

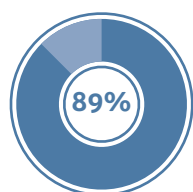


*Summary from the*  
**Australian Capital Territory  
Chief Health Officer's Report 2014**



The Australian Capital Territory (ACT) Government is committed to improving the health of all ACT residents. The ACT Chief Health Officer compiles a detailed report about our health every two years. This report uses the high quality data from health surveys and other sources to show where there has been progress in our health status and also where there are challenges on the horizon and where there is room for improvement.

The Chief Health Officer's report is very detailed. This document provides a snapshot of the main points from the 2014 edition. You can find the full report on the ACT Government's Health website at: <http://health.act.gov.au/publications> which is mostly based on data collected between 1 July 2010 and 30 June 2012.



**The number of ACT residents aged 15 years or more who reported their health as excellent, very good or good.**

### How many people call the Australian Capital Territory home?

There were almost 375,000 ACT residents living across 100 suburbs, including just over 5,100 Aboriginal and Torres Strait Islander people, at June 2012.

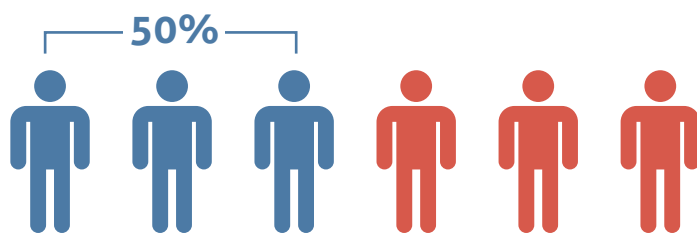


### Does everyone have a high socio-economic status in the ACT?

No. It is challenging to measure social disadvantage in the ACT and research has shown that the number of disadvantaged people is often hidden. This research estimated that there are over 40,000 people in the ACT who have low socio-economic status. Meeting their health and social needs is challenging.

### Are we an active population?

Yes and no. More than half of the ACT's adults were sufficiently physically active, but only one fifth of children aged 5-17 years met physical activity recommendations. That means about 80% of children were not getting enough exercise every day.



**The number of children aged 5-15 years who used electronic media for entertainment at home for more than 2 hours a day, exceeding recommendations for screen time.**

### Do we eat enough fruit and vegetables?

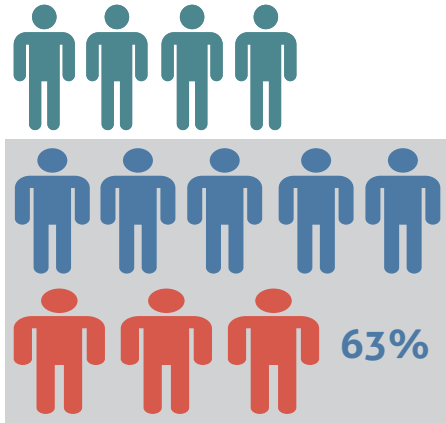


It seems to depend on our age. Just 11% of adults reported eating enough vegetables every day, and less than half reported eating enough fruit. Meanwhile, almost 40% of children were eating enough vegetables and just over 70% were eating enough fruit.

**Did you know? Data shows that the older we get the less fruit and vegetables we eat!**

## Do we have a weight problem?

Yes. Obesity is a worldwide issue and we are no exception. In 2011–12, 63% of adults and around one quarter of children (aged 5-17) were reported as being overweight or obese in the ACT and these rates are increasing. The consequences of obesity include increasing chronic diseases (such as cardiovascular disease and diabetes), resulting in more health care needs and a poorer quality of life.



## Is our population ageing?

Yes. In fact, our ageing population is expected to increase the number of people who have age-related chronic conditions such as cardiovascular disease and diabetes. This trend is likely to increase the demand for health services in the ACT.

## How long are we living?



## What are we dying from?

Our main causes of death were cancer (29%), cardiovascular diseases (28%), respiratory diseases (9%), accidents and injuries (7%), and dementia (4%).

The most common cancer related deaths for males were from prostate, lung and colorectal (bowel) cancer, and for females from lung, breast and colorectal cancer.

The main cardiovascular disease related deaths for men and women were from coronary heart disease and cerebrovascular disease (a group of conditions that affect the circulation of blood to the brain).

Fifty-six people died from diabetes in the ACT in 2012. It is also a contributing factor in a number of deaths, particularly where the underlying cause of death is reported as cardiovascular or renal disease.

