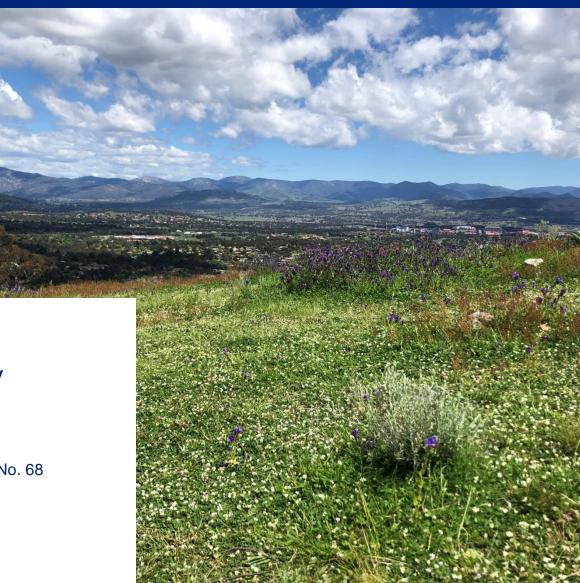


2020 ACT General Health Survey Statistical Report



Epidemiology Section

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2020 ACT General Health Survey Statistical Report

Health Series Number 68

Epidemiology Section Data Analytics Branch Policy, Partnerships and Programs 2022

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ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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1. Introduction

1.1 Project background

The ACT General Health Survey (ACTGHS) has been undertaken annually since 2007 as a way of monitoring health-related trends in the ACT. The relative size of the ACT population in relation to the other states and territories in Australia means national surveys typically only sample a small number of respondents from the ACT, limiting the reliability of findings that can be drawn. National surveys are also unable to focus exclusively on issues of most importance to the ACT and are often conducted at irregular intervals. The main objective of the ACTGHS is to provide ACT-specific health and wellbeing data.

The content of the ACTGHS is routinely reviewed and updated. Up until 2018, the ACTGHS collected information from 1,200 adults and 500 children about traditional chronic disease risk factors such as nutrition, physical activity, obesity, alcohol and smoking. In 2019, the scope of the ACTGHS was extended beyond traditional chronic disease risk factors to include broader factors that influence health and wellbeing. It is intended that the wellbeing component of the survey will be conducted every third year in a three-year cycle (Table 1). In 2020, the ACTGHS was based on the 2018 survey, and collected information from adults about more traditional risk factors. However, items/questions that focused on children aged 5–17 years were expanded to measure factors that influence their broader health and wellbeing. The sample size for child interviews increased from 500 to 1,000 in 2020.

				Year			
Survey scope (sample size)	2018	2019	2020	2021	2022	2023	2024
Risk factor and child wellbeing (1,200 adults +							
500/1,000 children)	\checkmark		\checkmark	\checkmark		\checkmark	\checkmark
Wellbeing (2,000 adults)		\checkmark			\checkmark		

Table 1: Survey scope and sample size of General Health Surveys, 2018–24

1.2 Methodology

Sample design

The ACTGHS is implemented using Computer Assisted Telephone Interviewing (CATI). In 2020, the survey sample frame comprised a 100% mobile phone sample from two sources: listed mobile numbers and a selection of pre-screened - using random digit dialling (RDD) - mobile numbers. The target sample size was 1,200 adult interviews and 1,000 child interviews. See Appendix B for more information on sample design and details of the in-scope population.

Weighting

To ensure that survey estimates were representative of the ACT population, design weights were adjusted to match external benchmarks for key demographic parameters likely to be correlated with survey outcomes or with the likelihood of responses. Two weights were created for the 2020 ACTGHS based on the following parameters:

- An adult weight, which adjusts adult respondents aged 16 years and over for age by gender, age by education, birthplace, number of adults in the household and Statistical Area 3 (see Appendix B: Table 31); and
- A child weight, which adjusts child respondents for age, gender, number of children in the household and SA3 (See Appendix B: Table 32).

1.3 Reporting procedures

Don't know and refused values

For reporting, survey responses classified as "Don't know" and "Refused" were coded to missing and not included in analysis.

"Other" sex category

In 2020, four categories for sex were included (male, female, non-binary and something different). Due to small numbers in the non-binary and something different categories, responses for these two categories and refused were combined into "other" (refer to "Small sample size" section). However, all categories were included in total persons estimates.

A note is included with the indicators clarifying that persons estimates include other and refused sex responses. As such, the sum of male and female estimates (where reported) may not match the persons estimate.

Age groups

The following age groups were used for reporting: 5–17 years, 18 years and over, 18–24 years, 25–44 years, 45–64 years and 65 years and older. These age groups were chosen as they are in line with the Medical Subject Headings (MeSH) meaningful age groups and there is sufficient sample size in each subgroup.

