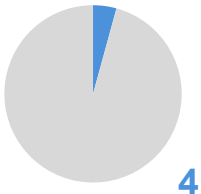
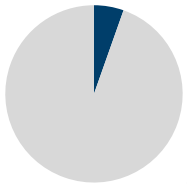
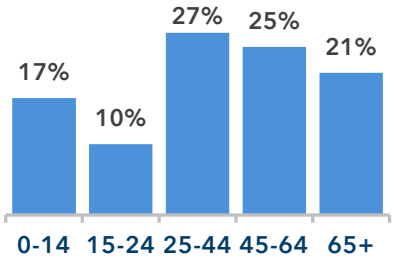
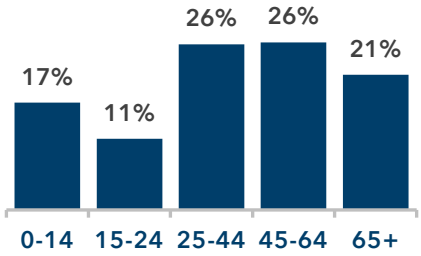
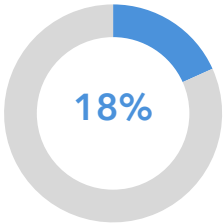
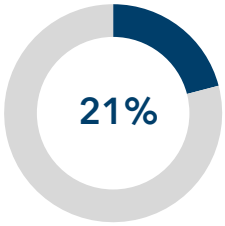
Clarence

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 Clarence local government area.

Community Health Check 2025

About us

	Clarence LGA	Tasmania
Our population	61,531	557,571
Aboriginal population	 4.3%	 5.4%
Population by age		
Population by gender	49% Male 51% Female	51% Male 49% Female
Median age in years	41	42
Born outside Australia		

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

Social and economic conditions

Education

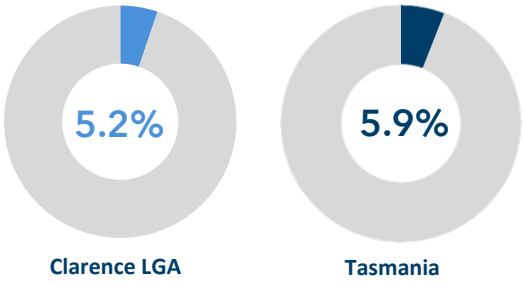
The proportion of people in the Clarence LGA who have completed Year 12 and above is greater than the proportion for Tasmania overall.

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

Higher education levels are associated with better health outcomes.

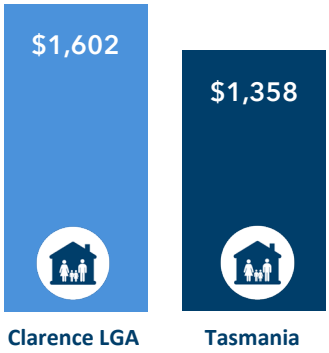
Unemployment rates

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



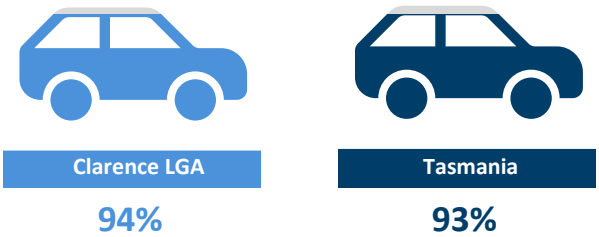
Median weekly income

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



Motor vehicles

Ninety-three per cent (94%) of households in the Clarence LGA have one or more motor vehicles.



Home ownership

The number of people in the Clarence LGA who own their homes outright is similar to the rest of Tasmania.

	Clarence	Tasmania
Owned outright	37%	37%
Owned with mortgage	37%	33%
Rented	23%	26%

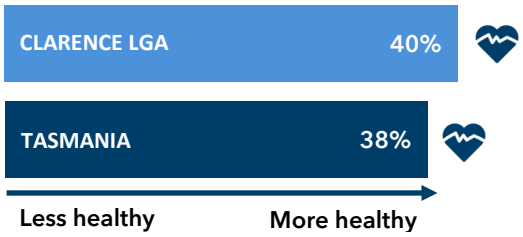
Source: Education, Unemployment rates, Median weekly income, Motor vehicles, Home ownership: Australian Bureau of Statistics 2021, Census All persons QuickStats, Local Government Areas, Clarence

