Heathcote.

However, around half of eligible women are not taking up the offer of a BreastScreen funded mammogram in these areas. Uptake below 45% was seen in Canterbury (41.4%), Eastern Suburbs North (40.7%), Strathfield-Burwood-Ashfield (42.2%), and Inner Sydney (40.0%) SA3 regions. Several of these areas are home to culturally and linguistically diverse communities ((15).

The Cancer Institute, NSW, reports that only 34% and 34.5% of eligible women identifying as culturally and linguistically diverse residing in the Sydney Local Health District and South-Eastern Sydney Local Health District, respectively, participated in breast cancer screening between July 2021 and June 2023 (16). Two issues need to be highlighted. First, these proportions are substantially below those seen prior to the COVID-19 pandemic era- more than 40% had participated between July 2016 and June 2018. Second, these proportions rank 8th (South Eastern Sydney) and 9th (Sydney) amongst all fifteen NSW Local Health Districts raising concerns about unwarranted variation in screening amongst Culturally and Linguistically Diverse women across Primary Health Networks in NSW (16).

The reason for the low uptake in the Eastern Suburbs, North SA3 is unclear. Between 2017-2021, the age-standardised incidence in females is 28% higher than the NSW average within the Woollahra LGA, although mortality is not significantly elevated. As the region is home to a high concentration of residents identifying as Jewish (13% according to the latest National Census figures) (17), a higher proportion of people in this region compared with elsewhere may be accessing screening via a high-risk pathway given the elevated risk of hereditary breast cancer in both men and women with Jewish ancestry (18). However, data on private access to high-risk screening mammography is not available to confirm this suggested reason. It therefore is unclear if the low uptake of publicly funded breast cancer screening in this region reflects an unmet need in breast cancer prevention.

The regions also differ in terms of the population's baseline risk of breast cancer, health-seeking behaviours and the prevalence of priority groups such as recent migrant communities who continue to face barriers to access.

Participation in bowel cancer screening in CESPHN of 37.2% is slightly below the NSW rate (39.5%) and national rate of 40.9%. Uptake is lowest in the Canterbury SA3 (32.8%), followed by Botany (34.9%), Sydney Inner City (33.6%), and Eastern Suburbs North (33.7%). Four SA3s had screening rates above the NSW average of 39.5% (Canada Bay, Cronulla-Miranda-Caringbah, Leichhardt, and Sutherland-Menai-Heathcote. Participation rates in all SA3s were below 45%.

Table 10: Percentage of bowel screening participation by SA3, 2020-2021

SA3	Bowel (%)
Botany	34.9
Canada Bay	40.1
Canterbury	32.8
Cronulla – Miranda – Caringbah	42.8
Eastern Suburbs – North	33.7
Eastern Suburbs – South	36.9
Hurstville	38.6
Kogarah – Rockdale	35.4
Leichhardt	41.8
Marrickville – Sydenham – Petersham	37.5
Strathfield – Burwood – Ashfield	36.9
Sutherland – Menai – Heathcote	44.3
Sydney Inner City	33.6
CESPHN	37.2
NSW	39.5
National	40.9

Source: AIHW, 2023

Uptake of cervical cancer screening is higher than that for bowel and breast cancer screening. However, there is also wide variation in uptake across the CESPHN region. Uptake exceeds the state average of 67.2% in three SA3 regions: Leichhardt (77.2%), Eastern Suburbs North (77.3%) and Eastern Suburbs South (70.0%). Uptake in Botany and Canterbury is less than 60% (59.7% and 57.2%, respectively) (15).

Table 11: Percentage of cervical screening participation by SA3, 2018-2021

SA3	Cervical (%)
Botany	59.7
Canada Bay	66.5
Canterbury	57.2
Cronulla – Miranda – Caringbah	66.1
Eastern Suburbs – North	77.3
Eastern Suburbs – South	70.0
Hurstville	60.6
Kogarah – Rockdale	57.2
Leichhardt	77.2
Marrickville – Sydenham – Petersham	66.9
Strathfield – Burwood – Ashfield	61.3
Sutherland – Menai – Heathcote	67.0
Sydney Inner City	62.0
CESPHN	64.5
NSW	67.2
National	68.3

Source: AIHW, 2023

Cancer care and Aboriginal People in South Eastern Sydney Local Health District and Sydney Local Health District

Between 2018 and 2020, 5,556 people identifying as Aboriginal in NSW were diagnosed with cancer and 1,941 died from it (19). Five-year all-cause survival in Aboriginal people diagnosed with cancer was estimated to be 56% for the years 2013-2019. In NSW, the most commonly diagnosed cancers between 2016-2020 were cancer of the lung (16% of the population identifying as Aboriginal), breast (12%), prostate (10%), bowel (9.8%) and melanoma (6%).