Reliability of results

The accuracy of a survey estimate refers to the closeness of the estimate to the true population value. Where there is a discrepancy between the value of the survey estimate and the true population value, the difference between the two is referred to as the error of the survey estimate^[2]. The relative standard error (RSE) is a useful measure as it indicates the size of the error relative to the estimate. The RSE is calculated as follows:

 $\mathsf{RSE} = \frac{Standard\ error}{estimate} *\ 100$

Only estimates with an RSE of less than or equal to 25% are considered sufficiently reliable for most analytical purposes. Estimates with an RSE greater than 25% and less than or equal to 50% are less reliable and should be used with caution. Estimates with an RSE greater than 50% are considered unreliable and were not published in this report.

If an estimate has an RSE greater than 25%, it is marked with an asterisk (*) with the following commentary *"Estimate has a relative standard error of 25% to 50% and should be used with caution."*. If an estimate has an RSE greater than 50% it will be marked (np) with the following commentary *"(np) not published due to relative standard error greater than 50%, small numbers or confidentiality"*.

Small sample size

Estimates with a sample less than 10 are withheld from reporting. A second estimate is also withheld to avoid calculation of the withheld figure.

Where appropriate two groups may be combined to overcome the small sample of one group. This is the preferred method for reporting. For example, if the 18–24 year age group has less than 10 observations, it will be combined with the next age group (i.e., 25–44 years). If it is not biologically or statistically plausible to combine two groups, then the second group to be withheld will be that with an RSE >25 %, or if there is no group with an RSE >25%, the group that has the lowest estimate for the measure is withheld.

If an estimate is withheld due to small sample size, it will be marked (np) with the following commentary "(np) not published due to relative standard error greater than 50%, small numbers or confidentiality".

Statistical significance

In this report, non-overlapping confidence intervals were used as a measure of the statistical significance of the difference between two estimates. The use of this conservative method may result in marginally significantly different estimates being classified as not statistically significant.

1.4 Characteristics of the sample

The following tables present the adult profile (Table 2) and child profile (Table 3) of the sample.

	Listed mobile	RDD m obile	Tota
		(Per cent)	
Sex			
Male	45.0	52.9	45.9
Female	54.3	47.1	53.5
Age			
16–17	0.1	0.7	0.2
18–24	3.6	11.0	4.4
25–34	16.4	15.4	16.2
35–44	24.7	19.9	24.2
45–54	23.6	14.0	22.5
55–64	17.0	15.4	16.8
65+	14.7	23.5	15.7
Marital status			
Married	65.6	55.6	64.4
Widow ed	2.3	5.2	2.0
Separated	3.4	2.2	3.3
Divorced	8.6	8.1	8.
Never married	19.2	28.1	20.
Born in Australia			
Yes	74.2	75.0	74.
Language other than English			
Yes	12.9	21.3	13.
Aboriginal and/ or Torres Strait Islander		2.10	
Yes	2.4	2.9	2.
Highest qualification	2.1	2.0	
University	60.2	55.9	59.
TAFE certificate or diploma	24.1	22.1	23.
Completed year 12	9.9	11.0	10.0
Completed year 10	2.9	5.9	3.
Completed years 7-9	0.7	2.2	0.0
Completed primary school	0.1		0.
Other	0.7	2.2	0.
Current employment status	0.7	2.2	0.0
Self employed	9.9	7.4	9.0
	67.3	58.1	9. 66.
Employed	1.9	50.1	1.
Unemployed		-	
Engaged in home duties Student	1.3 1.8	2.9 5.1	1. 2.
Retired	15.3	20.6	15.
Unable to w ork	1.9	2.9	2.
Other	0.4	1.5	0.
Affluence			
We are spending more money than we get	3.3	2.2	3.
We have just enough money to get through to the next pay	7.8	14.1	8.
There's some money left over each week but we just spen	5.3	5.2	5.
We can save a bit every now and then	44.4	37.8	43.
We can save a lot	34.6	34.8	34.

Table 2: Unweighted adult profile by sample type, ACTGHS, 2020

Table 3: Unweighted child respondent profile, ACTGHS, 2020
--

	RDD m bile
	(Per cent)
Sex	
Male	52.5
Female	47.1
Age	
5–9	48.8
10–15	51.2
Born in Australia	
Yes	94.6
Language other than English	
Yes	12.6
Aboriginal and/ or Torres Strait Islander	
Yes	2.9

2. Results

2.1 Self-rated general and mental health

Self-rated health is a measure of an individual's self-reported general or mental health status at a given point in time and captures an overall conception of health. In 2020, 54.5% of adults aged 18 years and over and 79.6% of children aged 5–17 years rated their health as excellent or very good over the month prior to the survey (Table 4). However, 16.1% of adults and 5.3% of children rated their general health as fair or poor over this same time period.

In 2020, 52.0% of adults and 71.4% of children reported their mental health as either excellent or very good during the month leading up to the survey (Table 4). However, almost one-fifth of adults (19.7%) and 7.7% of children rated their mental health as either fair or poor during this same period. Females aged 18 years and over were significantly more likely to rate their mental health as fair/poor compared to males (23.8% and 15.1% respectively). Furthermore, respondents aged 65 years and over were significantly more likely to rate their mental health as excellent/very good (71.1%) than those aged 18–24 years (31.7%), 25–44 years (48.3%) and 45–64 years (52.5%) (Table 5).

