

**Report of**  
***Building a Healthy and Resilient***  
***Waterloo Now and Into the Future***

**27th, 28th September 2017**

## Introduction

On the 27<sup>th</sup> and 28<sup>th</sup> September 2017, a two-day forum was held by SLHD in collaboration with Counterpoint Community Services, Inner Sydney Voice and REDWatch, to identify ways to improve the health and wellbeing of the residents of Waterloo now, and into the future. The forum included interactive workshops, an art workshop, presentations by residents and academics and a two part video: *“the Voices of Waterloo”*. Appendices 2 provide the objectives and the program for the two days. Appendix 2 details service utilisation data provided at the Forum.

Over 130 people including tenants, local residents and representatives from community groups, non-government organisations, Sydney Local Health District (SLHD), Counterpoint Community Services, City of Sydney (CoS), Family and Community Services (FACS), Land and Housing Commission (LAHC), UrbanGrowth NSW (UG) and other agencies came to discuss and develop solutions to promote a healthy and resilient Waterloo.

## What Was Said...

Waterloo is a culturally diverse, supportive community, but the Forum indicated that health services need to do more to engage with the community and to address health issues, particularly to help people to navigate health services. Concerns about safety, mental health, drug and alcohol usage, aged care and chronic illnesses were discussed. Ensuring the health of the community during the forthcoming redevelopment was also discussed.

“More often than not it falls to neighbours to take up the shortfall for the services that should be provided for people when they are sick or returning from hospital... there should be more help given”. Local Resident.

Affordable and locally available health care, a safe community and well-maintained housing are important to a healthy community. Vulnerable people such as the elderly, non-English speaking or disabled are not engaging in the community and are becoming socially isolated.

“...safe, happy families and individuals... one big family... I already get that sense now, but there is potential for so much more in the Waterloo community”. Local Resident.

“A healthy community that is accepting, inclusive and everyone is sharing – there is enough to go around. That is what I see as a healthy future community”. Local Resident.

## The Current Community

Of the current residents of Waterloo, 50% are aged over 60 years and 5% are children, 6% aged from 10-19 years. 34% are Australian born. There is a significant multicultural community- 27% born in other countries; 8% Chinese, 8% Russian. There is also a significant Aboriginal community (8% of those living in the estate).

41% have the Aged pension as their primary income source, 30% are on the Disability pension and 15% on Newstart.

73% of the people living on the estate are single people.

57% have lived in the estate more than five years, 38.6% between one and five years and 4.2 % less than one year.

## The Redevelopment of Waterloo

The Waterloo Estate, the largest housing estate in Australia, was proposed as a State Significant Precinct in May 2017, thus initiating a series of processes associated with rezoning the area and making the Department of Planning and Environment (DPE) Minister the approval authority for the

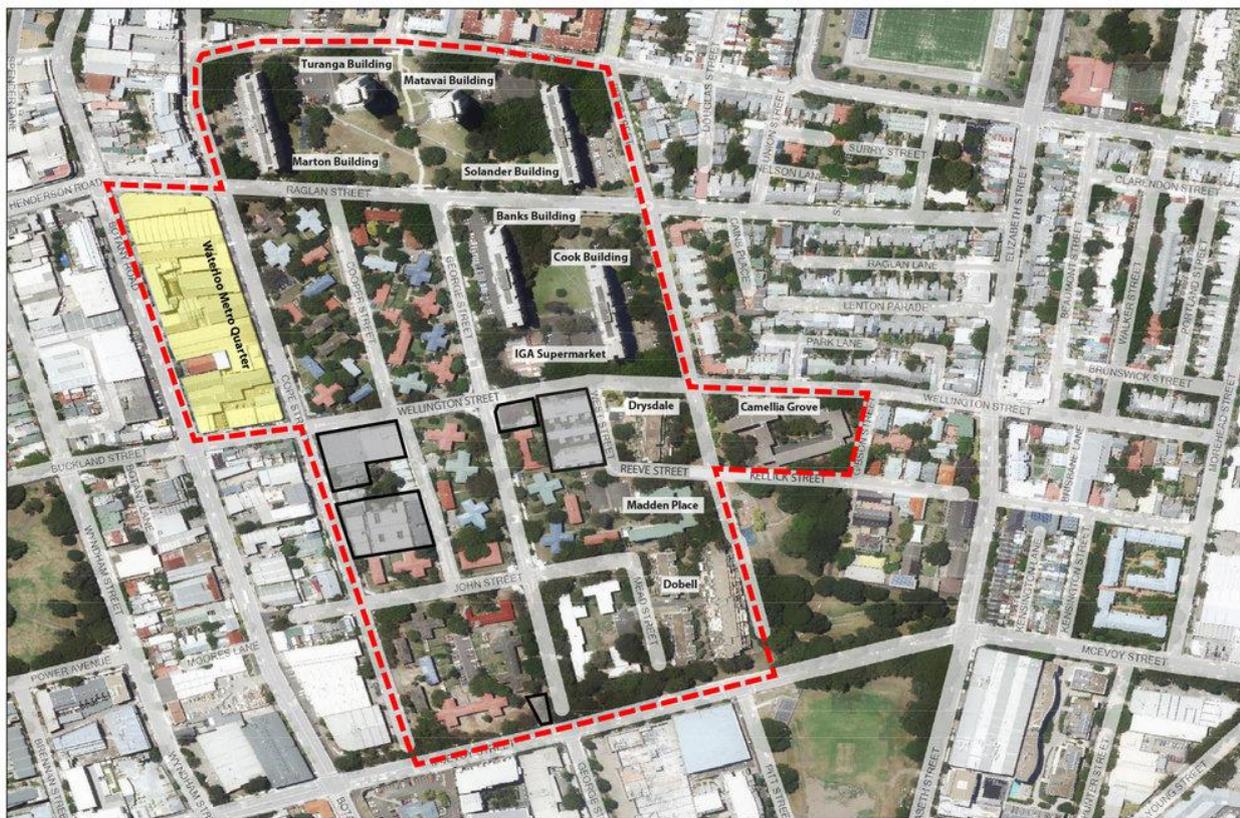
redevelopment (rather than the local council, the City of Sydney). The DPE, in consultation with the City of Sydney, issued 27 studies that LAHC and UrbanGrowth needed to address in developing the options and then the final master plan for the site. Consultation with affected communities has occurred.

State Significant Precincts in NSW are sites that are considered to be “*matters of state or regional planning significance, because of their social, economic or environmental characteristics*”. Such precincts have an important role in fulfilling government policy objectives, especially those concerning housing supply and affordability, and employment, in major sites.

In the case of Waterloo, this includes the NSW Government’s *Future Directions for Social Housing in NSW*, the *Communities Plus* program and the construction of the new Sydney Metro station at Waterloo.

The 20-hectare Waterloo precinct is located just over 3km south of Sydney CBD and includes large areas of publicly-owned and some privately-owned properties (see map). The housing estate is located between Phillip and McEvoy Streets to the north and south, and Pitt and Cope Streets to the east and west.

The Waterloo Estate social housing was built in the 70’s and comprises six high rise buildings, each up to 30 floors high. It has over 2,012 social housing units, providing accommodation to 2,630 public housing tenants including a significant Aboriginal community, people living with mental health, elderly people, and people with trauma, people living with addictions and people with significant social disadvantage. LAHC has agreed that tenants will have 6 months’ notice of any relocation, will be assisted in finding suitable alternative accommodation and, if relocated, have an absolute right of return.



Waterloo Redevelopment Precinct (SSP) Privately Owned Land

The proposed redevelopment will include additional social housing in a mixed, much denser community with new affordable and private housing, as well as the new Waterloo Metro Station. The

new estate will have over 7,000 units. There will be no loss of social housing and all housing will be accessible. The social housing will be funded through the sale of private dwellings. 30% of the dwellings will be social housing and 5-10% will be “affordable housing”. Family and Community Services (FACS), Land and Housing Corporation (LAHC), UrbanGrowth NSW and Transport for NSW (TfNSW) are working together to plan for the Waterloo renewal and the new metro train station.

Work has commenced to develop a master plan which will be shaped by the community’s views and input. The master plan will aim to guide the redevelopment to reflect the community’s needs and priorities. The community will be invited to provide feedback during the master planning process. The estate will not be developed in one lot, but will be bundled into a series of projects over the next 15-20 years.

As part of the assessment of potential health impacts, the “*Building a Healthy Resilient Community in Waterloo*” Forum was conducted. This report outlines the outcomes of this Forum.

## Voices of Waterloo

A two part video was developed collaboratively with Counterpoint Community Services and Waterloo residents to capture resident experiences with health services including their current health need and future solutions. The video identified chronic illness, mental health, oral health and physical deconditioning as their current health needs.

