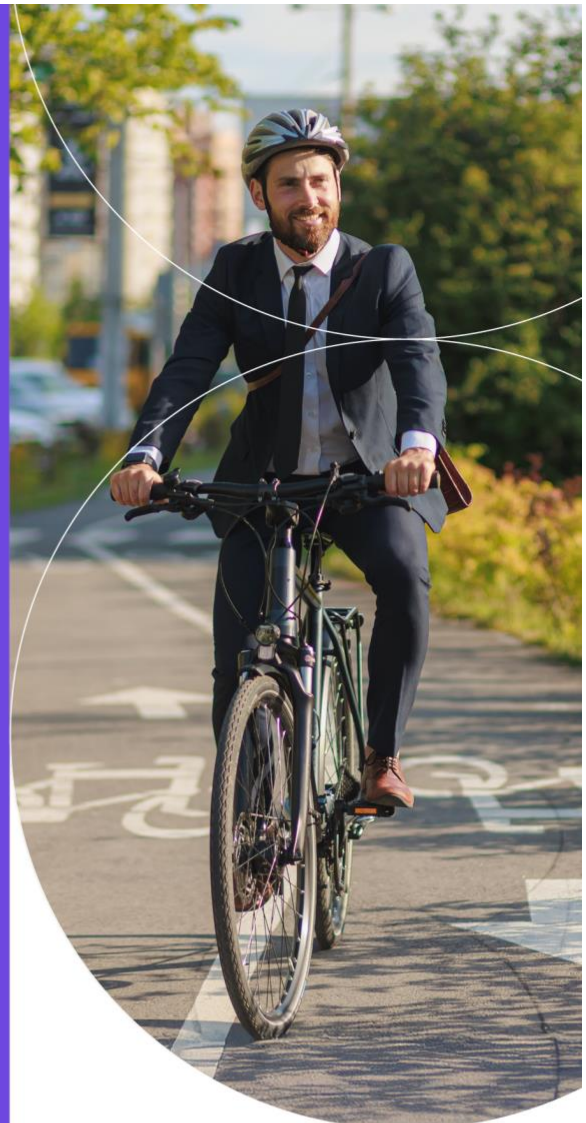


Chief Health Officer report

Preventive health in a growing and changing population in the ACT



ACT
Government



Acknowledgement of Country

The Health and Community Services Directorate acknowledges the Ngunnawal people as traditional custodians of the ACT and recognise any other people or families with connection to the lands of the ACT and region.

We respect the Aboriginal and Torres Strait Islander people, particularly our Aboriginal and Torres Strait Islander staff, and their continuing culture and contribution they make to the Canberra region and the life of our city.

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Introduction

This Chief Health Officer report focuses on our changing demographic profile, current health trends among ACT residents aged 45 and over, and how these shifts may affect population health outcomes, health system utilisation, and inform priority areas for prevention.

Australians today are living longer than ever before, with children born in 2023 expected to live on average into their eighties (ABS 2025a). This increase in life expectancy is attributed to a combination of public health and medical advancements, such as improved living and working conditions, infection control, and new medical treatments (AIHW 2024c).

The ACT is experiencing changes in its community structure. Increases in population growth over the past few decades, together with rising life expectancy and decreasing birth rates, mean that not only has the ACT population increased in size, but the demographic is shifting, with adults over 45 years making up a greater proportion of the population (ACT Government 2025a).

Despite an increase in life expectancy, many are not spending these additional years in full health. Many adult Canberrans are living with a chronic condition or have risk factors for developing one. Currently, one in 2 people in Canberra are living with a chronic condition (ABS 2024). This comes at a time when Australia is experiencing a generational health drift nationally, with younger generations less healthy than previous generations at the same age (Dobson et al. 2025; Gimeno et al. 2024; Kim et al. 2023).

