

HEALTHY AGEING IN THE ACT

2026



ACT
Government

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Acknowledgement of Country

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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

In Australia and the ACT, people are living longer, and the population is getting older. This has led to a variety of social and economic challenges, especially within the health sector (AIHW, 2024a). As the population ages, demand for healthcare services rises, placing pressure on resources and increasing costs. Addressing these challenges requires a strong focus on prevention, reducing modifiable risk factors, and ensuring healthcare systems are accessible and efficient.

The *National Preventive Health Strategy* aims to improve the health and wellbeing for all Australians throughout the life course, including Australia's ageing population through prevention (DoHAC 2021a). Key aims of the *National Preventive Health Strategy* include 'All Australians live in good health and wellbeing as long as possible' and 'Health equity is achieved for priority populations'. The *National Preventive Health Strategy* includes targets to increase the years lived in full health and emphasises preventive health as essential to extending life expectancy and quality of life.

Healthy ageing involves both intrinsic factors, including psychological, behavioural, physical, and cognitive capacities, extrinsic factors such as the built and natural environment, and social, political, and economic systems (Menassa et al., 2023). This multidimensional concept aims to extend life expectancy while enhancing quality of life and personal wellbeing.

The period from midlife onwards is particularly important, as many risk factors for chronic disease and functional decline emerge or accelerate during these years. Health promotion plays an important role in supporting processes that improve various aspects of ageing, including cognitive, physical, psychological, economic, and demographic dimensions.

Aboriginal and Torres Strait Islander communities in the ACT demonstrate strong cultural continuity, community leadership, and deep connections to culture and Country. Engagement with Aboriginal Community Controlled Health Services, culturally safe care, and community-led approaches to health and ageing are key protective factors that support health and wellbeing across the life course, including healthy ageing.

Establishing a clear baseline understanding of the health and wellbeing of ACT residents aged 45 years and over is essential for evidence-based planning and decision-making as the population ages. Although data for this population are available from multiple sources, they are often reported separately, limiting the ability to assess patterns, disparities, and needs in a holistic way. It is important to note that this report presents baseline descriptive statistics and does not establish causal relationships.

By understanding where the ACT currently stands, government and stakeholders can better plan, prioritise and implement strategies to improve health and wellbeing outcomes for Canberrans as they age.

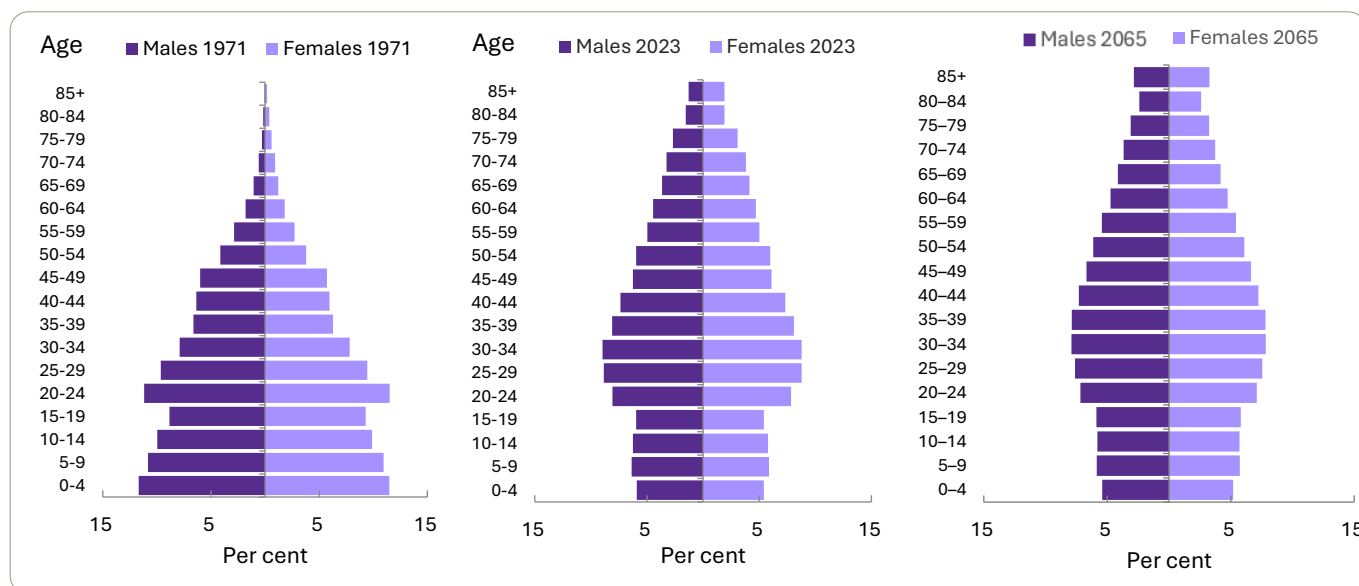
Demographic profile of ACT older persons

Demographic profile of the ACT

The ACT population is ageing, consistent with national trends. According to the Australian Bureau of Statistics (ABS), between 1971 and 2024, the ACT population grew by more than 213%, from around 151,000 to 474,000. This represented an average annual increase of around 1.8% per year. This was higher than the population growth reported nationally, with the total Australian population growing by almost 105% at an average of around 1.4% per annum over the same period. This increase was not universal across all age-groups, with considerably higher annual increases recorded among older age-groups (i.e., 65 years and older).

Age distribution has shifted significantly over time. In 1971, almost one-third of Canberrans (32%) were aged 14 years or younger; by 2023, this had fallen to 18% and, according to the ACT Chief Minister, Treasury and Economic Development Directorate (CMTEDD), is projected to decline further to 17% by 2065. In contrast, the proportion of people aged 65 years and older has risen from 3% in 1971 to 14% in 2023 and is expected to reach 17% by 2065. Similarly, those aged 45–64 years have grown from 14% in 1971 to 22% in 2023 and is projected to increase to 23% by 2065 (Figure 1).

Figure 1: ACT population structure, by age and sex, 1971, 2023 and 2065



Note:

Projections of 2065 were calculated by the Act Government. Population projections are not predictions but illustrate how the population may change if current assumptions continue. Projections are subject to increasing uncertainty over time and should be interpreted as indicative of broad population trends rather than precise forecasts.

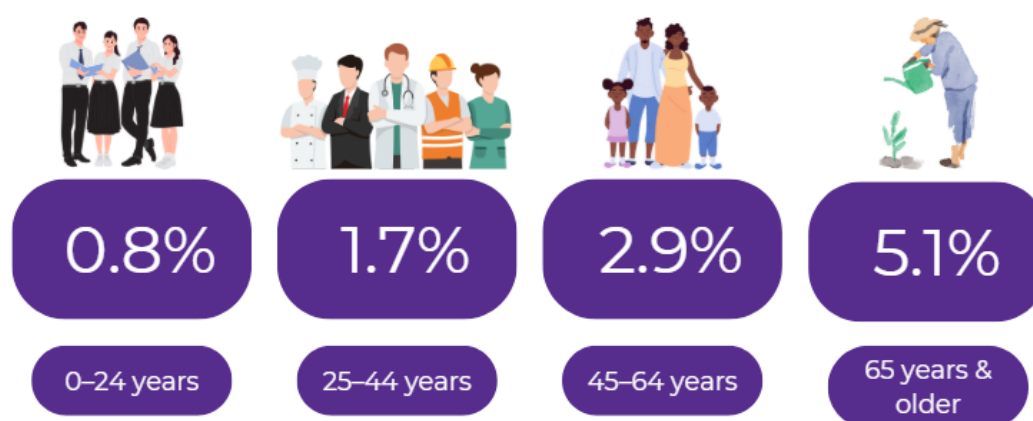
Sources:

ABS Estimated Resident Population.

CMTEDD, ACT Population Projections, 2025.

In the ACT, those aged 65 years and older represented the fastest growing age-group over the past 50 years. Between 1971 and 2024, the ACT population aged 0–24 years increased by an average of 0.8% per year, while those aged 25–44 years grew by an average of 1.7% per year (Figure 2). This was considerably lower than those aged 45–64 years (2.9% per year) and 65 years and older (5.1% per year).