When asked about what health services will be needed in the future, the responses were centred on integration, building a sense of community and belonging and access to specific programs. Specific solutions includes a state of the art medical centre with collocated primary health, general practice and diagnostic services, access to subsidised gyms, swimming pools and a cleaner neighbourhood that embodies a sense of community and belonging.

## Introduction – Counterpoint Community Services

- Co-ordination between agencies and government departments is essential for good service delivery with complex communities.
- To be effective, we need to listen and then understand the issues and concerns of the community.
- We need to recognise and involve the local residents as experts and incorporate their feedback in a meaningful way.
- We need to understand the stories behind the data.

## Introduction – Sydney Local Health District

- A key focus is helping to build strong communities
- Equity in accessing health services and having good health and wellbeing are important.
- A strong partnership among the SLHD, community based services, other government agencies, general practitioners and the local community is vital to effective, healthy solutions.
- While there is room for improvement, there are significant SLHD services providing care to the Waterloo community. The community noted that a higher profile and greater visibility of these is required.



## Overview of Waterloo Housing Tenant Interviews – Family and Community Services (FACS)

Key issues that emerged from the work undertaken by Family and Community Services included:

- The significant number of residents living with complex health issues including complex mental health.
- The impact of dual diagnoses including substance abuse.
- Physical health issues such as bad back, kidney diseases, respiratory and diabetes.
- Dental health and access to services.
- Many are living alone/independently and social isolation impacts many of the residents.

## Current Health Needs and Issues of the Waterloo Community

### Older Adults

1. Access to a one stop medical centre with specialists and transport- a Super-clinic or a HealthOne.
2. Review transport to medical appointments – how to make it easier and more accessible to get to RPA or POW.
3. Mental health models of care see people only when they are in crisis rather than providing ongoing co-ordination, support and prevention.
4. More visible models of care are required for elderly living alone to ensure appropriate support for emergency health needs.
5. Care navigation and co-ordination support is very much needed.
6. Strengthening social connectedness and neighbourly behaviour would assist in supporting people in their homes and in their daily lives.
7. There is a need to improve the social connectivity - social isolation is a major issue. Neighbours and friends are the key to wellbeing and safety.
8. There is a lack of residential aged care services in this area.
9. Better education about personal safety is needed.
10. Sensitivity is required to support the independence of the elderly: privacy/respect/listening. Sometimes frail aged and elderly are coping well.

### Adults

1. Cultural issues and language differences are important to recognise especially for Chinese speakers.
2. Community development is important rather than top down service delivery. Developing and involving the community in planning and service development assists in improving self-sufficiency and ensuring relevant and appropriate service delivery.
3. Lessons should be shared between organisations – organisations should work together more.
4. User managed services would assist in their relevance and appropriateness e.g. resident ownership over spaces.

5. NGO funding is required to support service development for people who fall through the gaps of governmental agencies. This is especially so for people with mental health issues.
6. The state-wide “Get Healthy” service needs to be advertised.



### Young People

1. Young people should be included in planning and engagement processes.
2. There is a need to retain and plan open and recreational spaces that are visible and accessible. This needs special attention in the future design especially with an 8 lane road proposed for the area.
3. There are diminishing health services in the community e.g. GPs, Pharmacy, Allied Health, Psychologists. This needs to be addressed urgently.
4. There is a need to think innovatively about how to use existing services in the community to better engage young people.
5. There is a need to build on the existing services e.g. WEAVE is an NGO with a long history, and they are trusted and accessible.
6. The group aged 12-25 is seen as youth but there are really two very distinct age groups- 12-16 and then 16-25 year olds.
7. Community led, outcomes focused and place based initiatives are required with shared indicators. These should be led by young people and the community.

### Children

1. Building trusting relationships between parents and health workers is integral to positive health.
2. Opportunities exist to outreach to children’s groups. Outreach services in schools, pre-schools are not necessarily visible.
3. There is no local school.
4. Taking advantage of opportunities to influence health and wellbeing through events that children attend e.g. Summer on the Green.
5. Up-to-date service directories and advice is required.
6. Building safe child and family friendly spaces that link good design and child safety is important.
7. Holistic health and wellbeing family initiatives are required including food security.
8. Greater community involvement is required including involvement in playgroups etc.
9. Promote the presence of health services in the community- having a “face and name” is important.
10. Link schools and dental services better.



### Aboriginal Health

1. The Aboriginal community is concerned about being “kicked out” due to the redevelopment and not knowing where they are going: it seems unlikely to many that once they are relocated that they will be able to come back. “Our home is our castle”.
2. Poet’s corner is great - and free lunches are often provided.
3. NCIE and AMS services, including the specialist clinics are excellent.
4. More culturally appropriate services are required – “Aboriginal way of life”.
5. Involving people’s pets – maintaining their way of living, although pets and pigeons which can make a mess and can be noisy.
6. “Keep working” – social enterprise is really important.
7. Implementing the new *SLHD Aboriginal Health Plan 2018-2022* is important
8. Culturally safe places to visit within the District are required – CDM, young people, oral health, cancer, population health.
9. Drugs and alcohol is a really serious issue- people drink out the front of the building and line up for the drugs.
10. Ensure key seven principles are implemented to improve health services within facilities.
11. Employing Aboriginal staff.
12. Care should be integrated across the spectrum of services.

### Multicultural Health

1. People feel more comfortable to communicate in their native tongue. It is very stressful visiting the doctor and trying to understand what he/she says in English.
2. Community based programs are required, in languages, that improve social and everyday lives. English language conversation classes would be helpful.
3. “It’s the chance to communicate ... a sense of purpose” to engage in activities.
4. The Healthcare Interpreter Service needs to be valued and embedded in the culture of service provision.
5. Multicultural/culturally diverse advocacy and policy change is needed.
6. Bilingual health workers able to provide health promotion, screening, falls prevention are required.
7. Commitment to supporting multicultural communities – multicultural health planning is important.

## Mental Health

1. Better planning and referral processes are required to support earlier intervention in mental health. Currently there is a crisis before there is any intervention.
2. Engage in local processes – e.g. Waterloo Safety Action Group.
3. “Understanding the whole story”.
4. Need public/private collaboration.
5. Targeted programs for young people.
6. “We are doing a good job but can do better” and should use data and experience to improve.



## Health of the Elderly

1. “Doctors need to listen”.
2. Aging in place is very important to the community.
3. Continuity of care is very important – ensuring the same doctor treats you each time.
4. Being active and engaged in the community helps to reduce loneliness and also allows people to continue to make a contribution.
5. “Have self-confidence in own knowledge” ... of healthcare.
6. “Choosing the right intellectual and physical activities” – healthy ageing based on empirical evidence.
7. Pet companions are important.
8. Support independence among older people.
9. Remain socially engaged and feel safe.
10. Services need to be easy to access and affordable.
11. Need to intervene to diminish frailty and this will improve outcomes.
12. Need to increase primary care and its local availability- it has diminished recently.
13. Support positive or healthy ageing within the community.
14. Social and health services need to meet the demand for an increasingly ageing population.
15. Recognise and value the links among health, housing, and social services.
16. Need flexibility and multi-skilled staff.
17. Good access to support is fundamental.



## What does the literature and evidence tell us about a healthy, future urban environment in Waterloo?

A/Prof Jane Lloyd presented an overview of the research evidence on the health impacts of urban redevelopment of social housing estate. In particular she explored the health impacts of social mix and housing density on existing public housing tenants and also the evidence for effective strategies for building strong and cohesive communities. Broadly speaking, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It was recognised that health meant different things to different cultures and communities. For some, spirituality, connection to land, family or being able to contribute to community life are important aspects to health and wellbeing. A/Prof Jane Lloyd noted that the built (streets, parks and opportunities for active travel) and the natural environment impact on health directly and there are specific health impacts of social isolation such as depression, loneliness, less access to health services.

A review of the literature revealed that there is minimal evidence for the 30/70 formula of social mix. Why is 30/70 the optimal mix? Why not 60/40 or 50/50? There is an assumption that composition of the mix includes low income and public housing tenure, however other categories such as age distribution and ethnicity may be important. Social mix does not guarantee social cohesion but may have a positive role in addressing disadvantage if used with caution and alongside a range of other interventions such as deliberate strategies to encourage social interaction, the availability of green space, and community engagement in the design.

The literature did not provide one clear message. For every purported benefit of social mix there was a potential negative impact. For example social mix can be seen as providing opportunities for social inclusion by reducing the concentration of poverty and disadvantage. However, on the other hand social mix can increase community tensions, particularly in dense urban environments. Important factors in realising the potential benefits of social mix include appropriate building design, neighbourhood design and attending to need in partnership with the community. A/Prof Lloyd emphasised that we can't expect social cohesion to happen automatically – a social regeneration strategy will be needed.



