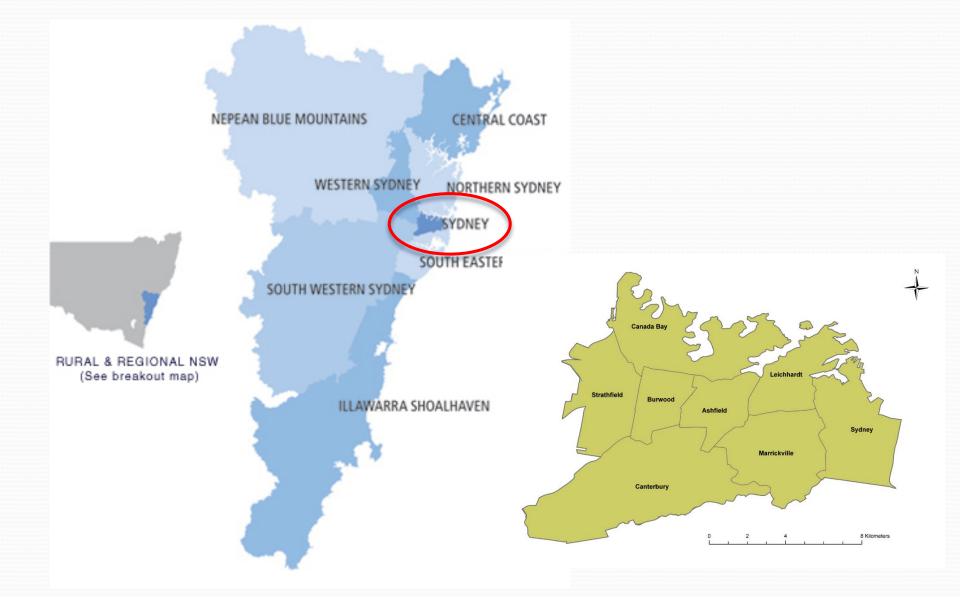
# GEOSPATIAL ANALYSIS OF DISADVANTAGE IN SYDNEY LOCAL HEALTH DISTRICT

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### Research question

 What is the geographical distribution of the "most vulnerable" families with intergenerational cycles of disadvantage and trauma in Sydney Local Health District?

## Background



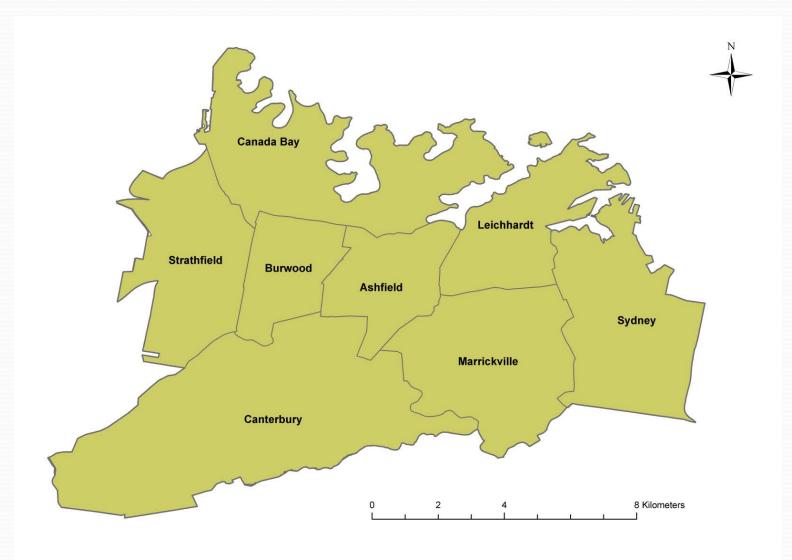
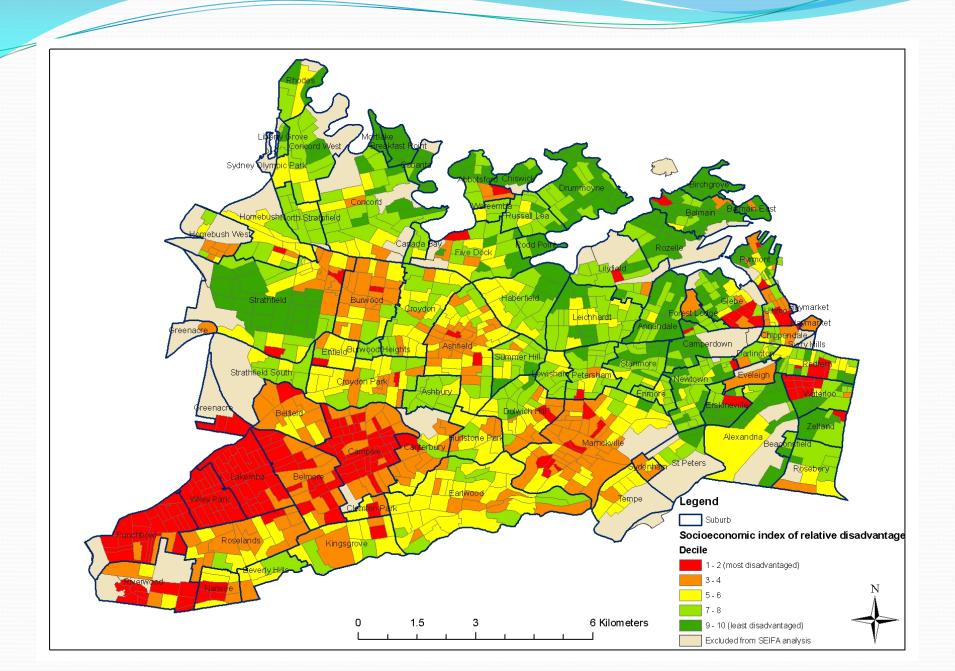


