



# Hobart

LOCAL GOVERNMENT AREA



Health is closely tied to our daily environment. This Community Health Check presents information about the environmental, social and economic state of the Hobart local government area.

**Community Health Check 2024** 



# **About us**



	Hobart LGA	Tasmania	
Our population	55,077	557,571	
Aboriginal population	1.6%	5.4%	
Population by age	32% 23% 18% 0-14 15-24 25-44 45-64 65+	26% 26% 17% 11% 0-14 15-24 25-44 45-64 65+	
Population by gender	49% 51%  Male Female	51% 49%  Male Female	
Median age in years	37	42	
Born outside Australia	33%	21%	

Sources: Our population, Aboriginal population, Population by age, Population by gender, Born outside Australia, and Median age in years: Australian Bureau of Statistics, 2021 Census All persons QuickStats, Local Government Areas, Hobart

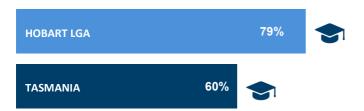
# Social and economic conditions



#### **Education**

The proportion of people in the Hobart LGA who have completed Year 12 and above is greater than the proportion for Tasmania overall.

PER CENT OF ELIGIBLE POPULATION WHO HAVE COMPLETED YEAR 12 AND ABOVE



Higher education levels are associated with better health outcomes.

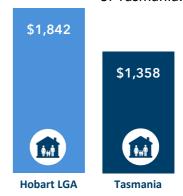
## **Unemployment rates**

The rate of people in the Hobart LGA who are unemployed is greater than in Tasmania overall.



## Median weekly income

Weekly income per household is higher in the Hobart LGA than in the rest of Tasmania.



### **Motor vehicles**

Eighty-nine per cent (89%) of households in the Hobart LGA have one or more motor vehicles.



## Home ownership

Fewer people in the Hobart LGA own their homes outright, compared with the rest of Tasmania.

	Hobart	Tasmania
Owned outright	35%	37%
Owned with mortgage	27%	33%
Rented	36%	26%

Source: Education, Unemployment rates, Median weekly income, Motor vehicles, Home ownership: Australian Bureau of Statistics 2021, Census All persons QuickStats, Local Government Areas, Hobart

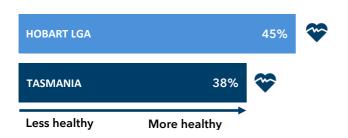
# Healthy living



## Self-reported health

Forty-five per cent (45%) of Hobart LGA residents rated their health as "excellent" or "very good". This is higher than the rate for Tasmania.

#### ADULTS REPORTING THEIR OWN HEALTH AS 'EXCELLENT' OR 'VERY GOOD'



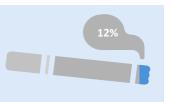
How people feel about their own health, their state of mind and their life in general is a common measure of health. (Australia's Health 2018. AIHW)

#### **Risk factors**

Risk factors are conditions or behaviours that make it more likely people will get a chronic condition or health problem.

		Hobart	Tasmania
•	Overweight/obese body mass index (BMI)	46%	62%
9	Current smoker	12%	15%
	Daily/occasional vaping	4%	3%
	Single occasion risky drinking (>4 alcoholic standard drinks)*	40%	37%
<b>沃</b>	Insufficient moderate/vigorous activity <sup>+</sup>	20%	24%
	Did not meet recommended daily vegetable intake <sup>^</sup>	89%	91%
Ŏ	Did not meet recommended daily fruit intake <sup>^</sup>	51%	61%

In the Hobart LGA, around 12% of people aged 18 years and over, are daily and current smokers, which is lower than the rate for Tasmania.



Source: Self-reported health and Risk factors: Tasmanian Population Health Survey 2022 Local Government Areas (LGA) Supplementary Data Tables

<sup>\*2009</sup> National Health and Medical Research Council alcohol guidelines

<sup>\*2014</sup> National Health and Medical Research Council physical activity guidelines

<sup>^2013</sup> National Health and Medical Research Council dietary guidelines

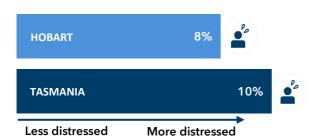
# Healthy living



### **Psychological distress**

Fewer adults in the Hobart LGA are likely to experience high or very high levels of psychological distress compared with Tasmania overall.

#### PEOPLE WITH HIGH OR VERY HIGH LEVELS OF PSYCHOLOGICAL DISTRESS



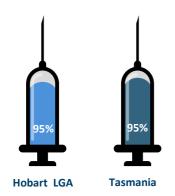
Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

# Health care



#### **Immunisations**

Ninety-five per cent (95%) of children in the Hobart LGA are fully immunised by the age of five, which is similar to the rate for Tasmania.



CHILDREN FULLY IMMUNISED AT 5 YEARS OF AGE

# **GP and emergency** department encounters



In 2022, 80% of people from the Hobart LGA visited a general practitioner for their own health in the previous twelve months\*.