**Did you know? There has been an ongoing decline in the death rate from asthma over the past two decades in both the ACT and Australia. There were fewer than five deaths due to asthma in the ACT in 2011.**

There were 89 deaths attributed to mental or behavioural disorders in the ACT in 2012, mostly from dementia (84%). Injuries also claimed 116 lives in the ACT that year, mostly from falls, intentional self harm and transport accidents.

We are consistently below the national rates for infant deaths.

## What makes us sick?

There was an increase in the number of people in the ACT who had a disease of the circulatory system in 2011–12 compared with 2007–08. This was mostly due to more females being diagnosed with these diseases (20.9%) compared with 2007–08 (16.8%).



**Did you know? People living in the ACT had the highest proportion of heart, stroke and vascular disease in Australia.**

There were also 1,473 new cancers diagnosed in 2009. The most common cancers for both males and females from 2005 to 2009 were colorectal cancer, melanoma of the skin, and lung cancer, as well as prostate cancer for men and breast cancer for women. The median age of a cancer diagnosis was 65 years for men and 61 years for women.

**Did you know? The risk of developing cancer in the ACT by the age of 85 was 1 in 2 for men, and 1 in 3 for women. The risk of dying from cancer before the age of 85 was 1 in 5 for men and 1 in 8 for women.**

Almost 4% of our population had either type 1 or type 2 diabetes in 2011–12. Future projections from 2005 estimates show that between 15,000 and 22,000 people in the ACT will have diabetes by 2020. That's an increase of around 50%.

**Did you know? Large increases forecast for type 2 diabetes will most likely be driven by rising obesity rates, an ageing population, sedentary lifestyles and dietary changes.**

People younger than 45 years were most likely to find themselves in hospital from asthma (especially 0-14 year-olds), oral disease including dental (especially 15-24 year-olds) and depression (mostly those aged 25-44 years).

People older than 45 years were most likely to find themselves in hospital from chronic obstructive pulmonary disease (COPD), coronary heart disease, lung cancer, cerebrovascular disease, osteoarthritis and chronic kidney disease.



3.4

The average number of days that we stayed in a public hospital.

Just over 10% of the ACT population had asthma in 2011–12, and there has been a steady decline in the number of hospitalisations where the principal diagnosis was asthma from 2001 to 2012.

**Did you know? ACT residents reported similar levels of chronic conditions to the rest of Australia, but were more likely to have hayfever, allergic rhinitis, short sightedness and mental and behavioural problems, and less likely to be long sighted.**

### What about our mental health?

The ACT had the highest number of mental and behavioural problems in Australia in 2011–12 admitted at 15.5% of the population, which was also an increase from previous years. The main burden of mental health illnesses were caused by anxiety and depression (60%), substance use disorders (14%) and personality disorders (11%).

**Did you know? People who reported mental and behavioural problems in the ACT were more likely to be current smokers and have inadequate levels of physical activity than those who didn't report these problems.**

Women were more likely to report symptoms of high or very high psychological distress than men, and there was an increase in the number of people hospitalised due to psychoactive substance use.

**2,970** The number of hospitalisations in the ACT for mental or behavioural problem diagnosis in 2011–12.

### Are our mothers and babies healthy?



Yes, although the number of women giving birth in the ACT decreased by 3% between 2009 and 2011. A number of non-ACT women (15%), with high-risk and multiple birth pregnancies gave birth in ACT hospitals, and there

was a significant increase in the percentage of women who had their babies in a public hospital between 2009 and 2011.

**5,702** 5,584 women gave birth to 5,702 babies in the ACT in 2011.

We were significantly less likely to have teenagers giving birth during 2011 than nationally, and we also had a higher proportion of infants that were exclusively breastfed than their national counterparts for the first six months of life.

Our mums-to-be were much less likely to smoke tobacco while they were pregnant.

Did you know? The percentage of Aboriginal and Torres Strait Islander women who reported smoking during pregnancy was six times higher than the overall ACT percentage.

The proportion of low-birthweight babies was significantly higher in the ACT in 2011 compared with 2009, and was no longer significantly lower than Australia as a whole. Our children (0-14) were most commonly hospitalised for respiratory disorders, digestive system disorders, injuries and poisonings.

We had a slightly lower rate of infant deaths than the Australian rate. Forty-five children died in the ACT between 2010 and 2011, mostly infants aged less than one year (75.6%).

### What are our immunisation rates?



They are very good in the ACT. We have maintained or increased childhood immunisation coverage rates for all age groups, and consistently remained above the national immunisation coverage rates.

**93.4%**

**The number of 2 year olds immunised in the ACT**

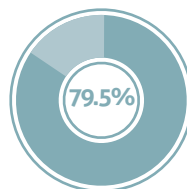
### What about people with disabilities and their carers?

