

WESTERN SYDNEY
UNIVERSITY



GREEN PAPER: HEALTH

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THEME SPONSOR



Health

South Western Sydney
Local Health District

BACKGROUND

The population of Western Sydney has experienced significant growth over the last five years, and is projected to continue to grow over the coming decade. By 2036, the population is expected to reach 3 million, accounting for two thirds of the population growth in the Sydney region. Rapid population growth is accompanied by increased pressure on urban infrastructure and environments, employment opportunities, housing, access to education and key social services such as healthcare. These factors are likely to have a significant impact on the overall health and wellbeing of the population.

The distinctive characteristics of the region and its population also present unique challenges to the health and wellbeing sector. The region is culturally and linguistically diverse: it is a major point of settlement for refugees, as well as home to the largest Aboriginal community in Australia. This necessitates culturally-appropriate health-care services.

The region also has a high proportion of low income families, which has correlations to poor health and is compounded by poor access to and provision of health services. Simultaneously, the population is ageing, bringing higher rates of chronic disease, behaviours that are linked to poorer health status, and other conditions that account for much of the burden of morbidity and mortality in later life.

Rising healthcare costs, alongside structural workforce issues relating to recruiting a skilled workforce, and increasing expectations from the community for timely, safe and respectful services, make addressing these key health priorities more difficult. Fragmented care between varying levels of healthcare services, and poor leadership and management in the sector, can lead to inefficient use of resources and reduced care.

CHRONIC DISEASE

Diabetes is one of the most prevalent, costly, life-threatening, and growing diseases in Australia, accelerated by soaring obesity rates. Diabetes is unevenly distributed across the population, with those from lower socio-economic backgrounds, from ethnic minority groups, people residing in rural areas and those with mental health conditions, most affected. Greater Western Sydney (GWS) has some of the highest rates of obesity, cardiovascular disease, and diabetes in Australia. Recent data from the Australian Diabetes Council reported that of the ten diabetes hotspots in NSW, seven were located in Sydney's west, with Liverpool taking the top position.

Intersectoral approaches to stem this tide are imperative to prevent future diabetes and its associated complications, and to improve the management and wellbeing of people already living with the condition. It is clear that with so many different manifestations of diabetes and obesity, across so many people, with so much variation by age, gender and ethnicity, multiple strategies need to be developed, tested and validated: a major challenge needing innovation, deep knowledge and broad skills, flexibility and multiple perspectives.

Research at Western includes researching mechanisms behind the disease's aetiology, educating health professionals in diabetes and its management, and supporting health education in people with diabetes in self-management.

A debilitating impact on health and well-being is common to those suffering eating disorders and those living with a larger size. Impairments include psychiatric and behavioural effects such as low self-esteem and social withdrawal, and may involve medical complications, premature death and an increased risk of suicide. Comorbid obesity and eating disorder has increased at a faster rate than either obesity or eating disorders alone.

Yet despite these links, approaches to treatment have classically been quite distinct. Eating disorders have generally been regarded as psychosocial in origin and best treated by psychological therapies. In contrast, obesity has been considered a medical condition with metabolic and genetic origins. The way forward is to translate established approaches for the treatment of eating disorders into treatments for those with weight disorders.

Collaborative research in the area of obesity and eating disorders will ensure comorbidity is identified, managed positively and appropriately, and pathways to services put in place. A close working relationship with stakeholders is vital in order to translate and evaluate research findings into real world settings and optimise the likelihood of findings evolving into policy guidelines.

AGEING WELL

Australia's ageing population is increasing, and in 2014, people aged 65 years and over had more than tripled, reaching 3.4 million; this number is expected to reach 11.1 million by 2061. For Western Sydney, it is expected that there will be more people aged over 65 years than under 16 living in the region by 2021, and a further 48% increase expected in the number of people aged over 65 years. This brings significant social, health, and wellbeing challenges including increased risk of chronic disease (e.g., cardiovascular disease, cancer) together with mental and physical decline (e.g., dementia, osteoporosis, falls), all of which can result in a loss of independence and social isolation, leading to significant, and avoidable, economic burden.

While there are many aged-care services available aimed at promoting healthy ageing, there is a need for region-specific research projects aimed at improving primary healthcare models, and tailored programs that address the unique characteristics of the Western Sydney region, such as its culturally and linguistically diverse population.

CATALYSTS

How do we support primary health care providers in Western Sydney?

How do we improve access to transport for the elderly, in particular people aged 85 and over who may no longer have access to a car

What strategies are we taking to minimise the burden of disease to increase independence and functioning? Are they working?

Are we doing enough to target approaches to improving the health and wellbeing of Aboriginal and Torres Strait Islander communities?

ACROSS THE LIFESPAN

Anxiety in the perinatal period (i.e. in pregnancy or up to one year following birth) is a major mental health issue affecting many mothers in Australia. This is distressing for individual women and families, and can impact the health and development of both unborn and young infants, producing poorer cognitive functioning in children, impairments in language, and physical, psychosocial, emotional and behavioural problems. Increased morbidity can also lead to serious and/or long-term economic and social impacts.

Biological, cultural and societal circumstances, as well as economic and public discourse, all play a role in the prevalence of maternal anxiety. A transdisciplinary approach provides the opportunity to examine and understand these multifactorial perspectives, as well as build resilience and hope in individual women and their children, families and communities. Ultimately, such a perspective can transform the narrative from one that pathologises mothers, and those who support them, to one that normalises and embraces the diverse, natural concerns about parenting.

Women with social and emotional health problems in the perinatal period deserve improved mental health outcomes that are well supported by a pathway of integrated and multi-disciplinary health and community services.

CATALYSTS

Why is anxiety during the perinatal period increasing?

How can risk factors be identified, minimised or managed?

What protects mothers from perinatal anxiety?

How do we develop new approaches to identifying, preventing and treating perinatal anxiety in clinical and community settings?

How do we reduce stigma and discrimination related to disease?

RESEARCH

Health and wellbeing research at Western is committed to person-centred care, evidence-based practice and systemic change. We are committed to improved health outcomes for Western Sydney communities that can be translated nationally and internationally. Our work on key health and wellbeing challenges is underpinned by:

- ≥ robust communities of practice that can respond to health and wellbeing challenges as they emerge
- ≥ cutting edge and innovative research
- ≥ a commitment to supporting the health and wellbeing of diverse communities
- ≥ user-centred co-research and co-design to ensure meaningful uptake and impact of health initiatives
- ≥ interdisciplinary approaches to complex health challenges
- ≥ cross-sector collaborations that meaningfully involve partners and promote translation of research into practice.