The Cancer Institute NSW reported that amongst Aboriginal people with cancer in NSW, 60% reported fatigue, 50% reported worry and 41% reported nervousness. Just one-third (30%) reported receiving support or the offer of support, from an Aboriginal Health Worker.

Significant gaps in health assessment and prevention indicators for Aboriginal people in the region have been identified. These related to participation in an Aboriginal specific health assessment (MBS 715), breast cancer screening, and receipt of a Chronic Care Management plan. Rates in the South Eastern Sydney part of the region are typically lower.

Table 12: Health assessment and prevention indicators for Aboriginal residents

Outcomes	Sydney LHD	South-East Sydney LHD	NSW
Participation in Aboriginal specific health assessment	15%	10%	26%
Received follow-up services within 12 months of an Aboriginal specific health assessment	37%	29%	39%
5 or more standard GP consultations in the year before cancer diagnosis if did not participate in an Aboriginal specific health assessment	76%	83%	72%
Participated in Breast screening	36%	36%	45%
Chronic Care Management plan in 12-months after cancer diagnosis	68%	44%	52%
5 or more standard GP consultations in the 12-months after cancer diagnosis	78%	80%	81%

Source: AIHW, 2024

The Cancer Institute NSW reports reduced participation in breast cancer screening in women identifying as Aboriginal from July 2016-June 2018 to July 2021-June 2023 in both the Sydney LHD (over 40% to 33.1%) and South Eastern Sydney LHD (~40% to 31.8%). Moreover, screening uptake between July 2021-June 2023 amongst women identifying as Aboriginal ranked 9th (Sydney LHD) and 12th (South East Sydney LHD) out of 15 LHDs (20)- reflecting variation amongst LHDs for cancer screening participation.

Participation in bowel and cervical cancer screening is lower amongst people identifying as Aboriginal in NSW: 27% and 40%, respectively (15). Further, national statistics report that fewer than half of people identifying as Aboriginal received diagnostic assessment after a positive bowel cancer screening result (43.5%), compared with 62.4% of non-Aboriginal participants (21), conferring the potential for delayed bowel cancer at an advanced stage if positive FOBT results are proven to be cancer-related.

Lung cancer screening

From July 2025 the Australian Government will fund a National Lung Cancer Screening Program for people aged 50 to 70 years of age with a history of cigarette smoking who are either currently smoking or who had quit within the last ten years. General Practitioners and Aboriginal Health Services will provide access to a fully Medicare funded biennial low-dose computed tomography scan. If applicable, providers will arrange referrals to specialist care (22). Primary health care, therefore, provides a crucial role in the implementation of the Lung Cancer screening program.

Liver cancer

Liver cancer incidence and mortality has been increasing in the CESPHN region, reflecting an increase seen across Australia. Overall, males in the CESPHN region have seen a faster increase in new liver cancer cases and in 2021 had a higher incidence rate (12.9 ASR per 100,000 males) compared to females (5.1 ASR per 100,000 females). Similarly, to all cancer data, number of cases was highest in persons aged 60-69 years and those aged 80+ (4).

The figure below indicates the growth of liver cancer from 2017 to 2020. The slight decrease in 2021 may be the result of COVID waves or a decrease in screening and testing. More data from recent years is necessary to confirm more recent trends.

Eight out of 13 LGAs in the CESPHN region have a higher liver cancer incidence rate compared to the NSW rate, with Burwood and Sydney LGAs having the highest rates (15.2 ASR per 100,000 people and 11.7 ASR per 100,000 people respectively) (4).

Table 13: Incidence of liver cancer in the CESPHN region by LHD, 2021

LHD	ASR per 100,000
South Eastern Sydney LHD	8.1
Sydney LHD	10.4
CESPHN	9.0

Source: Cancer Institute NSW 2023
Note: Lord Howe Island is not included as there is no published data available.

Key prevention/management issues are as follows:

1. Vaccination against hepatitis B is key to support prevention.
2. For those already infected with hepatitis B, regular monitoring and early detection can significantly reduce the risk of liver cancer.
3. There is no vaccine for hepatitis C, but effective treatments can cure the infection and lower the risk of liver cancer.
4. Aboriginal people in NSW are more likely to be diagnosed with liver cancer and at a younger age compared to non-Indigenous people. The higher rates of hepatitis B and C among people identifying as Aboriginal contribute to the increased risk of liver cancer. Factors such as limited access to healthcare, stigma, and socio-economic challenges exacerbate these health disparities.

