

# Kentish

LOCAL GOVERNMENT AREA



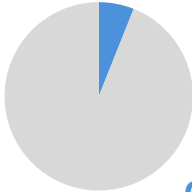
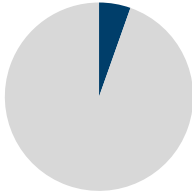
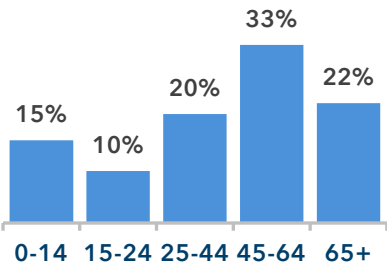
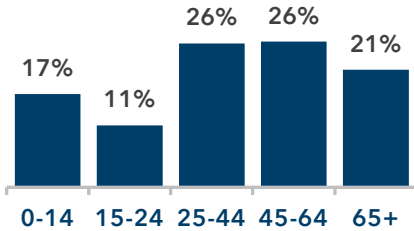
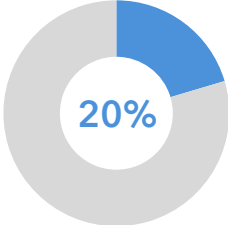
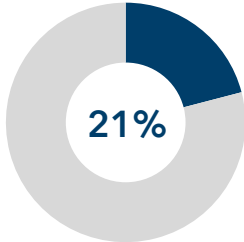
Health is closely tied to our daily environment. This Community Health Check presents information about the environmental, social and economic state of the Kentish local government area.

Community Health  
Check 2024



# About us



	Kentish LGA	Tasmania
<b>Our population</b>	<b>6,603</b>	<b>557,571</b>
<b>Aboriginal population</b>	 <b>6%</b>	 <b>5.4%</b>
<b>Population by age</b>		
<b>Population by gender</b>	<b>51%</b> Male <b>49%</b> Female	<b>51%</b> Male <b>49%</b> Female
<b>Median age in years</b>	<b>49</b>	<b>42</b>
<b>Born outside Australia</b>	 <b>20%</b>	 <b>21%</b>

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, Kentish

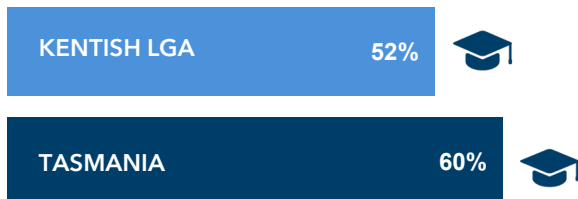
# Social and economic conditions



## Education

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

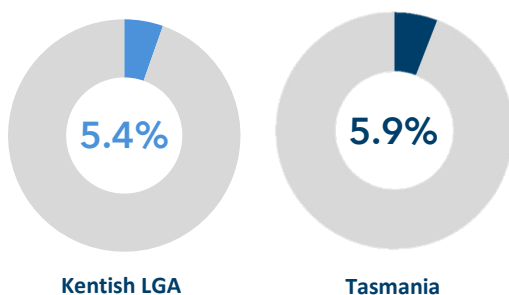
PER CENT OF ELIGIBLE POPULATION WHO HAVE COMPLETED YEAR 12 AND ABOVE



Higher education levels are associated with better health outcomes.

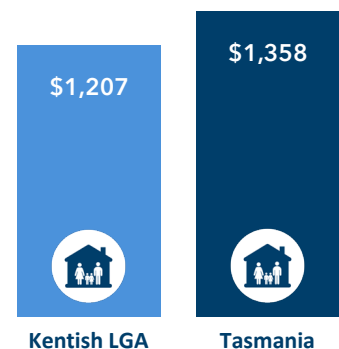
## Unemployment rates

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



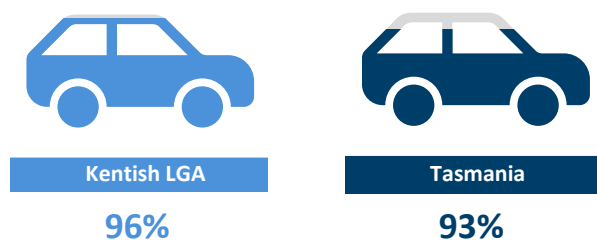
## Median weekly income

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



## Motor vehicles

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



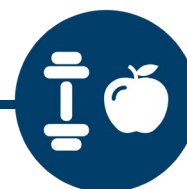
## Home ownership

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

	Kentish	Tasmania
Owned outright	47%	37.1%
Owned with mortgage	36%	33%
Rented	12%	26%

