

Brighton

LOCAL GOVERNMENT AREA



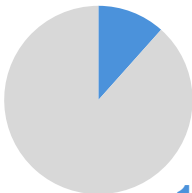
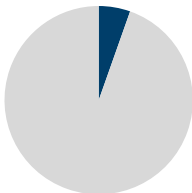
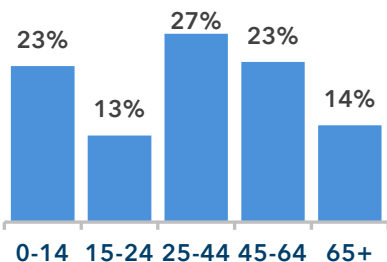
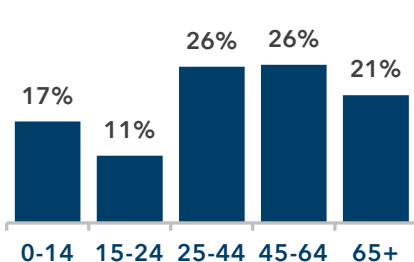
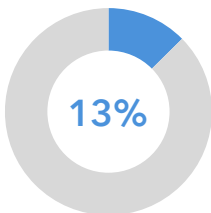
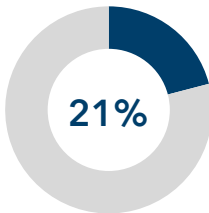
Health is closely tied to our daily environment. This Community Health Check presents information about the environmental, social and economic state of the Brighton local government area.

Community Health
Check 2026



About us



	Brighton LGA	Tasmania
Our population	18,995	557,571
Aboriginal population	 11.6%	 5.4%
Population by age	 <p>0-14 15-24 25-44 45-64 65+</p>	 <p>0-14 15-24 25-44 45-64 65+</p>
Population by gender	48.5% Male 51.5% Female	49% Male 51% Female
Median age in years	35	42
Born outside Australia	 13%	 21%

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, Brighton

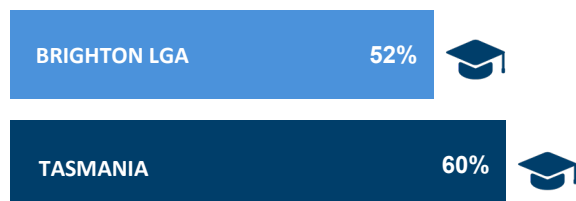
Social and economic conditions



Education

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

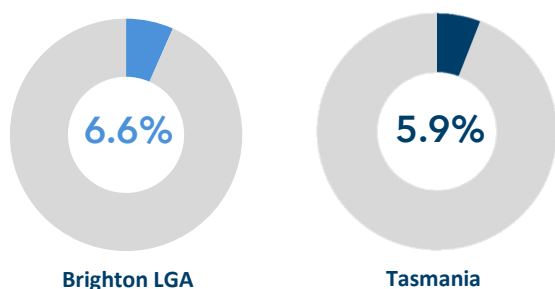
PER CENT OF ELIGIBLE POPULATION WHO HAVE COMPLETED YEAR 12 AND ABOVE



Higher education levels are associated with better health outcomes.

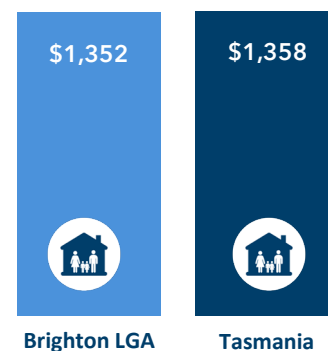
Unemployment rates

The rate of people in the Brighton LGA who are unemployed is greater than the rate for Tasmania.



Median weekly income

Weekly income per household in the Brighton LGA is similar to the rest of Tasmania.



Motor vehicles

Ninety-two percent (92%) of households in the Brighton LGA have one or more motor vehicles.



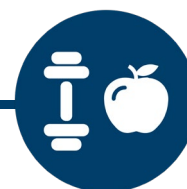
Home ownership

Fewer people in the Brighton LGA own their homes outright compared to the rest of Tasmania.

