

# Burnie

LOCAL GOVERNMENT AREA



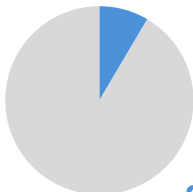
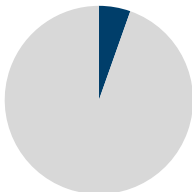
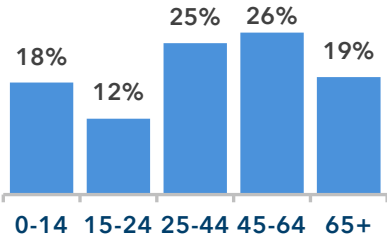
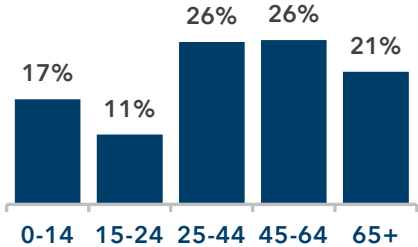
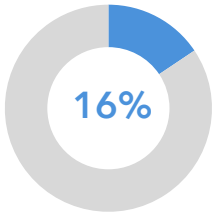
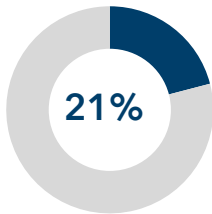
Health is closely tied to our daily environment. This Community Health Check presents information about the environmental, social and economic state of the Burnie local government area.

Community Health  
Check 2026



# About us



	Burnie LGA	Tasmania
Our population	<b>19,918</b>	<b>557,571</b>
Aboriginal population	 <b>8.5%</b>	 <b>5.4%</b>
Population by age		
Population by gender	<b>48%</b> Male <b>52%</b> Female	<b>49%</b> Male <b>51%</b> Female
Median age in years	<b>40</b>	<b>42</b>
Born outside Australia	 <b>16%</b>	 <b>21%</b>

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, Burnie

# Social and economic conditions



## Education

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

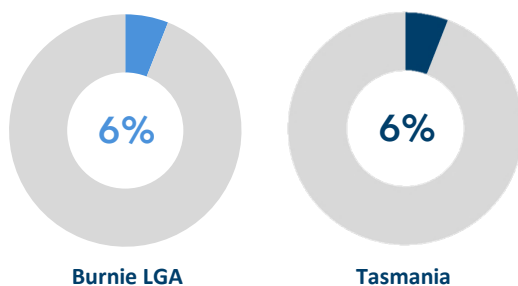
PER CENT OF ELIGIBLE POPULATION WHO HAVE COMPLETED YEAR 12 AND ABOVE



Higher education levels are associated with better health outcomes.

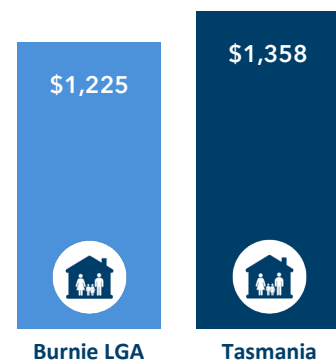
## Unemployment rates

The rate of people in the Burnie LGA who are unemployed is similar to the rate in Tasmania overall.



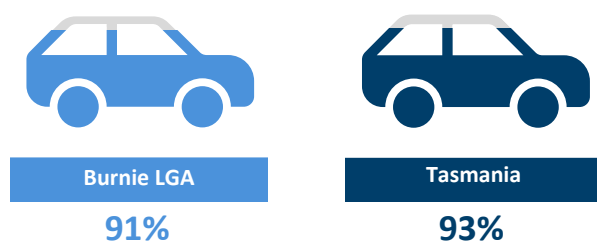
## Median weekly income

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



## Motor vehicles

Ninety-one percent of households in the Burnie LGA have one or more motor vehicles.



