

Central Highlands

LOCAL GOVERNMENT AREA



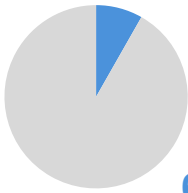
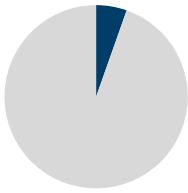
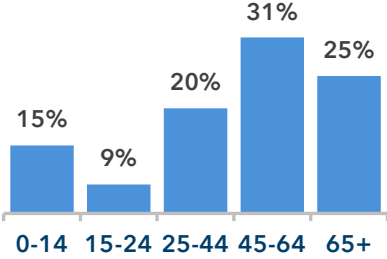
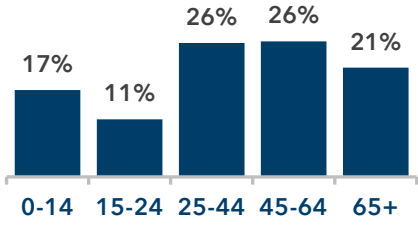
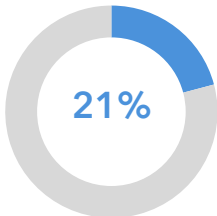
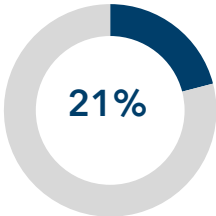
Health is closely tied to our daily environment. This Community Health Check presents information about the environmental, social and economic state of the Central Highlands local government area.

Community Health
Check 2026



About us



	Central Highlands	Tasmania
Our population	2,520	557,571
Aboriginal population	 6.1%	 5.4%
Population by age		
Population by gender	54.5% Male 45.5% Female	49% Male 51% Female
Median age in years	50	42
Born outside Australia	 21%	 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, Central Highlands

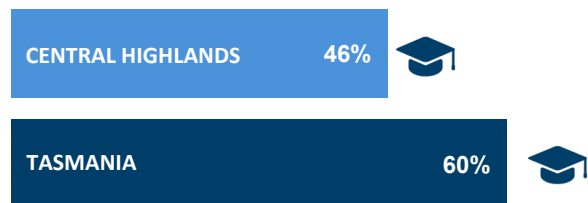
Social and economic conditions



Education

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

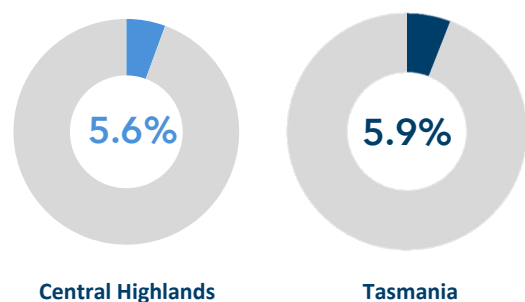
PER CENT OF ELIGIBLE POPULATION WHO HAVE COMPLETED YEAR 12 AND ABOVE



Higher education levels are associated with better health outcomes.

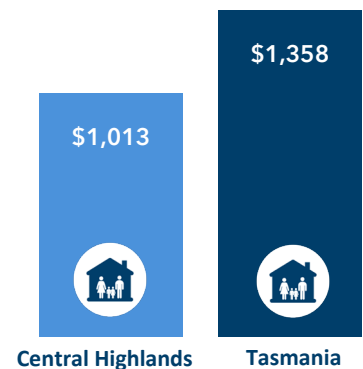
Unemployment rates

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



Median weekly income

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



Motor vehicles

Ninety-four (94%) percent of households in the Central Highlands LGA have one or more motor vehicles.



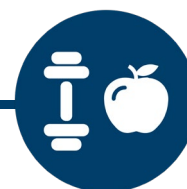
Home ownership

More people living in the Central Highlands LGA own their own homes compared to the rest of Tasmania.