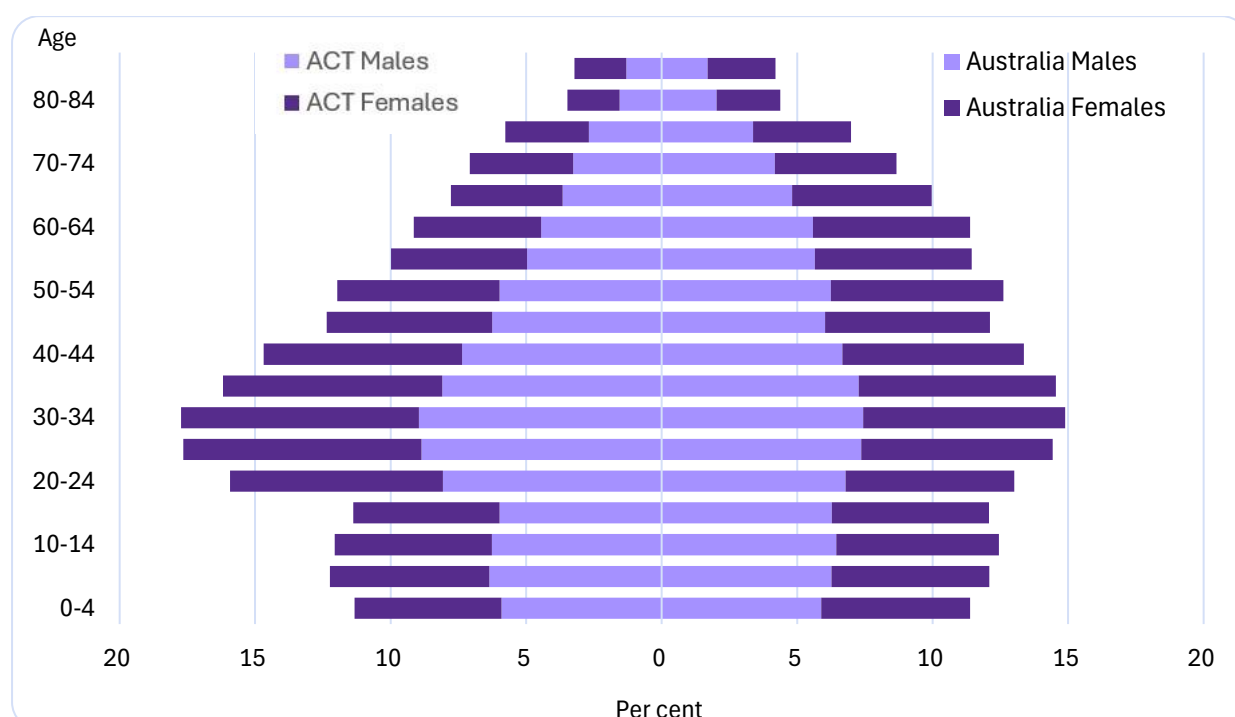
Figure 2: Average annual increase in the ACT population, by age, between 1971 and 2024



Source: ABS Estimated Resident Population.

In 2023, the ACT had a larger proportion of males and females aged 20–34 years (26.0% and 25.5% respectively) than Australia (20.7% and 21.6% respectively). However, the ACT reported a slightly smaller proportion of people aged 50 years and older compared to the national figure for males and females combined. Similar figures were reported for males and females aged 45–59 years, while there was a higher proportion of males and females aged 65 years and older nationally (Figure 3).

Figure 3. Age and sex distribution, by per cent, ACT and Australia, 2023



Source:
ABS Estimated Resident Population.

Figure 4 indicates the ratio of people aged 15–64 years for every person aged 65 years and older in the community. The number of people (aged 15–64 years) has decreased for every person aged 65 years and older (Figure 4). There were approximately five people aged 15–64 years for every adult aged 65 years and older and more in 2023. This is a significant decrease from 1971, where there were almost 24 people aged 15–64 years for every older adult aged 65 years or older. At a population level, the decreased ratio of people aged 15–64 years for every person aged 65 years and older has significant impacts on our health service use (see [Service Utilisation](#) on page 27 below).

Figure 4: The ratio of people aged 15–64 years for every person aged 65 years and older in the ACT, 1971 and 2023

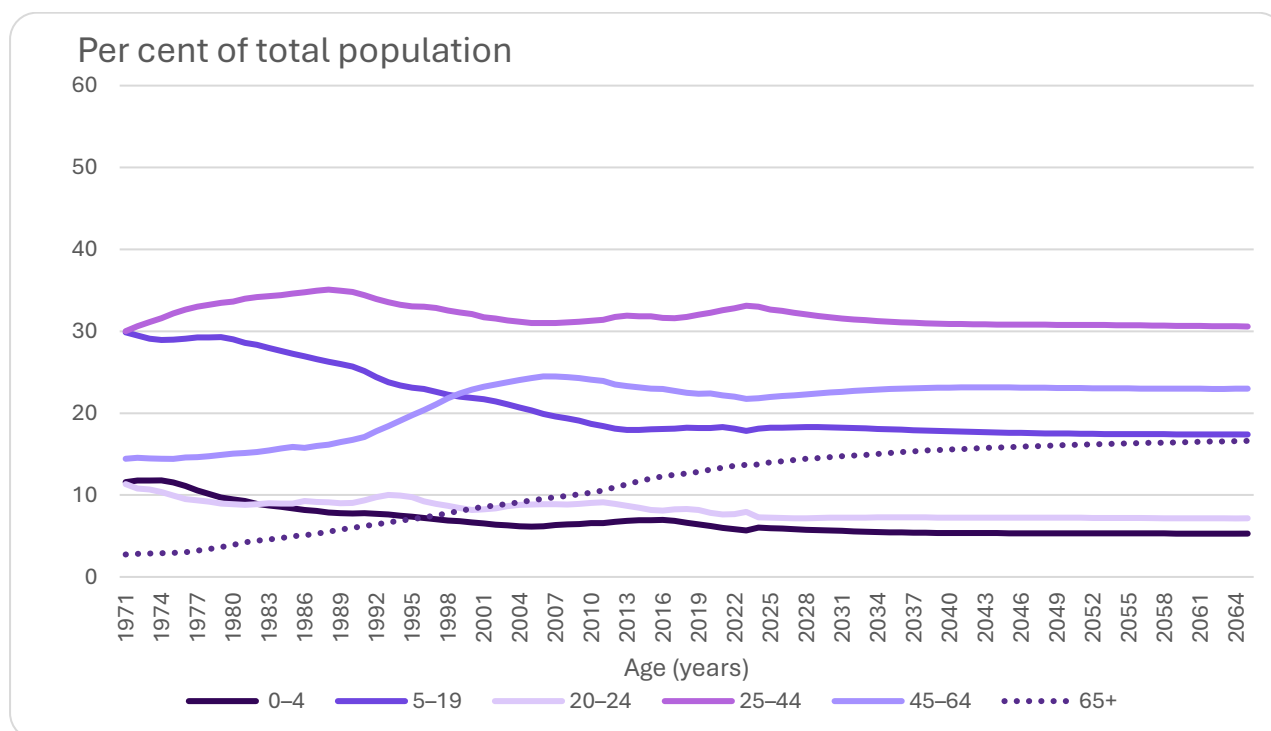


Source:
ABS Estimated Resident Population.

Population projections

In 1971, only 4,146 ACT residents were aged 65 years and older, representing around 2.7% of the total population. By 2023, this age-group represented around 13.7% of the population, or 63,847 people (Figure 5). By 2033, 14.9% of the population will be aged 65 years or older, increasing to 16.6% by 2065 (82,459 and 133,117 persons, respectively).

Figure 5: Population projections by age group, ACT, 1971 to 2065



Note:

Projections or 2065 were calculated by the ACT Government. Population projections are not predictions but illustrate how the population may change if current assumptions continue. Projections are subject to increasing uncertainty over time and should be interpreted as indicative of broad population trends rather than precise forecasts.

Sources:

ABS Estimated Resident Populations.

CMTEDD, ACT Population Projections, 2025.

In 1971, approximately 14.4% of the ACT population was aged 45–64 years, 1.9% were aged 65–74 years, and 0.9% were aged 75 years and older. By 2023, these proportions had increased to 21.7%, 7.5%, and 6.3%, respectively (Table 1). They are projected to rise further to 22.9%, 7.9% and 8.7%, respectively, by 2065.