On average each year during
2020-2022, 5,863 individuals from the
Hobart LGA visited an emergency
department (105 people per 1,000
population^), with an average of
11,013 ED presentations per year (197 ED

presentations per 1,000 population<sup>^</sup>)

^Estimated population for June 2022=55,981

Sources: Psychological distress and GP encounters: Tasmanian Population Health Survey 2022 LGA Supplementary Data Tables Immunisations: Primary Health Information Development Unit, Social Health Atlas of Australia: Local Government Areas; Compiled based on data provided by Australian Childhood Immunisation Register, Medicare Australia, 2021

GP encounters: Primary Health Information Network (PHIN) dataset (General Practice dataset), Analysed by Primary Health Tasmania; accessed October 2022

Emergency department encounters: Department of Health and Human Services, Health Central Data Warehouse, Tasmania. Analysed by Primary Health Tasmania: accessed November 2023

\*Individual totals may be higher due to patients potentially visiting more than one practice outside an LGA area or possible de-identification linkage errors from patient administration extraction software.

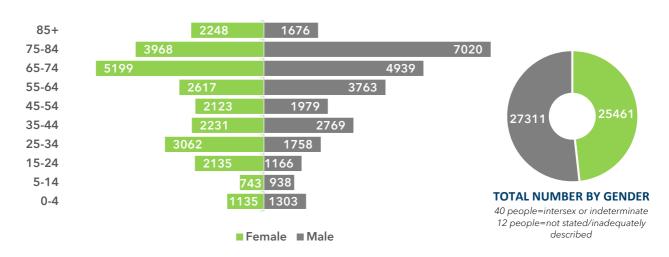
## **Health outcomes**



## **Public hospital admissions**

During the five years from 2018-19 to 2022-23 there were 52,824 admissions to Tasmanian public hospitals from the Hobart LGA, with 22,552 overnight stays.

#### NUMBER OF PUBLIC HOSPITAL ADMISSIONS BY AGE GROUP AND GENDER 2018-19 TO 2022-23



TOP 10 PRIMARY HOSPITAL DIAGNOSIS*^	TOP 10 CHARLSON COMORBIDITIES^^	TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATIONS	
Care involving dialysis	Renal disease	Diabetes complications	
Pain in throat and chest	Any malignancy, including lymphoma and leukaemia, except malignant neoplasm of skin	Cellulitis	
Depressive episode	Cerebrovascular disease	Type 2 diabetes	
Liveborn infants according to place of birth	Chronic pulmonary disease	Congestive heart failure	
Adjustment and management of drug delivery or implanted device	Congestive heart failure	Convulsions epilepsy	
Problems related to medical facilities and other health care	Diabetes with chronic complication	Urinary tract infections	
Schizophrenia	Myocardial infarction	Chronic pulmonary obstructive disease	
Single spontaneous delivery	Dementia	Asthma	
Mental and behavioural disorders due to use of alcohol	Metastatic tumour	Iron deficiency anaemia	
Abdominal and pelvic pain	Diabetes without complication	Ear, nose and throat infections	

<sup>\*</sup>Excludes diagnoses coded as "persons encountering health services in other circumstances" and "other medical care" which cover a wide range of diverse categories and are as such less useful in understanding reasons for hospitalisations.

## **Health outcomes**



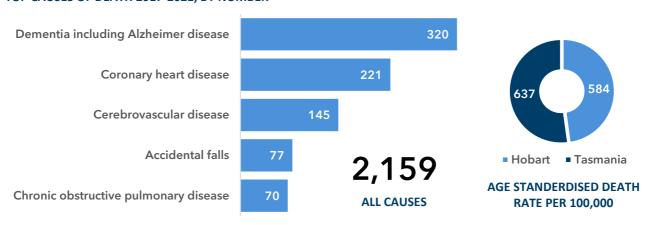
^The primary hospital diagnosis is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^Patients admitted to hospital often have other comorbid conditions, which may or may not be related to their diagnosis. *The Charlson Comorbidities Index* classifies 17 comorbid conditions which may influence mortality risk.

#### Causes of death

During 2017-2021 dementia including Alzheimer disease (15%), coronary heart disease (10%), cerebrovascular disease (8%), accidental falls (4%), and chronic obstructive pulmonary disease (3%) were the leading causes of the 2,159 deaths in the Hobart LGA. The age standardised death rate in 2021 was 584.4 per 100,000 compared with the overall age standardised rate of 636.7 for Tasmania.

#### **TOP CAUSES OF DEATH 2017-2021, BY NUMBER**



Sources: Public hospital admissions: Department of Health and Human Services, Health Central Data Warehouse, Tasmania. Analysed by Primary Health Tasmania; Accessed March 2024; Charlson Comorbidities: Charlson, Mary E., et al. "A new method of classifying prognostic comorbidity in longitudinal studies: development and validation." Journal of chronic diseases 40.5 (1987): 373-383

Causes of death: Mortality over Regions and Time (MORT) book, LGA, 2017-2021, accessed November 2023.

The Tasmanian Community Health Checks feature information about the 29 Local Government Areas (LGAs) in Tasmania. For reports on the other 28 LGAs, please visit primaryhealthtas.com.au and search for Community Health Checks or email info@primaryhealthtas.com.au.

This data is sourced as part of Primary Health Tasmania's ongoing provider support activity. While extensive efforts have been made to ensure this information is as accurate as possible, the data is gleaned from multiple public and private organisations via visits and web searches, and Primary Health Tasmania cannot attest to the continued veracity of this dataset as practice and practitioner details change continually. The information presented is accurate as of March 2024. For the most current information, please go to www.phnexchange.com.au.