

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

Community Health Check 2024



About us

| | Kingborough LGA | Tasmania | |
|------------------------------|---|---|--|
| Our population | 50,082 | 557,571 | |
| Aboriginal population | 4% | 5.4% | |
| Population by age | 25% 25% 18% 11% 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 | 48% 52% Male Female | 51% 49% Male Female | |
| Median age in years | 45 | 42 | |
| Born outside Australia | 25% | 21% | |

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

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Social and economic conditions

Education

The proportion of people in the Kingborough 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



Unemployment rates

The rate of people in the Kingborough LGA who are unemployed is less than in Tasmania overall.

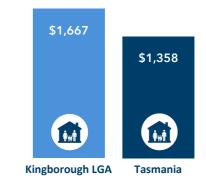


Median weekly income

Higher education levels are associated

with better health outcomes.

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



Motor vehicles

Ninety-six per cent (96%) of households in the Kingborough LGA have one or more motor vehicles.



Home ownership

More people own their own homes outright in the Kingborough LGA compared to the rest of Tasmania.

| | Kingborough | Tasmania |
|---------------------|-------------|----------|
| Owned outright | 40% | 37% |
| Owned with mortgage | 37% | 33% |
| Rented | 20% | 26% |

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



Healthy living

Self-reported health

Forty-one per cent (41%) of Kingborough 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'



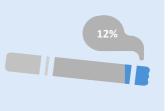
How people feel about their own health, their state of mind and their life in general is a common measure of health. (*Australia's Health 2018*. AIHW)

Risk factors

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

| | | Kingborough | Tasmania |
|----------|--|-------------|------------|
| • | Overweight/obese body mass index (BMI) | 52% | 62% |
| 9 | Current smoker | 12% | 15% |
| | Daily/occasional vaping | 3% | 3% |
| | Single occasion risky drinking (>4 alcoholic standard drinks) * | 40% | 37% |
| 沃 | Insufficient moderate/vigorous activity* | 25% | 24% |
| | Did not meet recommended daily vegetable intake [^] | 90% | 91% |
| Ŭ | Did not meet recommended daily fruit intake [^] | 62% | 61% |

In the Kingborough 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 *2009 National Health and Medical Research Council alcohol guidelines

+2014 National Health and Medical Research Council physical activity guidelines

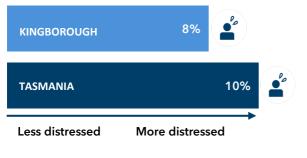
^2013 National Health and Medical Research Council dietary guidelines

Healthy living

Psychological distress

Fewer adults in the Kingborough 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



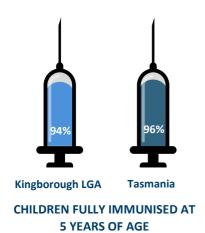
Health care

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



Immunisations

Ninety-four per cent (94%) of children in the Kingborough LGA are fully immunised by the age of five, which is lower than the rate for Tasmania.



GP and emergency department encounters



In 2022, 83% of people from the Kingborough LGA visited a general practitioner for their own health in the previous twelve months^{*}.

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|------------|---|
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On average each year during 2020-2022, 4,377 individuals from the Kingborough LGA visited an emergency department (107 people per 1,000 population[^]), with an average of 7,633 ED presentations per year (186 ED presentations per 1,000 population[^]).

^Estimated population for June 2022=40,933

Sources: Psychological distress and GP encounters: Tasmanian Population Health Survey 2022 Local Government Areas (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.

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 40,841 admissions to Tasmanian public hospitals from the Kingborough LGA area, with 17,242 overnight stays.

85+ 1256 1225 75-84 5230 65-74 3071 4814 55-64 2630 2248 45-54 1935 20882 35-44 1154 25-34 2316 844 15-24 769 1518 **TOTAL NUMBER BY GENDER** 5-14 722 954 7 people=intersex or indeterminate, 0-4 1119 1327 6 people=not stated/inadequately described

■Female ■Male

| 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 |
| Liveborn infants according to place of birth | Cerebrovascular disease | Convulsions epilepsy |
| Single spontaneous delivery | Chronic pulmonary disease | Type 2 diabetes |
| Adjustment and management of drug delivery or implanted device | Diabetes with chronic complication | Asthma |
| Depressive episode | Myocardial infraction | Urinary tract infections |
| Abdominal and pelvic pain | Congestive heart failure | Congestive heart failure |
| Other cataract | Metastatic tumour | Chronic obstructive pulmonary disease |
| Problems related to medical facilities and other health care | Dementia | Iron deficiency anaemia |
| Single delivery by caesarean section | Diabetes without chronic complication | Ear, nose and throat infections |

*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.

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





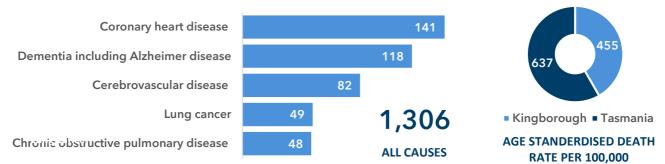
[^]The *primary hospital diagnosis* is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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 2018-2022 coronary heart disease (11%), dementia including Alzheimer disease (9%), cerebrovascular disease (6%), lung cancer (4%) and chronic obstructive pulmonary disease (4%), were the leading causes of the 1,306 deaths in the Kingborough LGA area. The age standardised death rate in 2021 was 455.2 per 100,000 compared with the overall age standardised rate of 636.7 for Tasmania.

TOP CAUSES OF DEATH 2018-2022, 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.