Table 1: Estimated resident population by age, persons aged 45 years and older, number and per cent, ACT, 1971 and 2023

	1971				2023				2065
	Males	Females	Persons	Per cent	Males	Females	Persons	Per cent	Per cent
45–64 years	11,433	10,408	21,841	14.4	49,880	51,590	101,470	21.7	22.9
65–74 years	1,278	1,581	2,859	1.9	15,977	18,785	34,762	7.5	7.9
75+ years	427	860	1,287	0.9	12,808	16,354	29,162	6.3	8.7
Total	77,121	74,048	151,169	100	230,321	236,245	466,566	100	100

Note: For 1971 and 2023, percentages represent the proportion of the total ACT population in each year. For 2065, percentages represent projected proportions of the ACT population aged 45 years and over and are not disaggregated by sex.

Sources:

ABS, Regional Population by Age and Sex, 1971 and 2023.

CMTEDD, ACT Population Projections, 2025.

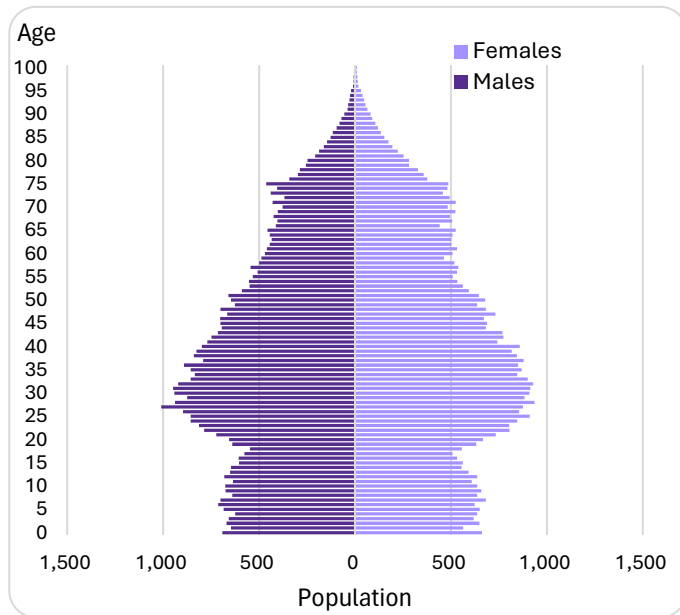
The ACT town centres

The ACT is divided into several town centres that serve as commercial, transport and employment hubs. The distinct way in which the towns were founded has led to each town possessing a unique demographic profile. For example, much of Tuggeranong was developed in the 1980s, while Gungahlin was developed in the early 2000s. As such, the population profile of Tuggeranong is generally older than Gungahlin, which has a higher proportion of young children. The demographic profile of each ACT town centre can be seen in (Figure 6). The town centres with the highest proportion of people aged 45 years and older in 2022 were South Canberra (45.6%), Weston Creek (45.2%), Woden Valley (42.2%) and Tuggeranong (41.8%).

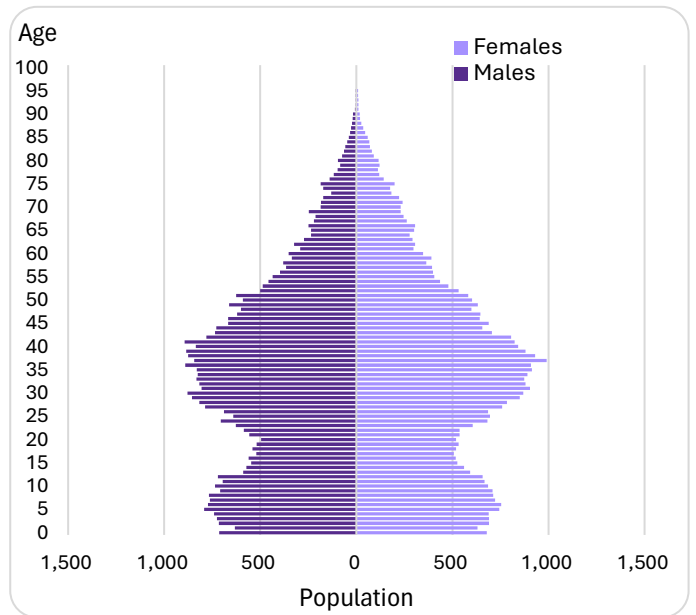
While the population demographics for each of the ACT's town centres differ, most areas have a narrow base (people aged below 24 years) relative to older age groups. North Canberra has a large proportion of people aged 18–35 years (most likely due to the Australian National University student residencies and similar student accommodation located around the campus). As a result, it is unlikely that this area will age in the same manner as other areas in the Territory as students move on as they complete their studies.

Figure 6: Population in ACT town centres, by age and sex, 2022

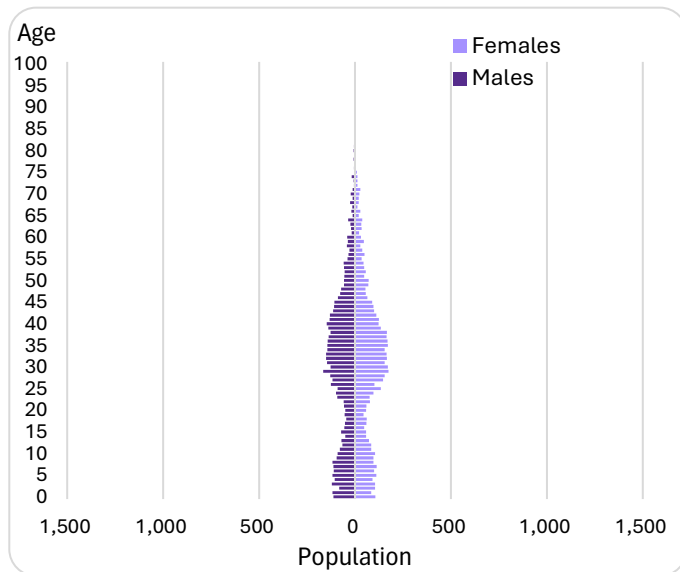
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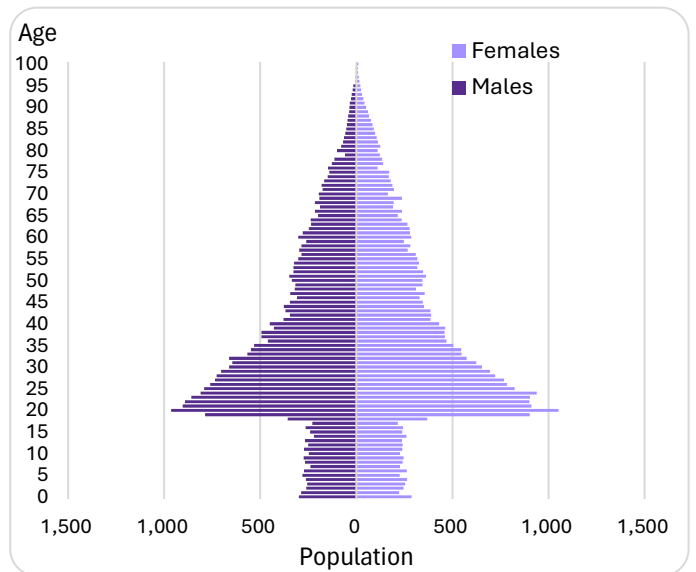
Gungahlin



