

Northern Midlands

LOCAL GOVERNMENT AREA



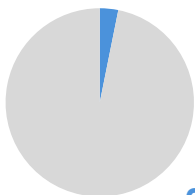
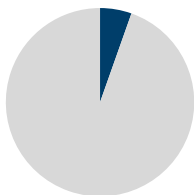
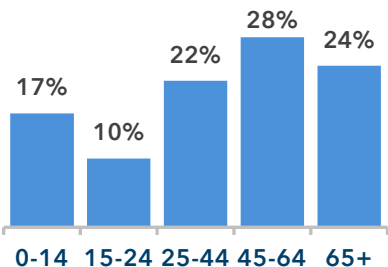
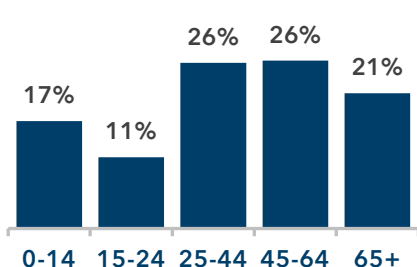
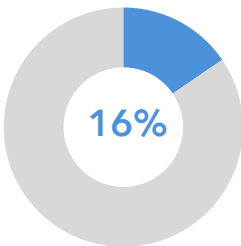
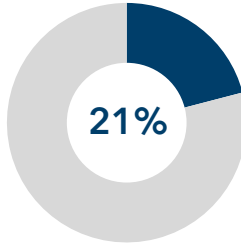
Health is closely tied to our daily environment. This Community Health Check presents information about the environmental, social and economic state of the Northern Midlands local government area.

Community Health Check 2025



About us



	Northern Midlands LGA	Tasmania
Our population	13,745	557,571
Aboriginal population	 3.2%	 5.4%
Population by age		
Population by gender	50% Male 50% Female	51% Male 49% Female
Median age in years	46	42
Born outside Australia	 16%	 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, Northern Midlands

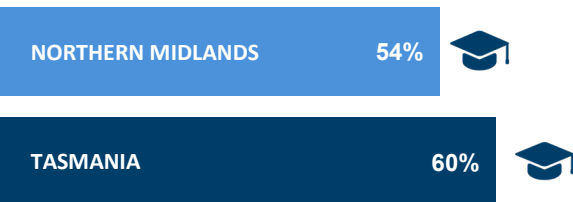
Social and economic conditions



Education

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

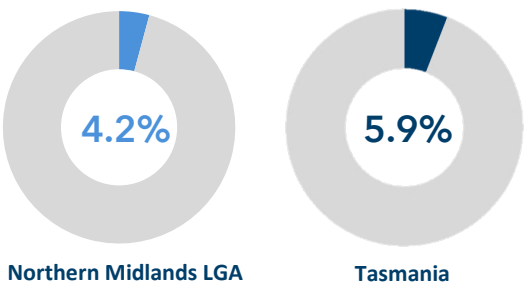
PER CENT OF ELIGIBLE POPULATION WHO HAVE COMPLETED YEAR 12 AND ABOVE



Higher education levels are associated with better health outcomes.

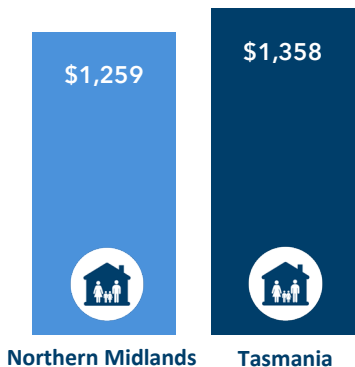
Unemployment rates

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



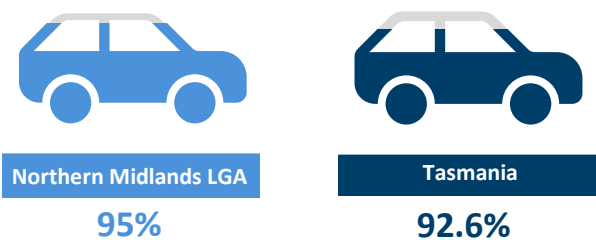
Median weekly income

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



Motor vehicles

Ninety-five per cent (95%) of households in the Northern Midlands LGA have one or more motor vehicles.