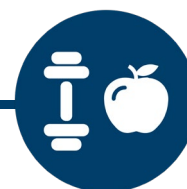
## Home ownership

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

	Burnie	Tasmania
Owned outright	33%	37%
Owned with mortgage	32%	33%
Rented	32%	26%

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

# Healthy living



## Self-reported health

Thirty-eight per cent (38%) of Burnie residents rated their health as “excellent” or “very good”. This is similar to the rate for Tasmania.

### ADULTS REPORTING THEIR OWN HEALTH AS ‘EXCELLENT’ OR ‘VERY GOOD’



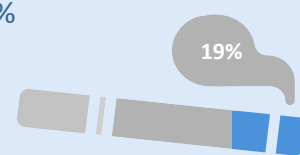
How people feel about their own health, their state of mind and their life in general is a common measure of health. (Australia’s Health 2018. AIHW)

## Risk factors

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

	Burnie	Tasmania
<b>Obese body mass index (BMI)</b>	67%	62%
<b>Current smoker</b>	19%	15%
<b>Daily/occasional vaping</b>	4%	3%
<b>Single occasion risky drinking (&gt;4 alcoholic standard drinks)*</b>	35%	37%
<b>Insufficient moderate/vigorous activity<sup>†</sup></b>	27%	24%
<b>Did not meet recommended daily vegetable intake<sup>^</sup></b>	88%	91%
<b>Did not meet recommended daily fruit intake<sup>^</sup></b>	65%	61%

In the Burnie LGA, around 19% 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

Adults in the Burnie LGA are likely to experience similar levels of psychological distress compared with Tasmania overall.

### PEOPLE WITH HIGH OR VERY HIGH LEVELS OF PSYCHOLOGICAL DISTRESS



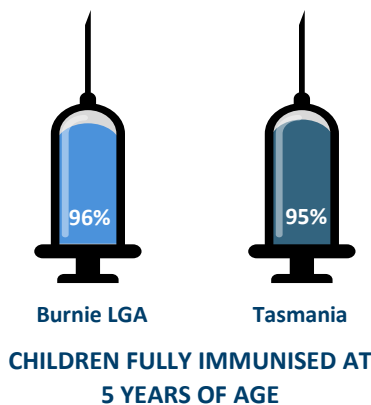
Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

# Health care



## Immunisations

Ninety-six percent (96%) of children in the Burnie LGA are fully immunised by the age of five, which is higher than in Tasmania overall.



## GP and emergency department encounters



In 2022, 83% of people from the Burnie LGA saw a general practitioner for their own health in the previous twelve months\*.



On average each year during 2022-2024, 3,953 individuals from the Burnie LGA (193 people per 1,000 population<sup>^</sup>) visited an emergency department, with an average of 9,792 presentations per year (479 ED presentations per 1,000 population<sup>^</sup>).

<sup>^</sup>Estimated population for June 2023=20,463

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 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.

