



Overall, people in the ACT enjoy one of the highest life expectancies in the world. The average ACT resident has a longer length of life and a lower burden of the chronic illnesses associated with lifestyle and ageing. This is due to the comparatively large number of young people, higher levels of education, higher average income, low risk workplaces, healthy environment and availability of quality services, which support good health and wellbeing.

## Encouraging Trends

### Quality of life

#### ACT residents are living longer:

In the ACT, **life expectancy at birth** was 81.3 years for males born in 2015 and 85.2 years for females born in 2015. The ACT had the highest female life expectancy in Australia.

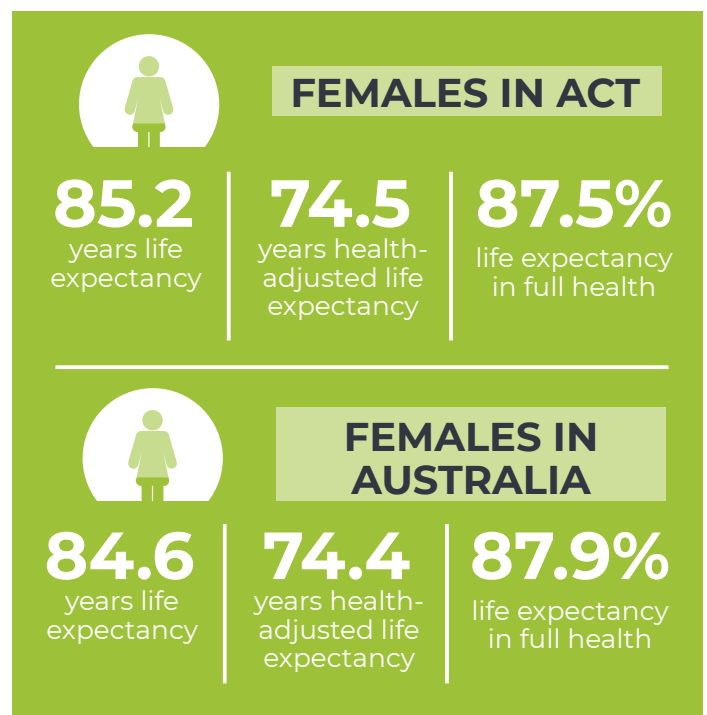
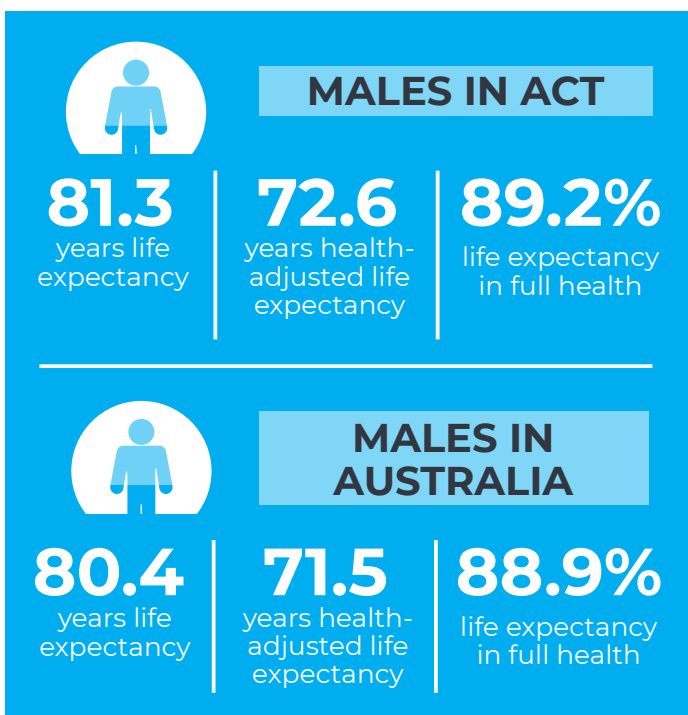
People in the ACT can also expect to live many **years in full health** (males born in 2015: 72.6 years; females born in 2015: 74.5 years) and the proportion of life lived in full health is similar to that for Australia.

The ACT had the **lowest burden of disease** in Australia in 2015 (170.5 years per 1,000 population). Differences between the states and territories were primarily due to differences in fatal burden, with the ACT recording the lowest years of life lost (YLL) (76.0 years per 1,000 population).

Rates of non-fatal burden, measured as years lost to disability (YLD), were similar across all jurisdictions (ACT: 94.5 years per 1,000 population). *AIHW 2019, Australian Burden of Disease Study 2015.*

In 2019, the standardised **death rate** was lowest in the ACT (4.7 deaths per 1,000 standard population), down from 5.4 in 2009.