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

# Healthy living



## Self-reported health

Thirty-six per cent (36%) of Kentish 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’



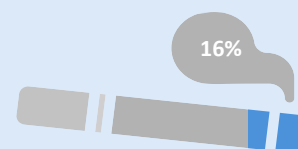
How people feel about their own health, their state of mind and their life in general is a common measure of health. (Australia’s Health 2018. AIHW)

## Risk factors

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

	Kentish	Tasmania
 <b>Overweight/obese body mass index (BMI)</b>	<b>53%</b>	<b>62%</b>
 <b>Current smoker</b>	<b>16%</b>	<b>15%</b>
 <b>Daily/occasional vaping</b>	<b>2%</b>	<b>3%</b>
 <b>Single occasion risky drinking (&gt;4 alcoholic standard drinks)*</b>	<b>28%</b>	<b>37%</b>
 <b>Insufficient moderate/vigorous activity<sup>†</sup></b>	<b>27%</b>	<b>24%</b>
 <b>Did not meet recommended daily vegetable intake<sup>‡</sup></b>	<b>86%</b>	<b>91%</b>
 <b>Did not meet recommended daily fruit intake<sup>‡</sup></b>	<b>61%</b>	<b>61%</b>

In the Kentish LGA, around 16% of people aged 18 years and over, are daily and current smokers, which is higher 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

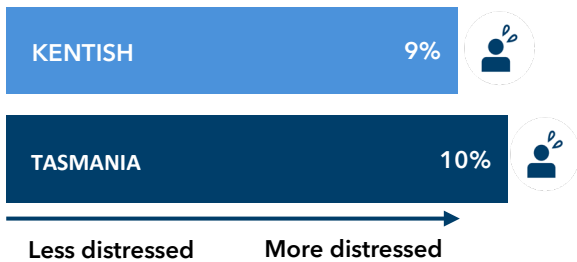
# Healthy living



## Psychological distress

Fewer adults in the Kentish 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



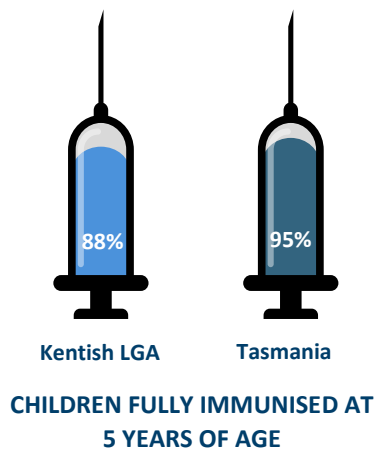
Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

## Health care



### Immunisations

Eighty-eight per cent (88%) of children in the Kentish LGA are fully immunised by the age of five, which is less than the rate for Tasmania.



### GP and emergency department encounters



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



On average each year during 2020-2022, 1,052 individuals from the Kentish LGA visited an emergency department (155 people per 1,000 population<sup>^</sup>), with an average of 2,495 ED presentations per year (367 ED presentations per 1,000 population<sup>^</sup>)

<sup>^</sup>Estimated population for June 2022=6,805

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.