## What are the significant challenges in creating a Healthy Urban Environment in Waterloo?

Mr Geoff Turnbull presented the challenges in creating a health urban environment from the perspective of the community. It is important to acknowledge the Indigenous community and the connection to Waterloo while also supporting the other cultures that make up the Waterloo community.

It was noted the public housing history of Waterloo needs to be understood especially the result of policy changes that impacted on the social mix of the community from traditional working class to individuals with complex social and health needs. The increase of those people in social housing with complex needs must be addressed so the benefits of diversity and social mix are realised. Additionally, the good will of tenants for the wellbeing of their neighbours can only continue if the system can ensure required services are available.

It was highlighted that a human services plan must go beyond the redevelopment, supporting residents before, during and after it through wrap around services. The issues associated with the built environment are separate from the human services issues.



## Land and Housing Commission (LAHC) Perspective

Renewing Waterloo is about upgrading properties that have reached the end of their economic life and are not meeting the needs of the tenants. The stock is not energy efficient. Improving social and health outcomes is about improving the housing experience for tenants.

The planning process aims to develop the rezoning application for the estate development, with a 15-20 year delivery timetable and the Metro development; a gateway to the precinct providing opportunities for mixed uses such as residential, health and community services.

The social housing will be indistinguishable from the private housing: a seamless community of private, affordable and social housing, with positive outcomes for tenants and good value for money.

The timetable for visioning and engagement was outlined, with re-zoning timed for late 2019. The intention is that everyone has a voice. Studies will include a Social Sustainability study and a Human Services Plan.



## A Healthy Future Waterloo

An interactive art workshop, provided by the RPA Arterie team, facilitated participant discussion of the healthy built environment. The workshop included seven themes.

- **Health Services and Facilities**

- A one stop shop to increase access to services for older, frail and disadvantaged people
- Colocation of social and health services
- Increased visibility of health services
- Streamlined approach with one point of contact
- A combined health, recreation and education space.



- **Cultural Expression**

- Displays of public art
- Community events centred on the arts
- Celebrating the distinct Aboriginal and multicultural cultures and heritage of the area through visual artworks
- Displaying culturally appropriate language and signage.

- **Home and Safety**

- Promotion of safety within a volatile environment
- Promoting passive surveillance methods
- Reinstating a neighbourhood watch model to support vulnerable people within the community
- Foster and create a sense of belonging
- A well-lit neighbourhood
- Supporting people who have been recently incarcerated.



- **Connectedness**

- Developing a place that is representative of the entire community
- Considering areas for people to meet such as a community garden, dog parks, playgrounds
- Establish annual and regular events that celebrate the community
- Developing more opportunities to support vulnerable people.



- **Sport and Leisure**

- Encouraging free and affordable participation in sport/leisure
- Celebrating local sporting champions
- Fostering coaching opportunities
- Considering leisure activities for all age groups for example movie nights with old and foreign films, quiet activities for introverted people
- Providing inviting, safe open spaces to encourage walking
- Implementing dog parks.
- Establishing an aquatic and leisure centre as a core of the community.

- **Greenspace**

- Developing safe active transport options
- Interactive green spaces such as community gardens
- Considering accessibility for all age groups.

- **Built environment**

- Consideration for the lifestyles of the community i.e. doors are wide enough to fit prams, wheelchairs, walking frames, ambulance accessible
- Ensuring dwellings have access to sunlight
- Addressing the design challenges of children living in high density – play areas, safety
- Able to be modified for older people
- Efficient waste and garbage management
- Ensuring a high quality design
- Encouraging environmental sustainability practices such as water collection and recycling
- Ensuring future building developments lead to positive health outcomes for all the community.



## Panel Discussion

The Forum finished with a panel discussion focusing on a healthy future community. It was noted that safety and good health are key measures of a healthy community. Community engagement, local supports and integrating health and social services and being supportive of the community into the long term will lead to positive outcomes.



### Resident

- Timely maintenance of properties remains a key concern; the maintenance budget does not allow for call-outs especially after hours. This is unacceptable.
- Anti-social behaviour and mental health issues are serious concerns on the estate. Unless these issues are addressed then all the current problems will flow to the new redevelopment.
- There is no action when people show clear signs of mental deterioration. This needs to change.

### Resident

- The tenants speak a lot about health and affordable health care.
- People need to feel safe to participate in community activities.
- People are often stressed, anxious and depressed, isolated and scared of being robbed.
- Alcohol and drugs are issues that need to be addressed as this can lead to domestic violence and financial issues.
- Mt Carmel School provides free breakfasts for the children- this is great.
- Events in the community are very important- Day on Waterloo Green, with jumping castles. Companion animals support health and wellbeing so the free vet services at community events can be very important. Cooking classes are excellent.
- It's about working together, taking pride in our community, peace of mind, laughter and love.

## UrbanGrowth NSW

- Thoughtful community-led design is concerned with how people want to live their lives.
- An example is a park in Penrith where deciduous trees, water play for kids, community buildings, and resistance training facilities were developed for people with all abilities. It's about making a place where people can meet.
- Over the next year we want to understand how people live day to day and their needs.

## SLHD

- Developing a vibrant community is about space, place and people- the way people interact to create a community and the mix of people and the quality of the environment.
- We should trust lay knowledge and people – people know what the solutions are.
- The people of Waterloo will be living on this building site for a long time. There will be problems- noise, dust, and insecure houses. We should have best practice guidelines on how to deal with these issues.
- People will be stressed about the uncertainty. We should learn from Minto, Airds and Bradbury.
- This should be a co-designed and co-produced redevelopment

## SLHD

- We need to work with the community and listen to the community. We will continue the journey and help shape the solutions. We are with the community for the long term.



## Actions for Sydney Local Health District

1. Develop a set of actions that maintain engagement and collaboration. A small group to undertake this task led by the SLHD Planning Unit.
2. Hold a further workshop/forum which will ensure greater participation by more local residents so that all have a say in health issues. This may require the health service to work with Counterpoint and residents to set up local spaces for people to have their say.
3. Hold forums every 6 months to build the ideas and ensure accountability to ensure a long-term journey. This will also improve the visibility of health services and ensure that everyone knows we are in it for the longer term.
4. Ensure all staff are aware of how to navigate other agency services so that there is no wrong door to health and wellbeing.
5. Fund a new “Healthy Living Link Worker” especially for Waterloo to assist people in finding services, healthcare, and support and in developing and empowering the community. This will help increase access to integrated wraparound services in the local community and develop the diverse and vibrant community of Waterloo.
6. Develop employment and social enterprise opportunities. The SLHD will increase the proportion of Aboriginal people employed in healthcare. Employing local people allows people to better understand services and where to seek them. Targeted employment traineeships in the community should assist.
7. Engage our communications teams to ensure that progress is communicated clearly so the broader community are also aware of the strategy.
8. Advocate that health remain a significant component in any proposed integrated human service plan and redevelopment plan.
9. Work in close partnership with the local residents, Counterpoint Community Services and other agencies to develop an action plan based on the outcomes of the forum and to further collaborate and develop actions to support a healthy, resilient Waterloo community, both now and into the future.

*“It’s many things, not just health that makes a healthy community” (Waterloo Resident).*

*“The forum was a great opportunity to communicate and create a sense of purpose, and understanding of the whole story of the Waterloo community” (Forum Participant)*

Table 1 provides a summary of actions from the Forum.

**Table 1: Action Plan**

Action Item	Commentary	Responsibility	Timeframe
<b>Healthy Link Worker</b>	Fund and appoint to a position with the objective of improving access to integrated wraparound services and empowering the local community.	SLHD Clinical Integration Unit	January 2018
<b>Forum</b>	Hold a forum within six months to demonstrate accountability to the commitment of improving access to health services	SLHD Planning Unit SLHD Chief Executive Office In collaboration with Counterpoint Community Services	May 2018
<b>Social Enterprise Opportunities</b>	Develop employment opportunities in the Sydney Local Health District for the Waterloo community	SLHD Workforce Unit SLHD Chief Executive Office	December 2018
<b>Collaboration and Partnerships</b>	Develop a working group who is tasked with development opportunities in this area	SLHD Planning Unit	Ongoing
<b>Discourse Analysis</b>	Undertake a discourse analysis of the 22 studies that are being proposed for the Waterloo State Significant Precinct Redevelopment	SLHD Health Equity and Research Development Unit	End 2018



## Appendix 1 – Forum Outline

### Objectives

1. To highlight health issues including health service needs of the people of the Waterloo Estate
2. To discuss potential health impacts of the proposed redevelopment of the Waterloo Estate
3. To discuss recommendations for action on objectives 1 and 2
4. To promote opportunities for service integration.