	Brighton	Tasmania
Owned outright	25%	37%
Owned with mortgage	40%	33%
Rented	33%	26%

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

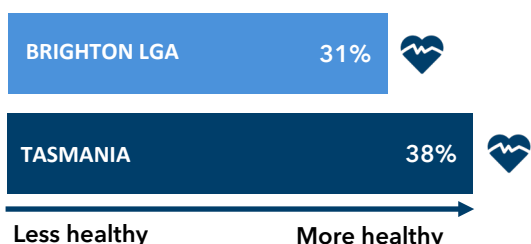
Healthy living



Self-reported health

Thirty-one per cent (31%) of Brighton 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’



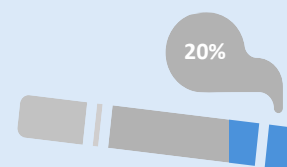
How people feel about their own health, their state of mind and their life in general is a common measure of health. (Australia's Health 2018. AIHW)

Risk factors

Risk factors are conditions or behaviours that make it more likely people will get a chronic condition or health problem. People who live in the Brighton LGA have higher rates of risk factors for chronic disease.

	Brighton	Tasmania
 Obese body mass index (BMI)	78%	62%
 Current smoker	20%	15%
 Daily/occasional vaping	5%	3%
 Single occasion risky drinking (>4 alcoholic standard drinks)*	40%	37%
 Insufficient moderate/vigorous activity⁺	28%	24%
 Did not meet recommended daily vegetable intake[^]	96%	91%
 Did not meet recommended daily fruit intake[^]	68%	61%

In the Brighton LGA, around 20% 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

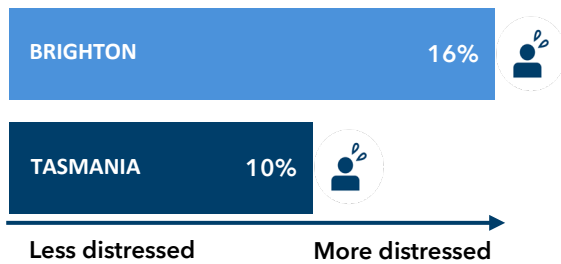
Healthy living



Psychological distress

More adults in the Brighton 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



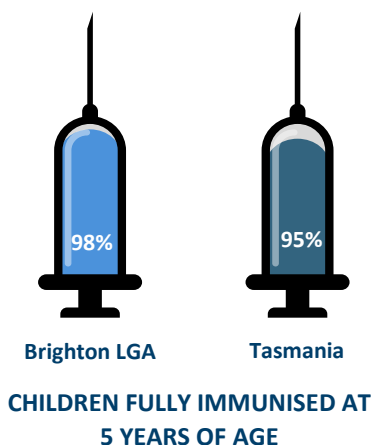
Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

Health care



Immunisations

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



GP and emergency department encounters



In 2022, eighty-three percent (83%) of people from the Brighton LGA saw a general practitioner for their own health in the previous twelve months*.



On average each year during 2022-2024, 2,224 individuals from the Brighton LGA (111 people per 1,000 population[^]) visited an ED, with an average of 5,207 presentations per year (260 ED presentations per 1,000 population[^]).

[^]Estimated population for June 2023=19,988

Sources: Psychological distress and GP encounters: 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 January 2026

*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.

