

Flinders

LOCAL GOVERNMENT AREA



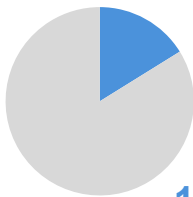
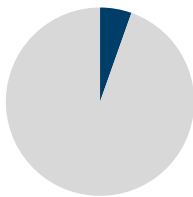
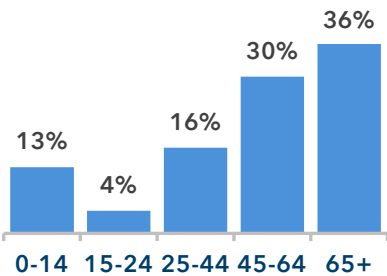
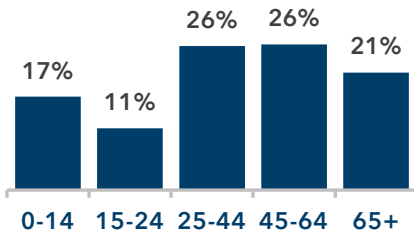
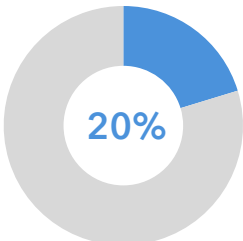
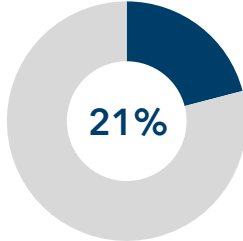
Health is closely tied to our daily environment. This Community Health Check presents information about the environmental, social and economic state of the Flinders local government area.

Community Health Check 2025



About us



	Flinders LGA	Tasmania
Our population	922	557,571
Aboriginal population	 16.2%	 5.4%
Population by age		
Population by gender	52% Male 48% Female	51% Male 49% 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.

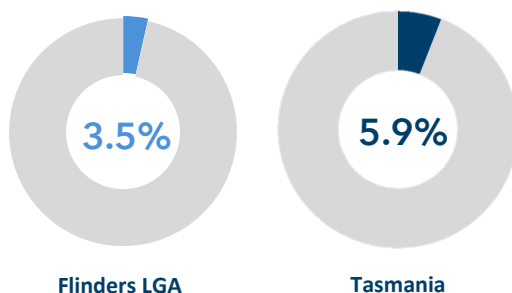
PER CENT OF ELIGIBLE POPULATION WHO HAVE COMPLETED YEAR 12 AND ABOVE



Higher education levels are associated with better health outcomes.

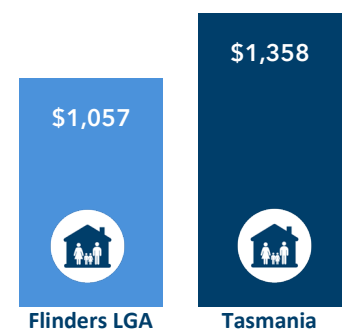
Unemployment rates

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



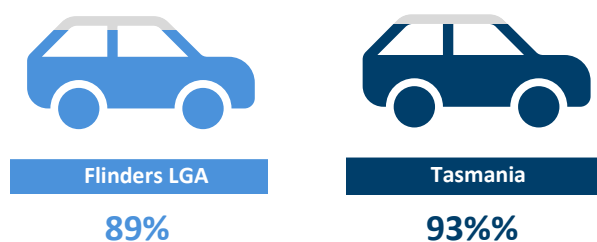
Median weekly income

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’



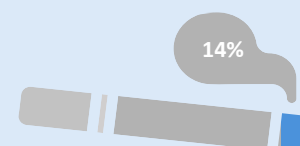
How people feel about their own health, their state of mind and their life in general is a common measure of health. (Australia's Health 2018. AIHW)

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%
 Current smoker	14%	15%
 Daily/occasional vaping	--	3%
 Single occasion risky drinking (>4 alcoholic standard drinks)*	43%	37%
 Insufficient moderate/vigorous activity[†]	--	24%
 Did not meet recommended daily vegetable intake[^]	95%	91%
 Did not meet recommended daily fruit intake[^]	70%	61%

In the Flinders LGA, around 14% of people aged 18 years and over, are daily and current smokers, which is lower 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

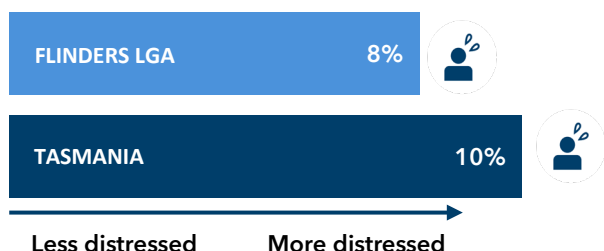
Healthy living



Psychological distress

In 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



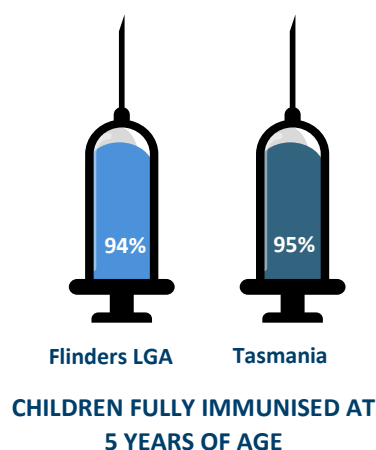
Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

Health care



Immunisations

Ninety-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*.