Midlife (from 45 to 64 years) is a key period for prevention activities to support health in ageing. Acknowledging that for many people, there are competing demands on wellbeing during midlife, it is also an important opportunity for taking action to improve health as we age, and to support people to enter their older years (65 years and over) in better health (Ding et al 2022; Infurna et al. 2021; Wagner et al. 2024).

This report highlights why it is timely to consider how our health system and community environments can adapt to reduce the risk of, and support people living with, chronic conditions at a time of changing demography.

Data Note

This report provides a snapshot of a priority population health issue in the ACT and uses a range of ACT and national data. Statistical information on a broad range of ACT's population health topics are published and regularly updated on the [HealthStats ACT website](#).

Differences in statistical methods, calculations, data updates and guidelines may result in the information contained in this report varying from previously published information.

Terminology Note

Consistent with the Australian Institute of Health and Welfare's (AIHW) definition for health-adjusted life expectancy (HALE), this report defines HALE as "the average number of years that a person at a specific age can expect to live in full health; that is, taking into account years lived in less than full health due to the health consequences of disease and/or injury" (AIHW 2024b). This definition is adopted as the HALE estimates presented in this report are sourced from the AIHW, ensuring conceptual and methodological consistency with the underlying data. For clarity and consistency, the converse of 'full health' is referred to as 'ill health'.

ACT's population is growing and changing

The demographic of Canberra's population is shifting, with increased population growth, declining birth rates, and increased life expectancy in recent decades. The ACT population has increased from 250,000 in 1986 to 486,463 in 2025, while total fertility rates have been declining (2.0 per 1,000 women in 1979 to 1.4 per 1,000 women in 2023). The ACT's population growth is being driven by net migration (interstate and overseas), natural increase (number of births exceeding deaths), and increasing life expectancies (ACT Government 2025a).

The ACT population projections 2025-2065 estimate a population increase of 319,000 over the next 40 years, surpassing a total population of 800,000 by 2065, with migration expected to be the primary driver of population growth (ACT Government 2025a).

ACT's population is ageing

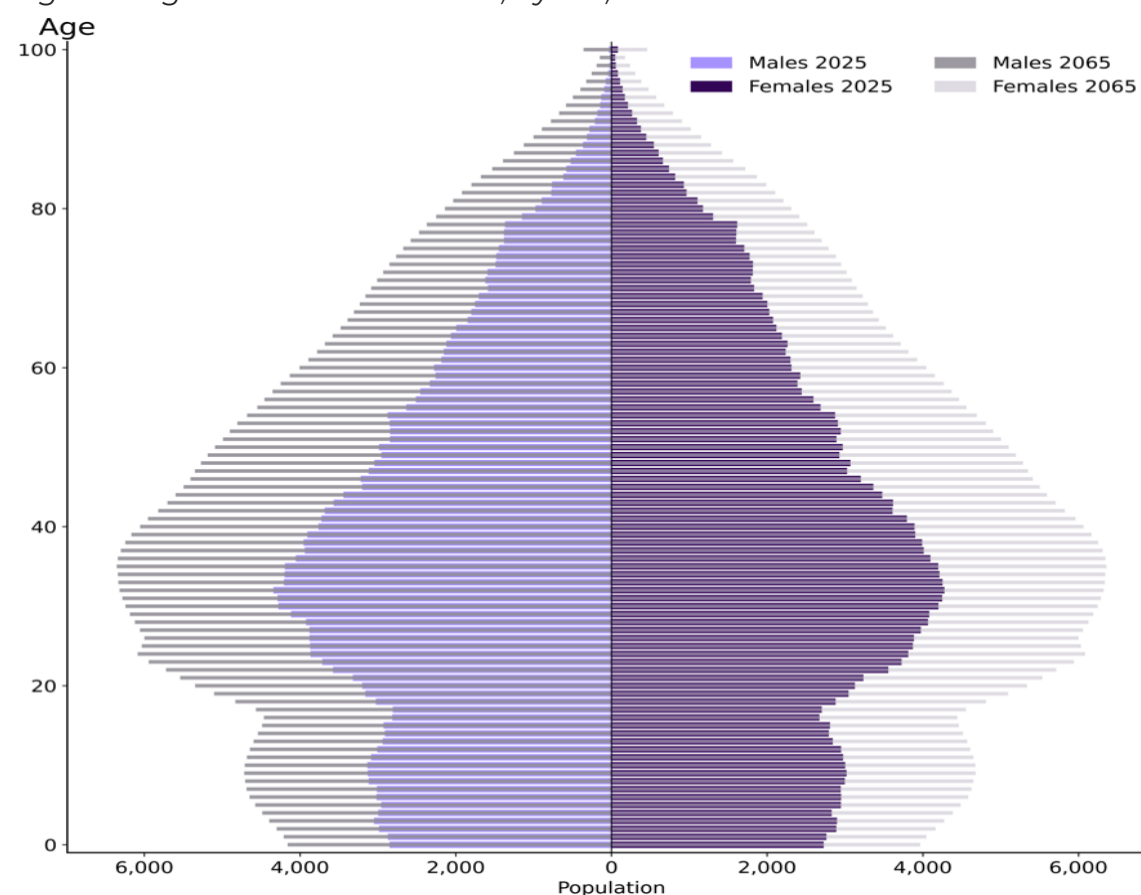
Historically, the ACT has had a younger population, mostly driven by inflows of students and working age populations, and outflows of older persons. The population projections through to 2065 show a moderate ageing of the ACT population relative to projections of other Australian jurisdictions (ACT Government 2025a).

