

Derwent Valley

LOCAL GOVERNMENT AREA



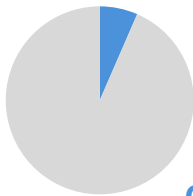
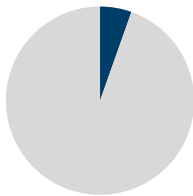
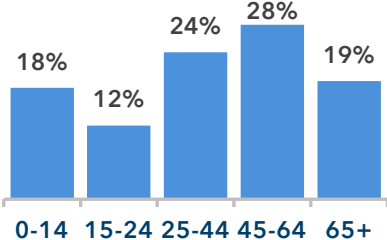
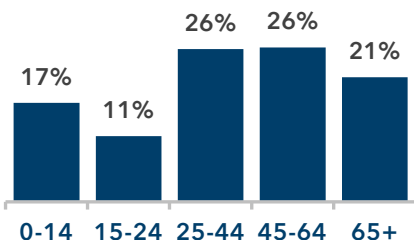
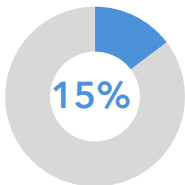
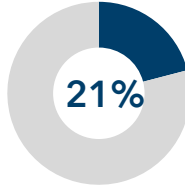
Health is closely tied to our daily environment. This Community Health Check presents information about the environmental, social and economic state of the Derwent Valley local government area.

Community Health Check 2025



About us



	Derwent Valley	Tasmania
Our population	10,942	557,571
Aboriginal population	 6.5%	 5.4%
Population by age		
Population by gender	50% Male 50% Female	51% Male 49% Female
Median age in years	42	42
Born outside Australia	 15%	 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, Derwent Valley

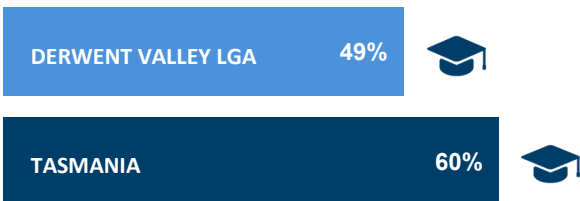
Social and economic conditions



Education

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

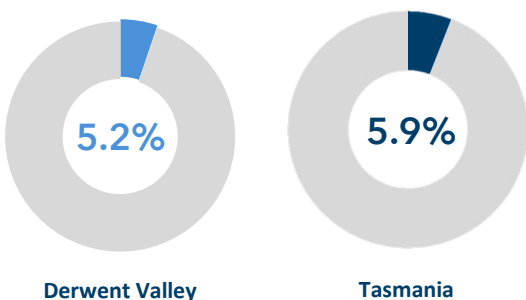
PER CENT OF ELIGIBLE POPULATION WHO HAVE COMPLETED YEAR 12 AND ABOVE



Higher education levels are associated with better health outcomes.

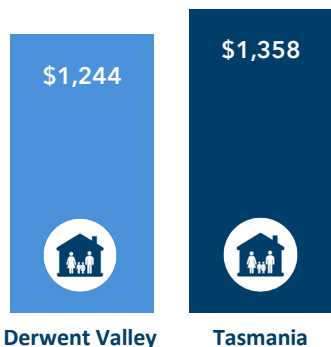
Unemployment rates

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



Median weekly income

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



Motor vehicles

Ninety-three per cent (93%) of households in the Derwent Valley LGA have one or more motor vehicles.



Home ownership

The number of people in the Derwent Valley LGA who own their homes outright is less than in the rest of Tasmania.