On average each year during 2021-2023, 61 individuals from the Flinders LGA visited an emergency department (65 people per 1,000 population[^]), with an average of 84 presentations per year (91 ED presentations per 1,000 population[^]).

[^]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 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.

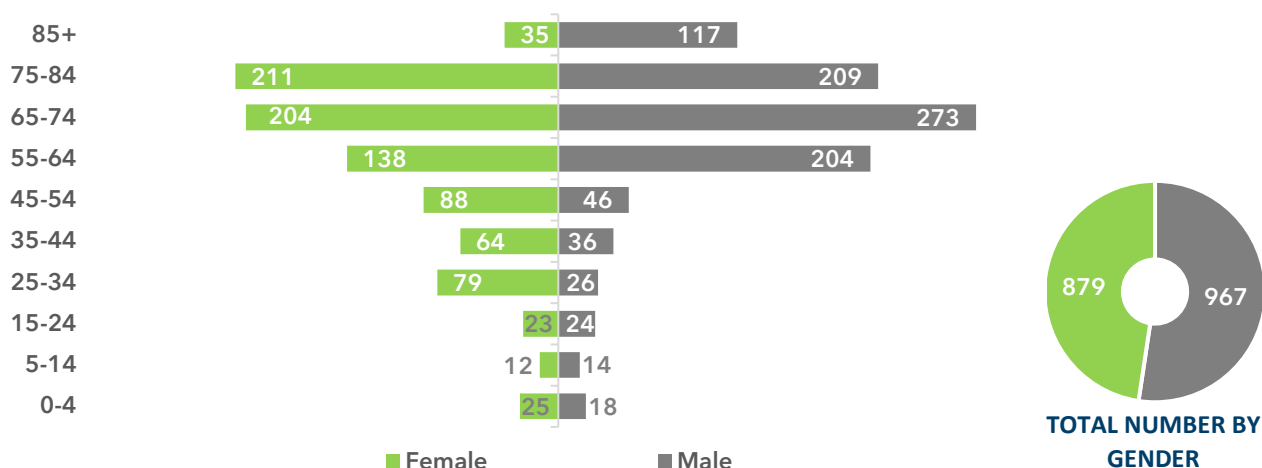
Health outcomes



Public hospital admissions

During the five years from 2018-19 to 2022-23 there were 1,846 admissions to Tasmanian public hospitals from the Flinders LGA area, with 1,134 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
Abdominal and pelvic pain	Any malignancy, including lymphoma and leukaemia except malignant neoplasm of skin	Iron deficiency anaemia
Pain in throat and chest	Chronic pulmonary disease	Cellulitis
Iron deficiency anaemia	Cerebrovascular disease	Chronic obstructive pulmonary disease
Other diseases of oesophagus	Myocardial infarction	Urinary tract infections
Ulcer of lower limb, not elsewhere classified	Congestive heart failure	Congestive heart failure
Dorsalgia	Diabetes without chronic complication	Hypertensive disease
Other diseases of digestive system	Metastatic tumour	Diabetes complications
Acute myocardial infarction	Dementia	Type 2 diabetes
Deficiency of other nutrient elements	Mild liver disease	Angina
Gastro-oesophageal reflux disease	Rheumatic disease	Dental conditions

*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



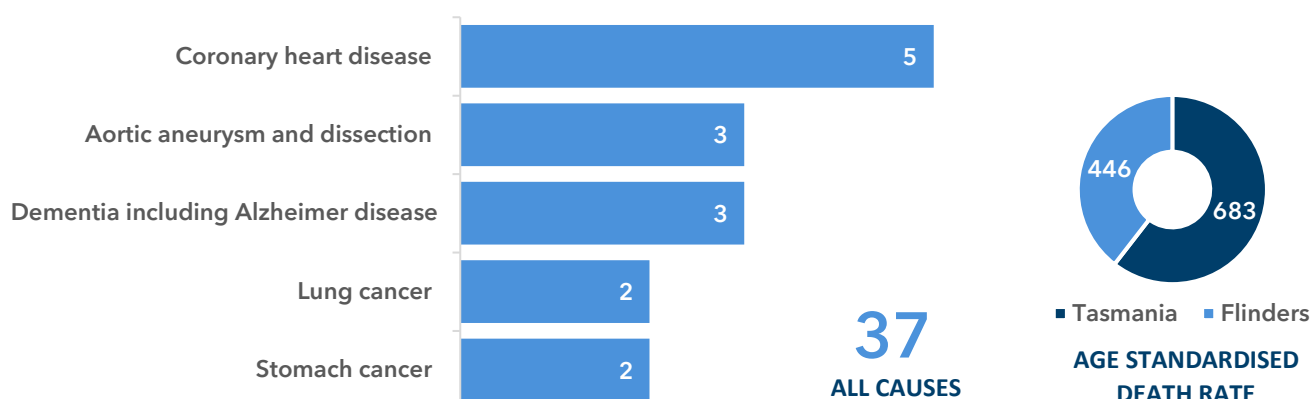
^The *primary hospital diagnosis* is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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 (14%), aortic aneurysm and dissection (8%), dementia including Alzheimer disease (8%), lung cancer (5%), and stomach cancer (5%) were the leading causes of the 37 deaths in the Flinders LGA area. The age standardised death rate in 2022 was 446 per 100,000 compared with the overall aged standardised death 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.

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.

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.