	C	hildren 5–17			Adults 18+	
	Males	Females	Persons	Males	Females	Persons
			(Per ce	nt)		
Self-rated general health						
Excellent/ Very good	78.7	80.4	79.6	56.7	53.2	54.5
Good	14.7	15.5	15.1	29.6	29.0	29.4
Fair/ Poor	6.6	4.1	5.3	13.7	17.8	16.1
Self-rated mental health						
Excellent/ Very good	70.6	72.5	71.4	56.2	48.1	52.0
Good	23.2	18.4	20.8	28.7	28.1	28.4
Fair/ Poor	6.2	9.2	7.7	15.1	23.8	19.7

Table 4: Self-rated general and mental health status by sex, ACT, 2020

Table 5: Self-rated general and mental health status by age, adults, ACT, 2020

	5–17	18–24	25–44	45–64	65+
		(F	Per cent)		
Self-rated general health					
Excellent/ Very good	79.6	61.1	57.7	51.3	47.7
Good	15.1	np	28.4	34.6	22.9
Fair/ Poor	5.3	np	13.9	14.1	29.4
Self-rated mental health					
Excellent/ Very good	71.4	31.7	48.3	52.5	71.1
Good	20.8	28.7	31.4	29.8	17.4
Fair/ Poor	7.7	39.6	20.4	17.6	11.5*

 * Estimate has a relative standard error of 25% to 50% and should be used with caution.

(np) not published due to relative standard error greater than 50%, confidentiality or small numbers.

2.2 Disability

Respondents were asked if they had a disability, health condition or injury that lasted, or was likely to last six months or more, that restricted everyday activities. In 2020, around one-in-five (19.5%) adults and one-in-ten (10.3%) children reported having a disability, health condition or injury that impacted their daily life. Male children were significantly more likely to report that they had a disability, health condition or injury (13.9%) than female children (6.8%) (Table 6).

Table 6: Disability, nealth condi	tions or in	jury by se	x, ACT, 20	20	
	C	hildren 5–17			Adults 18+
	Males	Females	Persons	Males	Females
			(Per	cent)	

13.9

86.1

Table 6: Disability, health conditions or injury by sex, ACT, 2020

2.3 Weight status

Has a disability, health condition or injury

No disability, health condition or injury

For the 2020 ACT General Health Survey two different measurements of weight were used. The first – self described weight status, is based on individuals' own perception of their weight. The second measure – BMI is a standardised height to weight ratio (however both height and weight are also self-reported).

6.8

93.2

10.3 89.7

Self-described weight

The majority of respondents to the 2020 ACT General Health Survey described their weight as healthy (56.8% of adults and 86.8% of children) (Table 7). Female children were significantly more likely to describe their weight as healthy than male children (91.3% vs 82.6%). However, at least 41.5% of adults described themselves as either overweight or very overweight.

	C	hildren 5–17			Adults 18+	
	Males	Females	Persons	Males	Females	Persons
			(Per ce	nt)		
Underw eight	6.9	np	5.3	2.1*	np	1.7*
Healthy w eight	82.6	91.3	86.8	61.5	51.9	56.8
Overw eight	10.3	4.8	np	33.5	42.1	37.6
Very overw eight	np	np	np	3.0	np	3.9

Table 7: Self-described weight status by sex, ACT, 2020

* Estimate has a relative standard error of 25% to 50% and should be used with caution

(np) not published due to relative standard error greater than 50%, confidentiality or small numbers

Body Mass Index (BMI)

Body Mass Index (BMI) is a simple index of weight-for-height that is commonly used to categorise people as either underweight, healthy weight, overweight or obese. In the 2020 ACTGHS, BMI was calculated based on self-reported height and weight.

- BMI for children is categorised as underweight, healthy weight, overweight or obese according to the international cut-offs for children developed by the International Obesity Taskforce^[3].
- BMI for adults aged 18 years and over is grouped as follows^[4]:
 - o Underweight: BMI less than 18.5
 - Healthy weight: BMI 18.5–24.99
 - Overweight: BMI 25.00–29.99

Persons

19.5

80.5

23.1

76.9

16.4

83.6

- o Obese class 1: BMI 30.00-34.99
- o Obese class 2: BMI 35.00-39.99
- Obese class 3: BMI 40 or more.

In 2020, 38.7% of adults and 62.6% of children were in the healthy weight BMI category (Table 8 and Table 9). Male adults were significantly more likely to report being overweight than female adults (42.0% vs 29.8%).