Canberrans also **rate their health well**: in 2017-18, more than half (59.6%) of ACT residents aged 15 years and over self-rated their health as 'excellent' or 'very good', which was higher than the proportion recorded nationally (56.4%) [ABS National Health Survey 2017-18].

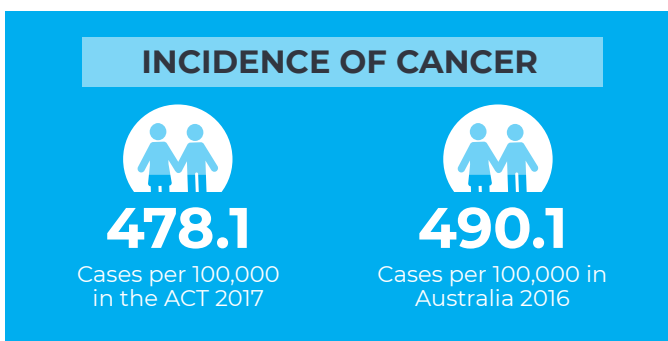


## Cancer

Although cancer is one of the leading causes of disease burden in the ACT, advances in prevention, early detection and treatment have resulted in more people surviving and living longer with the disease.

Survival outcomes for all cancers combined in the ACT are at least as high as those for Australia as a whole.

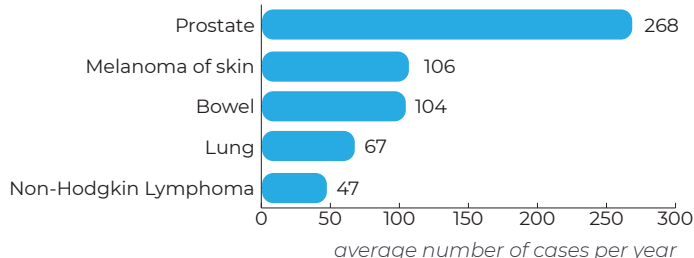
Incidence of cancer is lower than the national rate: in 2017, the age-standardised cancer incidence rate for the ACT was 478.1 cases per 100,000, compared to 490.1 cases per 100,000 for Australia in 2016.



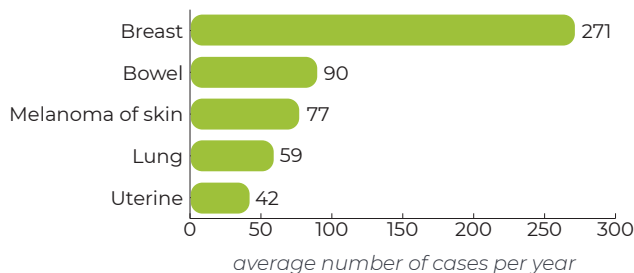
Source: ACT Cancer Registry

For the period 2013-2017 in the ACT, the most common cancer for men was prostate cancer and breast cancer was the most common cancer for women. The five most common cancers in the ACT are similar to those nationally.

Common cancers diagnosed in males, ACT, 2013-2017



Common cancers diagnosed in females, ACT, 2013-2017



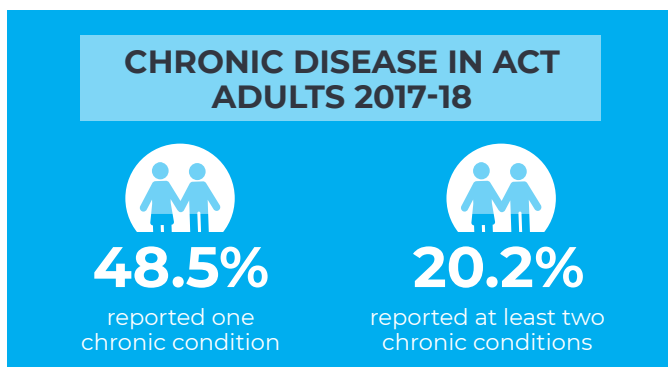
Source: ACT Cancer Registry

## Challenges and Opportunities

### Chronic Disease

Not all Canberrans are as healthy as they could be. Chronic diseases, such as cancer, cardiovascular diseases, and musculoskeletal conditions, are now responsible for most of the poor health and premature death [AIHW 2019].

Many Canberrans have one or more chronic disease: in 2017-18, one in two (48.5%) ACT adults reported having a **chronic condition**, such as arthritis, asthma, cancer, diabetes, mental illness, or heart disease, and one in five (20.2%) had at least two conditions.