Molonglo



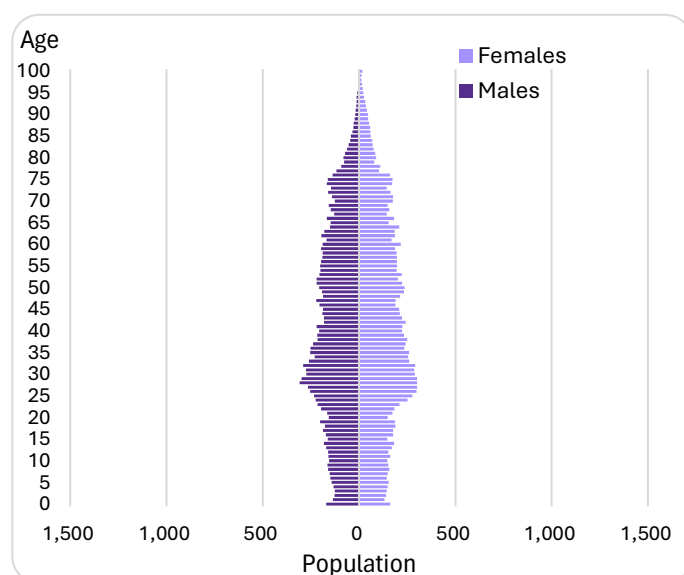
North Canberra



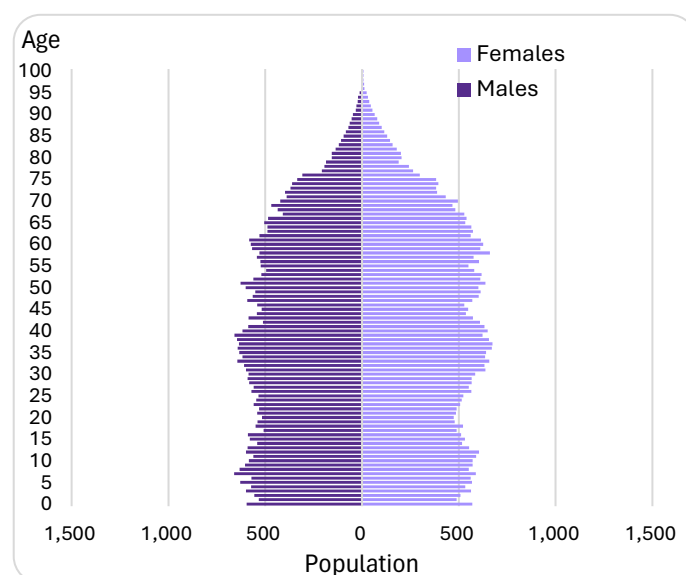
Source:
ABS Estimated Resident Population.

Figure 6: Population in ACT town centres, by age and sex, 2022 (continued)

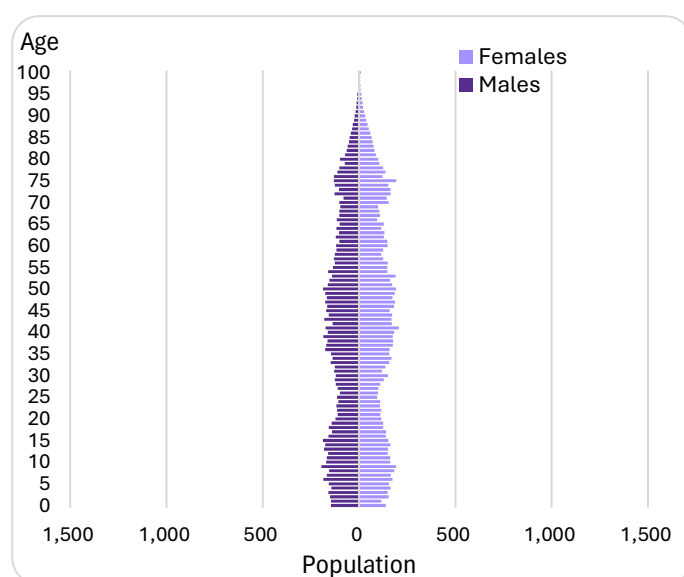
South Canberra



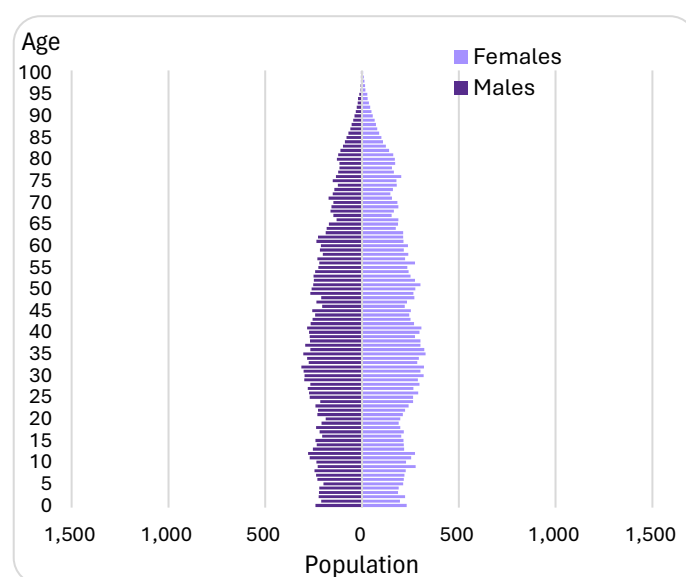
Tuggeranong



Weston Creek



Woden Valley



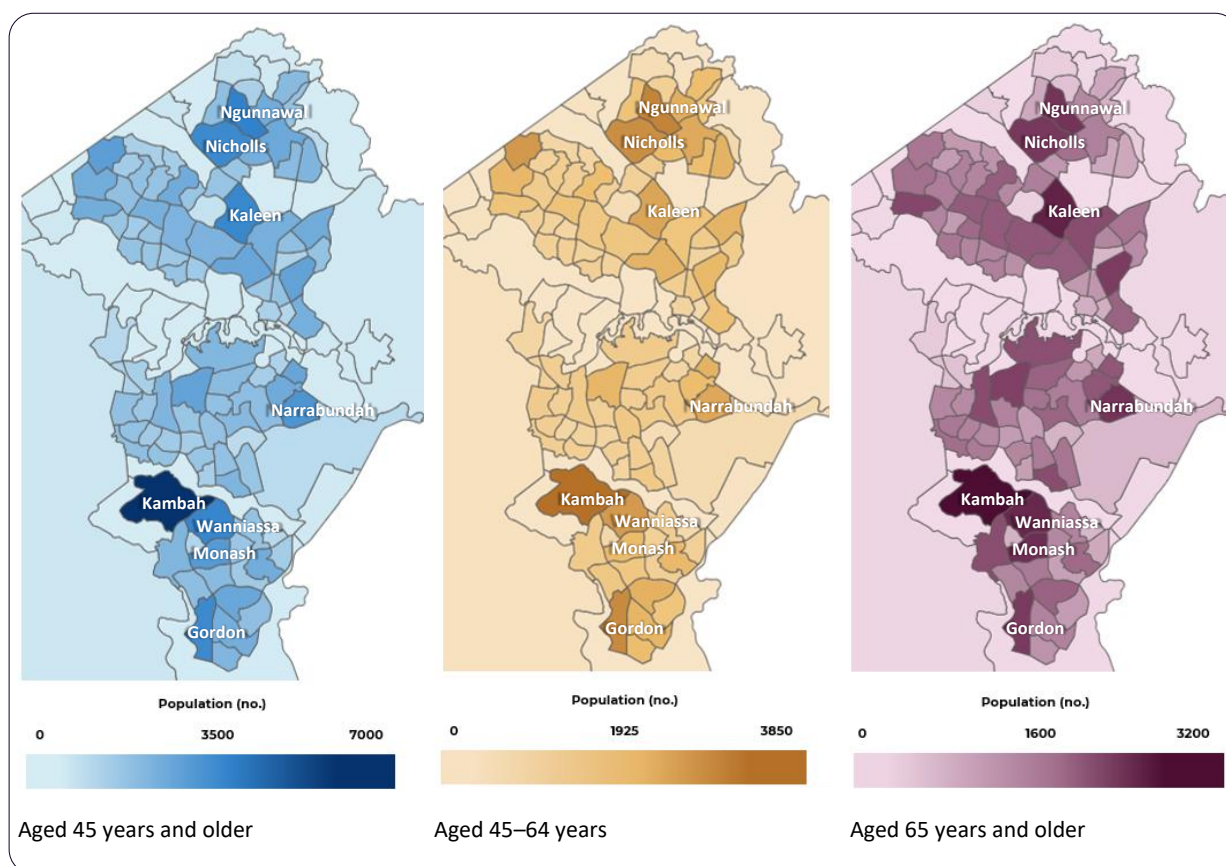
Source:
ABS Estimated Resident Population.