Table 8: BMI category, adults aged 18 years and older by sex, ACT, 2020

		Adults 18+	
	Males	Females	Persons
		(Per cent)	
BMI category underw eight	np	np	2.0*
BMI category healthy w eight	35.7	42.5	38.7
BMI category overw eight	42.0	29.8	36.2
BMI category obese class 1	15.2	14.3	14.6
BMI category obese class 2 and 3	np	np	8.5

* Estimate has a relative standard error of 25% to 50% and should be used with caution

(np) not published due to relative standard error greater than 50%, confidentiality or small numbers

Note Obese class 2 and 3 combined due to small numbers

Table 9: BMI category, children aged 5–17 years by sex, ACT, 2020

	C	hildren 5–17	
	Males	Females	Persons
		(Per cent)	
BMI category underw eight	11.0	13.8	12.4
BMI category healthy weight	63.7	61.5	62.6
BMI category overweight	14.2	17.4	15.8
BMI category obese	11.1	7.3	9.2

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Note₁ BMI categories are reported differently for adults and children^{[3] [4]}.

2.4 Nutrition

The 2013 Australian Dietary Guidelines provide evidence-based recommendations on the types and amounts of foods Australians should eat to meet nutritional requirements^[5]. In 2020, 38.3% of ACT adults and 59.3% of children aged 1–17 years met the guideline for daily serves of fruit. However, only 5.7% of adults and 2.7% of children met the daily guidelines for daily serves of vegetables (Table 10). The proportion of persons who consumed the recommended daily serves of vegetables increased with age while the converse appeared to occur for the recommended daily serves of fruit (Table 11).

The guidelines also recommend limiting the intake of discretionary (energy-dense, nutrient-poor) foods. In 2020, 61.4% of adults and 54.7% of children did not consume sugar-sweetened drinks. Of those who consumed sugar-sweetened drinks, the average number of cups consumed per day was 0.9 for adults and 0.5 for children. Around one quarter (25.9%) of adults and 12.0% of children rarely or never consumed fast food (Table 10). Fast food includes burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, KFC, Kingsley's, or local take-away places. Of those

who consumed fast food, the average number of fast food meals consumed per month in the ACT for adults was 4.9 and 4.1 for children.

Table 10: Indicators of nutrition by sex, ACT, 2020

	C	Children 5–17			Adults 18+					
-	Males	Females	Persons	Males	Females	Persons				
	(Per cent)									
Meets 2013 guideline for										
Daily serves of fruit	53.9	64.8	59.3	37.1	40.2	38.3				
Daily serves of vegetables	2.6*	2.8*	2.7	2.5*	9.3	5.7				
Doesn't drink sugar sw eetened drinks	55.0	54.2	54.7	54.4	68.3	61.4				
Rarely/never eats fast food	13.0	11.0	12.0	23.1	29.5	25.9				

* Estimate has a relative standard error of 25% to 50% and should be used with caution

Table 11: Indicators of nutrition by age, ACT, 2020

	5–17	18–24	25–44	45–64	65+					
	(Per cent)									
Meets 2013 guideline for										
Daily serves of fruit	59.3	42.0	35.5	35.9	48.3					
Daily serves of vegetables	2.7	np	5.4	6.6	5.0*					
Doesn't drink sugar sw eetened drinks	54.7	26.6*	18.6	14.8	7.5*					
Rarely/never eats fast food	12.0	np	13.7	34.2	56.3					

* Estimate has a relative standard error of 25% to 50% and should be used with caution

(np) not published due to relative standard error greater than 50%, confidentiality or small numbers

2.5 Meals consumed together as a family

In 2020, a new indicator was added to the ACTGHS to measure family connectedness: the number of meals eaten together as a family (Table 12). Individuals who lived alone were excluded from analysis as this measure is a proxy for family connectedness. Overall, 49.2% of adults and 60.3% of children reported that all family members living in the household ate a meal together every day. Only 2.5% of children and 9.3% of adults in the ACT reported never eating a meal together as a family in the past 7 days.

Table 12: Meals together as a family by sex, ACT, 2020

	Children 5–17					
_	Males	Females	Persons	Males	Females	Persons
			(Per ce	nt)		
Number of meals together as a family in						
the past w eek						
0 times	3.1*	np	2.5	7.1	10.0	9.3
1-3 times	12.8	np	11.3	17.0	10.1	13.5
4-6 times	23.1	28.4	25.9	22.8	21.8	22.0
Everyday	61.0	59.8	60.3	53.1	58.0	55.2

(np) not published due to relative standard error greater than 50%, confidentiality or small numbers

2.6 Oral health

In 2020, 52.6% of Canberrans aged 18 years and over indicated that they were missing some or all of their natural teeth (including wisdom teeth) and 13.1% had dentures or false teeth. A total of 12.7%

of adults aged 18 years and over and 8.0% of children reported that the condition of their teeth affected the type of food they can eat (Table 13).

The majority of respondents in 2020 reported that their last visit to a dental professional was less than 12 months ago (54.5% of adults and 74.8% of children). However, 4.0% of adults and 2.9% of children had either never been to the dentist, or their last visit was over 10 years ago.