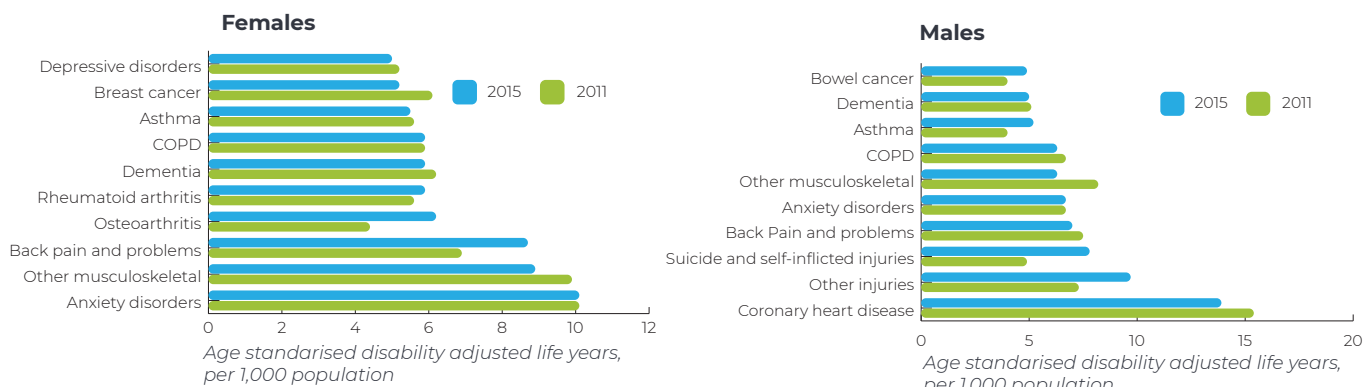
Source: AIHW 2019

In 2015, the **leading causes of disease burden** in the ACT were coronary heart disease (9.0 Disability Adjusted Life Year - DALYs per 1,000 population age-standardised), anxiety disorders (8.4 DALYs per 1,000 population) and back pain and problems (7.9 DALYs per 1,000 population) [AIHW 2019].

For males, the leading causes of disease burden were coronary heart disease, other injuries, and suicide and self-inflicted injuries; whereas, for females, anxiety disorders, other musculoskeletal disorders, and back pain and problems were the leading causes of disease burden.

Many chronic diseases share **common modifiable lifestyle risk factors**, such as tobacco use, high body mass, dietary risks, alcohol intake, high blood pressure, and physical inactivity, presenting opportunities for prevention.

## Leading causes of disease burden in the ACT



AIHW 2019, BOD Study 2015

## LEADING CAUSES OF DISEASE BURDEN IN THE ACT 2015



Coronary heart disease

**9 DALYs**

per 1,000 population age-standardised



Anxiety disorders

**8.4 DALYs**

per 1,000 population



Back pain and problems

**7.9 DALYs**

per 1,000 population

AIHW 2019, BOD Study 2015

## Achievements

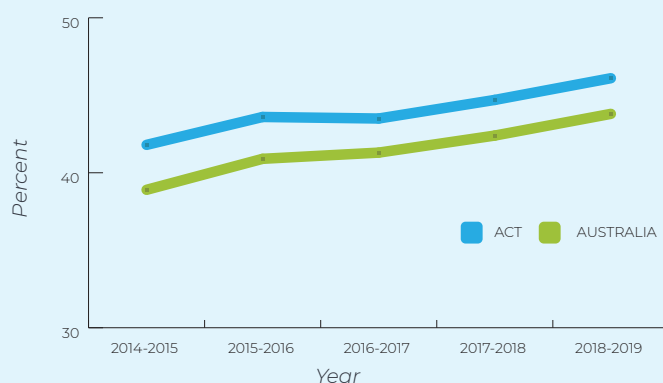
### Cancer screening

Cancer screening can help detect some cancers early, which can significantly improve outcomes.

Australia has three **national cancer screening programs** - breast cancer, cervical cancer, and bowel cancer. High participation produces the greatest benefits in terms of reducing illness and death from these cancers.

In 2018-19, participation was higher in the ACT than Australia for women aged 50–74 years in **BreastScreen** (56.4% and 54.3%, respectively) and similar for women aged 25–74 years in the **National Cervical Screening Program (NCSP)** (47.7% and 46.5%, respectively) [AIHW 2020].

#### National Bowel Cancer Screening Program, trends in participation, 2014-15 to 2018-19



Source: AIHW 2020

For Canberrans aged 50–74 years, participation in the **National Bowel Cancer Screening Program (NBCSP)** is trending upwards, increasing from 39.9% to 44.0% for males and from 43.7% to 48.1% for females between 2014-15 and 2018-19. Latest data also show that participation in the NBCSP is higher in the ACT (46.1%) than Australia (43.8%) [AIHW 2020].