The suburbs

In 2022, Kambah had the largest number of residents aged 45–64 years (3,805 people), followed by Ngunnawal (2,386). However, Nicholls recorded the highest proportion of residents in this age group (31.5%). For those aged 65 years and older, Kambah again had the largest population (3,123), followed by Kaleen (1,729), while Monash had the highest percentage (23.8%).

According to the 2022 ABS Estimated Resident Population, Kambah accounted for the largest share of ACT residents aged 45–64 years (3.8%) and 65 years and older (5.0%) (Figure 7). This was followed by Ngunnawal (2.3%) and Gordon (2.2%) for people aged 45–64 years, and Kaleen (2.5%) and Wanniasa (2.5%) for people aged 65 years and older. Figure 7 highlights the concentration of older populations in specific suburbs, which has implications for local planning, including aged care services, transport accessibility, and community infrastructure.

Figure 7: Population density for people aged 45 years and older, by Statistical Area 2, ACT, 2022



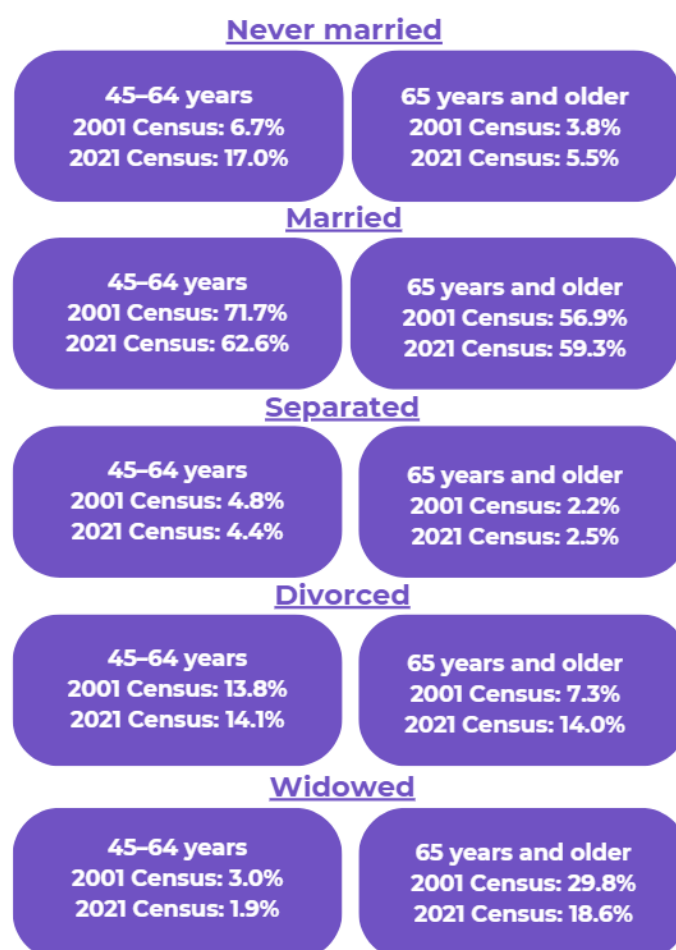
Source:
ABS Estimated Resident Population.

Household income, employment and marital status in the ACT

Employment, occupation, and work hours play a critical role in healthy ageing. Research on older Australian workers and non-workers (2001–15) indicates a widening health gap between these groups, driven by increasing economic inequality (Dinh et al., 2022). High-status occupations generally offer better conditions and salaries, which provide protective health benefits. Doan et al. (2022a) found that older workers (aged 50–70 years) can maintain similar working hours to younger workers (aged 25–49 years) without adverse effects on mental health or vitality. However, older adults in poorer health tend to work 7–11 fewer hours per week and earn lower hourly wages.

Between 2001 and 2021, the proportion of ACT residents aged 45–64 years who had never married rose sharply by 154%, from 6.7% to 17.0%. Over the same period, the share of those married declined by 9.1 percentage points (71.7% to 62.6%) (Figure 8). Among residents aged 65 years and older, the proportion who were divorced increased from 7.3% to 14.0%, while the proportion who were widowed declined from 29.8% to 18.6% (ABS, 2021a). These trends suggest changing marital patterns and a decline in widowhood among older adults.

Figure 8: Marital status for persons 45–64 years and persons 65 years and older, ACT, 2021



Note:
Data is based on place of usual residence.

Source:
ABS Census of Population and Housing, 2021, ABS TableBuilder.

In 2006, the median weekly rent in the ACT was \$260, and median monthly mortgage repayments were \$1,500 (ABS, 2007). Median personal weekly income was \$722, while median household weekly income was \$1,509.

By 2021, these figures had risen substantially: median weekly rent reached \$450, and median monthly mortgage repayments increased to \$2,080 (ABS, 2021b). Median personal weekly income grew to \$1,204, and household weekly income to \$2,373.

Between the 2006 and 2021 censuses, median weekly rent increased by 73.1% (a \$190 increase), and median monthly mortgage repayments by 38.7% (a \$580 increase). In comparison, personal weekly income grew by 66.8% (\$482), and household weekly income by 57.3% (\$864) over the same period (ABS, 2006; 2021b).

Despite these income gains, household income declines with age. Among those aged 65 years and older, 63.7% live in households earning less than \$2,000 per week, compared with 25.1% of people aged 45–64 years. Conversely, 55.1% of people aged 45–64 years earn more than \$3,000 per week, almost triple the proportion of older adults (18.6%) earning the same amount (Table 2).

Table 2: Weekly household income, by persons aged 45–64 years and persons 65 years and older, ACT, 2021

	45–64 years		65 years and older	
	Households	Per cent	Households	Per cent
Negative income	94	0.3	138	0.3
Nil income	549	0.7	616	1.2
\$1–\$999 (\$1–\$51,999)	7,390	8.0	15,990	29.3
\$1,000–1999 (\$52,000–\$103,999)	14,784	16.1	17,974	32.9
\$2,000–\$2,999 (\$104,000–\$155,999)	18,506	20.1	9,731	17.8
\$3,000–\$4,999 (\$156,000–\$259,999)	30,816	33.5	7,334	13.4
\$5,000 or more (\$416,000 or more)	19,907	21.6	2,865	5.2

Note:

This table is based on place of enumeration.

Source:

ABS Census of Population and Housing, 2021, ABS TableBuilder.

Among Canberrans aged 45–64 years, fewer owned their homes outright in 2021 (28.3%) than in 2006 (39.1%). The proportion of those aged 45–64 years with a mortgage increased from 38.4% in 2006, to 47.9% in 2021 (Table 3).

The proportion of those aged 45–64 years who rented their accommodation increased from 14.2% in 2006 to 19.0% in 2021. However, there was a small decrease reported for those aged 65 years and older in the ACT over this period, from 12.3% to 10.3% respectively (Table 3).

Table 3: Tenure and landlord status, by per cent, persons aged 45–64 years and persons 65 years and older, ACT, 2006 and 2021

	45–65 years	65 years and older+ (Per cent)
2021 census		
Owned outright	28.3	65.4
Owned with a mortgage	47.9	12.7
Rented: Real estate agent	9.2	2.3
Rented: State or territory housing authority	4.6	5.2
Rented: Community housing provider	0.4	0.5
Rented: Person not in the same household	3.5	1.9
Rented: Other landlord type	1.2	0.3
Rented: Landlord type not stated	0.1	0.1
Other tenure type	0.7	3.4
Tenure type not stated	2.7	2.9
Tenure type not applicable	1.3	5.5
Total	100	100
2006 census		
Fully owned	39.1	63.7
Being purchased	38.4	8.8
Being purchased under a rent/buy scheme	0.1	0.1
Rented	14.2	12.3
Being occupied rent free	0.4	0.6
Being occupied under a life tenure scheme	0.1	0.9
Other tenure type	0.2	0.5
Not stated	4	5.9
Not applicable	3.6	7.3
Total	100	100

Note:

This table is based on place of enumeration.

Source:

ABS Census of Population and Housing, 2006 and 2021, ABS TableBuilder.

In 2021, the median weekly income in the ACT was \$1,204. Income distribution varied significantly by gender and age. Among those aged 45–64 years, nearly half of males (47.6%) earned more than \$2,000 per week, compared with only 32.1% of females. For people aged 65 years and older, 49.3% of males earned at least \$1,000 per week, while only 27.2% of females did so. Conversely, 72.9% of females aged 65 years and older earned less than \$1,000 per week, compared with 50.7% of males (Table 4). These figures highlight a persistent gender gap in income, which widens with age.

