



# Flinders

#### 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 Flinders local government area.

### **Community Health Check 2024**



## About us

	Flinders LGA	Tasmania
Our population	922	557,571
Aboriginal population	16.2%	5.4%
Population by age	36% 30% 13% 4% 0-14 15-24 25-44 45-64 65+	26% 26% 21% 17% 11% 0-14 15-24 25-44 45-64 65+
Population by gender	52% 48% Male Female	51% 49% Male Female
Median age in years	57	42
Born outside Australia	20%	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, Flinders

### Social and economic conditions

#### Education

The proportion of people in the Flinders 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



### **Unemployment rates**

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



### Median weekly income

Higher education levels are associated

with better health outcomes.

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



### **Motor vehicles**

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



### Home ownership

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

	Flinders	Tasmania
Owned outright	49%	37%
Owned with mortgage	15%	33%
Rented	25%	26%

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



## **Healthy living**

### Self-reported health

Thirty-seven (37%) of Flinders 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'

FLINDERS LGA	37%	~
TASMANIA	38%	~
Less healthy	More healthy	

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. Some data are not available for Flinders LGA.

			Flinders	Tasmania
•	Overweight/obese body mass index (BMI)			62%
9	Current smoker		14%	15%
A REAL	Daily/occasional vaping			3%
	Single occasion risky drinking (>4 alcoh	olic standard drinks) <sup>*</sup>	43%	37%
홋	Insufficient moderate/vigorous activity <sup>+</sup>			24%
	Did not meet recommended daily vegetable intake <sup>^</sup>		95%	91%
Ť	Did not meet recommended daily frui	t intake <sup>^</sup>	70%	61%
		In the Flinders LGA, around 14% of people aged 18 years and over, are daily and		14%

lower than the rate for Tasmania.

current smokers, which is

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

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

^2013 National Health and Medical Research Council dietary guidelines

### Healthy living

#### **Psychological distress**

In the Flinders LGA, fewer people are likely to experience high or very high levels of psychological distress than for the rest of Tasmania.

PEOPLE WITH HIGH OR VERY HIGH LEVELS OF PSYCHOLOGICAL DISTRESS



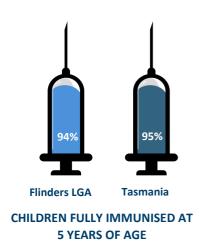
### Health care

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 Flinders LGA are fully immunised by the age of five, which is lower than the rate for Tasmania.



# GP and emergency department encounters



In 2022, 86% of people from the Flinders LGA visited a general practitioner for their own health in the previous twelve months\*.

202 LGA

On average each year during 2019-2021, 58 individuals from the Flinders LGA visited an emergency department (63 people per 1,000 population<sup>^</sup>), with an average of 82 presentations per year (88 ED presentations per 1,000 population<sup>^</sup>)

^Estimated population for June 2022=931

Sources: Psychological distress: 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

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

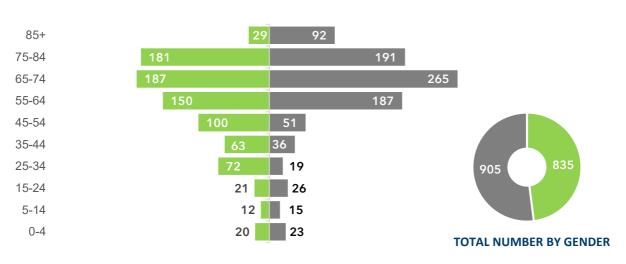
Emergency department encounters: Department of Health and Human Services, Health Central Data Warehouse, Tasmania. Analysed by Primary Health Tasmania; accessed November 2023

\*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 2017-18 to 2021-22 there were 1,740 admissions to Tasmanian public hospitals from the Flinders LGA area, with 1,094 overnight stays.



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

■Female ■Male

TOP 10 PRIMARY HOSPITAL DIAGNOSIS*^	TOP 10 CHARLSON COMORBIDITIES^^	TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATIONS
Abdominal and pelvic pain	Any malignancy, including lymphoma and leukaemia except malignant neoplasm of skin	Chronic obstructive pulmonary disease (COPD)
Pain in throat and chest	Chronic pulmonary disease	Iron deficiency anaemia
Other chronic obstructive pulmonary disease	Cerebrovascular disease	Congestive heart failure
Ulcer of lower limb, not elsewhere classified	Congestive heart failure	Asthma
Iron deficiency anaemia	Mild liver disease	Hypertensive disease
Dorsalgia	Diabetes without chronic complication	Urinary tract infections
Other diseases of digestive system	Dementia	Angina
Acute myocardial infarction	Rheumatic disease	Cellulitis
Atrial fibrillation and flutter	Metastatic tumour	Diabetes complications
Gastro-oesophageal reflux disease	Peptic ulcer disease	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.

### Health outcomes



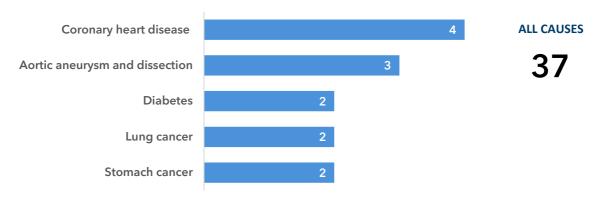
^The primary hospital diagnosis is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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 2016-2020 coronary heart disease (11%), aortic aneurysm and dissection (8%), diabetes (5%), lung cancer (5%), and stomach cancer (5%) were the leading causes of the 37 deaths in the Flinders LGA area. The population was too low to calculate the aged standardised death rate (Tasmania 636.7 per 100,000 people).

#### TOP CAUSES OF DEATH 2016-2020, 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.

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.

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.