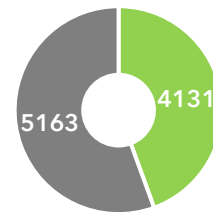
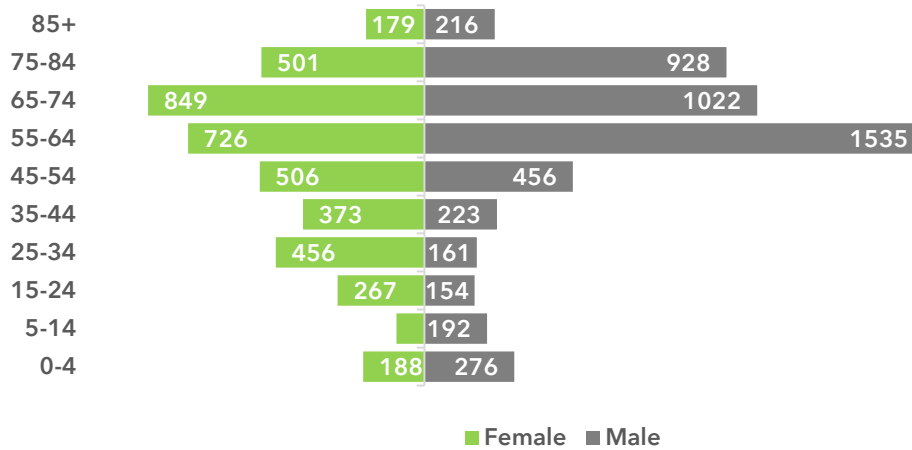
# Health outcomes



## Public hospital admissions

During the five years from 2018-19 – 2022-23 there were 9,295 admissions to Tasmanian public hospitals from the Kentish LGA, with 4,562 overnight stays.

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



**TOTAL NUMBER BY GENDER**

1 person = intersex or indeterminate

TOP 10 PRIMARY HOSPITAL DIAGNOSIS <sup>*A</sup>	TOP 10 CHARLSON COMORBIDITIES <sup>^^</sup>	TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATIONS
Care involving dialysis	Renal disease	Cellulitis
Other cataract	Any malignancy, including lymphoma and leukaemia, except malignant neoplasm of skin	Chronic obstructive pulmonary disease
Other symptoms and signs involving the digestive system and abdomen	Myocardial infarction	Urinary tract infections
Abdominal and pelvic pain	Cerebrovascular disease	Congestive heart failure
Liveborn infants according to place of birth	Chronic pulmonary disease	Iron deficiency anaemia
Single spontaneous delivery	Congestive heart failure	Diabetes complications
Pneumonia, organism unspecified	Metastatic tumour	Dental conditions
Acute myocardial infarction	Diabetes without chronic complication	Type 2 diabetes
Other diseases of digestive system	Diabetes with chronic complication	Convulsions epilepsy
Pain in throat and chest	Dementia	Angina

\*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



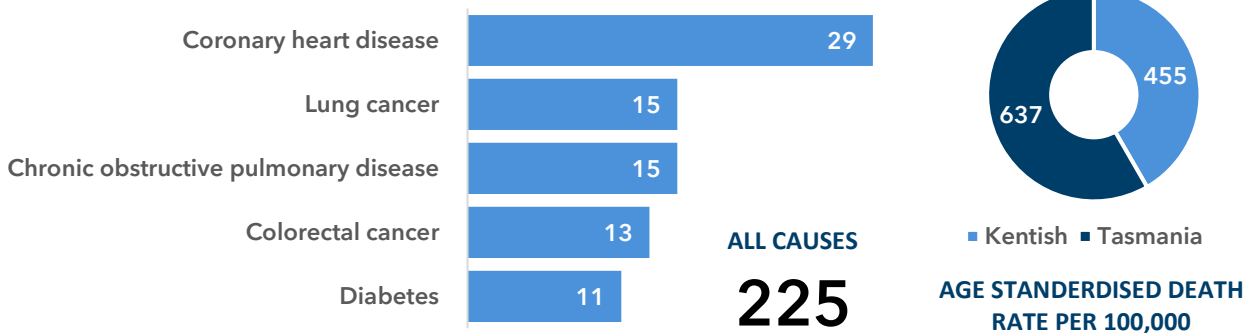
^The *primary hospital diagnosis* is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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 (13%), lung cancer (7%), chronic obstructive pulmonary disease (7%), colorectal cancer (6%) and diabetes (5%) were the leading causes of the 225 deaths in the Kentish LGA. The age standardised death rate in 2021 was 454.6 per 100,000 compared with the overall age standardised rate of 636.7 for Tasmania.

### TOP CAUSES OF DEATH 2017-21, 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](https://primaryhealthtas.com.au) and search for [Community Health Checks](#) or email [info@primaryhealthtas.com.au](mailto: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](https://www.phnexchange.com.au).*