Table 4: Personal annual income, by persons aged 45–64 years, persons 65 years and older, and sex, ACT, 2021

	Males				Females			
	45–65	Per cent	65+	Per cent	45–65	Per cent	65+	Per cent
\$1–\$999 (\$1–\$51,999)	8,402	18.2	12,869	50.7	14,001	29.8	21,674	72.9
\$1,000–\$1,999 (\$52,000–103,999)	15,645	33.8	9,038	35.6	17,879	38.1	6,385	21.5
\$2,000–\$2,999 (\$104,000–155,999)	11,803	25.5	2,018	7.9	10,210	21.8	1,041	3.5
\$3,000–\$3,499 (\$156,000–181,999)	3,266	7.1	493	1.9	1,801	3.8	244	0.8
\$3,500 or more (\$182,000 or more)	7,174	15.0	981	3.9	3,037	6.5	404	1.4

Note:

This table is based on place of enumeration.

Source:

ABS Census of Population and Housing, 2021, ABS TableBuilder.

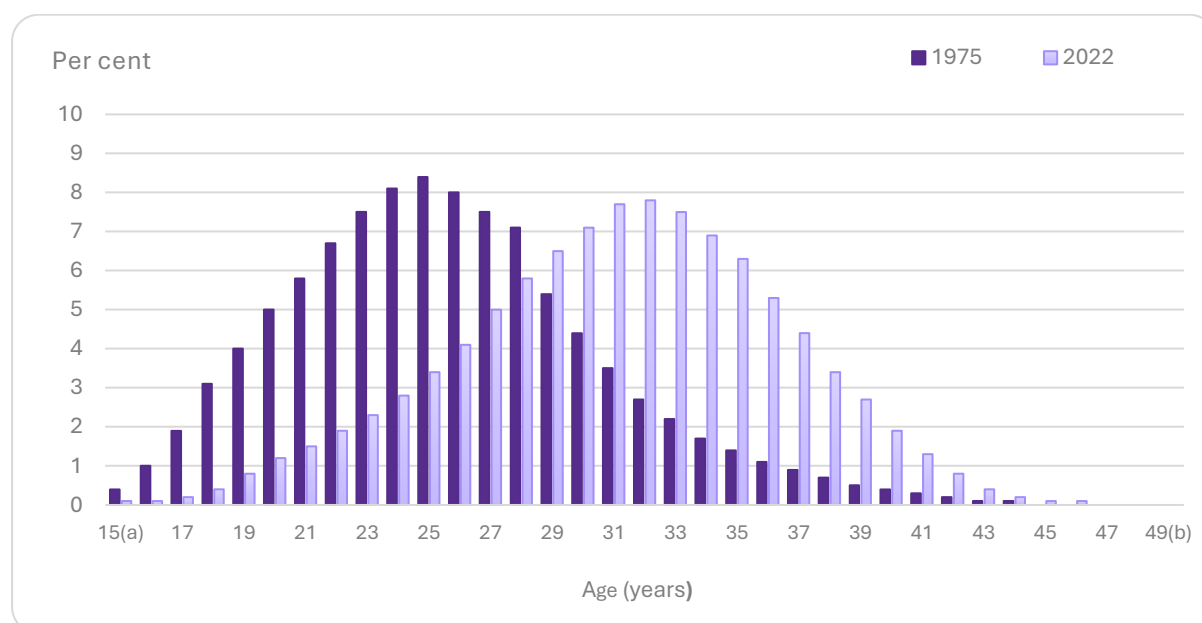
In 2021, 54.7% of Canberrans aged 45–64 years were employed full-time, compared to 5.5% of those aged 65 years and older. Part-time employment was more common among the younger group (16.8%) than among older adults (6.9%). Gender differences were evident: among those aged 45–64 years, 62.9% of males worked full-time compared with 46.8% of females; for those aged 65 years and older, 8.1% of males worked full-time compared with just 3.4% of females. Unemployment was low in both groups (1.9% for ages 45–64 years and 0.4% for those aged 65 years and older). Labour force participation dropped sharply with age - 81.3% of people aged 65 years and older were not in the labour force, compared with 19.7% of those aged 45–64 years.

Occupation types also varied by gender and age. For females aged 45–64 years and 65 years and older, the most common roles were professionals (32.4% and 33.7%), clerical and administrative workers (24.1% and 27.4%), and managers (21.6% and 11.1%). Among males, professionals (31.3% and 35.9%), managers (26.2% and 18.3%), and technicians/trades workers (12.7% and 11.4%) dominated.

Fertility patterns have shifted significantly over time. In 2022, more Australian women aged 40 years and older were giving birth compared with 1975 (Figure 9).

- Between 1991 and 2022, fertility rates for women aged 40–44 nearly tripled nationally (from 5.5 to 15.8 births per 1,000 women) and in the ACT (from 5.8 to 15.7). For women aged 45–49 years, rates rose from 0.2 to 0.9 births per 1,000 in the ACT and from 0.3 to 1.1 nationally over the same period.
- In 1975, births were concentrated among women aged 20–29 years (Figure 9), while in 2022, the peak shifted to ages 30–34 years, with higher proportions of births occurring among women in their late 30s and early 40s. This trend reflects delayed childbearing and changing family planning patterns.

Figure 9: *Proportion of women who gave birth, by maternal age, Australia, 1975 and 2022*



Notes:

- a) Includes mothers aged 15 years or less.
b) Includes mothers aged 49 years or over.

Source: ABS, 2023, Australian women having fewer children and later in life.

In 1975, the Total Fertility Rate (TFR) in the ACT and Australia was around replacement level, around 2.1 and 2.2 births per woman, respectively. By 2022, fertility had fallen well below this threshold, with the ACT recording 1.4 births per woman compared to the national average of 1.6 (ABS, 2023a). In 2023, the ACT reported the lowest TFR of all Australian states and territories at 1.31, while the national rate was 1.5 (ABS, 2024). Both figures remain below the replacement rate of 2.1 births per woman, which is needed to maintain population size, assuming no overseas migration (ABS, 2021b & 2023b). Persistently low fertility is likely to accelerate population ageing, increasing the proportion of people aged 45 years and older.

Residential aged care

As of 30 June 2024, the ACT had 71 operational aged care services, including 27 Residential Aged Care facilities, 37 Home Care programs, six Short-Term Restorative Care programs, and one Transition Care program. These services provided a total of 2,900 places¹: 2,752 in Residential Aged Care, 78 in Transition Care, and 70 in Short-Term Restorative Care.

During 2023–24, 17,630 clients accessed aged care services in the ACT. Most clients (58.9%) used the Commonwealth Home Support Program, while 20.2% accessed Residential Aged Care and 18.1% used Home Care packages (Table 5).

Commonwealth expenditure on aged care in the ACT for 2023–24 was \$413.9 million, with approximately 57% allocated to Residential Care subsidies and 41% to Home Care packages (AIHW, 2023a).

Table 5: Residential aged care, client summary during the 2023–24 financial year, ACT

	Clients	Per cent
Program type		
Residential Care	3,556	20.2
Home Care	3,193	18.1
Commonwealth Home Support Program	10,382	58.9
Transition Care	275	1.6
Short Term Restorative Care	224	1.3
Total	17,630	100.0

Notes:

Client numbers are distinct counts at any time in the 12-month period to 30 June. Individuals accessing services under more than one aged care program throughout the 12-month period will result in a distinct count every time the service is used, therefore the number of unique individuals cannot be determined.

Source:

AIHW GEN Aged Care Data, 2023.

¹ Please note that places for the Home Care Packages program are now assigned to consumers and not to services following the changes made to Increasing Choices on 27 February 2017. Therefore, Home Care Packages Program are no longer reportable in the Aged Care Data snapshots released by the Australian Institute of Health and Welfare.

Aboriginal and Torres Strait Islander Peoples in the ACT

Around 2.1% of ACT residents (9,544 people) identified as Aboriginal and/or Torres Strait Islander in 2021. The proportion of Aboriginal and Torres Strait Islander peoples living in the ACT is comparable to the national level (Figure 10).