The proportion of ACT residents aged 65 and over is projected to increase from 14.0% of the ACT population in June 2025 to 16.6% in June 2065. In contrast, the proportion of children (0 to 14 years) is expected to decline from 18.2% to 16.8%, while the working-age group (age 15 to 64 years) will decrease marginally from 67.8% to 66.5% as a share of the population for the same period (ACT Government 2025a).

In 2025, 36% of Canberra's population was aged 45 and over, and is expected to represent around 39% of the population by 2065 (ACT Government 2025a). Between 1971 and 2025, the 45 to 64 age group increased by an average of 2.90% per year, while those aged 65 and over grew by an average 5.02% annually (ABS 2025b).

The population age distribution of Canberrans in 2025 and projections for 2065 is illustrated in Figure 1.

Figure 1: Age structure in the ACT, by sex, 2025 and 2065



Source: ACT Government 2025a

Canberrans are living longer

On average, Canberrans have one of the highest life expectancies at birth in the country at 82.0 years for males and 85.8 years for females during the 2022-2024 reference period, higher than the average Australian male (81.1 years) and female (85.1 years). For the first time since the mid-1990's, life expectancy decreased in Australia and the ACT during the years of the COVID-19 pandemic (2019-2021 and 2021-2023 reference periods). This decline in life expectancy in Australia has been attributed to the COVID-19 pandemic and its impact on mortality, and it remains important to continue to monitor this trend (ABS 2025a). Similar declines have also been observed across multiple Organisation for Economic Co-operation and Development (OECD) countries, where many experienced life-expectancy losses during the COVID-19 pandemic (OECD 2024).