	Central Highlands	Tasmania
Owned outright	48%	37%
Owned with mortgage	26%	33%
Rented	16%	26%

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

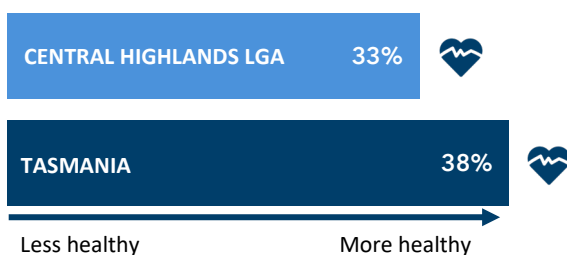
Healthy living



Self-reported health

The proportion of people in the Central Highlands LGA who rated their health as “excellent” or “very good” is lower than the proportion 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 Central Highlands LGA.

	Central Highlands	Tasmania
Obese body mass index (BMI)	77%	62%
Current smoker	18%	15%
Daily/occasional vaping	3%	3%
Single occasion risky drinking (>4 alcoholic standard drinks)*	39%	37%
Insufficient moderate/vigorous activity⁺	--	24%
Did not meet recommended daily vegetable intake[^]	93%	91%
Did not meet recommended daily fruit intake[^]	45%	61%

In the Central Highlands LGA, around 18% of people aged 18 years and over are daily and current smokers. This 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

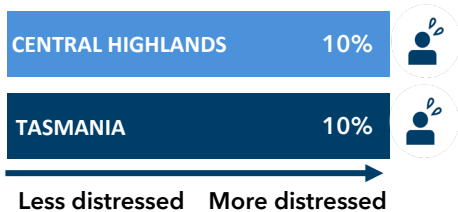
Healthy living



Psychological distress

A similar number of people in the Central Highlands LGA are likely to experience high or very high levels of psychological distress compared to Tasmania overall.

PEOPLE WITH HIGH OR VERY HIGH LEVELS OF PSYCHOLOGICAL DISTRESS



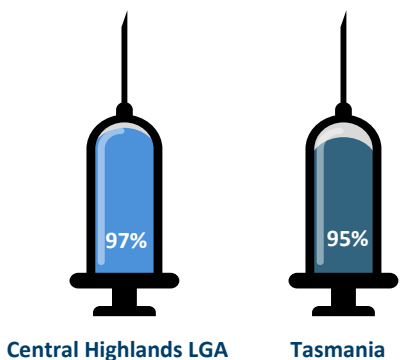
Psychological distress is a term used to describe unpleasant feelings or emotions that can influence how we function in daily life.

Health care



Immunisations

97% of children in the Central Highlands 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



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



On average each year during 2022-2024, 304 individuals from the Central Highlands LGA visited an emergency department (117 people per 1,000 population[^]), with an average of 521 ED presentations per year (201 ED presentations per 1,000 population[^]).

[^]Estimated population for June 2023 =2,595

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.

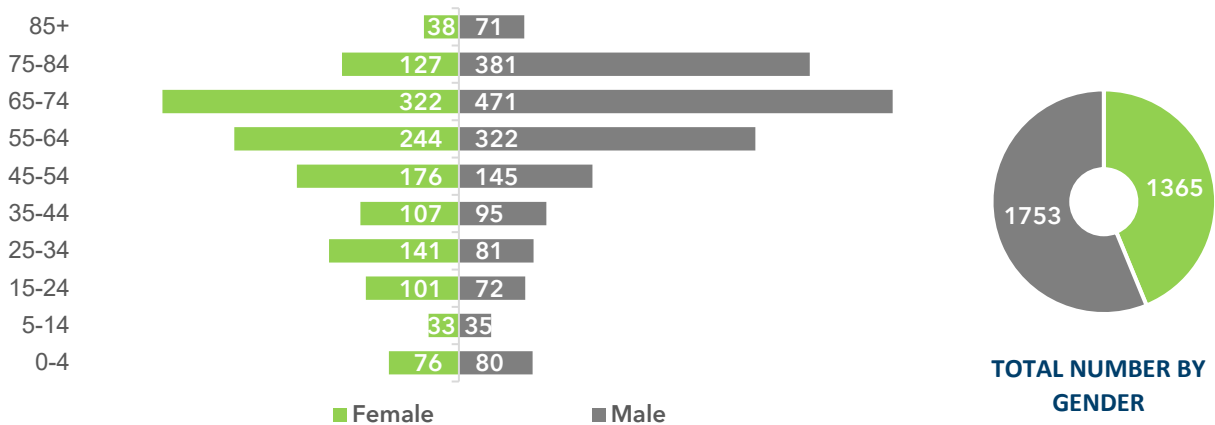
Health outcomes



Public hospital admissions

During the five years from 2020-21 to 2024-25 there were 3,118 admissions to Tasmanian public hospitals from the Central Highlands LGA area, with 1,702 overnight stays.