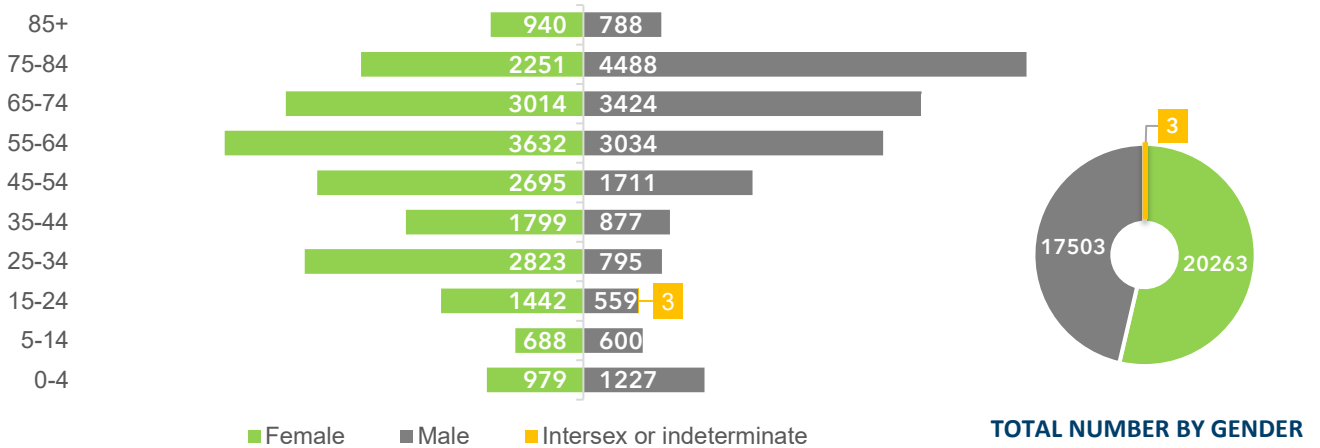
# Health outcomes



## Public hospital admissions

During the five years from 2020-21 to 2024-25 there were 37,769 admissions to Tasmanian public hospitals from the Burnie LGA area, with 16,293 overnight stays.

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



TOP 10 PRIMARY HOSPITAL DIAGNOSIS <sup>*A</sup>	TOP 10 CHARLSON COMORBIDITIES <sup>**</sup>	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	Cellulitis
Single spontaneous delivery	Chronic pulmonary disease	Asthma
Live born infants according to place of birth	Myocardial infarction	Diabetes complications
Other signs and symptoms involving the digestive system and abdomen	Cerebrovascular disease	Urinary tract infections
Abdominal and pelvic pain	Congestive heart failure	Dental conditions
Other diseases of digestive system	Metastatic tumour	Iron deficiency anaemia
Cholelithiasis	Diabetes with chronic complication	Congestive heart failure
Acute myocardial infarction	Diabetes without chronic complication	Type 2 diabetes
Single delivery by caesarean section	Mild liver disease	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



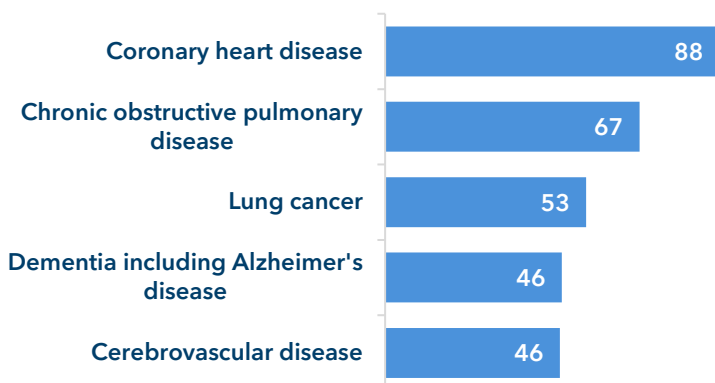
^The *primary hospital diagnosis* is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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.

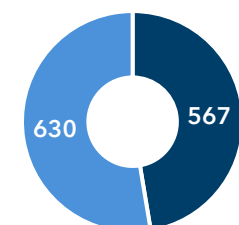
## Causes of death

During 2019-2023 coronary heart disease (9.9%), chronic obstructive pulmonary disease (COPD) (7.5%), lung cancer (5.9%), dementia including Alzheimer disease (5.2%) and cerebrovascular disease (5.2%), were the leading causes of the 892 deaths in the Burnie LGA area. The age standardised death rate from 2019 to 2023 was 630 per 100,000 people, compared with the overall age standardised rate of 567 for Tasmania.

### TOP CAUSES OF DEATH 2018-2022, BY NUMBER



**892**  
ALL CAUSES



■ Tasmania ■ Burnie  
**AGE STANDERISED DEATH RATE PER 100,000**

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, 2019-2023, 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](https://primaryhealthtas.com.au) and search for [Community Health Checks](#) or email [info@primaryhealthtas.com.au](mailto: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](https://www.phnexchange.com.au).*