Chronic Hepatitis B

Just over one percent (1.22%) of residents in the CESPHN region are living with chronic Hepatitis B (CHB). This prevalence is higher than the national average (0.78%) (23). The prevalence of CHB infection in eight of the 13 regions is elevated compared with the national average (Table 1). More can be done to improve the delivery of treatment and care for people living with CHB- 15.8% of people with CHB in CESPHN region are receiving treatment while 30.5% receive CHB care

(treatment or monitoring) (23). These rates are above the national average (12.9% and 25.5%, respectively), yet are sub-optimal when compared with the national strategic targets of 20% for treatment and 50% for care (23). Moreover, only Hurstville SA3 met the national target for treatment (24). None of the SA3 areas met the national target for care (24).

Overseas born residents account for 70% of all prevalent cases of CHB, with 23% of all people living with CHB born in North East Asia and 22.5% born in South East Asia (23). Residents born in sub-Saharan Africa (4.3%), Southern and Eastern Europe (5.9%), North Africa and the Middle East (3.4%) and in Oceania region (other than Australia) (4.6%) experience an elevated risk of CHB. Amongst people living with CHB who were born in Australia, Aboriginal and Torres Strait Islander peoples (6.7%), people who inject drugs (3.1%) and men who have sex with men (4.1%) are disproportionately affected. In the CESPHN region, people born in China, Vietnam and Greece are most commonly represented in overseas born people affected by CHB (23).

Table 14: Prevalence of CHB and percentage receiving care and treatment by SA3, CESPHN region, 2022

Statistical Area Level 3	CHB prevalence (%)	CHB treatment (%)	CHB care (%)
Botany	1.4	8.8	16.4
Canada Bay	1.3	15.3	30.1
Canterbury	1.8	18.4	36.8
Cronulla – Miranda – Caringbah	0.6	11.0	21.1
Eastern Suburbs – North	0.7	10.4	19.0
Eastern Suburbs – South	0.9	11.5	23.0
Hurstville	1.9	23.8	42.2
Kogarah – Rockdale	1.5	18.1	33.3
Leichhardt	0.6	11.2	21.6
Marrickville – Sydenham – Petersham	1.1	18.6	33.7
Strathfield – Burwood – Ashfield	1.7	17.1	34.1
Sutherland – Menai – Heathcote	0.6	11.4	22.0
Sydney Inner City	1.3	10.6	23.3

Source: National Viral Hepatitis Mapping Project, Online Portal

Chronic Hepatitis C

Despite Chronic Hepatitis C (CHC) prevalence in the CESPHN region being 16.7% higher than the national average, uptake of treatment between March 2016 and October 2023 was 19.4% lower than the national average (25) highlighting a significant unmet need in the community. Uptake of treatment in the region ranks as the third lowest in Australia.

There is significant variability in CHC prevalence within the CESPHN region- Sydney Inner City (2.4%), Leichhardt (1.2%), Marrickville-Sydenham-Petersham (1.3%) and Eastern Suburbs (South) (1.1%) have elevated prevalence rates (24). However, higher prevalence within those geographical areas does not correspond to higher rates of CHC treatment underscoring the need for targeted strategies in higher-risk regions (Table 15) (25). It is also important to acknowledge that men who

have sex with men and people in receipt of PrEP to prevent HIV infection are concentrated within CESPHN Statistical Areas with a higher Hep C prevalence- this suggests higher risk of Hep C infection due to demographic characteristics of residents. However, the higher prevalence may also be partly due to higher detection rates.

Table 15: Prevalence of CHC and percentage receiving treatment by SA3, CESPHN region, 2020

Statistical Area Level 3	CHC prevalence (%)	CHC treatment (%)
Botany	0.6	64.0
Canada Bay	0.4	45.5
Canterbury	0.8	42.0
Cronulla – Miranda – Caringbah	0.4	58.4
Eastern Suburbs – North	0.6	43.1
Eastern Suburbs – South	1.1	36.0
Hurstville	0.5	42.6
Kogarah – Rockdale	0.6	41.4
Leichhardt	1.2	42.0
Marrickville – Sydenham – Petersham	1.3	45.1
Strathfield – Burwood – Ashfield	0.7	39.5
Sutherland – Menai – Heathcote	0.3	58.6
Sydney Inner City	2.4	33.4

Source: National Viral Hepatitis Mapping Project, Online Portal

Potentially preventable hospitalisations

Potentially preventable hospitalisations (PPHs) are hospital admissions that could have been prevented by timely and adequate health care in the community. It offers a measure of unmet needs and is therefore a useful summary of gaps in chronic care prevention and management. In 2021/2022, there were 12,317 potentially preventable hospitalisations attributable to chronic diseases in the CESPHN region, corresponding to 802 per 100,000 people hospitalised for potentially preventable reasons for common chronic care conditions (26).