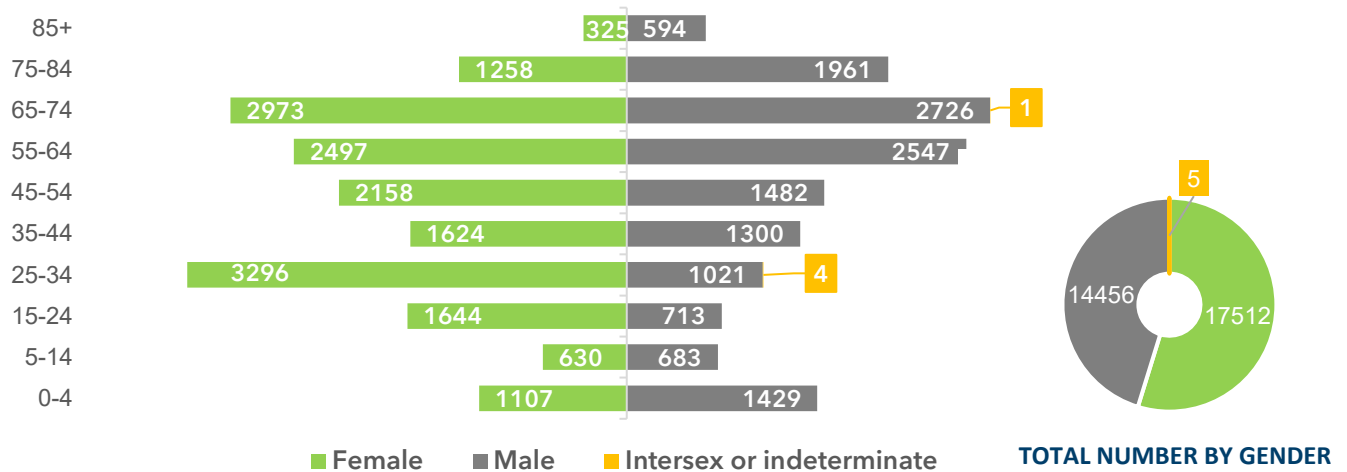
Health outcomes



Public hospital admissions

During the five years from 2020-21 to 2024-25 there were 31,973 admissions to Tasmanian public hospitals from the Brighton LGA area, with 15,009 overnight stays.

NUMBER OF PUBLIC HOSPITAL ADMISSIONS BY AGE GROUP AND GENDER 2020-21 TO 2024-25



TOP 10 PRIMARY HOSPITAL DIAGNOSIS ^{^A}	TOP 10 CHARLSON COMORBIDITIES ^{^A}	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	Chronic obstructive pulmonary disease (COPD)
Live born infants according to place of birth	Chronic pulmonary disease	Type 2 diabetes
Single spontaneous delivery	Diabetes with chronic complication	Cellulitis
Abdominal and pelvic pain	Cerebrovascular disease	Convulsions epilepsy
Other cataract	Congestive heart failure	Urinary tract infections
Other chronic obstructive pulmonary disease (COPD)	Myocardial infarction	Congestive heart failure
Delivery by caesarean section	Diabetes without chronic complication	Iron deficiency anaemia
Type 2 diabetes mellitus	Metastatic tumour	Ear, nose and throat infections
Adjustment or management of drug delivery or implanted device	Dementia	Asthma

^AExcludes 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



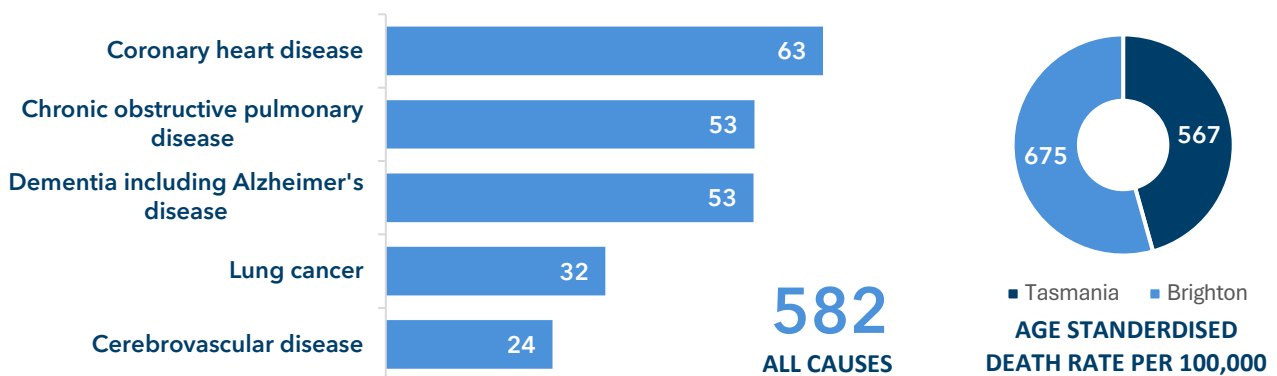
^The *primary hospital diagnosis* is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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 2019-2023 coronary heart disease (10.8%), chronic obstructive pulmonary disease (COPD) (9.1%), dementia including Alzheimer disease (9.1%), lung cancer (5.4%), and cerebrovascular disease (4.1%) were the leading causes of the 582 deaths in the Brighton LGA area. The age standardised death rate from 2019-2023 was 675 per 100,000 compared with the overall age standardised rate of 567 for Tasmania.

TOP CAUSES OF DEATH 2019-2023, BY NUMBER



Sources: Public hospital admissions: Department of Health and Human Services, Health Central Data Warehouse, Tasmania. Analysed by Primary Health Tasmania; Accessed January 2026; 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, 2019-23, accessed January 2026.

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 January 2026. For the most current information, please go to www.phnexchange.com.au.