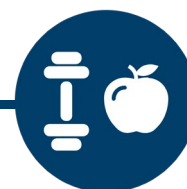
Home ownership

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

	Northern Midlands	Tasmania
Owned outright	41%	37%
Owned with mortgage	34%	33%
Rented	21%	26%

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

Healthy living



Self-reported health

Thirty-four per cent (34%) of Northern Midlands 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’



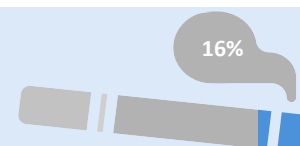
How people feel about their own health, their state of mind and their life in general is a common measure of health. (Australia's Health 2018. AIHW)

Risk factors

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

	Northern Midlands	Tasmania
 Overweight/obese body mass index (BMI)	77%	62%
 Current smoker	16%	15%
 Daily/occasional vaping	3%	3%
 Single occasion risky drinking (>4 alcoholic standard drinks)*	48%	37%
 Insufficient moderate/vigorous activity[†]	29%	24%
 Did not meet recommended daily vegetable intake[^]	95%	91%
 Did not meet recommended daily fruit intake[^]	60%	61%

In the Northern Midlands 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

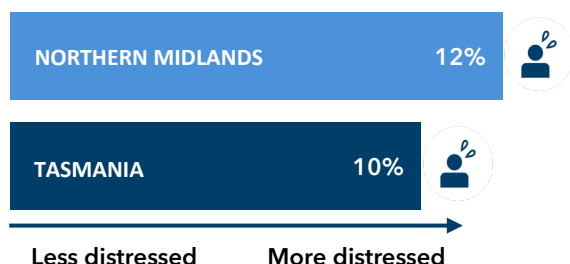
Healthy living



Psychological distress

More adults in the Northern Midlands 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



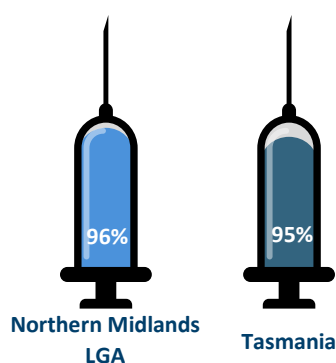
Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

Health care



Immunisations

Ninety-six per cent (95.8%) of children in the Northern Midlands 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



Eighty-five percent (85%) of people from the Northern Midlands LGA saw a general practitioner for their own health in the past twelve months*.



On average each year during 2021-2023, 2,063 individuals from the Northern Midlands LGA visited an ED (146 people per 1,000 population[^]), with an average of 3,975 presentations per year (281 ED presentations per 1,000 population[^]).

[^]Estimated population for June 2022 = 14,138

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.