When compared with the overall CESPHN age-standardised rate of PPHs of 695, regions with higher age-standardised rates were Sutherland-Menai-Heathcote (871, per 100,000), Eastern Suburbs South (861 per 100,000), Canterbury (821 per 100,000), Cronulla-Miranda-Caringbah, 808 per 100,000) and Botany (738 per 100,000) (26).

Table 16: CESPHN Potentially Preventable Hospitalisations (PPH) Due to Chronic Conditions,2021-2022

Condition	ASR PPH	Crude Rate	Number PPHs	Av LOS
Asthma	76	66	1,011	2.4
Congestive cardiac failure	145	193	2,965	7.2
Diabetes complications	97	109	1,673	7.6
COPD	88	106	1,620	6.5
Bronchiectasis	14	17	254	NP
Angina	103	118	1,807	1.7
Iron deficiency anaemia	127	142	2,186	1.7
Hypertension	33	39	595	2.7
Nutritional deficiencies	2	2	30	NP
Rheumatic heart disease	10	12	177	8.3
Total CESPHN	695	802	12,317	4.8

Source: AIHW, 2024
ASR=Age Standardised Rate. ASR and Crude Rates are per 100,000 people
Av LOS=Average LOS
COPD=Chronic Obstructive Pulmonary Disease

Table 17: Total Potentially Preventable Hospitalisations (PPHs) due to Chronic Conditions by CESPHN SA3 region, 2021-2022

SA3	ASR PPHs	Crude Rate	Av LOS
Botany	738	689	5.1
Marrickville-Sydenham-Petersham	579	593	5.9
Sydney Inner City	637	483	5.8
Eastern Suburbs-North	537	664	4.4
Eastern Suburbs-South	861	1,015	4.3
Canterbury	821	931	5.1
Hurstville	631	814	5.1
Kogarah-Rockdale	714	892	4.8
Canada Bay	614	816	5.2
Leichhardt	503	547	5.8
Strathfield-Burwood-Ashfield	614	698	5.2
Cronulla-Miranda-Caringbah	808	1,166	4.0
Sutherland-Menai-Heathcote	871	1,095	3.9
Total chronic	695	802	4.8

Source: AIHW, 2024
ASR=Age Standardised Rate. ASR and Crude Rates are per 100,000 people
Av LOS=Average LOS
COPD=Chronic Obstructive Pulmonary Disease

Management of chronic diseases

During the 2022/2023 financial year, almost one in seven residents (13.9%) within the region had consulted a General Practitioner (GP) at least once for a chronic care management plan service with a total of 506,302 services rendered (27). Most of this activity involved people aged over 65 years, with 38.8% of 65- to 79-year-olds and over half (52.0%) of those aged 80 years or older consulting their primary health care practitioner for chronic care management. However, almost 20% of working-aged residents between 45 and 64 years (17.7%) and 6.8% people aged 25 to 44 years also received chronic care management services via their primary health care provider (27). Metrics measuring the delivery of chronic care management plans is an imperfect proxy for chronic disease prevalence and is likely a function of both underlying prevalence and ease of access to care. Nonetheless, these data suggest the high burden of chronic disease in the region.

Opportunities

- Improving the uptake of evidence-based cancer screening programs, specifically, breast, cervical and colorectal cancers where rates are low in the region. Work with LHDs to review availability of mobile screening units across the region.
- From July 1, 2025, a National Lung Cancer Screening Program will be launched targeting high risk smokers or ex-smokers accessed through general practice and Aboriginal Health Services.
- Promote new smoking and vaping cessation clinic at Concord Hospital.
- Continue supporting general practices to connect to the National Cancer Screening Registry and promoting share care and quality improvement activities for cancer screening and prevention.
- Encouraging and supporting men to engage in early screening activities such as prostate checks.
- Liver cancer is one of the fastest growing types of cancer in Australia and it is linked to lifestyle risk factors such as excessive intake of alcohol, obesity, diabetes, and non-alcoholic fatty liver disease. The burden of liver cancer falls disproportionately on populations which may experience disadvantage. These groups often face barriers to accessing healthcare and preventive measures.

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