Figure 1: Sydney Local Health District and included LGAs



### Objectives

- To take a spatial epidemiology approach to identifying the geographical distribution of the "most vulnerable" families with intergenerational cycles of disadvantage and trauma in Sydney LHD by:
  - Identifying indicators of disadvantage and mapping them within SLHD
  - 2. Identifying clusters of disadvantage
  - Analysing potential pockets or "hot spots" of extreme or complex disadvantage

### Included indicators of disadvantage

	DC	
2011		Angue
<b>2011</b> I		Census

- 1. High proportion of the population identifying as Aboriginal or Torres Strait Islander
- 2. Low rates of year 12 attainment
- 3. Low median weekly household income
- 4. High proportion of people reporting speaking English not well or not at all
- 5. High proportion of people requiring assistance with activities of daily living (disability)
- 6. High proportion of one-parent families
- 7. Large proportion of households with no access to a car
- 8. Large proportion of housing consisting of state housing
- 9. Large proportion of households with no internet access
- 10. High rates of unemployment
- 11. Low labour force participation rates

### SLHD Clinical Data (Midwives data)

- 1. High rates of teen mothers
- 2. High rates of pregnant women without partners (sole mothers)
- 3. High rates of smoking during pregnancy
- 4. High rates pregnant women with a high antenatal Edinburgh depression score (≥10)
- 5. High rates of pregnant women reporting domestic violence (have either been hit or hurt by their partner, or report being frightened of their partner)
- 6. High rates of pregnant women reporting a history of child abuse
- 7. High rates of families known to Family and Community Services
- 8. High rates of pregnant women who have other children in out-of-home care
- 9. High rates of women who report consuming alcohol during pregnancy
- 10. High rates of LBW infants
- 11. High rates of pregnant women with delayed antenatal care (first visit at ≥20 weeks)

### SEIFA vs. family disadvantage

Included in 2011 SEIFA Index of Relative Socio-Economic Disadvantage (IRSD) only

Included in index of family disadvantage only

- No educational attainment
- Labourers
- Machinery operators and drivers
- Low-skilled occupational services
- Low rent
- Overcrowding
- Separated or divorced
- Children in jobless families