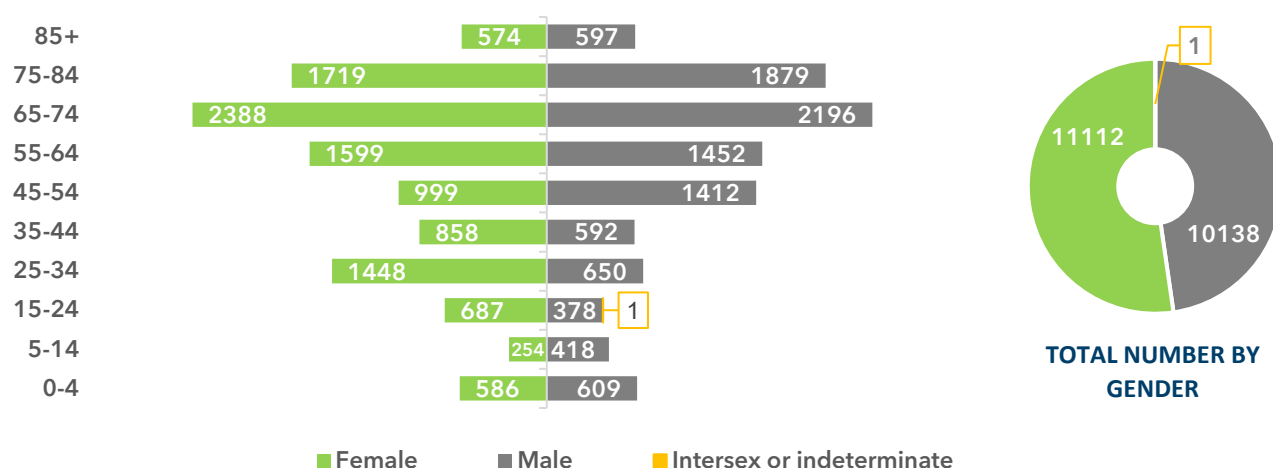
Health outcomes



Public hospital admissions

During the five years from 2019-20 to 2023-24 there were 21,296 admissions to Tasmanian public hospitals from the Northern Midlands LGA area, with 9,994 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
Crohn's disease (regional enteritis)	Any malignancy, including lymphoma and leukaemia, except malignant neoplasm of skin	Cellulitis
Other cataract	Chronic pulmonary disease	Congestive heart failure
Liveborn infants according to place of birth	Cerebrovascular disease	Iron deficiency anaemia
Other chronic obstructive pulmonary disease	Congestive heart failure	Urinary tract infections
Single spontaneous delivery	Myocardial infarction	Dental conditions
Benign neoplasm of colon, rectum, anus and anal canal	Metastatic tumour	Diabetes complications
Single delivery by caesarean section	Rheumatic disease	Convulsions epilepsy
Multiple sclerosis	Diabetes without chronic complication	Angina
Abdominal and pelvic pain	Diabetes with chronic complication	Type 2 diabetes

*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



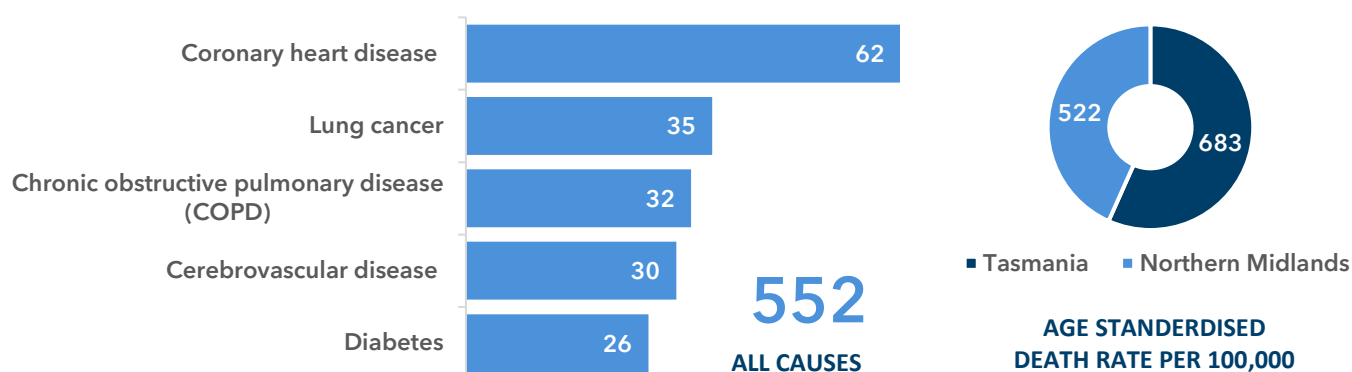
^The *primary hospital diagnosis* is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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 (11%), lung cancer (6%), chronic obstructive pulmonary disease (6%), cerebrovascular disease (5%), and diabetes (5%) were the leading causes of the 552 deaths in the Northern Midlands LGA area. The age standardised death rate in 2022 was 522 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.