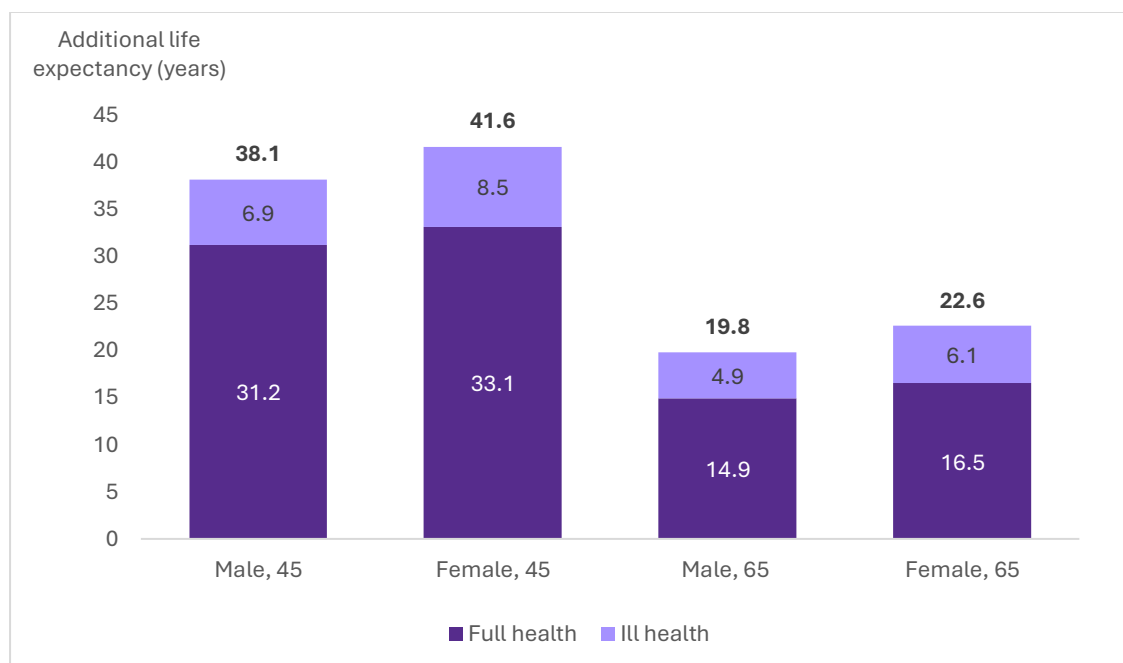
Life expectancy measures how long on average a person is expected to live based on current age and sex specific death rates. It is important to acknowledge that this is a population level measure, and that there may be differences in life expectancy experienced by certain groups within a population, including by Aboriginal and Torres Strait Islander peoples (AIHW 2024g; 2025). This highlights the importance of considering and prioritising certain groups within our population in considering prevention approaches.

Not all of these years are lived in full health

While life expectancy measures the average number of years a person is expected to live, health-adjusted life expectancy (HALE) considers the average number of years a person can expect to live in full health (without disease and/or injury) and in ill health (with disease and/or injury) (AIHW 2024b). HALE can be measured at any age and is commonly reported at birth and at age 65 years (AIHW 2023). As with life expectancy, HALE is not experienced equally across and within the population (AIHW 2022).

The most recent ACT-specific data for HALE is from 2018. Figure 2 below shows the number of years that Canberrans in 2018 could expect to live, and the number of those years that would be lived in full versus ill health. For example, in 2018, an average 45-year-old male in the ACT could expect to live for a further 38.1 years, with 31.2 of those years in full health (Figure 2) (AIHW 2021).

Figure 2: Health adjusted life-expectancy (HALE) at age 45 and 65 years by sex, years lived in full health and years lived in ill health, ACT, 2018