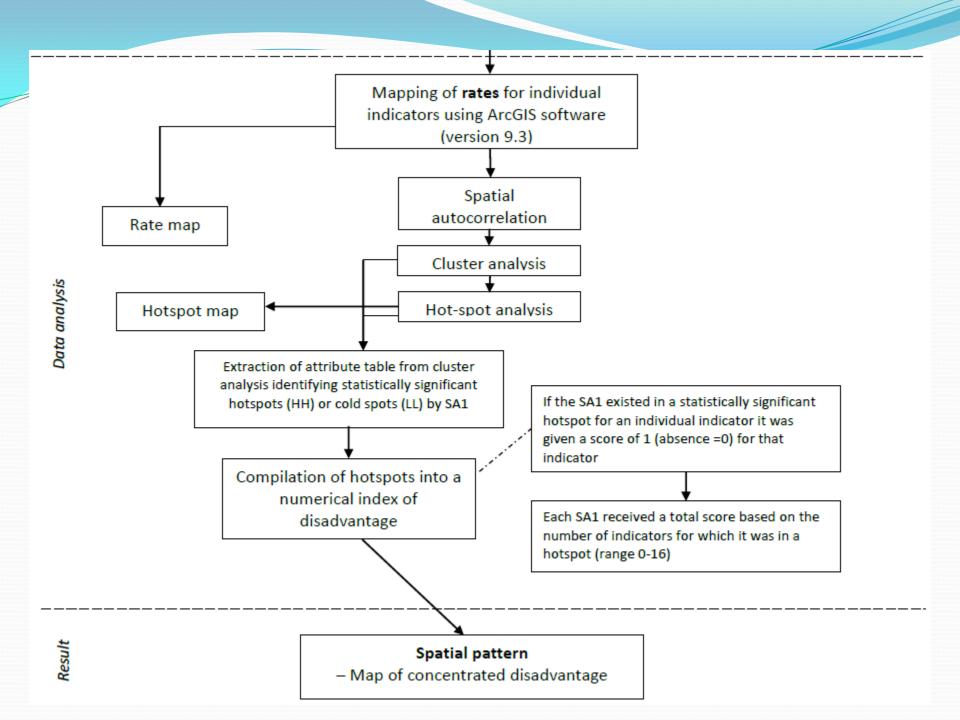
- Low educational attainment
- Unemployment
- Non-English speaking