### Target audience

- Community leaders and residents
- Local health providers including general and allied health practitioners
- Partner agencies including government agencies, non-government organisations and primary health networks



## Building a Healthy Resilient Community in Waterloo Program

National Centre for Indigenous Excellence (NCIE), 166 George St, Redfern

### Wednesday 27<sup>th</sup> September – Current Health Needs and Issues

MC: Deborah Willcox

Time	Topic	Speaker(s)
12:30pm	Arrival and Registration	
	Welcome to Country	
	Voices of Waterloo – Health and Wellbeing	Video
	Introduction – Overview of Waterloo and Purpose of the Forum	Dr Teresa Anderson, Chief Executive, Sydney Local Health District Mr Michael Shreenan, Executive Officer, Counterpoint Community Services Inc.
	Health and Wellbeing – Report on Interviews with Waterloo Housing Tenants	Ms Margaret Macrae, FACS and RedLink
	Workshop Prevention, Health Promotion and Health Care in Waterloo – what is currently working, not working, what needs to change or is missing?	
	<ul style="list-style-type: none"> <li>• Children</li> <li>• Young People</li> <li>• Adults</li> <li>• Older People</li> </ul>	
	Report and Discussion on Workshop Findings	
3:45pm	Afternoon Tea	
	Lived Health Experience in Waterloo Paired resident and service provider presentations and discussion on:	
	<ul style="list-style-type: none"> <li>• The health of Aboriginal people</li> <li>• The health of CALD communities</li> <li>• The health of the elderly</li> <li>• The health of people with a lived experience of mental health</li> </ul>	
	Discussion and Recommendations	
	Summary and Closing Remarks	Dr Teresa Anderson Mr Michael Shreenan.
	Redfern Dance Company Performance	
5.45pm	Dinner	



# Building a Healthy Resilient Community in Waterloo Program

National Centre for Indigenous Excellence (NCIE), 166 George St, Redfern

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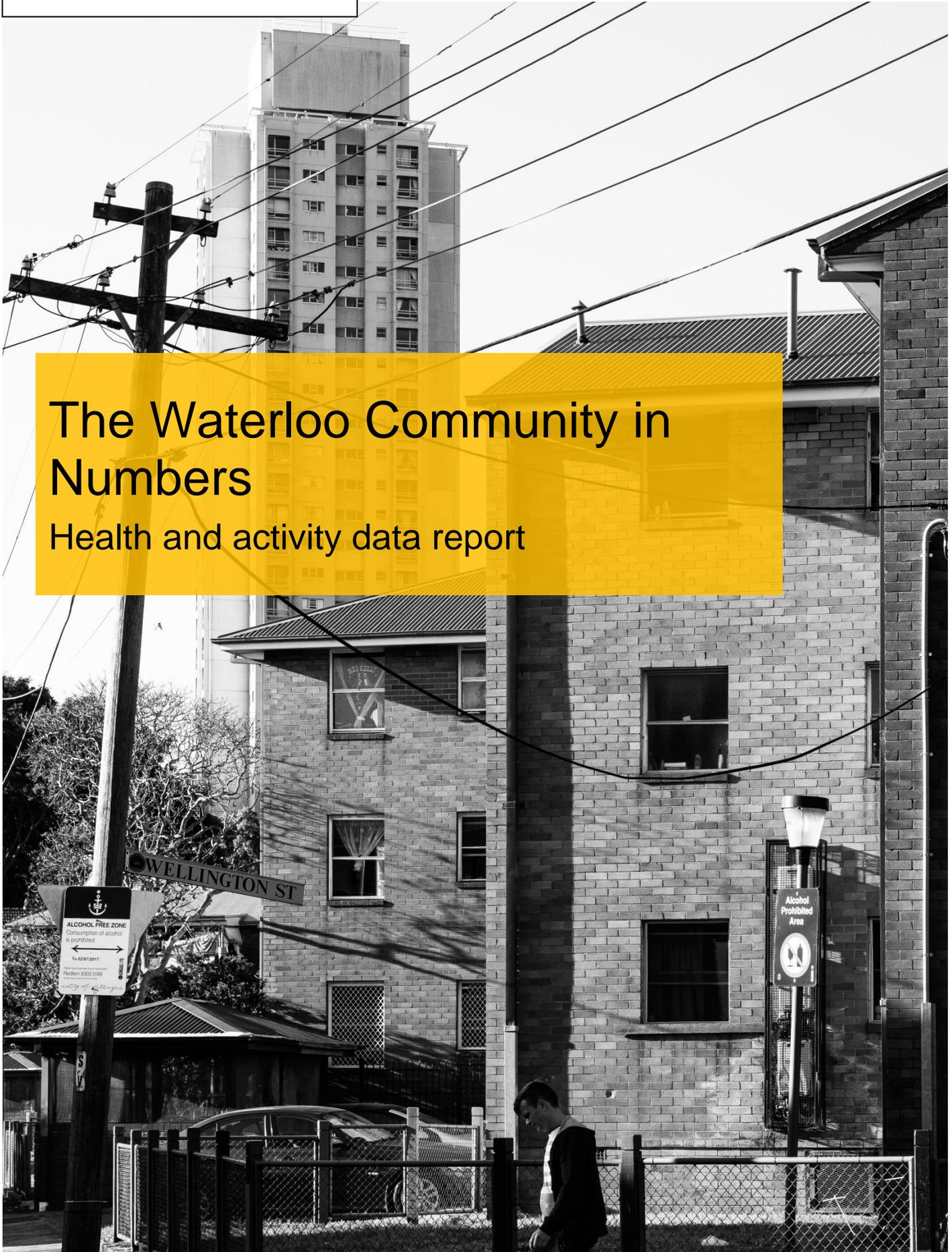
## Thursday 28<sup>th</sup> September – Future Health Needs and Issues

**MC: Deborah Willcox**

Time	Topic	Speaker(s)
7:30am	Arrival and Registration	
8.00am	Introduction and Summary of Previous Day	Ms Deborah Willcox
	What is Proposed for a Healthy Urban Future in Waterloo	Mr Peter Anderson, Communities Plus, Land and Housing Corporation
	Voices of Waterloo – Health in the Future	Video
	What does the literature and evidence tell us about a healthy, future urban environment in Waterloo?	A/Prof. Jane Lloyd, HERDU, SLHD and UNSW Centre for Primary Care and Equity
	What are the Significant Challenges in Creating a Healthy Urban Environment in Waterloo?	Mr Geoff Turnbull, Inner Sydney Voice
	Art Workshop – What Does a Healthy Future Waterloo Look Like?	ARTERIE Health in Art
10.15am	Morning Tea	
	Panel and Discussion What Does a Healthy Future Waterloo Look Like?	
	Recommendations	
	Review and Thank You	Dr Teresa Anderson Mr Michael Shreenan
12:10pm	Lunch	

# The Waterloo Community in Numbers

Health and activity data report



This draft report has been compiled by the Sydney Local Health District

Major contributions by

The SLHD Public Health Observatory

SLHD Planning Unit

SLHD Community Health Services

SLHD Oral Health Services

SLHD Drug Health Services

SLHD Aged Care, Chronic Care and Rehabilitation Service

SLHD Community Mental Health Service

SLHD Chronic Care Service

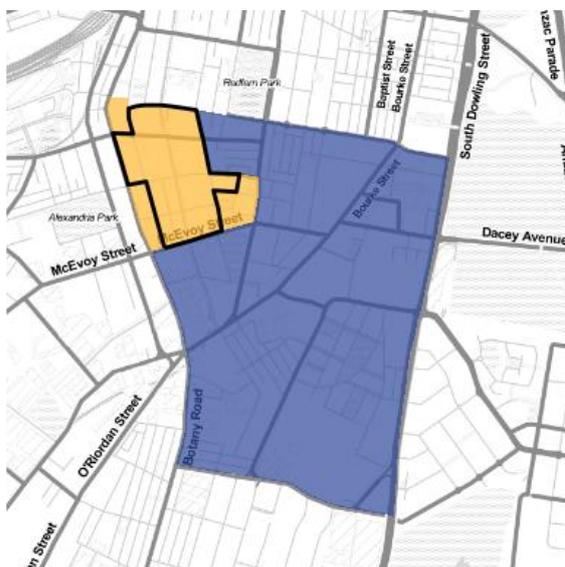
SLHD Performance Unit

## Introduction

This document provides a summary of:

1. Health-related socioeconomic characteristics of residents of an area similar to the Waterloo Estate
2. Health outcomes and selected health service use by residents of the Waterloo postcode.

Socioeconomic data are from the 2016 census. These data are available for very small areas and so it was possible to produce information for an area quite similar to the Waterloo estate. Health outcomes data were obtained from various NSW Health datasets. Postcodes are the smallest unit of geography for which administrative health data are routinely reported and thus, Waterloo postcode is the smallest area for which health information is reported here. It is important to remember that health data for small areas must be interpreted with caution because there can be large year-to-year fluctuations in rates of illness.