The National Preventive Health Strategy 2021–2030 aims to increase the number of years Aboriginal and Torres Strait Islander people live in full health by at least 3 years by 2030. This supports the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028 and its commitment to close the gap in life expectancy withing a generation by 2031 (Target 17).

National life expectancy at birth for Aboriginal and Torres Strait Islander peoples (71.9 years) is approximately 9 years lower than for non-Indigenous peoples (80.6 years) (ABS 2023c). ACT specific estimates are limited; therefore, national data is used as a proxy.

ACT Aboriginal and Torres Strait Islander peoples have a similar age distribution to the national Aboriginal and Torres Strait Islander population.

Figure 10: Aboriginal and Torres Strait Islander population proportions, by age, Australia, 2021

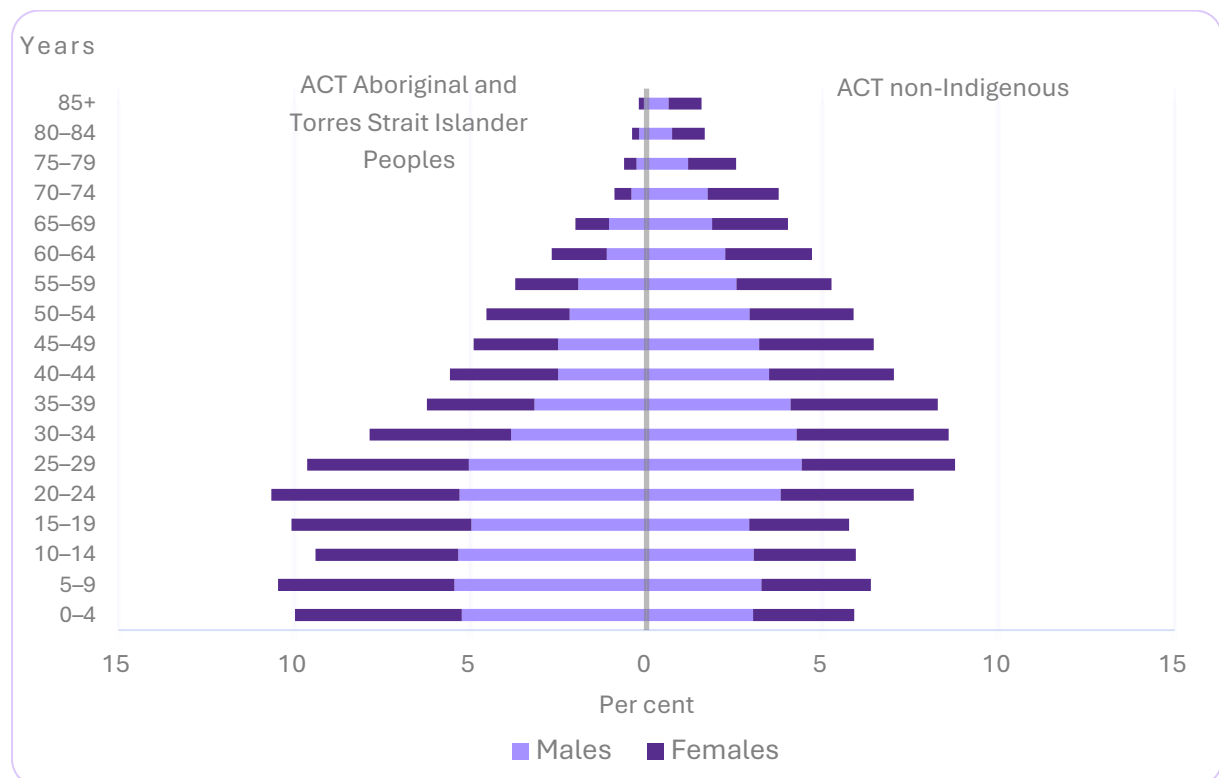


Source:
ABS Census of Population and Housing, 2021.

The Aboriginal and Torres Strait Islander population in the ACT has a younger age profile, with 50.6% aged under 25 years, reflecting a growing younger population.

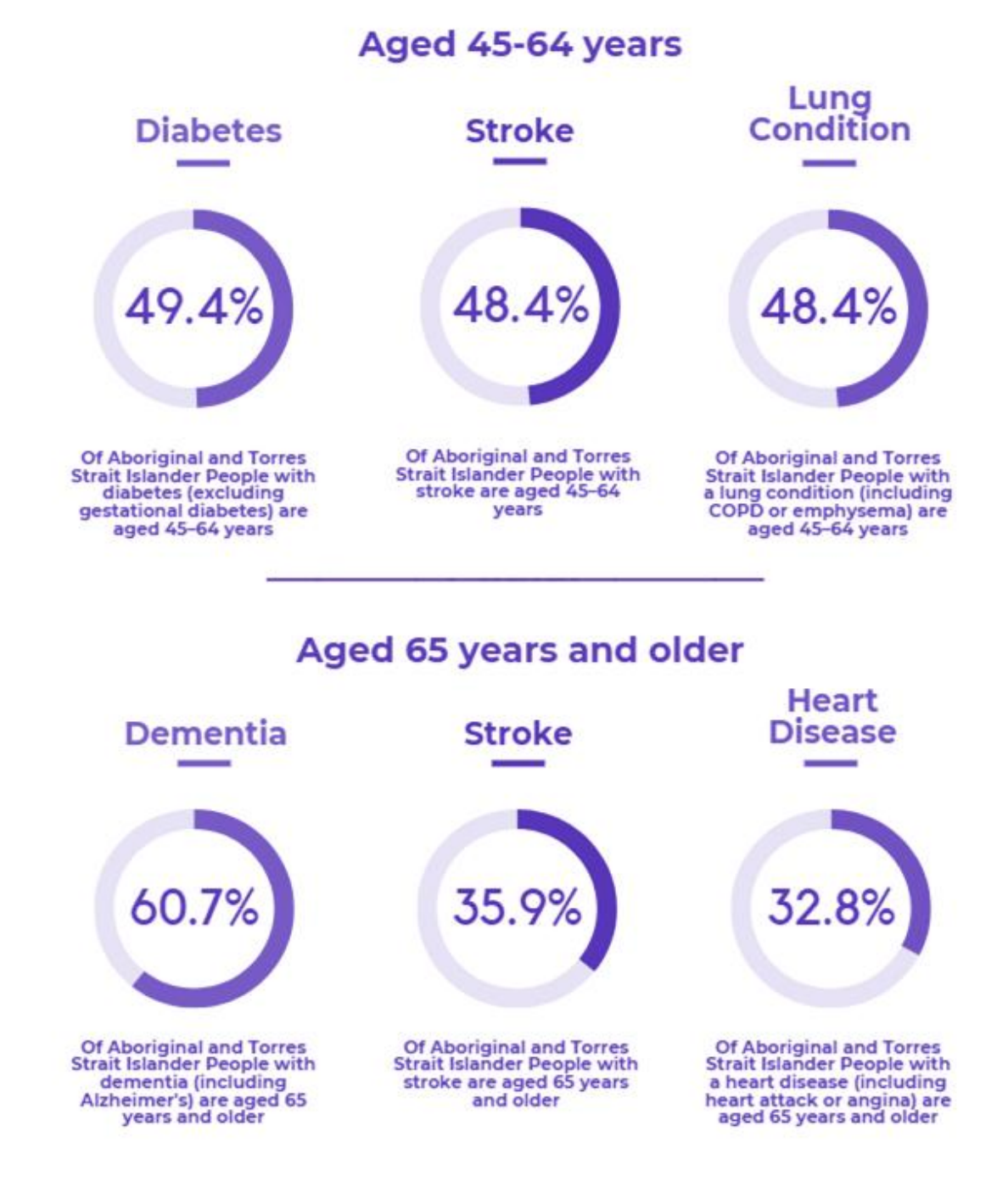
A smaller proportion (15.9%) of Aboriginal and Torres Strait Islander Canberrans are aged 45–64 years compared to 22.3% of non-Indigenous residents. Similarly, 4.2% are aged 65 years and older, compared to 13.5% of non-Indigenous Canberrans, reflecting overall differences in population age structure (Figure 11).