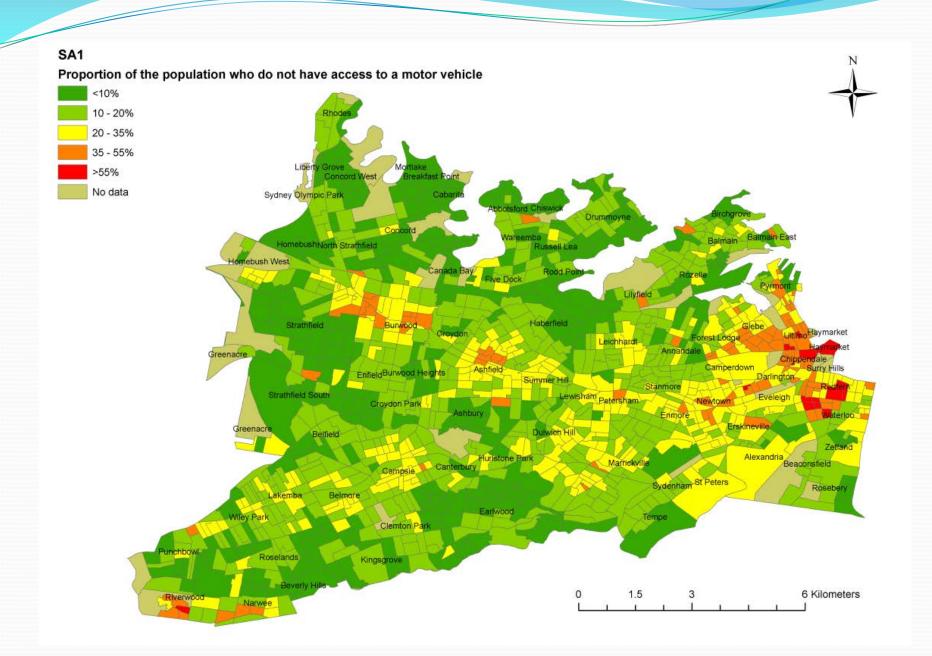
Included in both

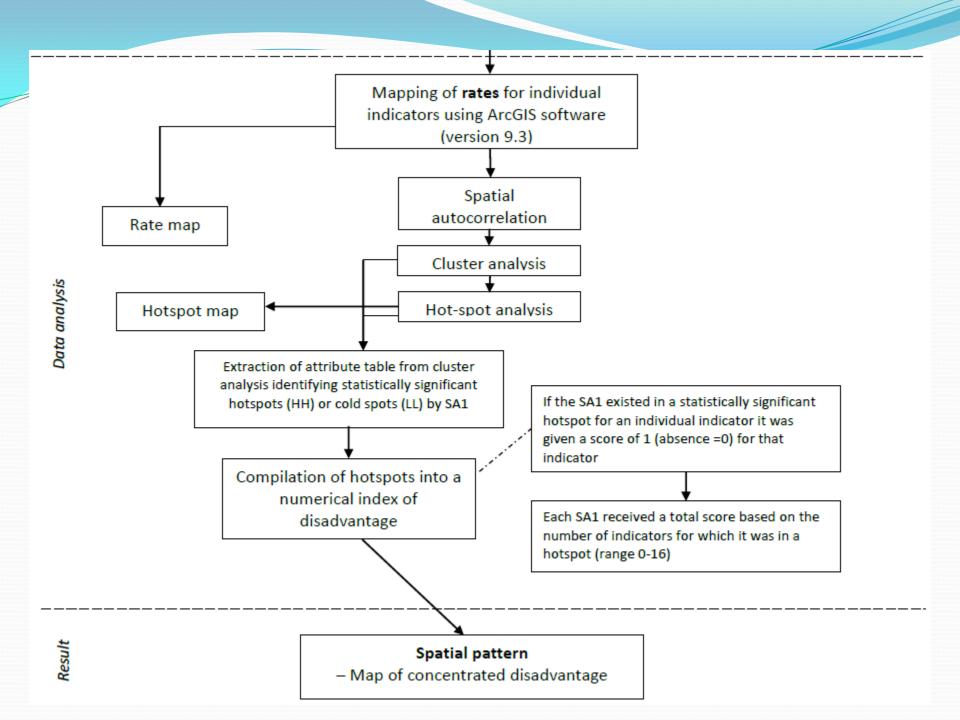
- No car
- No internet
- \*Low-income households
- \*Single-parent families
- \*Disabilities

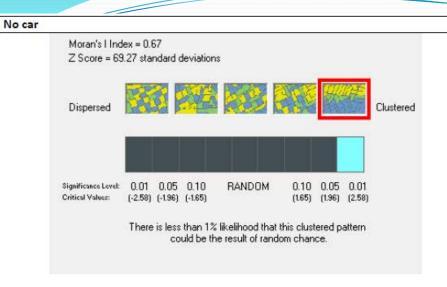
- Indigenous
- State housing
- Low labour force participation rates
- Teen mothers
- Sole mothers
- Smoking during pregnancy
- High antenatal EDS
- Domestic violence
- · Child abuse
- Children in out-of-home care
- Known to Family and Community Services
- Alcohol consumption during pregnancy
- Low-birth- weight infants
- Delayed antenatal care

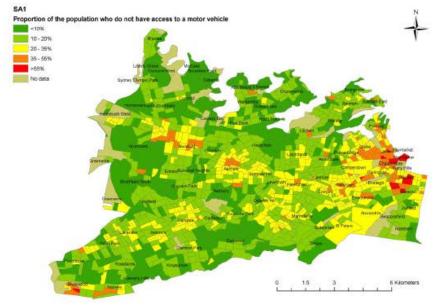
# Methodology



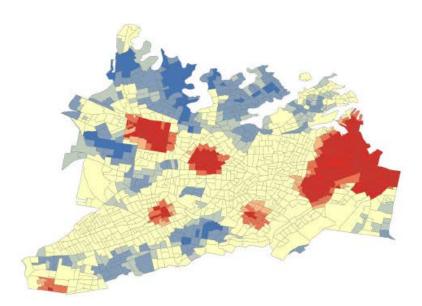




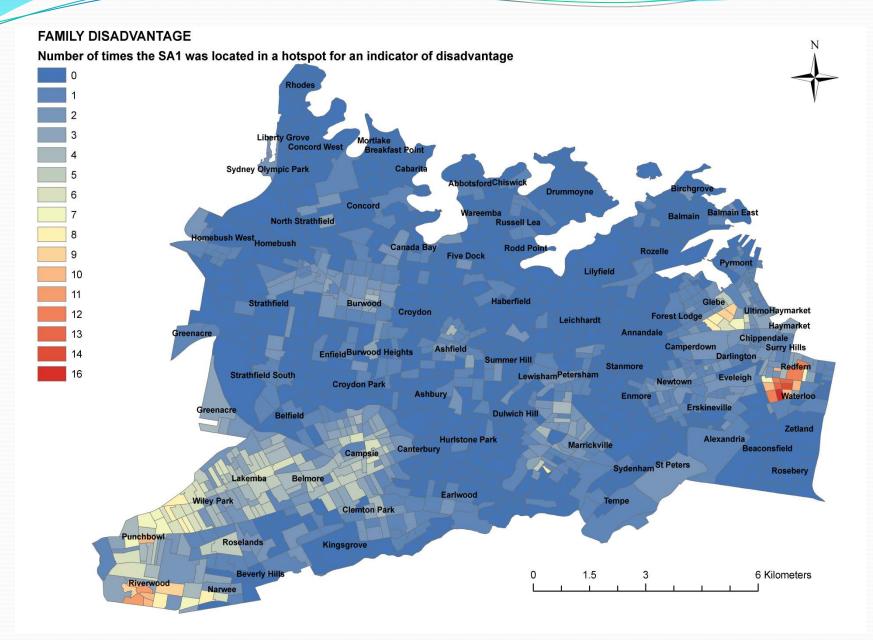




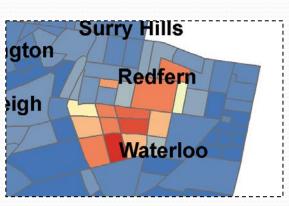
- Cluster analysis
- Rate map
- Hot spot map