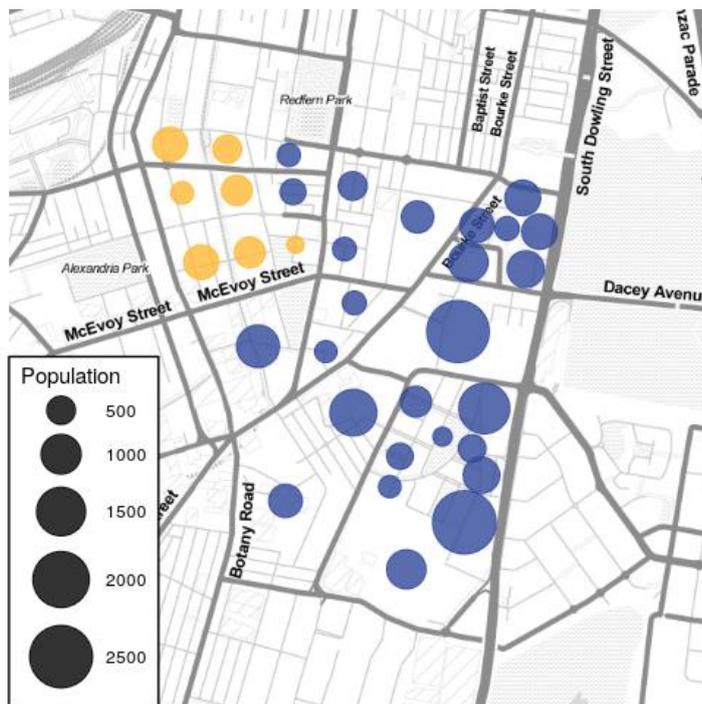
- Black box: The redevelopment area
- Orange: SA1s that contain the redevelopment area (the **statistical area**)
- Blue: The Waterloo postcode

## Population

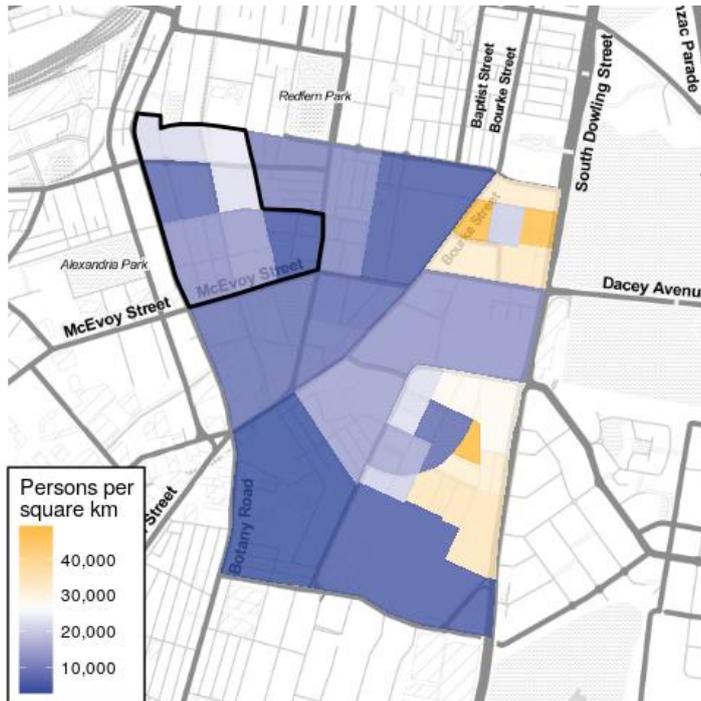
### Total population

- From the 2016 census:
  - Around 3650 people live in the SA1s that include the Waterloo redevelopment area.
  - This is around 15% of the total population of the Waterloo postcode.
- Because the population of the redevelopment area is a small percentage of the total, postcode-level measures of health may hide vulnerability within this area.

**Note: As the SA1 (census area) stretches beyond the redevelopment area, these data include areas outside the Waterloo Estate.**

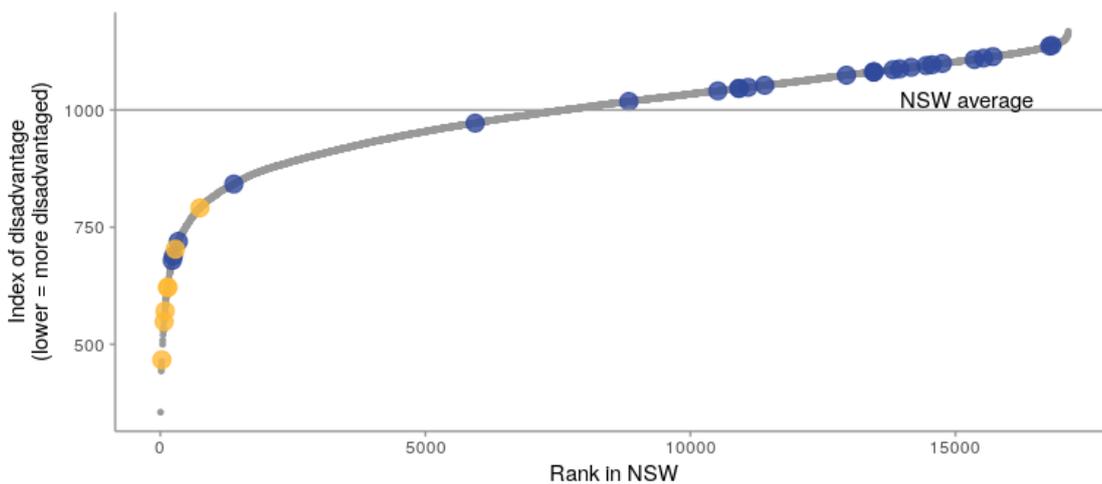


## Population density



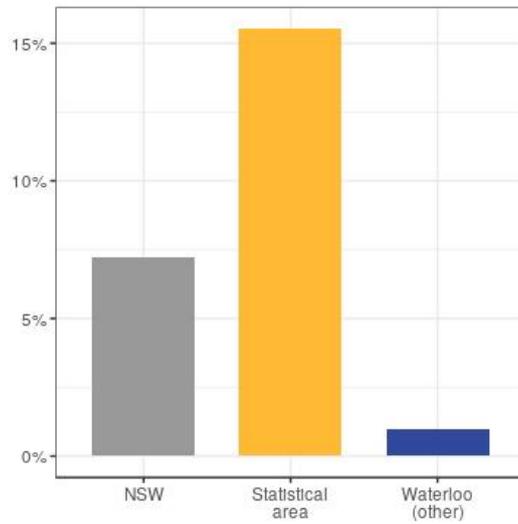
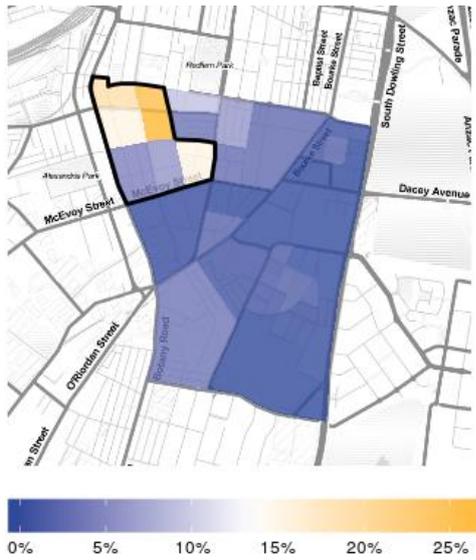
Residents of the redevelopment area are different to others in the Waterloo postcode

They are more socially disadvantaged

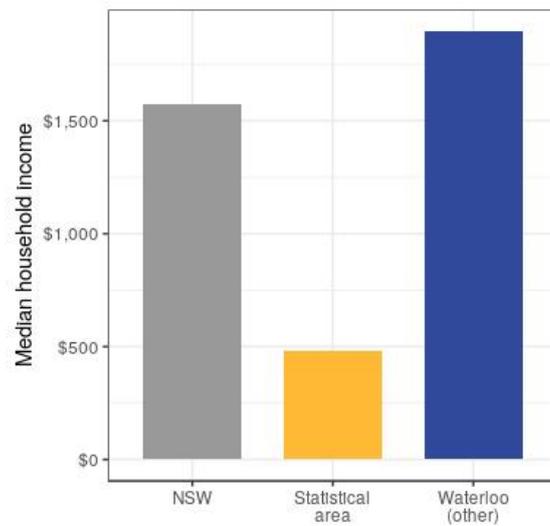
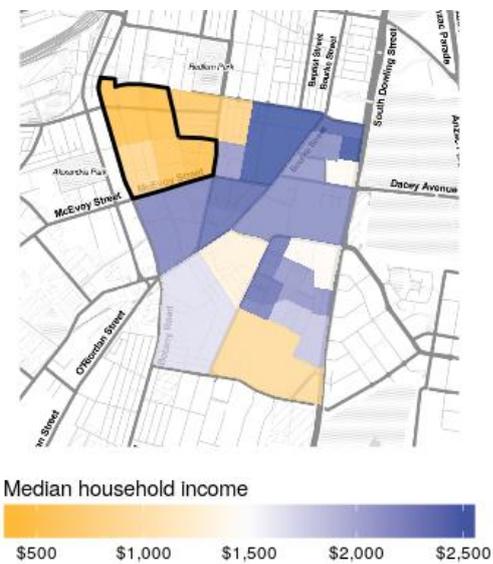