Healthy living

Self-reported health

Forty-one per cent (40%) of Clarence 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’



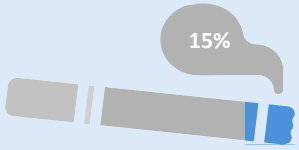
How people feel about their own health, their state of mind and their life in general is a common measure of health. (*Australia’s Health 2018.* AIHW)

Risk factors

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

	Clarence	Tasmania
Obese body mass index (BMI)	62%	62%
Current smoker	15%	15%
Daily/occasional vaping	4%	3%
Single occasion risky drinking (>4 alcoholic standard drinks)*	39%	37%
Insufficient moderate/vigorous activity⁺	24%	24%
Did not meet recommended daily vegetable intake^	92%	91%
Did not meet recommended daily fruit intake^	61%	61%

In the Clarence LGA, around 15% of people aged 18 years and over, are daily and current smokers, similar to the rate for Tasmania.



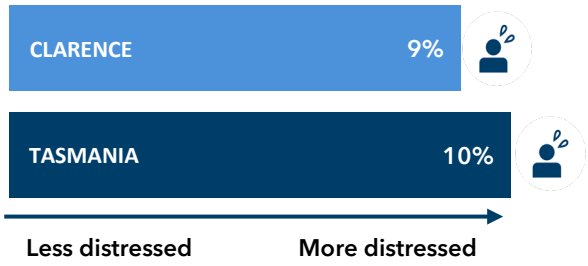
Source: Self-reported health and Risk factors: Tasmanian Population Health Survey 2022 Local Government Areas (LGA) Supplementary Data Tables
*2009 National Health and Medical Research Council alcohol guidelines
⁺2014 National Health and Medical Research Council physical activity guidelines
^2013 National Health and Medical Research Council dietary guidelines

Healthy living

Psychological distress

Fewer adults in the Clarence 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

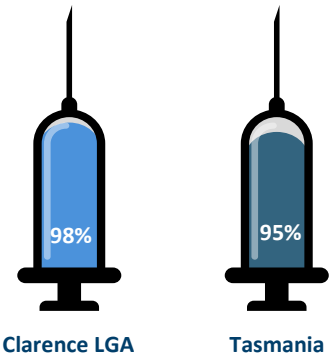


Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

Health care

Immunisations

Ninety-eight per cent (98%) of children in the Clarence LGA are fully immunised by the age of five, which is higher than the rate for Tasmania.



CHILDREN FULLY IMMUNISED AT 5 YEARS OF AGE

GP and emergency department encounters

In 2022, eighty-four percent (84%) of people from the Clarence LGA saw a general practitioner for their own health in the previous twelve months*.

On average each year during 2021-2023, 7,495 individuals visited an emergency department (119 people per 1,000 population^), with an average of 14,806 presentations per year (235 ED presentations per 1,000 population^).

^Estimated population for June 2022=63,084

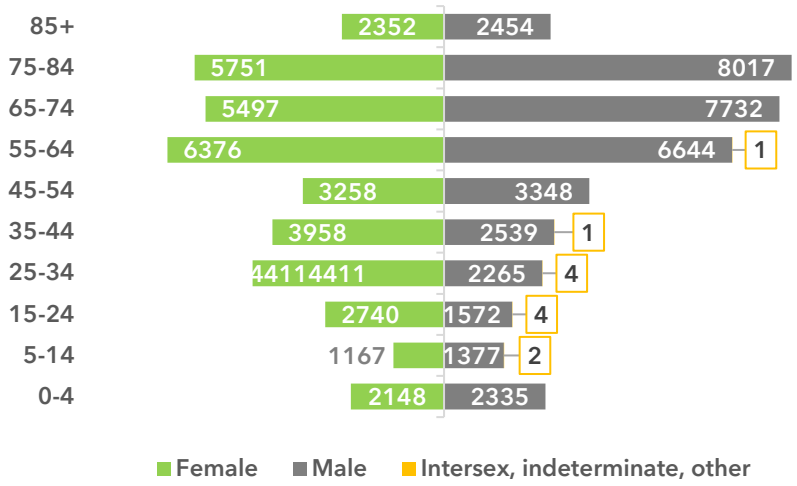
Sources: Psychological distress and GP encounters: Tasmanian Population Health Survey LGA Supplementary Data Tables 2022
Immunisations: Primary Health Information Development Unit, Social Health Atlas of Australia: Local Government Areas; Compiled based on data provided by Australian Childhood Immunisation Register, Medicare Australia, 2021
Emergency department encounters: Department of Health and Human Services, Health Central Data Warehouse, Tasmania. Analysed by Primary Health Tasmania; accessed March 2025
*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.