More than half of our residents with disabilities (63%) were in the labour force, which was a higher participation rate than the rest of Australia (52.8%). Most ACT people with a disability had personal contact with family or friends in the previous week, or traveled to a social activity in the last two weeks, which is similar to other state and territory results.

One third of carers of ACT people aged 0-64 with a disability reported that they needed further assistance in their caring roles. This was a higher proportion than for the rest of Australia. We also recorded the least proportion of carers who were satisfied with the range of services available to help them in their caring roles, and with the quality of formal services they received.

### How is the health of our Aboriginal and Torres Strait Islander residents?

More than three-quarters of our Aboriginal and Torres Strait Islander residents reported their health to be good to excellent, although there were significant differences in a few areas compared with their non-Aboriginal and Torres Strait Islander counterparts.



**The number of Aboriginal and Torres Strait Islander residents in the ACT who reported their health to be good to excellent in 2012-13.**

Aboriginal and Torres Strait Islander people were hospitalised for chronic kidney disease at around four times the rate of their non-Aboriginal and Torres Strait Islander counterparts in the ACT, although the number of times they went to hospital for dialysis and chronic kidney disease was lower in the ACT than nationally.

Aboriginal and Torres Strait Islander people were also hospitalised at almost four times the rate of their non-Aboriginal and Torres Strait Islander counterparts from diabetes, and at around twice the rate from circulatory diseases and chronic conditions, at 1.7 times the rate for acute conditions, and 1.6 times the rate for vaccine preventable conditions.

They also had significantly more potentially preventable hospital admissions than their non-Aboriginal and Torres Strait Islander counterparts, although this rate was much lower than for most other states and territories.

Low-birth weight was more than twice as common among babies born of Aboriginal and Torres Strait Islander mothers compared to their non-Aboriginal and Torres Strait Islander counterparts.

Significantly more Aboriginal and Torres Strait Islander secondary students also reported having ever smoked, and ever having used an illicit substance in their lifetime compared with their non-Aboriginal and Torres Strait Islander counterparts.

## What sorts of injuries happened to us?

We've increased our injury rate since 2001. The most common causes of injuries leading to hospitalisation were from falls (34.6%), complications of care (15.3%), exposure to inanimate mechanical forces (such as power tool and machinery injuries or being struck by objects such as sporting equipment) (12.1%), and land transport accidents (11.1%).

There were 116 deaths from injury in the ACT in 2012, mostly from falls (25.9%), intentional self-harm (20.7%) and transport accidents (17.2%). Of the 8,312 traffic crashes reported in the ACT in 2012, 10.7% of people received medical treatment, were admitted to hospital or died.

**46%** *The approximate number of all casualties from traffic crashes that involved people younger than 30 years of age.*

There were lower rates of serious injury among motor vehicle drivers and passengers, motorcyclists and pedestrians in 2008-09 compared to national rates. However, we had the highest rate of serious injuries to cyclists in Australia.

### Did you know? The ACT had the highest rate of serious bicycle accidents in 2008-09?

Females were more likely than males to find themselves in hospital from falls, while males were more likely than females to find themselves in hospital from exposure to inanimate mechanical forces and land transport accidents.

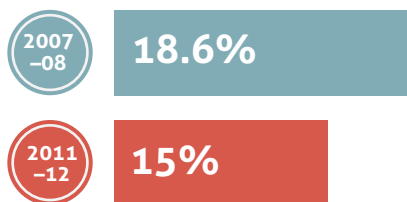
Our residents over 60 years of age were reporting more falls, and the number of falls requiring hospitalisation increased in older age groups between 2002 and 2012.

Alcohol was also a contributing factor in injuries leading to hospitalisation, mostly for males. The number of alcohol-attributable injuries in people aged 15 years and over being treated in ACT hospital emergency departments also increased.

## Are we still smoking as much?



No. The good news is smoking rates are continuing to decrease, not only in the ACT, but across Australia as well. In the ACT alone, smoking rates among adults fell almost 4% since the last health survey in 2007-08. Our secondary students are also smoking less with fewer than 6% reported as current smokers in 2011.



**15%** – the number of adults who reported being smokers in the ACT in 2011-12 compared with 18.6% in 2007-08.

### Did you know? ACT women were much less likely to smoke during pregnancy than pregnant women across the rest of Australia in 2011.

ACT women are also smoking less during pregnancy than their counterparts in other states and territories. The data showed 9% of ACT women smoked during pregnancy in 2011 compared with 13% nationally.

Not all groups were achieving low smoking rates during pregnancy. The numbers were significantly higher for Aboriginal and Torres Strait Islander women where almost 70% under the age of 20, and almost 60% aged 20 to 24 years, reported smoking during pregnancy.

