

George Town

LOCAL GOVERNMENT AREA



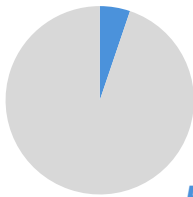
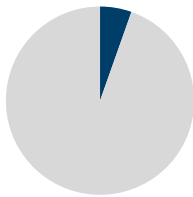
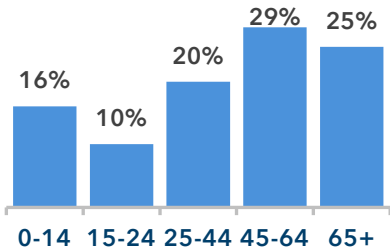
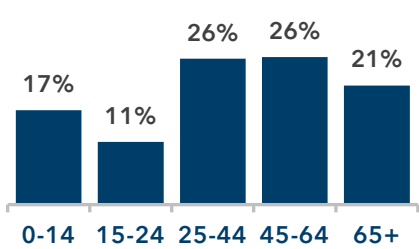
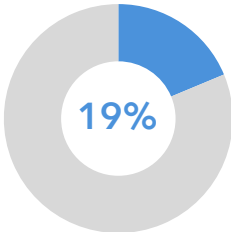
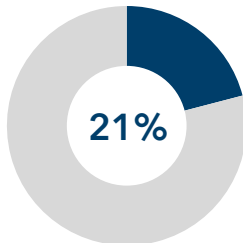
Health is closely tied to our daily environment. This Community Health Check presents information about the environmental, social and economic state of the George Town local government area.

Community Health Check 2025



About us



	George Town LGA	Tasmania
Our population	7,033	557,571
Aboriginal population	 5.2%	 5.4%
Population by age		
Population by gender	50% Male 50% Female	51% Male 49% Female
Median age in years	49	42
Born outside Australia	 19%	 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, George Town

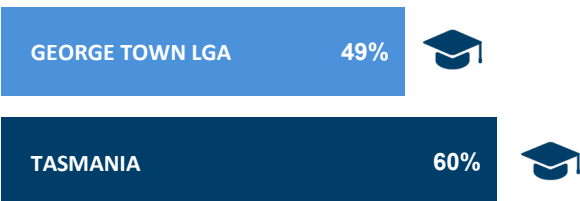
Social and economic conditions



Education

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

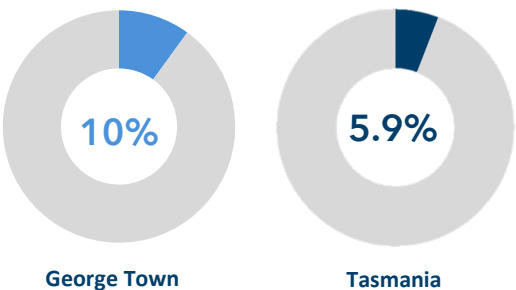
PER CENT OF ELIGIBLE POPULATION WHO HAVE COMPLETED YEAR 12 AND ABOVE



Higher education levels are associated with better health outcomes.

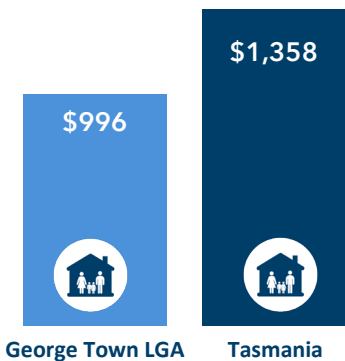
Unemployment rates

The rate of people in the George Town LGA who are unemployed is greater than the rate in Tasmania overall.



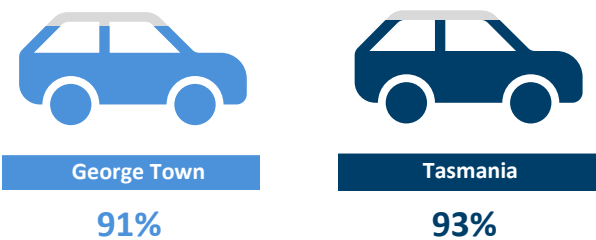
Median weekly income

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



Motor vehicles

Ninety-one percent (91%) of households in the George Town LGA have one or more motor vehicles.



Home ownership

More people in the George Town LGA own their homes outright compared to the rest of Tasmania.

	George Town	Tasmania
Owned outright	42%	37%
Owned with mortgage	27%	33%
Rented	27%	26%

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

Healthy living



Self-reported health

Thirty-four per cent (34%) of George Town 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’



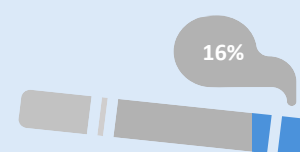
How people feel about their own health, their state of mind and their life in general is a common measure of health. (Australia's Health 2018. AIHW)

Risk factors

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

	George Town	Tasmania
 Overweight/obese body mass index (BMI)	64%	62%
 Current smoker	16%	15%
 Daily/occasional vaping	2%	3%
 Single occasion risky drinking (>4 alcoholic standard drinks)*	28%	37%
 Insufficient moderate/vigorous activity[†]	21%	24%
 Did not meet recommended daily vegetable intake[^]	88%	91%
 Did not meet recommended daily fruit intake[^]	62%	61%

In the George Town 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

A similar number of adults in the George Town 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



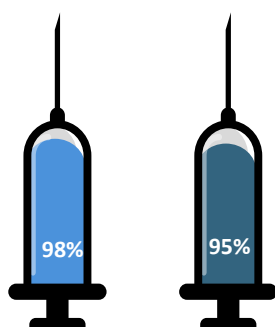
Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

Health care



Immunisations

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



George Town LGA Tasmania

CHILDREN FULLY IMMUNISED AT 5 YEARS OF AGE

GP and emergency department encounters



In 2022, 84% of people from the George Town LGA visited a general practitioner for their own health in the previous twelve months*.