	Children 5–17				Adults 18+	
	Males	Females	Persons	Males	Females	Persons
			(Per ce	nt)		
Missing natural teeth	n/a	n/a	n/a	52.1	52.3	52.6
Has dentures/ false teeth	n/a	n/a	n/a	13.0	13.7	13.1
Condition of teeth affect the type of food						
they eat	6.5	9.5	8.0	11.9	13.4	12.7
Last visit to a dental professional						
< 12 months	72.2	77.1	74.8	51.9	57.7	54.5
1yr to <2 yrs	17.1	16.5	16.7	23.3	21.1	21.9
2 yrs to <5 yrs				17.1	11.1	14.0
2 yrs to <10 yrs ₂	8.2*	3.2* 5	5.7*			
5 yrs to <10 yrs				4.6	6.0	5.6
10 yrs or more or never	2.5*	3.2*	2.9	3.1*	4.2*	4.0

Table 13: Oral health by sex, ACT, 2020

* Estimate has a relative standard error of 25% to 50% and should be used with caution

(n/a) question not asked of children

Note₁ for 'missing natural teeth' and 'has dentures of false teeth', "persons" refers to individuals aged 16+ years Note₂ when reporting children, 2 yrs to <5 yrs and 5 yrs to <10 yrs combined (2 yrs to <10 yrs)

2.7 Physical activity

Self-rated physical activity

To assess physical activity levels, respondents to the 2020 ACTGHS were asked to rate how physically active they usually are (very active, active, moderately active, not very active or not active at all). A total of 15.8% of adults rated their physical activity levels as very active, and 29.2% as active (Table 14). Adult males were significantly more likely to rate their physical activity as active than females (35.5% vs 23.1%) while females were significantly more likely to rate their physical activity as not very active compared to males (19.3% vs 10.8%). Among children, 36.8% rated their physical activity levels as very active and 23.6% as moderately active. A larger proportion of adults compared to children met the guideline for physical activity (72.4% vs 21.1%).

Meets the physical activity guideline

The 2020 ACTGHS also measured whether people met the Australian physical activity guidelines.

- Meeting the physical activity guidelines for children aged 5-17 years is based on the National Physical Activity guideline of accumulating 60 minutes or more of moderate to vigorous physical activity per day^[6].
- Meeting the physical activity guidelines for adults aged 18 years and over is based on the ABS definition of participating in at least 150 minutes of activity (including walking for transport and fitness, and moderate and vigorous activity) per week. If the number of times for walking, moderate activity or vigorous activity was zero, the number of hours and minutes was given a value of zero^[6].

In 2020, a larger proportion of ACT adults (72.4%) met the physical activity guidelines than children (21.1%) (Table 14). Adults aged 18–24 years were more likely than those in other age groups to meet the physical activity guidelines (Table 15).

	С	hildren 5–17			Adults 18+				
	Males	Females	Persons	Males	Females	Persons			
	(Per cent)								
Self rated physical activity									
Very active	40.0	33.7	36.8	18.7	12.5	15.8			
Active	30.8	35.1	32.9	35.5	23.1	29.2			
Moderately active	21.8	25.4	23.6	31.9	40.0	35.9			
Not very active	np	np	np	10.8	19.3	15.1			
Not at all active	np	np	np	3.0*	5.1*	4.0			
Meets the physical activity guideline	24.2	18.1	21.1	76.4	69.0	72.4			

Table 14: Physical activity by sex. ACT. 2020

* Estimate has a relative standard error of 25% to 50% and should be used with caution

(np) not published due to relative standard error greater than 50%, confidentiality or small numbers

Table 15: Physical activity by age, ACT, 2020

	5–17	18–24	25–44	45–64	65+		
	(Per cent)						
Meets the physical activity guidelines	21.1	84.6	71.6	75.5	63.2		
Does not meet the physical activity guidelines	78.9	15.4	28.4	24.5	36.8		

2.8 Active travel

Active travel refers to people usually walking or cycling to work or school. In 2020, 10.5% of ACT adults and 37.2% of children reported that they usually walk or cycle to work or school (Table 16).

Table 16: Active travel by age and sex, ACT, 2020

	Children 5–17					
	Males	Females	Persons	Males	Females	Persons
			(Per cent)			
Walk or cycle to school/w ork	40.0	34.2	37.2	10.8	10.4	10.5
Did not walk or cycle to school/work	60.0	65.8	62.8	89.2	89.6	89.5

2.9 Sedentary behaviour

The majority of ACT adults reported that they spent most of their usual day sitting (65.3%). Adults aged 65 years and over were significantly more likely to report spending most of their usual day walking or doing heavy labour/physically demanding work than adults aged 45–64 years (32.2% vs 12.3%) (Table 17).

		Sex		Age group					
	Males	Females	Persons	18–24	25–44	45–64	65+		
	(Per cent)								
Spends usual w ork day									
Mostly sitting	62.0	68.6	65.3	58.2	66.7	70.5	55.5		
Mostly standing	14.5	15.1	15.0	19.9*	13.6	17.2	12.3*		
Mostly walking or doing heavy									
labour/physically demanding work	23.5	16.3	19.7	22.0*	19.7	12.3	32.2		

Table 17: Sedentary behavior by age group and sex, ACT, 2020

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

2.10 Sleep

The Sleep Health Foundation recommends 10–13 hours of sleep for 5 year olds, 9–11 hours for 6–13 year olds and 8–10 hours for 14-17 year olds, 7-9 hours of sleep for 18-64 year olds and 7-8 hours for people aged 65 years and over^[7]. In 2020, the majority of Canberrans reported that they met the sleep recommendation (adults: 66.4%; children 79.7%).