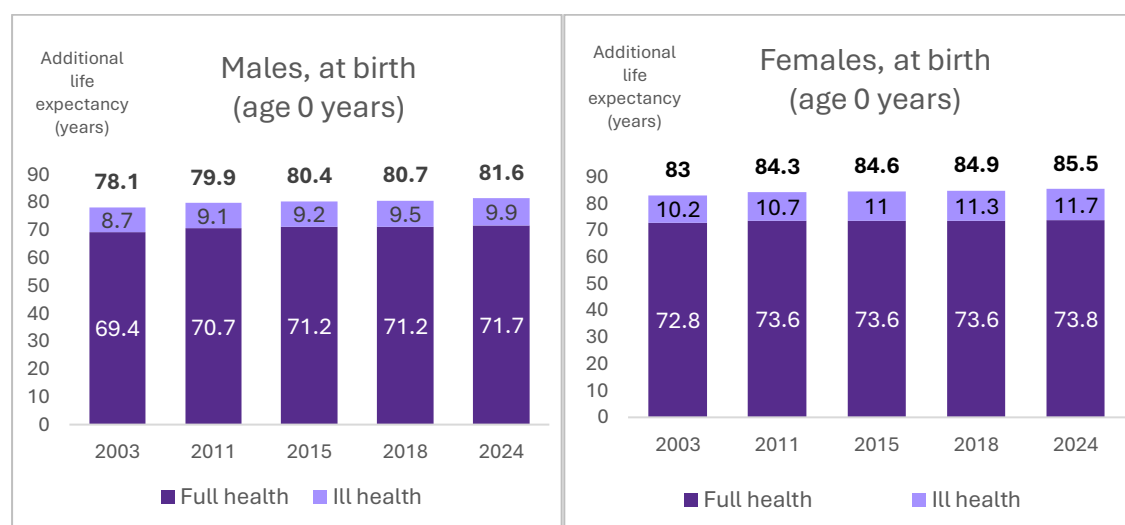


Source: AIHW 2021

This is similar to the national 2018 HALE data where an average 45-year-old male could expect to live for a further 37.4 years with 30.8 years in full health and an average 65-year-old male to live for a further 19.9 years with 15.1 years in full health (AIHW 2021).

National data (Figure 3) demonstrates that growth in both years in full health and in ill health contributed to increasing life expectancy between 2003 and 2024, that is Australians, on average, are living more years in full health and more years in ill health over time. The proportion of years lived in ill health has remained stable over time, but the absolute years lived in ill health have increased (AIHW 2024a). This pattern is likely reflected in the ACT and this increase in number of years lived in ill health will have impacts on our health system.

Figure 3: Health-adjusted life expectancy (HALE) at birth (age 0 years), years lived in full health and years lived in ill health, by sex, Australia, 2003 to 2024



Source: AIHW 2024a

Younger generations are entering midlife with different health conditions

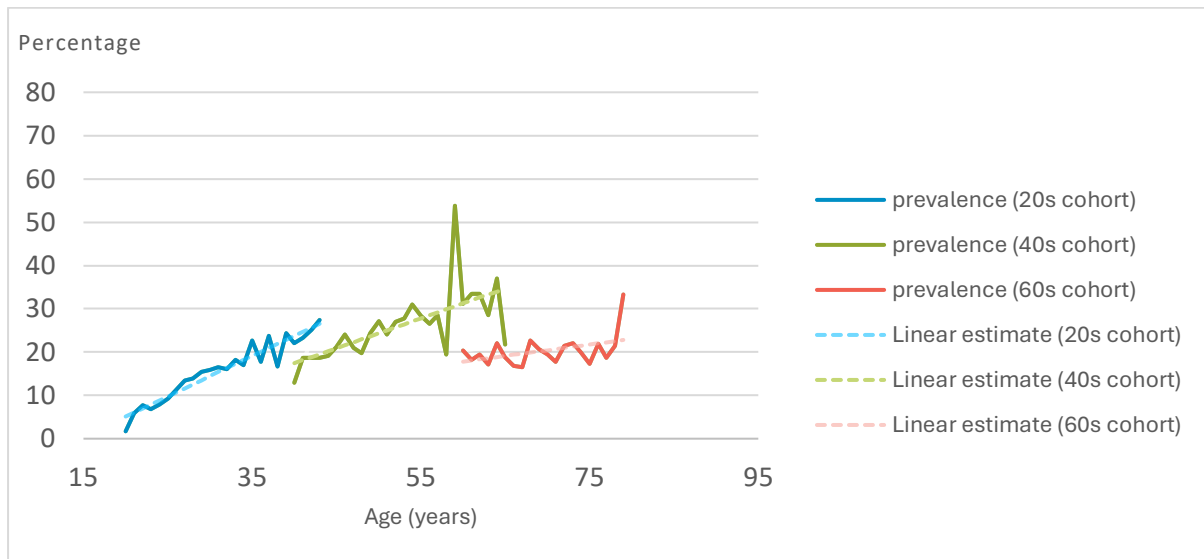
Today, Australians aged 65 and over are healthier than previous generations, with increasing evidence supporting a generational health drift, with younger generations less healthy than previous generations at the same age (Dobson et al. 2025; Gimeno et al. 2024; Kim et al. 2023).