On average each year during 2021-2023, 602 individuals from the George Town LGA visited an emergency department (83 people per 1,000 population[^]), with an average of 1,098 presentations each year (151 ED presentations per 1,000 population[^])

[^]Estimated population for June 2022=7267

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; 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.

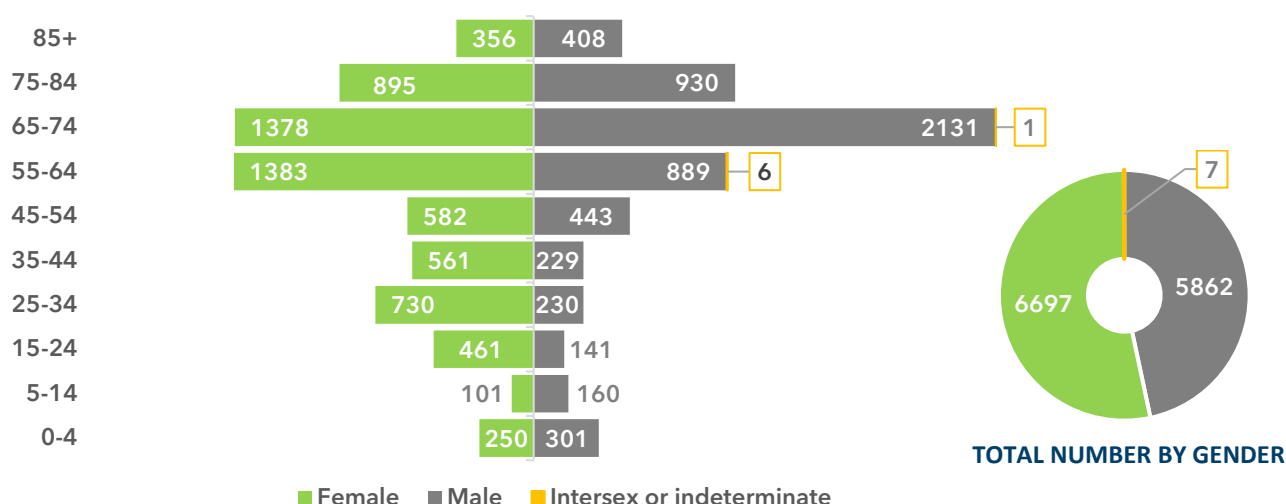
Health outcomes



Public hospital admissions

During the five years from 2019-20 to 2023-24 there were 12,566 admissions to Tasmanian public hospitals from the George Town LGA area, with 5,762 overnight stays.

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



TOP 10 PRIMARY HOSPITAL DIAGNOSIS ^{*A}	TOP 10 CHARLSON COMORBIDITIES ^{AA}	TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATIONS
Care involving dialysis	Renal disease	Chronic obstructive pulmonary disease (COPD)
Other cataract	Any malignancy, including lymphoma and leukaemia, except malignant neoplasm of skin	Congestive heart failure
Other chronic obstructive pulmonary disease	Chronic pulmonary disease	Cellulitis
Single spontaneous delivery	Cerebrovascular disease	Asthma
Benign neoplasm of colon, rectum, anus and anal canal	Congestive heart failure	Diabetes complications
Liveborn infants according to place of birth	Rheumatic disease	Urinary tract infections
Crohn's disease (regional enteritis)	Myocardial infarction	Dental conditions
Other symptoms and signs involving the digestive system and abdomen	Metastatic tumour	Iron deficiency anaemia
Problems related to medical facilities and other health care	Diabetes without chronic complication	Type 2 diabetes
Cholelithiasis	Diabetes with chronic complication	Convulsions epilepsy

^{*}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



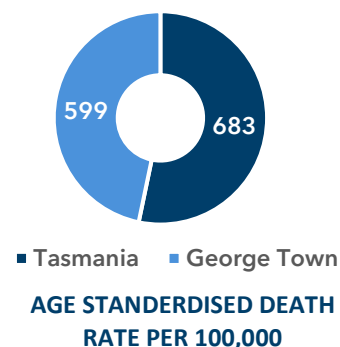
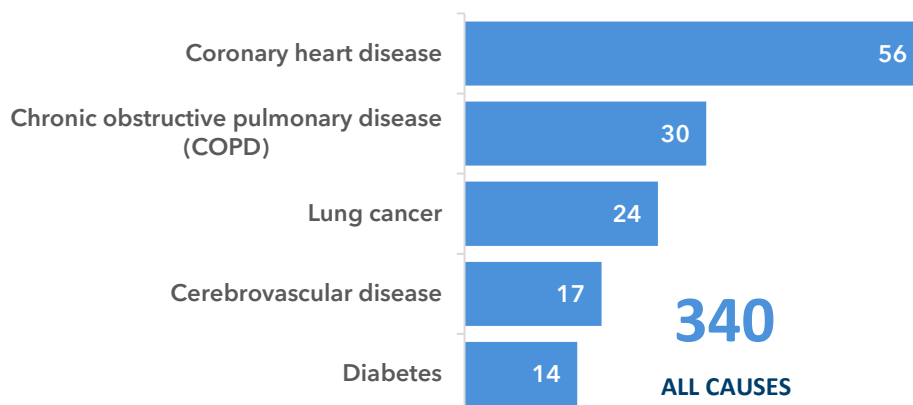
^The *primary hospital diagnosis* is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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 (17%), chronic obstructive pulmonary disease (9%), lung cancer (7%), cerebrovascular disease (5%), and diabetes (4%) were the leading causes of the 322 deaths in the George Town LGA area. The age standardised death rate in 2022 was 599 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.

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.