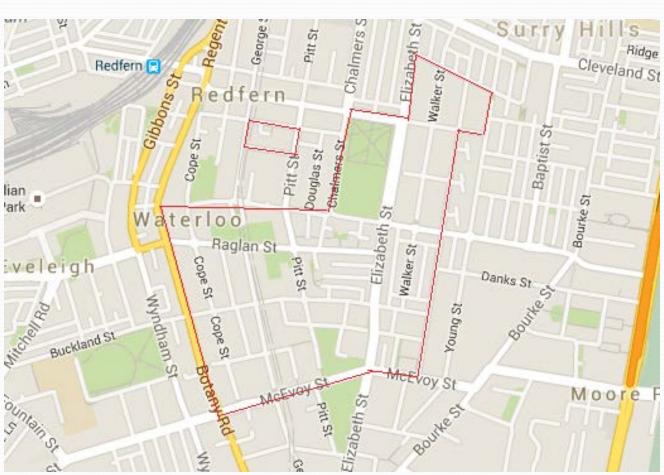


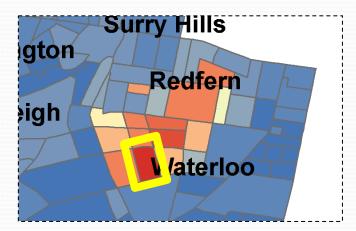
### Results

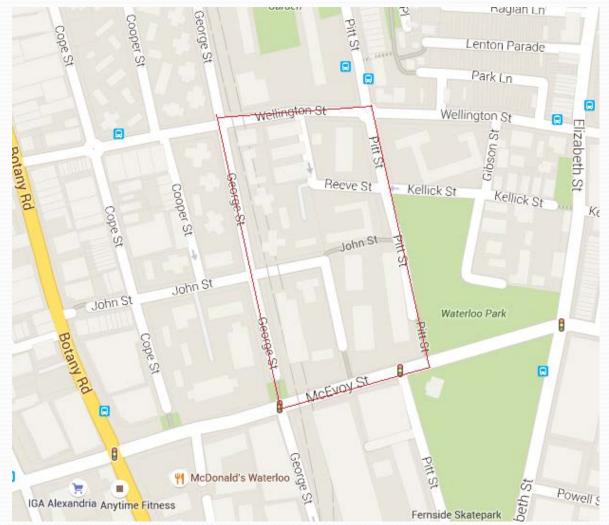


### Applications and Implications









### Limitations/future directions

- Small numbers in the clinical data from the Midwives dataset
- Differing years for data collection between the two main datasets (2011 for the census vs. 2013/14 for the Midwives dataset)
- Weighting of indicators using Principle Component Analysis

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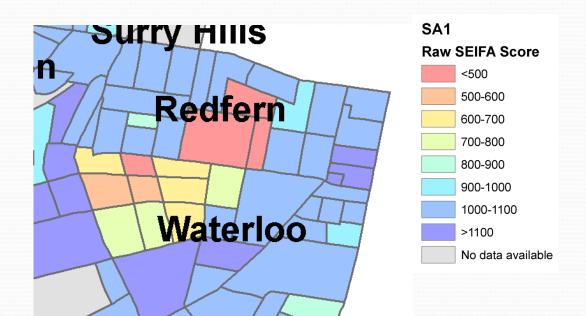
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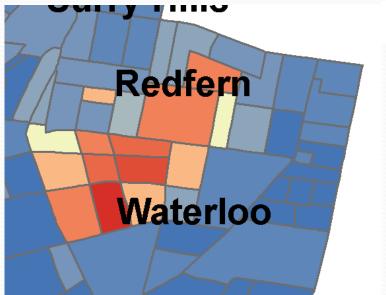
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### Questions?







#### **FAMILY DISADVANTAGE**

Number of times the SA1 was located in a hotspot for an indicator of disadvantage