Younger non-Aboriginal and Torres Strait Islander women also reported higher rates of smoking during pregnancy. Almost 45% who were under the age of 20, and almost 29% aged 20 to 24 years, reported smoking during pregnancy.

## How much alcohol do we drink?



Data shows 21% of adults in the ACT were drinking alcohol at risky levels compared with 19.5% nationally.

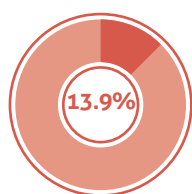
The better news is that our secondary students reported a downward trend in alcohol consumption between 2008 and 2011.

**Did you know? Men were almost three times more likely to drink at risky levels than women in the ACT, and almost twice as likely to use illicit drugs.**

Alcohol was also a contributing factor in injuries leading to hospitalisation, with 61% being male, and 4% under 18 years of age. The number of alcohol-attributable injuries in people aged 15 years and over being treated in ACT hospital emergency departments also increased.

## What about illicit substance and drug use in the ACT?

The age groups that most commonly reported illicit drug use, not only in the ACT but Australia-wide, were those aged 18 to 29 years.



**The number of ACT residents in 2010 over 14 years old who had used an illicit drug in the previous 12 months.**

Our students were much less likely to report having used at least one illicit substance in their lifetime compared with their counterparts in other states and territories. There has also been a steady decline in lifetime use of illicit drugs and use in the past week since 1996.

## Are we sun smart?



Not as much as we should be. There was a downward trend in adults practising sun protective behaviour since 2007 (89%), although the majority (86.4%) still reported that they usually or always used some form of sun protective behaviour.

The most common form of sun protection used was wearing sunglasses (about 65%), followed by wearing a hat (about 60%), seeking shade (about 55%) and using SPF 30 sun protection (about 50%).

**1 in 5** *The number of adults who reported adhering to the four sun-protective behaviours of wearing sunglasses and a hat, seeking shade and using SPF 30 sun protection.*

Our students aged 12-17 years were also practicing less sun protective behaviours. For example, 29.3% reported wearing a hat in 2011 compared with 52.5% in 1996, while 21.4% wore protective clothing in 2011 compared with 27.7% in 1996. Students also reported using sunscreen less often and not covering their bodies from the sun as much as in previous years.

Commercial solariums (UV tanning units) were regulated in 2010, and three-quarters of these facilities closed. There were just four ACT businesses offering solarium services as at June 2012, and inspections showed a high level of compliance with the new regulations designed to minimise use, especially in those more prone to UV damage.



## Is our environment healthy?

Yes, and it seems to be getting healthier. We have good air quality, safe drinking water, no radiation safety incidents caused by non-compliant radiation sources, and an increasingly smoke-free environment from tobacco. For example, legislative action was taken regarding smoking in cars with children, smoke-free public places and point-of-sale restrictions.

Ensuring food safety continued to be an important ACT Government function. During the reporting period, the compliance of inspected premises reduced from 78.6% in 2010–11 to 67.3% in 2011–12. In response, several strategies were developed to encourage compliance with food safety practices.

**3,290** *The number of inspections of food premises during 2010–12, which resulted in 69 prohibition orders involving cleanliness and food handling practices.*

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**Did you know?** *The largest count of cases of Salmonella notifications for a single year in the ACT occurred in 2012. This was 47% higher than the previous year's notifications.*

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## What about harmful behaviours?

The ACT has policies and programs designed to reduce the harmful effects of some behaviours, and particularly those related to drug use and high risk sexual activity. Examples include providing funding to support teachers with the drug education component of the curriculum, and police diversion programs for those appearing before the court for offences relating to drug use.

In line with priorities under the National Sexually Transmittible Infections Strategy, a collaborative partnership between ACT Health and the Education and Training Directorate was formed to better integrate the delivery of sexual health and sexuality education for young people. It is hoped this partnership will have a positive effect on reducing the burden of sexually transmissible infections in this group.



**Did you know?** *Police diversion programs assisted 90% of people referred to them to complete some type of drug rehabilitation program.*

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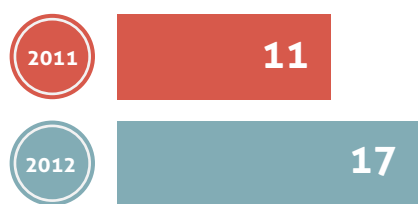
ACT Health also funds and/or partners with various other activities, such as the Canberra Gay Community Periodic Survey and the HIV Seroconversion Study, to make sure policies and services are based on reliable information.