	Derwent Valley	Tasmania
Owned outright	35%	37%
Owned with mortgage	40%	33%
Rented	22%	26%

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

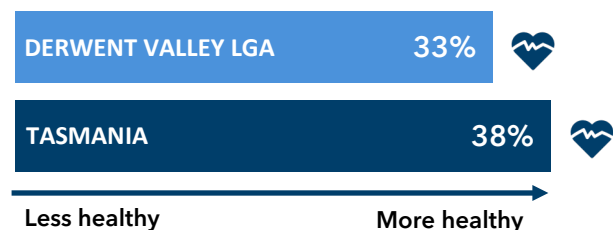
Healthy living



Self-reported health

In 2022, thirty-three per cent (33%) of Derwent Valley 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’



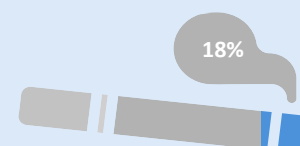
How people feel about their own health, their state of mind and their life in general is a common measure of health. (Australia's Health 2018. AIHW)

Risk factors

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

	Derwent Valley	Tasmania
 Overweight/obese body mass index (BMI)	77%	62%
 Current smoker	18%	15%
 Daily/occasional vaping	4%	3%
 Single occasion risky drinking (>4 alcoholic standard drinks)*	29%	37%
 Insufficient moderate/vigorous activity[†]	27%	24%
 Did not meet recommended daily vegetable intake[^]	93%	91%
 Did not meet recommended daily fruit intake[^]	79%	61%

In the Derwent Valley LGA, around 18% 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

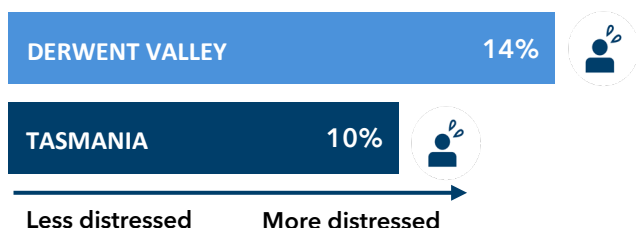
Healthy living



Psychological distress

In 2022, 14% of people from the Derwent Valley LGA were more likely to experience high or very high levels of psychological distress, compared with the rate for Tasmania.

PEOPLE WITH HIGH OR VERY HIGH LEVELS OF PSYCHOLOGICAL DISTRESS



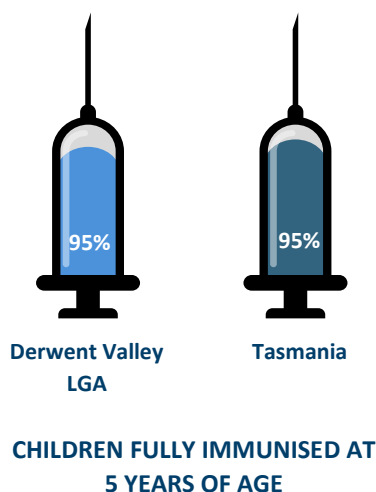
Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

Health care



Immunisations

Ninety-five percent (95%) of children in the Derwent Valley LGA are fully immunised by the age of five, which is similar to the rate for Tasmania.



GP and emergency department encounters



In 2022, 85% of people from the Derwent Valley LGA reported that they saw a general practitioner for their own health in the previous twelve months*.



On average each year during 2021-2023, 1,523 individuals from the Derwent Valley LGA visited an emergency department (136 people per 1,000 population[^]), with an average of 3,182 presentations per year (283 ED presentations per 1,000 population[^]).

[^]Estimated population for June 2022=11,235

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.