**Social disadvantage is strongly associated with poorer health.**

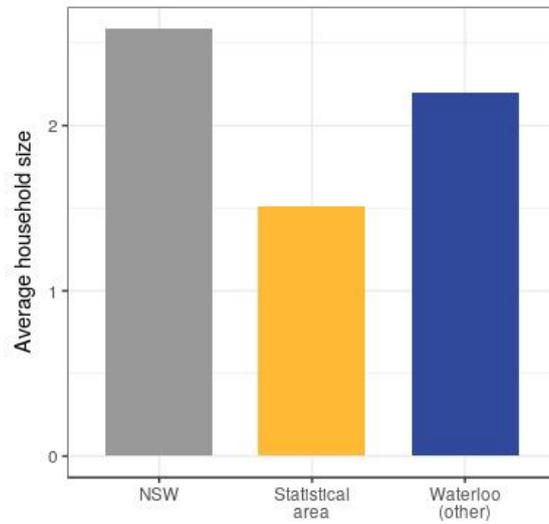
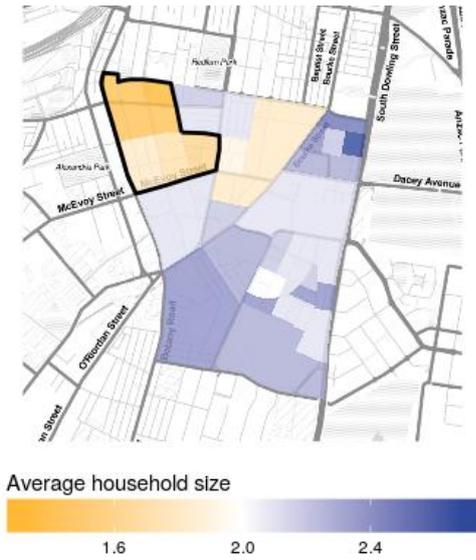
## They are older



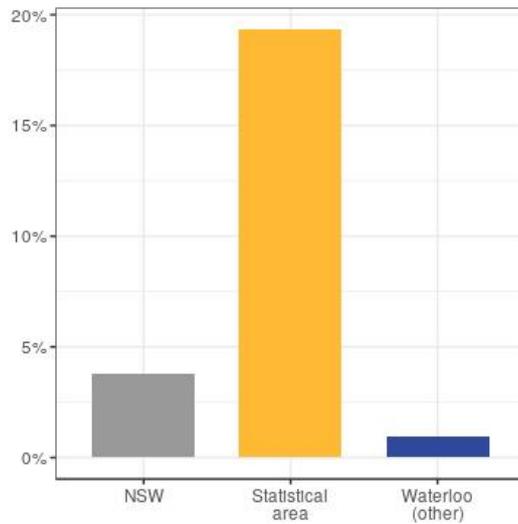
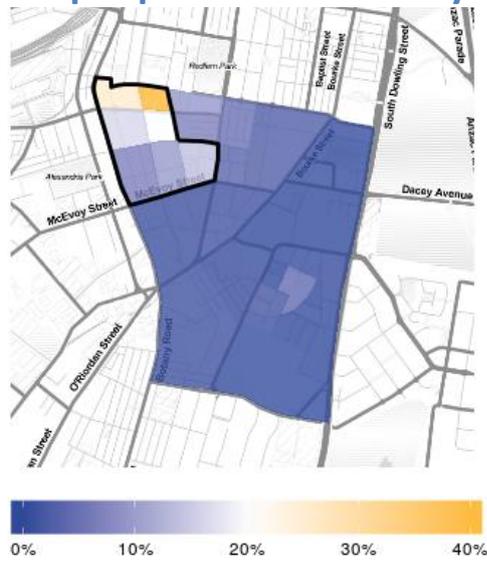
## Incomes are lower



## Households are smaller

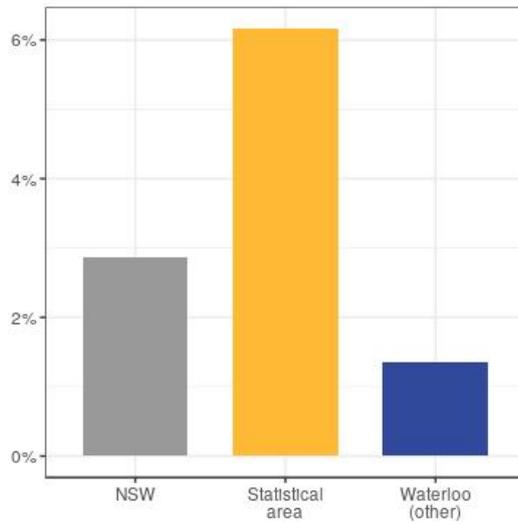


## Older people are more likely to live alone

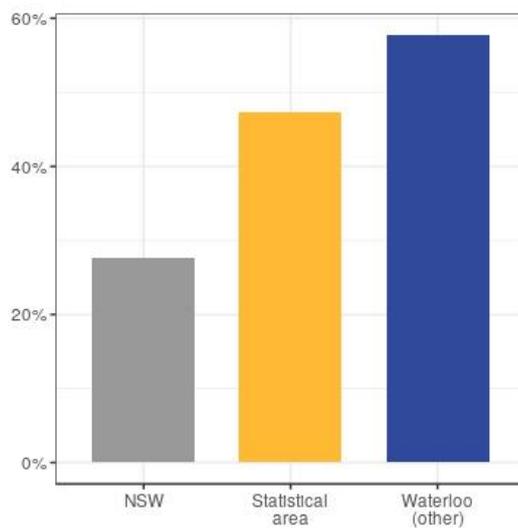


*Proportion of people aged 65+ who live alone*

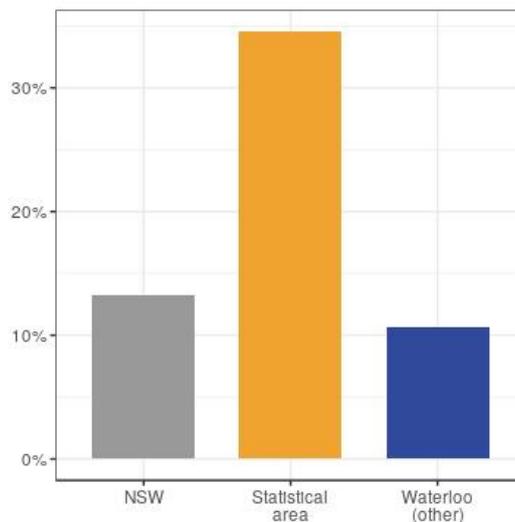
## The proportion of Aboriginal people is higher than average



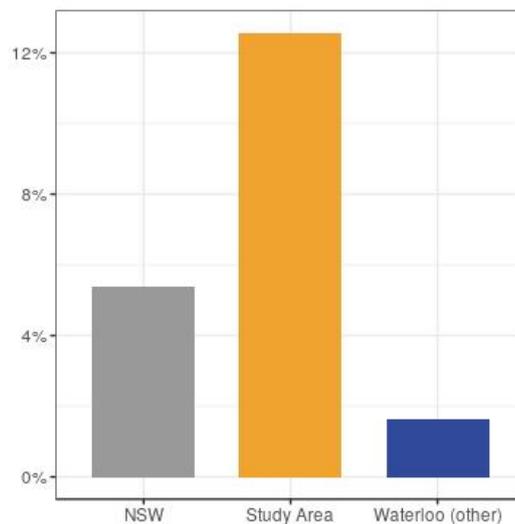
## The proportion born overseas is around 47%, but lower than the average proportion for the Waterloo postcode