There was an increase in unprotected male to male anal intercourse with same sex casual partners from 2000 to 2011, with a corresponding fall in the proportion of participants who always used condoms with casual partners.

## What are our levels of notifiable communicable diseases?

Some diseases are notified by laboratories to our health protection services in the ACT meaning that we are able to record and track the number of people diagnosed with these diseases in the community.

We've had a slight increase in notifiable conditions during 2011–12 with 7,743 reports. The most commonly notifiable infectious disease was chlamydia (33% of all notifications), followed by pertussis (16%), campylobacter (13%), influenza (12%) and salmonella (5%). Our notifications of HIV infections also increased.

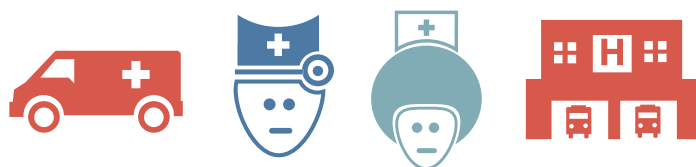


**28** *The number of notifications of HIV infections in the ACT in 2011 (11 cases) and 2012 (17 cases). This was a significant increase compared to the number of cases diagnosed over the previous five years (an average of 10.8 cases per year).*

Notifications of gonococcal infections increased in the ACT which was consistent with the national trend, although our notification rates were still below the national average. Most gonococcal infections in 2011–12 were in males (89%), while 59% of all cases reported having sexual exposure to a same sex partner in 2011 compared with 73% in 2012.

We also had an increase in influenza notifications in the ACT in 2012, although they were still significantly less than the number of notifications during the global pandemic of H1N1 Influenza in 2009.

## Are our health services meeting our needs?



Mostly, and areas where improvements are needed have been identified.

The ACT has 26 residential aged care facilities, three private hospitals and two public teaching hospitals. Our public hospital capacity is improving, although we have the same issue as the rest of Australia in attracting trained health staff.

Our rates of potentially preventable hospitalisations haven't changed significantly since 2006–07, and remain lower than national rates. Non-ACT residents accounted for 21.6% of public hospital admissions in 2011–12, which was slightly lower than in previous years. We have the highest proportion of private health insurance holders in Australia.

Australia's first nurse-led Walk-In-Centre at Canberra Hospital opened in 2010, and handled 17,450 cases, of which 9% were redirected to their GP and 5% to the emergency department.

The emergency departments had a 6% increase in patients.

While there was a 20% increase in the number of cases of bacteraemia (blood infections) diagnosed at The Canberra Hospital, we had a sustained 70% decrease in the numbers of these infections caused by devices which are directly placed into blood vessels (intravascular devices). We did have a noted increase in the numbers of urinary tract infections related to urinary catheters.

When it comes to mental health, our residents have higher proportions of access to specialised public health mental health services compared to other Australians, but lower proportions of access to Medicare subsidised services. We do, however, have the highest rate of community follow up for people in the first seven days after they are discharged from hospital.

**Did you know?** *The ACT continues to lead the country in terms of following up our mental health clients when they are discharged from hospital.*

Our cancer services were in greater demand and services were extended during 2010–12.

We had the lowest number of bulk-billed GP attendances of all states and territories. We also had the highest proportion of people who felt they waited longer than acceptable to obtain a GP or public dentist appointment, and the highest proportion of people who put off going to a GP or obtaining prescribed medicines because of the costs involved.

### Where do we go from here?

There are many positive health trends. We are living longer and enjoying good levels of income, employment, education and housing. We are all smoking less, drinking less alcohol and using fewer illicit drugs. There is progress being made in the area of cardiovascular disease, and we have amongst the highest levels of immunisations and breastfeeding in Australia.

That's all great news, but there are also areas where we need to improve including addressing our levels of:

- obesity and sub-optimal nutrition
- chronic diseases – especially those associated with ageing, obesity and an increasingly sedentary population

- risky drinking – especially in young males
- sun smart behaviour – particularly amongst teenagers
- mental health
- injuries – including falls in the elderly and from cycling accidents
- health issues for homeless and disadvantaged residents.

**Did you know? ACT Health works with other areas of government, such as transport, community services, and education and training, to make sure there is a holistic approach to our health initiatives.**  
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There are many determinants of good health such as eating a healthy diet, being physically active and having stable access to housing and employment. That's why the ACT Chief Health Officer's Report is a valuable tool. It shows us where we are doing well, and which areas need attention, to help everyone in the ACT realise their full health potential.

**Did you know? Key health promotion priorities for ACT Health include reducing levels of obesity through promoting physical activity and healthy eating, reducing harm from tobacco and alcohol, and promoting good mental health.**  
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