Today's older Australians grew up when childhood overweight and obesity was much less common (Booth et al. 2003; Olds et al. 2010). Children living with overweight or obesity are more likely to grow into adults living with overweight or obesity, and it is likely that future generations in the ACT will experience obesity-related health conditions for longer (Dobson et al. 2025; Ishida et al. 2023; Keramat et al. 2021; Simmonds et al. 2016).

The PATH Through Life Project (PATH study) is a longitudinal cohort study that followed adults in the ACT and surrounding regions every 4 years, from 1999 till 2020. The study compared health conditions for each group at the same age over time. Adults were recruited from 3 different age groups: 20–24 years (birth years 1975–1979; 20s cohort), 40–44 years (birth years 1956–1960; 40s cohort) and 60–64 years (birth years 1937–1941; 60s cohort) (Kim et al. 2023).

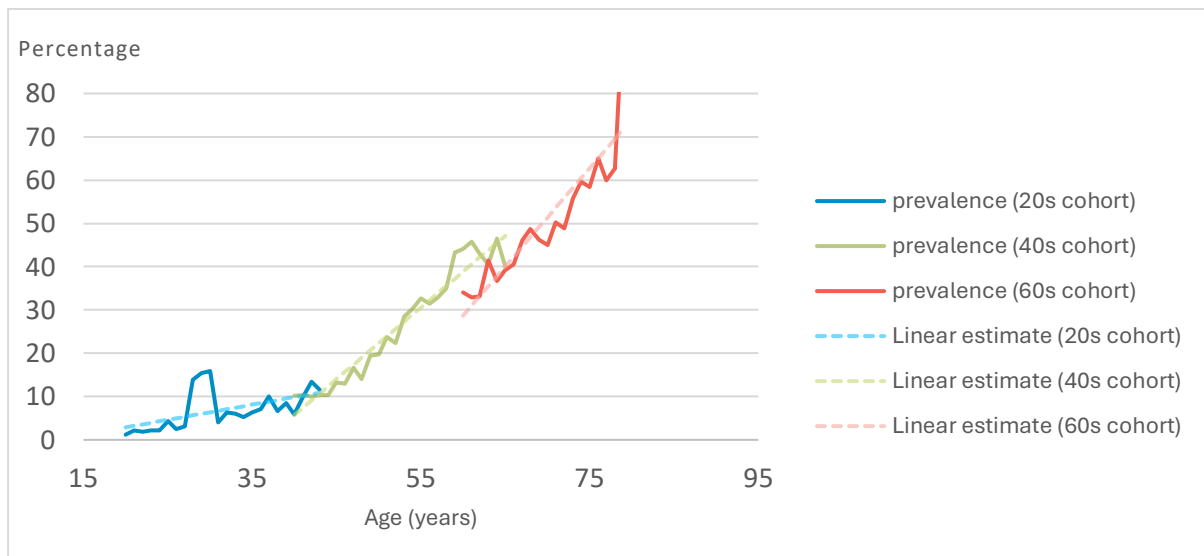
Findings from the PATH study, showed that younger generations in the ACT are living with higher levels of obesity and arthritis than older generations at the same age (Figures 4 and 5). At age 43, 27.4% of the 20s cohort was living with obesity compared with 18.7% of the 40s cohort at the same age. Similarly, at age 64, 37.0% of the 40s cohort was living with obesity compared to 22.1% of the 60s cohort at the same age. At age 64, 47.0% of the 40s cohort were living with arthritis compared to 37.0% of the 60s cohort at the same age (Kim et al. 2023).