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



TOP 10 PRIMARY HOSPITAL DIAGNOSIS*^

TOP 10 CHARLSON COMORBIDITIES^^

TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATIONS

TOP 10 PRIMARY HOSPITAL DIAGNOSIS*^	TOP 10 CHARLSON COMORBIDITIES^^	TOP 10 POTENTIALLY PREVENTABLE HOSPITALISATIONS
Pain in throat and chest	Any malignancy, including lymphoma and leukaemia except malignant neoplasm of skin	Cellulitis
Live born infants according to place of birth	Cerebrovascular disease	Iron deficiency anaemia
Abdominal and pelvic pain	Chronic pulmonary disease	Chronic obstructive pulmonary disease (COPD)
Other cataract	Metastatic tumour	Urinary tract infections
Other malignant neoplasms of skin	Myocardial infarction	Congestive heart failure
Inflammatory disease of cervix uteri	Congestive heart failure	Diabetes complications
Iron deficiency anaemia	Diabetes without chronic complication	Ear, nose and throat infections
Single spontaneous delivery	Diabetes with chronic complication	Dental conditions
Cholelithiasis	Peripheral vascular disease	Type 2 diabetes
Benign neoplasm of colon, rectum, anus and anal canal	Dementia	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



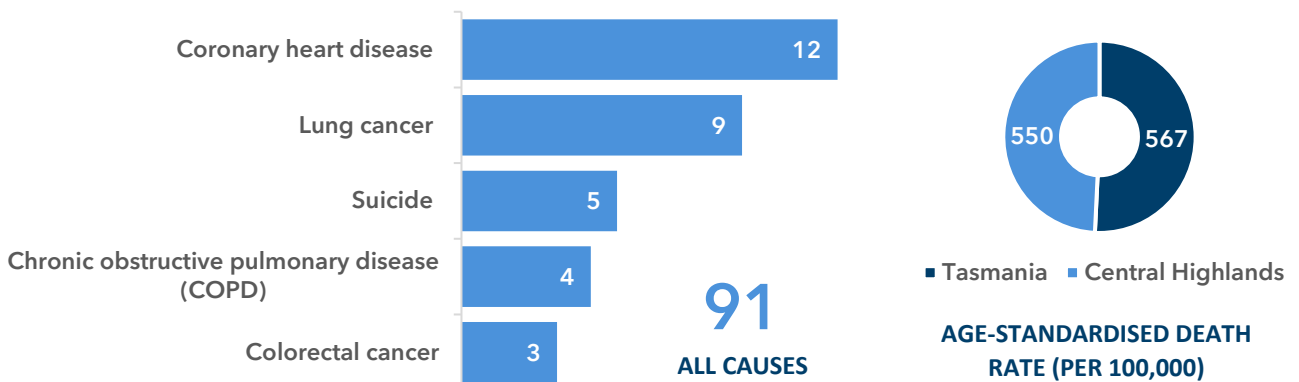
^The *primary hospital diagnosis* is the diagnosis established after study (for example, at the completion of the episode of care) to be chiefly responsible for causing the episode of admitted patient care. It is essentially the main reason someone needed to be admitted to hospital.

^^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 (13.6%), lung cancer (10.2%), suicide (5.6%), chronic obstructive pulmonary disease (4.7%) and colorectal cancer (3.5%) were the leading causes of the 91 deaths in the Central Highlands LGA area. The age standardised death rate from 2019-2023 was 550 per 100,000 people, compared with the overall aged 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, 2019-2023, 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 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.