# Immunisation

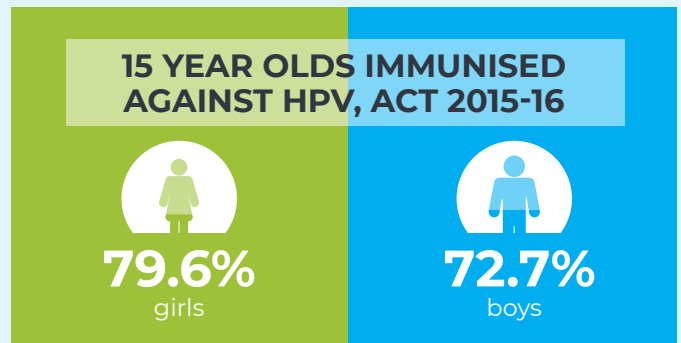
Immunisation is a safe and effective way of reducing the spread of vaccine-preventable diseases in the community and protecting against potentially serious health problems, including diphtheria, tetanus, whooping cough, polio, hepatitis B, measles, mumps, and rubella. Overall, immunisation rates in Australian children are high.

Nationally, 93.5% of all **children aged 5 years** were fully immunised in 2016–17 compared to 93.9% in the ACT. Aboriginal and Torres Strait Islander children aged 5 years had an even higher immunisation rate of 95.0% in the ACT and 95.7% nationally [AIHW 2018].

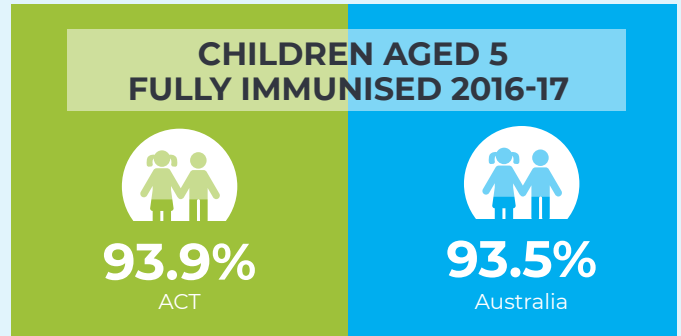
The percentage of **15-year-olds** fully immunised against human papillomavirus (HPV) increased from 74.7% in 2012-13 to 79.6% in 2015-16 for girls and from 67.7% in 2014-15 to 72.7% in 2015-16 for boys. Nationally, 80.1% of girls and 74.1% of boys were fully immunised in 2015-16 [AIHW 2018].

Following an increase of more than 50% in meningococcal cases across Australia between 2014 and 2017, an ACT Government-funded vaccination program to protect against the meningococcal A, C, W and Y strains (MenACWY) was rolled out to **Year 10, 11 and 12 students** in all ACT high schools and colleges in 2018, with a 12-month catch-up vaccination for 16 to 19-year-olds available through general practice. By the end of the year, 79.0% of Year 10 students, 63.8% of Year 11 students and 56.6% of Year 12 students had been vaccinated [ACT Health Protection Services]<sup>1</sup>.

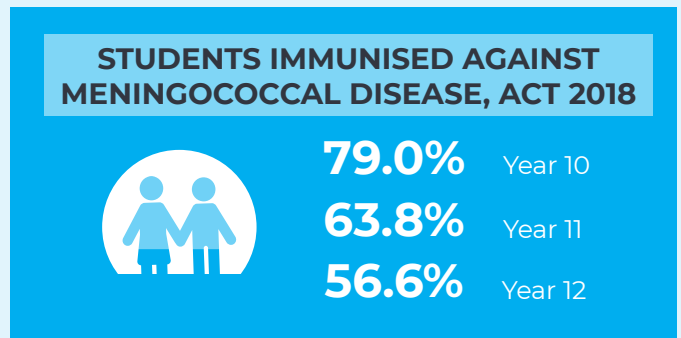
<sup>1</sup> National comparison data is available on the HealthStats website



Source: AIHW 2018



Source: AIHW 2018



Source: ACT Health Protection Service



**Glossary:** ABS Australian Bureau of Statistics; ACT Australian Capital Territory; ACTPANS ACT Physical Activity & Nutrition Survey; AIHW Australian Institute of Health & Welfare; ASSAD Australian Secondary Students' Alcohol & Drug survey; BOD Burden of Disease; CODURF Cause of Death Unit Record File; GHS General Health Survey; MPDC Maternal Perinatal Data Collection; NDSHS National Drug Strategy Household Survey; NHMRC National Health and Medical Research Council, NHS National Health Survey.

Data included in this report are the most recent available at the time of publication. For more information, see: [stats.health.act.gov.au](http://stats.health.act.gov.au)