Figure 4: Prevalence of obesity among PATH Study participants (ACT and surrounding regions participants), 1999-2020



Source: Kim et al. 2023

Figure 5: Prevalence of arthritis among PATH Study participants (ACT and surrounding regions), 1999-2020



Source: Kim et al. 2023

Many leading causes of disease burden increase with age

Burden of disease refers to the impact of diseases and injuries on a population, and it is measured using a unit known as Disability-Adjusted Life Years (DALY). DALY combines the years of healthy life lost due to illness or disability (Years Lived with Disability (YLD) or non-fatal burden) and the years of life lost due to premature death (Years of Life lost (YLL) or fatal burden) (AIHW 2024a).

Nationally, the leading causes of disease burden differ across the life course with musculoskeletal conditions (muscle and joint problems), heart disease and cancer increasing with age (AIHW 2024a). Neurological conditions (brain and nerve conditions, such as dementia) are a leading cause of burden in older Australians (AIHW 2024a). As people generally experience more ill health and disability later in life, an ageing population influences the leading causes of disease burden.

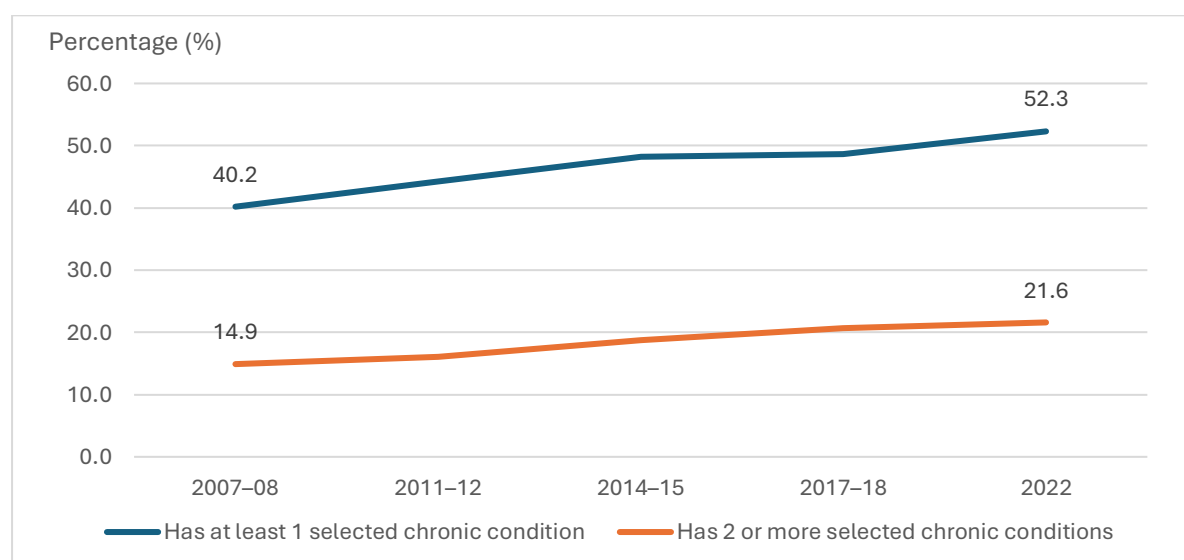
The most recent burden of disease data available for the ACT from 2011 and 2018 is explored further in the 2023 CHO report on Burden of Disease (ACT Government 2023). Between 2011 and 2018, cancer, muscle and joint problems, and heart diseases consistently ranked among the top 5 contributors to disease burden for adults aged 45 and over. Mental health conditions were consistently the third leading cause of burden of disease among adults aged 45 to 64 (AIHW 2021).