Table 18: Meets sleep recommendation by age and sex, ACT, 2020

	Children 5–17				Adults 18+			
	Males	Females	Persons	Males	Females	Persons		
	(Per cent)							
Meets sleep recommendation	80.7	78.6	79.7	66.4	67.3	66.4		
Does not meet sleep recommendation	19.3	21.4	20.3	33.6	32.8	33.6		

Table 19: Meets sleep recommendation by age, ACT, 2020

		.,,====							
	5–17	18–24	25–44	45–64	65+				
	(Per cent)								
Meets sleep recommendation	79.7	61.4	70.5	66.6	57.2				
Does not meet sleep recommendation	20.3	38.6	29.5	33.4	42.9				

2.11 Alcohol

Alcohol consumption

In 2020, almost one fifth (19%) of adults reported that they did not drink alcohol. Females were significantly more likely to report that they did not drink alcohol than males (21.1% vs 15.9%).

Table 20: Alcohol consumption by sex, adults, ACT, 2020

	Males	Females	Persons		
	(Pe rcent)				
Drinks less than once/month	13.3	8.0	10.5		
Doesn't drink alcohol	15.9	21.1	19.0		

Meets the Australian drinking guidelines

The Australian alcohol guidelines recommend that healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day to reduce the risk of harm from alcohol-related disease or injury^[8]. In 2020, 77.8% of respondents reported alcohol consumption that met the Australian alcohol guidelines to reduce health risks from drinking alcohol (Table 21). Females were significantly more likely to report meeting the 2020 alcohol guideline than

males (83.4% vs 72.6%). Adults aged 18–24 years were significantly less likely to report meeting the 2020 alcohol guideline than adults aged 65 years and over (60.9% vs 88.9%).

In 2020, 32.1% of respondents reported that they drank more than four standard drinks on one occasion in the past four weeks (Table 21). Males were significantly more likely to report drinking more than four drinks on one occasion in the past four weeks than females (39.8% vs 24.1%). Adults aged 18–24 years were significantly more likely to report drinking more than four drinks on one occasion in the past four weeks than adults aged 65 years and over (44.9% vs 16.8%). Overall, 16.1% of respondents reported that they drank more than 10 standard drinks in the past seven days. Males aged 18 years and over were significantly more likely to report drinking more than 10 drinks in the past week than females (20.1% vs 11.6%).

Table 21: Australian drinking guidelines by age and sex, adults, ACT, 2020	
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	Males	Females	Persons	18–24	25–44	45–64	65+
			(Per cent)			
Meets 2020 alcohol guideline	72.6	83.4	77.8	60.9	76.1	80.2	88.9
Drank more than 4 standard drinks on one occasion in the past 4 w eeks	39.8	24.1	32.1	44.9	36.3	30.6	16.8
Drank more than 10 standard drinks in the past seven day	20.1	11.6	16.1	20.7	17.4	15.8	10.8

Note₁ Estimates based on respondents w ho answ ered alcohol questions. Includes those w ho reported that they do not drink alcohol

2.12 Tobacco smoking

In 2020, 11.8% of adults reported being daily or occasional smokers and 51.7% reported never smoking (Table 22). Of those who smoked regularly, the average daily number of cigarettes smoked was 8.4.

Electronic cigarettes (e-cigarettes or personal vaporisers) are products that create aerosols containing flavouring agents that are inhaled. They simulate the act of tobacco smoking and are becoming increasingly popular. In 2020, around 1 in ten adults (11.0%) reported ever using an e-cigarette (Table 23).

Table 22: Tobacco smoking status by sex, adults, ACT, 2020

	Males	Females	Persons
		(Percent)	
Daily or occasional smokers	11.7	11.4	11.8
Ex smokers or tried it but never regularly	37.1	36.7	36.5
Never smoked	51.2	51.9	51.7

Table 23: E-cigarette use by sex, adults, ACT, 2020

	Males	Females	Persons
		(Percent)	
Ever used	13.4	7.9	11.0
Never used	86.5	92.1	89.0

3. Mental health and wellbeing

3.1 Mental health conditions

In 2020, 27.8% of adults and 16.8% of children aged 5–17 years in the ACT reported that they had been diagnosed with a mental health condition in the previous 12 months (Table 24). Adult females were significantly more likely to report being diagnosed with a mental health condition than males (33.7% vs 21.4%).

A total of 13.9% of children and 17.1% of adults reported that they had been diagnosed with anxiety in the previous 12 months. Females aged 18 years and over were significantly more likely to report being diagnosed with anxiety than males (24.1% vs 10.2%).