## The proportion whose English is poor is higher than the average for Waterloo



## They are much more likely to need assistance with core activities



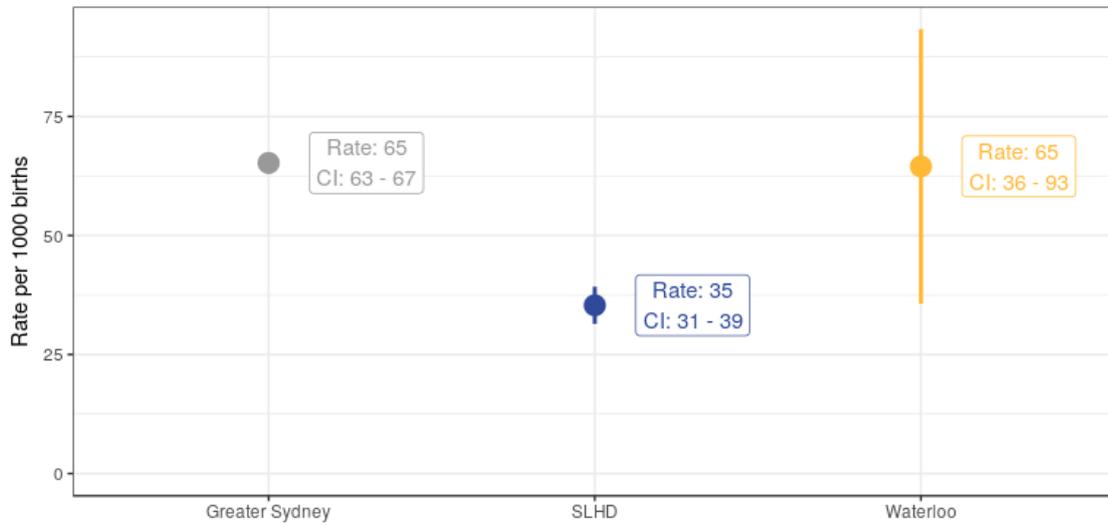
## Summary

- Social disadvantage is concentrated in the redevelopment area
- Residents:
  - Are older
  - Have lower incomes
  - Are more likely to live alone
  - Are more likely to be Aboriginal
  - Are more likely to need assistance with core activities
- Age and social disadvantage are strongly associated with worse health outcomes

## Health data for Waterloo postcode

The rates presented here are for the five years 2011 to 2015. This time period has been used to increase the precision of the estimates for Waterloo postcode.

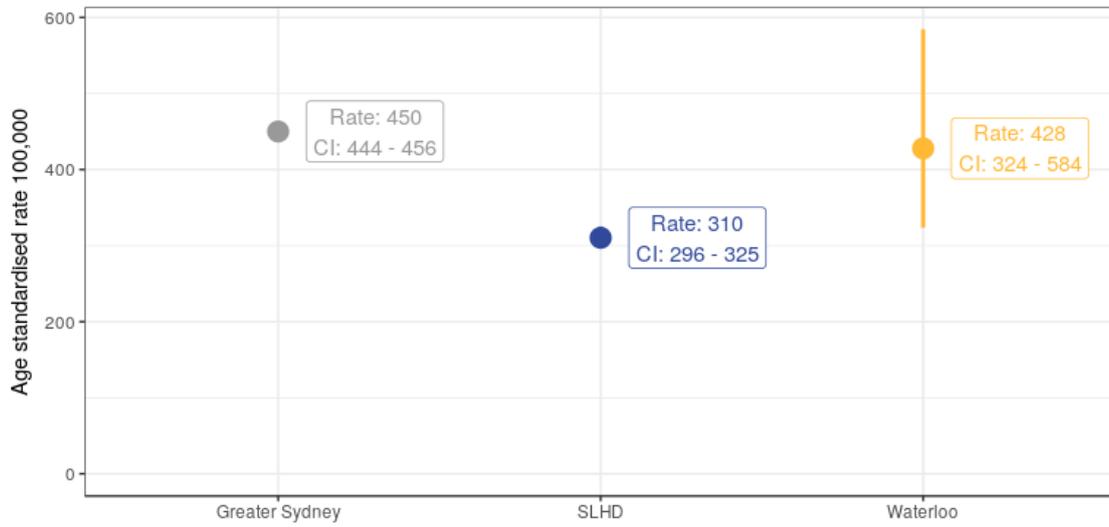
## Smoking in pregnancy



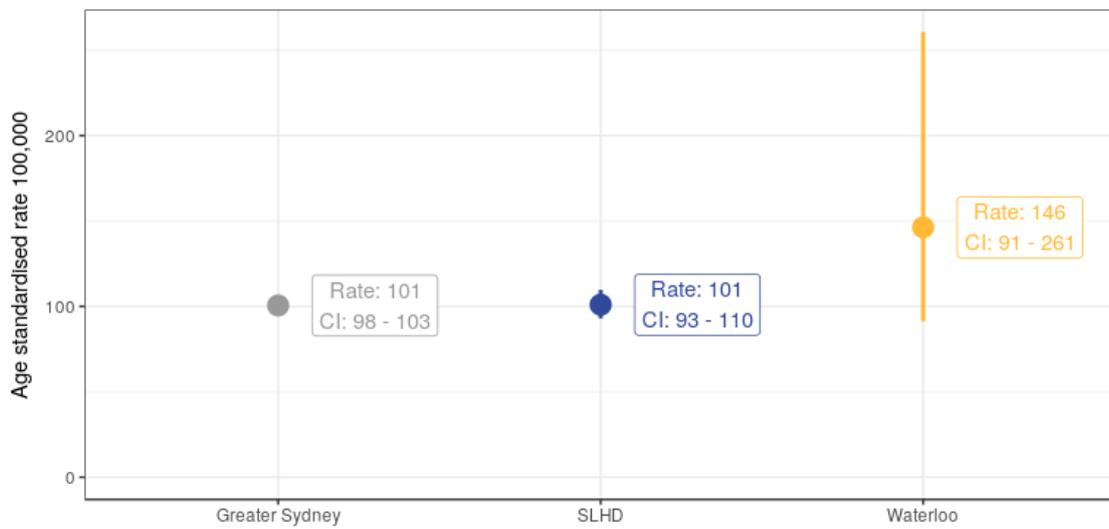
## Rate of admission with stroke



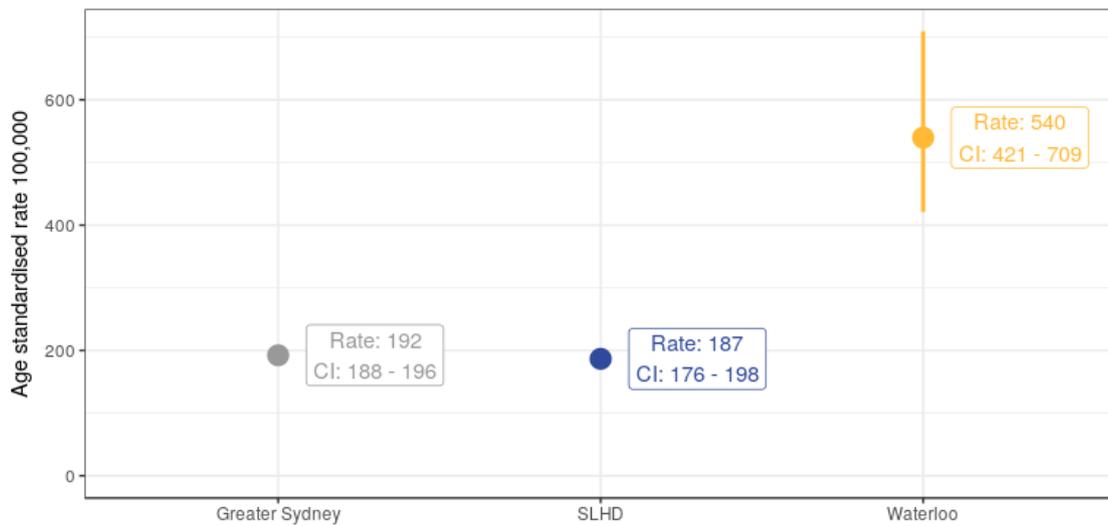
## Rate of admission with coronary heart disease