Disease burden will grow and change as the population demographic changes

As life expectancy has increased, so has the proportion of people living with a chronic condition. Chronic conditions account for most of Australia's health burden. In 2024, it was estimated that 36% of this burden could have been prevented through modifiable risk factors, such as overweight and obesity, smoking, insufficient physical activity, alcohol consumption, and dietary intake (AIHW 2024a). Chronic conditions already place significant pressure on the health system (AIHW 2024c).

The proportion of all Canberrans living with at least one chronic condition has increased from 40% in 2007-08 to 52% in 2022 (see Figure 6) (ABS 2024). Similarly, the proportion with 2 or more chronic conditions, or multimorbidity, is growing. Multimorbidity is associated with poorer health, premature death, decreased quality of life, and increased healthcare utilisation (AIHW 2024e).

Figure 6: Proportion of ACT residents with one or two or more selected chronic conditions, by year



Note: Selected chronic conditions consist of arthritis, asthma, back problems (dorsopathies), cancer (malignant neoplasms), chronic obstructive pulmonary disease (COPD), diabetes mellitus, heart, stroke and vascular disease, kidney disease, mental and behavioural conditions and osteoporosis. Includes persons who have a current health condition which has lasted or is expected to last for 6 months or more.

Source: ABS 2024

As more people are living longer with more complex chronic conditions, the ACT's overall disease profile has shifted. This has flow on impacts across the health system, driving a need for services that provide prevention, early intervention, and long-term care and support.

Older adults are more likely to use healthcare services

Older Australians are more likely than younger Australians to use healthcare services, visit emergency departments, be hospitalised, and take medications (AIHW 2024f). In 2022-23, Australians aged 65 and over accounted for approximately 40% of Australia's health spending (Australian Government 2023).

In 2021, adults aged 65 and over accounted for 17.1% of the ACT's population but 38.3% of ACT's total hospital separations (an episode of care for an admitted patient that is completed) (ACT Government 2025b; AIHW 2024d). Adults aged 45 to 64 accounted for 22.2% of the ACT population and 25.0% of hospital separations. The average length of stay in hospitals, in 2021, was 5.5 days for ACT adults aged 85 years and over, which was twice the number compared to those aged less than 50 (ACT Government 2025b).

Summary –promoting and enabling health in an ageing population

The ACT's population is growing and ageing, and this brings an opportunity to consider how we can best support the health of our community into the future. While people in the ACT are living longer than ever before, many are also spending more time living with chronic conditions. This trend is already shaping demand for primary care, hospital care, and aged-care services, and will continue to do so as the population ages.

Primordial and primary prevention remain essential to reduce the impact of modifiable risk factors for chronic conditions across our population. Simultaneously, a reorientation of the health system to adapt to supporting the growing impacts of long-term, complex conditions in an ageing population is needed. It is timely to consider how to embed integrated models of care that, in addition to prevention, can support early detection and intervention, whilst ensuring equitable and age-friendly service models (Australian Health Ministers' Advisory Council 2017).

Investing in prevention can provide a strong return on investment. It is estimated that every \$1 spent on prevention leads to potential savings of around \$14.30 in healthcare and other costs (DoHDA 2025). Strong coordinated preventive action across government, workplaces, communities and the health sector can enable environments that promote healthy behaviours. Similarly, early supports can delay the onset of chronic conditions, and mitigate their impacts, increase the proportion of years lived in full health, and help ensure our health system remains sustainable. The ACT is well-placed to lead this work, building on existing strengths and creating environments that support healthy behaviours.

This report highlights an opportunity for the ACT; midlife is a critical period where prevention can have an impact. Supporting Canberrans in their 40s, 50s and early 60s to adopt healthier behaviours, stay active, and manage key risk factors can significantly reduce the likelihood of, and impacts of, chronic conditions later in life.

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