Around 3.7% of children and 15.2% of adults in the ACT reported that they had been diagnosed with depression in the last 12 months, while similar proportions had been diagnosed with a stress-related problem (5.4% and 17.9% respectively).

Females aged 18 years and over were significantly more likely to report depression than males (19.4% vs 11.2%) and significantly more likely to report being told that they have a stress-related problem (21.8% vs 13.4% respectively). In 2020, the majority of respondents who indicated that they currently experienced anxiety, depression, a stress-related problem, or other mental health issues, were currently receiving treatment for their condition(s) (children: 71.9%; adults: 71.4%). Females aged 18 years and over who have a mental health condition were significantly more likely to report that they were currently receiving treatment than males (84.2% vs 53.1%).

Table 24: Diagnosed mental health conditions by sex, ACT, 2020

	Children 5–17			Adults 1		18+	
	Males	Females	Persons	Males	Females	Persons	
	(Per cent)						
Any mental health condition	15.8	17.4	16.8	21.4	33.7	27.8	
Anxiety	12.9	14.6	13.9	10.2	24.1	17.1	
Depression	1.8*	5.1	3.7	11.2	19.4	15.2	
A stress-related problem	3.3*	7.5	5.4	13.4	21.8	17.9	
Another mental health condition	6.2	3.8*	5.0	3.6*	6.4	5.2	
Currently receiving treatment - those w ho							
still have a mental health condition(s)	70.8	72.5	71.9	53.1	84.2	71.4	

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

3.2 Adult mental health and wellbeing

Psychological distress

For adults, the Kessler 6 (K6) scale was developed to discriminate cases of serious mental illness from non-cases^[9]. It uses a five-level response scale about how often someone reports feeling 'nervous', 'hopeless', 'restless or fidgety', 'that everything was an effort', 'so sad that nothing could cheer them up' and 'worthless' in the past four weeks. Results of the 2020 ACT GHS indicated that 5.1% of respondents may have been experiencing serious mental illness (Table 25).

Table 25: Psychological distress by sex, adults, ACT, 2020

	Males	Females	Persons
	(P	er cent)	
	•	•	
Psychological distress - K6 score indicates probable		·	

Life satisfaction

Using a scale from zero to 10, respondents were asked to rate how satisfied they were with their life as a whole, with zero being completely dissatisfied and 10 completely satisfied. The average satisfaction with life score among ACT adults in 2020 was 7.8 (Table 26). This figure was similar across sex and age.

Table 26: Life satisfaction by sex, ACT, 2020

		Sex		Age group		oup	
	Males	Females	Persons	18–24	25–44	45–64	65+
	(Mean)						
Life satisfaction	7.8	7.8	7.8	7.2	7.8	7.9	7.9

3.3 Child mental health and wellbeing

Wellbeing

In 2020, the majority of ACT children aged 5–17 years reported that they participated in after-school or weekend programs like sports, art, dance, music classes, and in other clubs and activities (78.6%). Similarly, children reported that there were safe places in their neighbourhood and community where they felt comfortable to hang out with friends (86.6%) (Table 27). Small differences were reported by males and females, however these figures were not statistically significant.

Table 27: Child wellbeing measures, children aged 5–17, ACT, 2020

	0	,	0	,	/	
				Males	Females	Persons
					(Per cent)	
Participates in local after scho	ol/weekend progra	ms		76.8	80.5	78.6
Has access to safe places in	1 0	-		88.7	84.7	86.6

Social connectedness

The majority of children aged 5–17 years reported that they had a group of friends to play with/hang around with (96.8%). Most children also reported that they had at least one other adult apart from their parent/carer in their school, neighbourhood, or community who knows them well and whom they can rely on for advice or guidance (94.8%) (Table 28).

Table 28: Social connectedness, children aged 5–17, ACT, 2020

	Males	Females	Persons
		(Per cent)	
Group of friends to play or hang around with	95.4	98.1	96.8
Has adult other than parent/carer that they can rely on for advice	93.6	96.1	94.8

School participation

In 2020, most children aged 5–17 years (82.9%) reported that they looked forward to school every day or on most days (Table 29). Only 3.4% stated that they never looked forward to school.

Table 29: School participation, children aged 5–17, ACT, 2020

Males	Females	Persons
	(Per cent)	
33.3	37.8	35.6
46.7	47.9	47.3
15.8	11.6	13.7
4.2*	2.7*	3.4
	33.3 46.7 15.8	(Per cent) 33.3 37.8 46.7 47.9 15.8 11.6

* Estimate has a relative standard error of 25% to 50% and should be used with caution

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5. Appendix A - 2020 ACT GHS Questionnaire

For more information about the General Healthy Survey and a copy of the 2020 questionnaire please visit the Epidemiology Section's Data Collection Page:

https://www.health.act.gov.au/about-our-health-system/data-and-publications/healthstats/datacollections

6. Appendix B – Methodology

Sample design

It is not possible to append geographic identifiers to randomly generated (RDD) mobile numbers. Listed mobile numbers are sourced from a composite phone database built by contributors from different organisations, including charities, telemarketing companies and other business entities. In this sense they are not random like RDD mobile numbers, as the billing address of the owner is known so selections can be undertaken based on geography. A commercial provider provided the listed mobile sample, which is updated monthly. The listed mobile frame increases coverage. For this reason, the ACTGHS primarily uses listed mobile with a small proportion of pre-screened RDD mobile numbers tagged as belonging to ACT residents from the NSW Population Health Survey.

