



# Waratah Wynyard

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 Waratah Wynyard local government area.

**Community Health Check 2024** 



## **About us**



	Waratah Wynyard	Tasmania	
Our population	14,300	557,571	
Aboriginal population	8.8%	5.4%	
Population by age	28% 25% 20% 10% 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	48	42	
Born outside Australia	17%	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, Waratah Wynyard

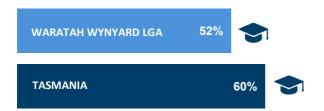
## Social and economic conditions



#### **Education**

The proportion of people in the Waratah Wynyard LGA who have completed Year 12 and above is less 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.

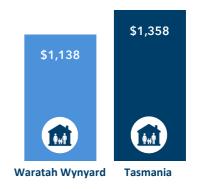
#### **Unemployment rates**

The rate of people in the Waratah Wynyard LGA who are unemployed is lower than the rate in Tasmania overall.



#### Median weekly income

Weekly income per household is less in the Waratah Wynyard LGA than in the rest of Tasmania.



#### **Motor vehicles**

Ninety two per cent (92%) of households in the Waratah Wynyard LGA have one or more motor vehicles.





93%

#### Home ownership

More people in the Waratah Wynyard LGA own their homes outright, compared to the rest of Tasmania.

	Waratah Wynyard	Tasmania
Owned outright	41%	37%
Owned with mortgage	31%	33%
Rented	24%	26%

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

## **Healthy living**



#### Self-reported health

Thirty-four per cent (34%) of Waratah Wynyard LGA residents rated their health as "excellent" or "very good". This is lower 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.

		Waratah Wynyard	Tasmania
•	Overweight/obese body mass index (BMI)	73%	62%
9	Current smoker	16%	15%
	Daily/occasional vaping	2%	3%
	Single occasion risky drinking (>4 alcoholic standard drinks)*	37%	37%
<b>沃</b>	Insufficient moderate/vigorous activity <sup>+</sup>	18%	24%
	Did not meet recommended daily vegetable intake <sup>^</sup>	90%	91%
ď	Did not meet recommended daily fruit intake <sup>^</sup>	60%	61%

In the Waratah Wynyard LGA, around 16% 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>&</sup>lt;sup>+</sup>2014 National Health and Medical Research Council physical activity guidelines

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

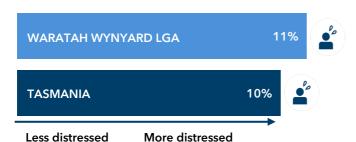
## **Healthy living**



#### **Psychological distress**

More adults in the Waratah Wynyard 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



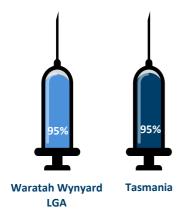
Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

### Health care



#### **Immunisations**

Ninety-five per cent (95%) of children in the Waratah Wynyard 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**



Eighty-four percent (84%) of people from the Waratah Wynyard LGA saw a general practitioner for their own health in the past twelve months\*.



On average each year during 2020-2022, 2,603 individuals from the Waratah Wynyard LGA visited an ED (177 people per 1,000 population^), with an average of 5,827 presentations per year (397 ED presentations per 1,000 population^).

^Estimated population for June 2022 =14,689

Sources: Psychological distress and GP encounters: Tasmanian Population Health Survey LGA Supplementary Data Tables 2022 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.

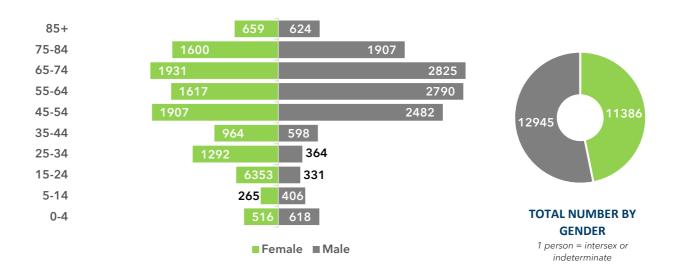
## **Health outcomes**



## **Public hospital admissions**

During the five years from 2018-19 to 2022-23 there were 24,332 admissions to Tasmanian public hospitals from the Waratah Wynyard LGA area, with 11,251 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	Chronic obstructive pulmonary disease
Other cataract	Any malignancy, including lymphoma and leukaemia, except malignant neoplasm of skin	Congestive heart failure
Liveborn infants according to place of birth	Chronic pulmonary disease	Cellulitis
Other symptoms and signs involving the digestive system and abdomen	Myocardial infarction	Urinary tract infections
Single spontaneous delivery	Cerebrovascular disease	Dental conditions
Acute myocardial infarction	Congestive heart failure	Iron deficiency anaemia
Pain in throat and chest	Metastatic tumour	Diabetes complications
Abdominal and pelvic pain	Diabetes with chronic complication	Convulsions epilepsy
Other malignant neoplasms of skin	Diabetes without chronic complication	Angina
Pneumonia, organism unspecified	Dementia	Type 2 diabetes

<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**



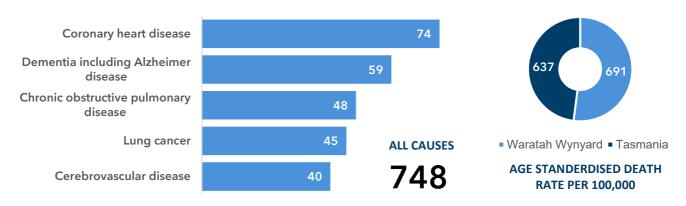
The primary hospital diagnosis is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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 coronary heart disease (10%), dementia including Alzheimer disease (8%), chronic obstructive pulmonary disease (6.5%), lung cancer (6%), and cerebrovascular disease (5%) were the leading causes of the 748 deaths in the Waratah Wynyard LGA area. The age standardised death rate in 2021 was 690.9 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.