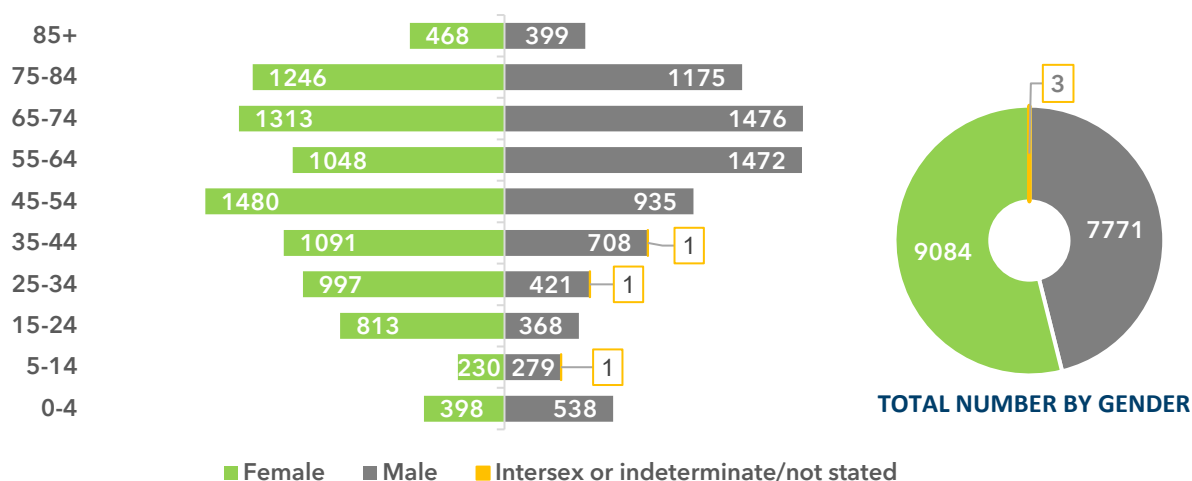
Health outcomes



Public hospital admissions

During the five years from 2019-20 to 2023-24 there were 16,858 admissions to Tasmanian public hospitals from the Derwent Valley LGA area, with 8,665 overnight stays.

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



TOP 10 PRIMARY HOSPITAL DIAGNOSIS ^{*^}	TOP 10 CHARLSON COMORBIDITIES ^{^^}	TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATIONS
Care involving dialysis	Renal disease	Chronic obstructive pulmonary disease (COPD)
Schizophrenia	Any malignancy, including lymphoma and leukaemia except malignant neoplasm of skin	Diabetes complications
Pain in throat and chest	Chronic pulmonary disease	Cellulitis
Liveborn infants according to place of birth	Cerebrovascular disease	Type 2 diabetes
Other chronic obstructive pulmonary disease	Congestive heart failure	Urinary tract infections
Single spontaneous delivers	Diabetes with chronic complication	Iron deficiency anaemia
Other cataract	Diabetes without chronic complication	Congestive heart failure
Problems related to medical facilities and other health care	Myocardial infarction	Convulsions epilepsy
Abdominal and pelvic pain	Rheumatic disease	Ear, nose and throat infections
Depressive episode	Metastatic tumour	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



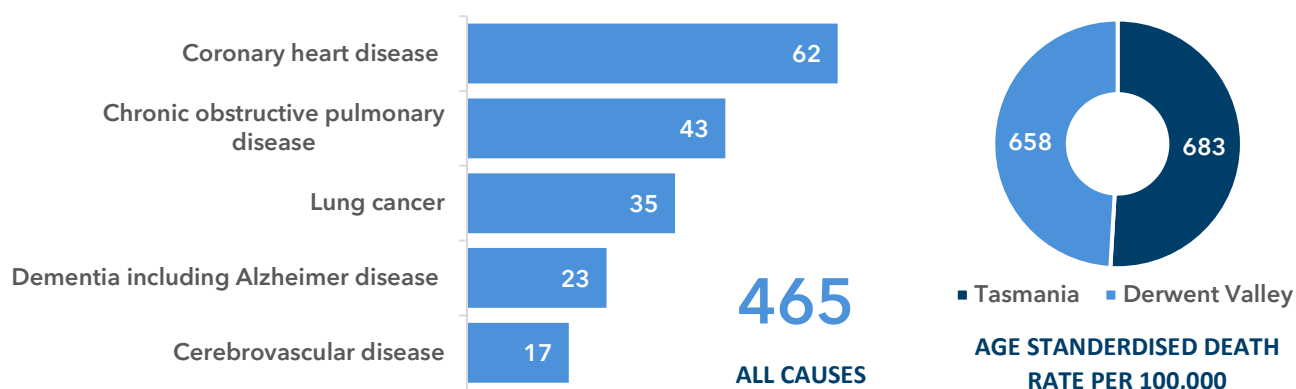
^The *primary hospital diagnosis* is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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 2018-2022 coronary heart disease (13%), chronic obstructive pulmonary disease (COPD) (9%), lung cancer (8%), dementia including Alzheimer disease (5%), and cerebrovascular disease (CVD) (4%) were the leading causes of the 465 deaths in the Derwent Valley LGA area. The age standardised death rate in 2022 was 658 per 100,000 compared with the overall age standardised rate of 683 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 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.