The sample design also involved setting targets proportionate to the population, with seven geographical areas based on SA3 regions. The SA3 targets were used to ensure adequate coverage across the regions in the ACT and has been standard practice for all ACTGHS projects since 2018.

In-scope population

The 2020 the ACTGHS had two discrete in-scope populations.

- Adults (target n=1,200): Non-institutionalised ACT residents, aged 16 years or over who provided information about their own health and;
- Children (target n=1,000): For children aged 5 to 15, interviews were conducted with an ACT adult resident or career who knew the most about the child's health. These individuals provided information about the selected child after the child had been selected at an initial screening, or from an adult interview where children were present in the household.

To achieve the target of n=1,000 child interviews, the ACTGHS was conducted via two separate surveys; the main survey, which included adults and children, and the child booster survey which included children only (Table 30 for sample size and response rate). The main survey was conducted from 6 October 2020 until 29 November 2020, with 1,200 adult and 151 child interviews completed. The child booster survey was conducted from 19 October 2020 until 29 November 2020 in which an additional 849 child interviews were completed.

	Sample frame				
	Total	Listed mobile	RDD mobile		
Main survey					
Interview s completed	1,351	1,203	148		
Response rate	20.9%	30.4%	36.5%		
Child booster survey					
Interview s completed	849	849	0		
Response rate	28.6%	28.6%	n/a		

Table 30: Response rate by sample frame and survey component, ACTGHS, 2020

Weighting

The method used to calibrate the design weights was generalised regression (GREG) weighting, which uses non-linear optimisation to minimise the distance between the design and calibrated weight, subject to the weights meeting the benchmarks. The regression weighting approach requires that there are no missing values across the adjustment variables or values other than those for which there are reliable benchmarks. Like most surveys however, some survey respondents did not provide responses to the questions required for weighting. A statistical model was applied to each item with missing values to impute the most likely value for a respondent, conditional upon their other responses. Given the low prevalence of missing values overall, the imputation process is expected to have a negligible impact on weighted estimates made from the dataset.

	n	Per cent
Age group by sex		
16–34 years x Female	61,402	17.9
16–34 years x Male	60,269	17.5
35–44 years x Female	32,890	9.6
35–44 years x Male	32,645	9.5
45–54 years x Female	27,600	8.0
45–54 years x Male	27,073	7.9
55–64 years x Female	22,997	6.7
55–64 years x Male	21,305	6.2
65–74 years x Female	17,690	5.2
65–74 years x Male	15,909	4.6
75+ years x Female	13,442	3.9
75+ years x Male	10,521	3.1
Age group by Highest qualification		
16–34 years x Bachelor or higher	44,991	13.1
16–34 years x Below Bachelor	76,680	22.3
35–44 years x Bachelor or higher	34,793	10.1
35–44 years x Below Bachelor	30,742	8.9
45–54 years x Bachelor or higher	24,578	7.2
45–54 years x Below Bachelor	30,095	8.8
55–64 years x Bachelor or higher	18,930	5.5
55–64 years x Below Bachelor	25,372	7.4
65–74 years x Bachelor or higher	12,326	3.6
65–74 years x Below Bachelor	21,273	6.2
75+ years x Bachelor or higher	6,115	1.8
75+ years x Below Bachelor	17,848	5.2
Country of birth (collapsed)		
Australia	230,688	67.1
Other English–speaking country	28,981	8.4
Non English–speaking country	84,074	24.5
Number of adults in household		
One adult	51,039	14.9
Tw o adults	196,592	57.2
Three adults	50,720	14.8
Four or more adults	45,392	13.2
SA3		
Belconnen	83,388	24.3
Gungahlin	57,093	16.6
North Canberra	49,327	14.4
South Canberra/ Canberra East	26,268	7.6
Tuggeranong	72,827	21.2
Weston Creek/ Molongo/ Urriarra	24,112	7.0
Woden Valley	30,728	8.9

Table 31: Adult population benchmarks used for adjustment, ACTGHS, 2020

	n	Per cent
Sex		
Female	28,684	48.1
Male	30,857	51.9
Age group		
5–10 years	34,483	58.0
11–15 years	25,022	42.1
Number of children in household		
One child	10,173	17.1
Tw o children	32,191	54.1
Three children	17,141	28.8
SA3		
Belconnen	14,153	23.8
Gungahlin	12,880	21.6
North Canberra	5,308	8.9
South Canberra/ Canberra East	3,472	5.8
Tuggeranong	13,714	23.1
Weston Creek/ Molongo/ Urriarra	4,615	7.8
Woden Valley	5,363	9.0

Table 32: Child population benchmarks used for adjustment, ACTGHS, 2020