## Admissions following self-harm



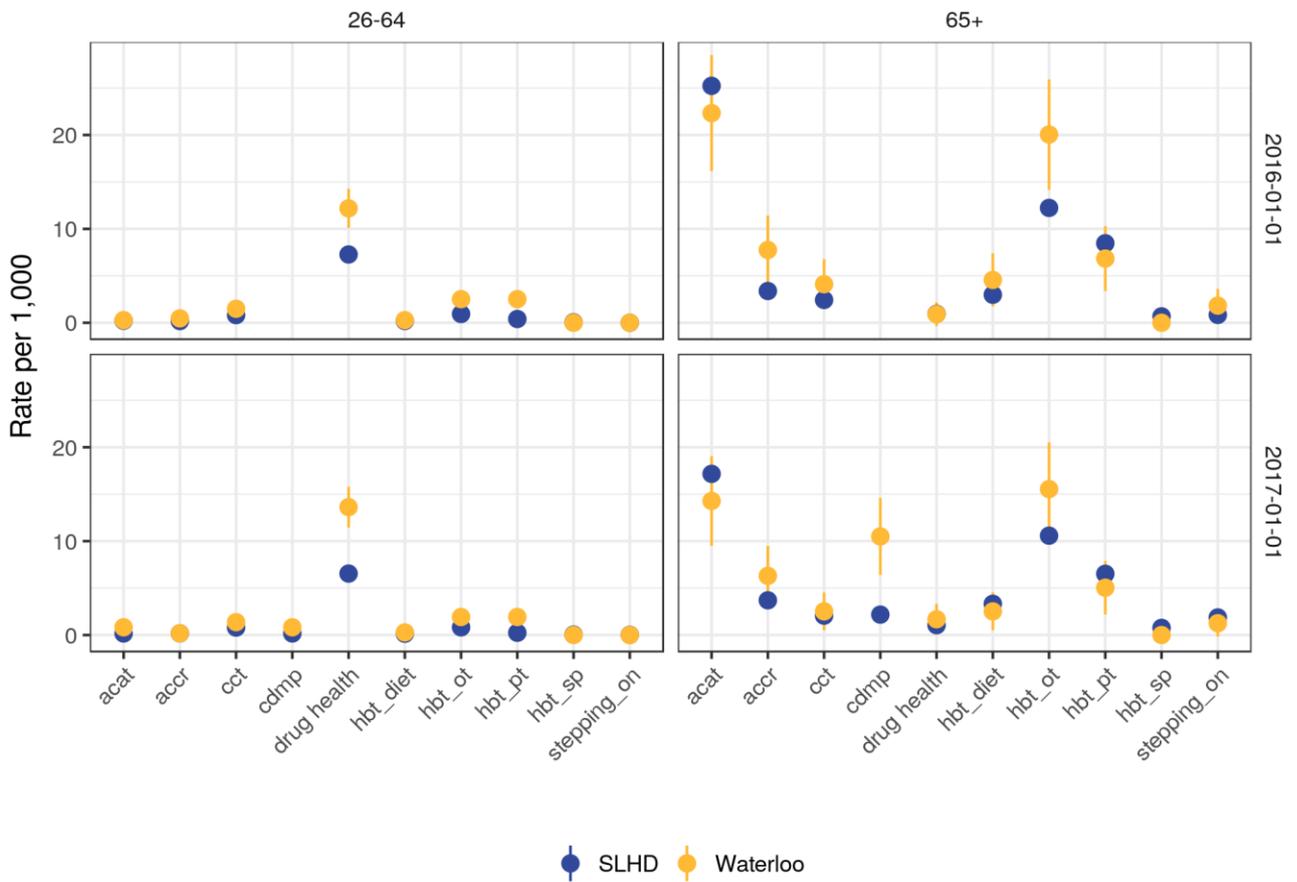
## Rate of admission with Chronic Obstructive Pulmonary Disease (COPD)



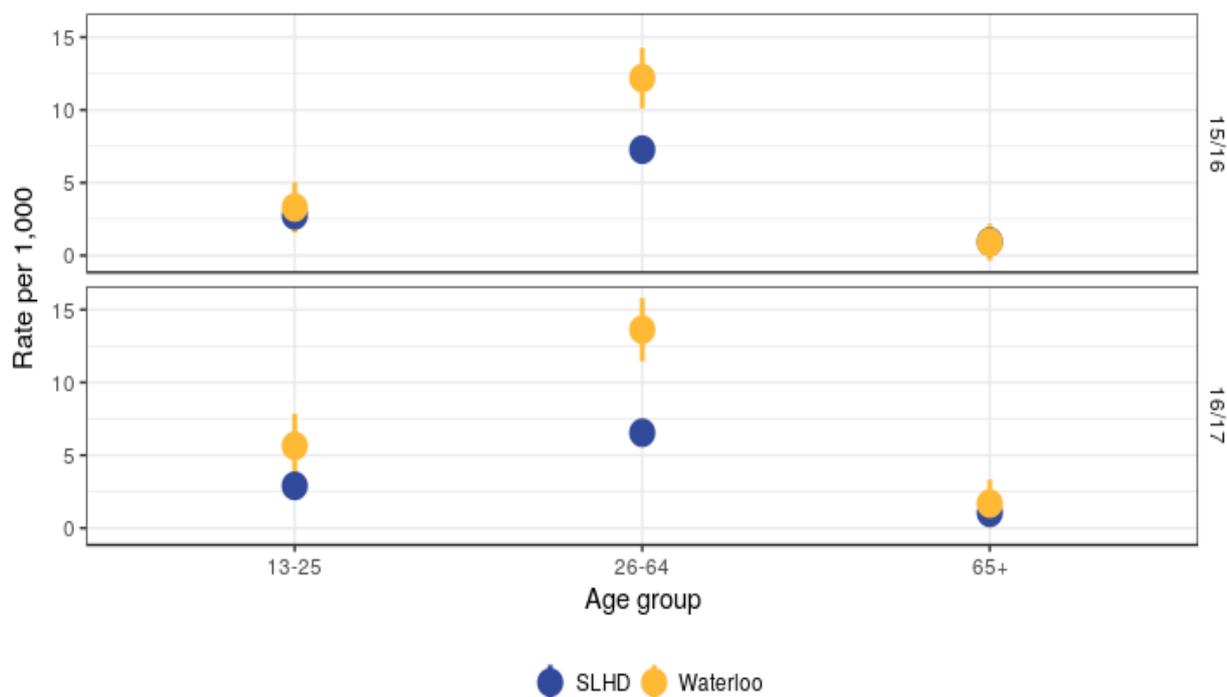
## Rate of ED presentation



**Age standardized Rate of Service Use for Community Aged Care compared to SLHD** – indicates overall a higher usage in Waterloo (except ACAT). In 2016/16 there were Waterloo ACAT clients. They together had 1,610 occasions of service.



**Community Drug Health Services age standardized rates compared to SLHD – indicates overall a higher usage in Waterloo.**



Drug Health Main Treatment/Service Provided	FY2015/16	FY2016/17
Assessment only	3	4

Drug Health	Patients	OOS / events
FY2015/16	147	1,293
FY2016/17	178	1,475
Consultation	16	45
Counselling	32	52
Information and education	0	1
Maintenance pharmacotherapy	49	45
Other	25	12
Rehabilitation	0	0
Support and Case management	36	13
Withdrawal management	19	12
<b>Grand Total</b>	<b>180</b>	<b>184</b>

## Community Health (CH) Activity for Waterloo

WATERLOO - Selected CH Services	FY15/16	FY16/17
Community Health Centre/Clinic	1592	2652
Community Services Centre	4	6
Day care centre/respite care centre	0	5
Home	2901	4008
Other - Educational Facility	0	8
Other setting	57	137
Outreach	5	16
School	3	46
Youth Health Services	112	110
<b>Grand Total of All CH Activity</b>	<b>4679</b>	<b>6994</b>

Community Health Services Registrations	FY 1516		FY 1617	
	<b>Ethnicity</b>			
Aboriginal	112	736	143	1144
Both (Aboriginal & Torres Strait Islander)	2	6	2	0
Declined to respond	2	5	617	2
Neither	376	3892	9	5833
Not Stated/Unknown	12	40	771	15
	<b>Age group</b>			
0-4	66	168	100	426
5-12	52	182	83	364
12-25 (13 to 25)	32	184	48	310
adult (26-64)	172	1795	269	2518
65+	182	2350	271	3376
Grand Total	504	4679	771	6994

## Oral Health Services

Oral Health Services	2015/16	2016/17

	<b>Patients</b>	<b>Activity</b>	<b>Patients</b>	<b>Activity</b>
<b>Oral Health + Sydney Dental Hospital</b>	<b>757</b>	<b>6828</b>	<b>801</b>	<b>8195</b>

<b>Oral Health</b>			
<b>Diagnostic Services</b>		2998	3631
<b>Endodontics</b>		117	99
<b>General Services</b>		158	206
<b>Oral Surgery</b>		426	429
<b>Orthodontics</b>		38	32
<b>Periodontics</b>		179	289
<b>Preventative and Prophylactic Services</b>		1298	1846
<b>Prosthodontics</b>		814	934
<b>Restorative Services</b>		800	729

## Selected other Health Services Activity for Waterloo

Selected Other Community Based Services for Waterloo Residents	2015/16		2016/17	
	Patients	Activity	Patients	Activity
<b>Mental Health</b>	<b>128</b>	<b>NA</b>	<b>133</b>	<b>3233</b>
<b>Chronic Care</b>	<b>NA</b>	<b>NA</b>	<b>59</b>	<b>430</b>

Waterloo Outpatient Activity	2015/16	2016/17
Balmain	<b>3003</b>	<b>2332</b>
Canterbury	<b>15</b>	<b>15</b>
RPA	<b>4101</b>	<b>4096</b>
Concord	<b>246</b>	<b>426</b>
IRO	<b>532</b>	<b>356</b>
Chris O'Brien Lifehouse	<b>1080</b>	<b>898</b>

Hospital Activity	2014/15	2015/16
Total episodes	<b>1174</b>	<b>1223</b>