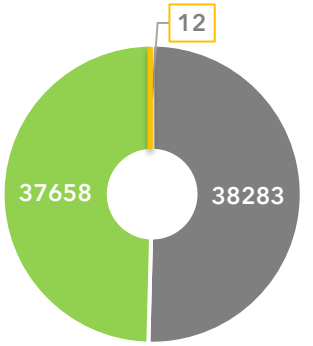
Health outcomes

Public hospital admissions

During the five years from 2019-20 to 2023-24 there were 75,953 admissions to Tasmanian public hospitals from the Clarence LGA area, with 34,194 overnight stays.

TOTAL NUMBER OF PUBLIC HOSPITAL ADMISSIONS BY AGE GROUP AND GENDER 2019-20 TO 2023-24





TOTAL NUMBER BY GENDER

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
Live born infants according to place of birth	Chronic pulmonary disease	Chronic obstructive pulmonary disease (COPD)
Adjustment and management of drug delivery of implanted device	Cerebrovascular disease	Congestive heart failure
Single spontaneous delivery	Congestive heart failure	Urinary tract infections
Abdominal and pelvic pain	Myocardial infarction	Type 2 diabetes
Problems related to medical facilities and other health care	Diabetes with chronic complication	Convulsions epilepsy
Other cataract	Diabetes without chronic complication	Asthma
Depressive episode	Rheumatic disease	Iron deficiency anaemia
Single delivery by caesarean section	Metastatic tumour	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

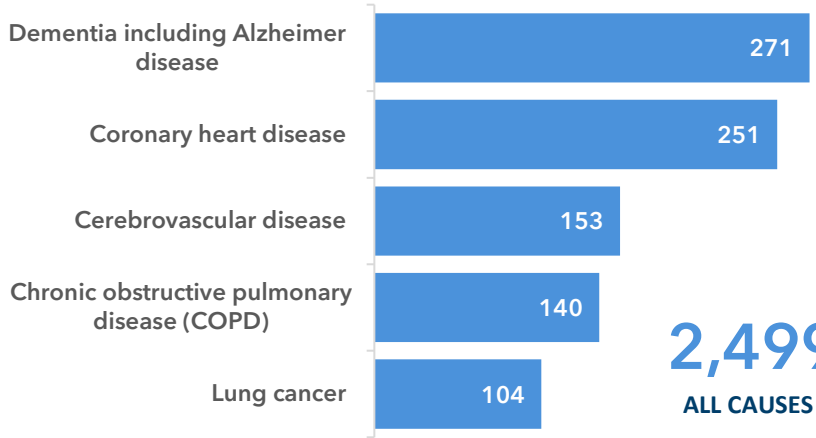
^The *primary hospital diagnosis* is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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.

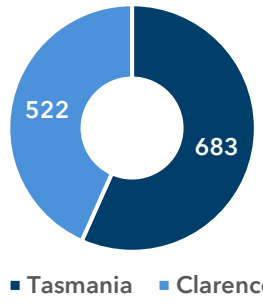
Causes of death

During 2018-2022 dementia including Alzheimer disease (11%), coronary heart disease (10%), cerebrovascular disease (6%), chronic obstructive pulmonary disease (6%), and lung cancer (4%) were the leading causes of the 2,499 deaths in the Clarence LGA area. The age standardised death rate in 2022 was 522 per 100,000 people compared with the overall age standardised rate of 683 for Tasmania.

TOP CAUSES OF DEATH 2018-2022, BY NUMBER



2,499
ALL CAUSES



AGE STANDERDISED DEATH RATE PER 100,000

Sources: Public hospital admissions: Department of Health and Human Services, Health Central Data Warehouse, Tasmania. Analysed by Primary Health Tasmania; Accessed March 2025; 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, 2018-2022, accessed March 2025.

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 2025. For the most current information, please go to www.phnexchange.com.au.