Figure 11: *Aboriginal and Torres Strait Islander Peoples and non-Indigenous peoples, by age, sex distribution, and per cent, ACT, 2021*



Source:
ABS Estimated Resident Population.

Figure 12: Leading long-term health conditions for Aboriginal and Torres Strait Islander peoples, by age group (per cent), ACT, 2021



Notes:
Data is based on place of usual residence.

Source:
ABS Census of Population and Housing, 2021.

Cultural diversity

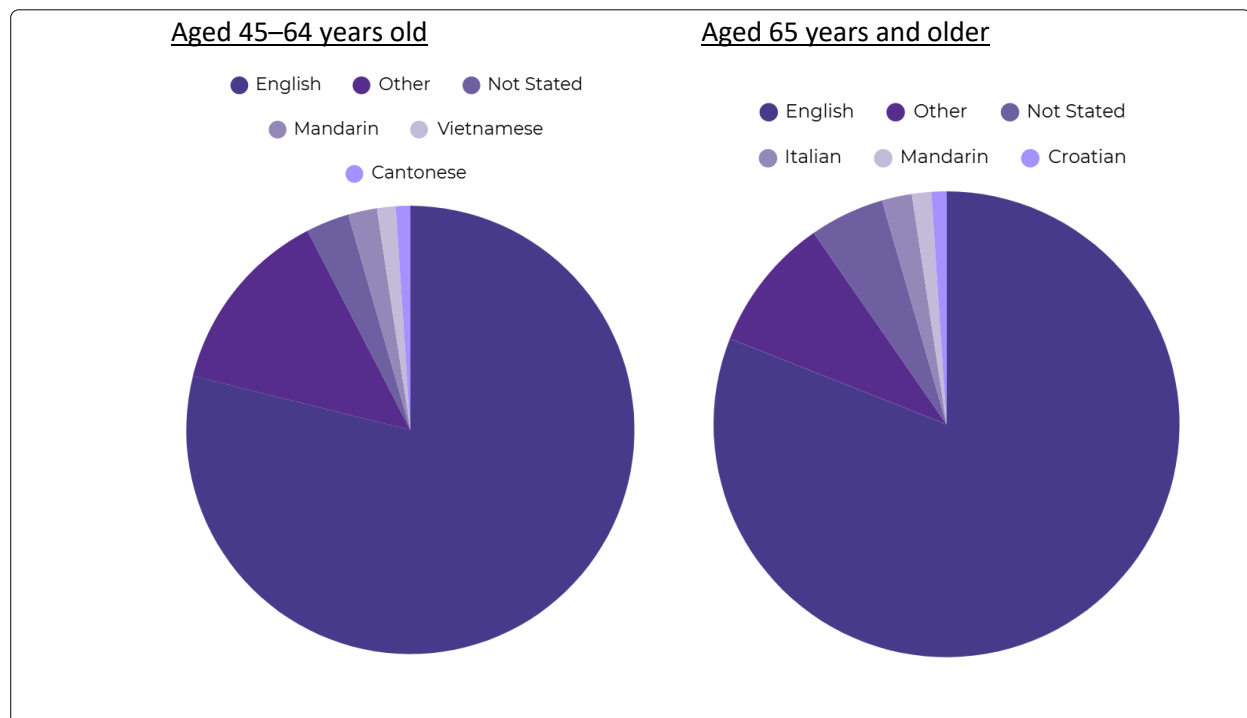
Language and cultural barriers can make it difficult for individuals to have their needs met, increasing the risk of limited access to quality health care and services, and leading to poorer health outcomes (AIHW, 2022; 2023; 2024).

According to the 2021 Census, most ACT residents aged 45–64 years (64.4%) and 65 years and older (58.3%) were born in Australia. Among those born overseas, the United Kingdom was the most common country of birth (5.5% and 9.8%, respectively).

Religious affiliation also varied by age. Almost half (46.3%) of residents aged 45–64 years identified with a Christian religion, compared with 59.2% of those aged 65 years and older. Other religions—including Buddhism, Hinduism, Islam, and Judaism - accounted for 7.7% of the 45–64 years age group and 4.5% of the 65 years and older age group. Secular beliefs or no religious affiliation were reported by 40.0% of people aged 45–64 years and 29.8% of those aged 65 years and older.

Language use reflects similar patterns. English was the most common language spoken at home among residents aged 45–64 years (75.8%) and 65 years and older (78.0%). Mandarin and Italian were the next most common languages (2.2% and 1.6%, respectively) (Figure 13). While 89.7% of overseas-born residents aged 45 and older reported proficiency in English, approximately 5,522 individuals indicated they could not speak English well or at all (ABS, 2021a).

Figure 13: Languages spoken at home, by age, ACT, 2021



Source:
ABS Census of Population and Housing, 2021, ABS TableBuilder.

Disability

According to the 2022 ACT General Health Survey, 20.6% of males and 28.1% of females aged 45–64 years reported having a disability. Among those aged 65 years and older, disability prevalence was similar for both sexes - 29.6% for males and 29.5% for females.

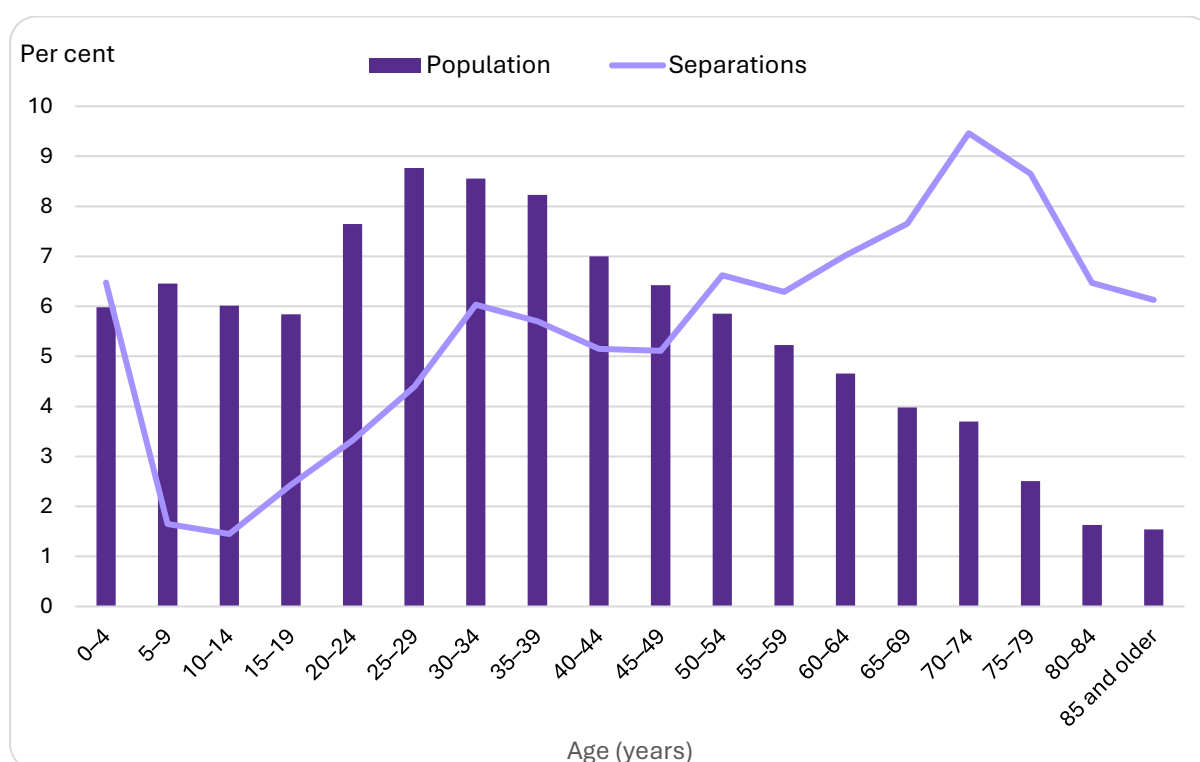
The 2021 ABS census shows 20.6 % of people aged 65 years and older required assistance with daily activities due to a profound or severe core activity limitation, affecting self-care, mobility, and communication.

Service utilisation

Older adults utilise health services more frequently than younger individuals. As we age, the likelihood of developing chronic conditions such as diabetes, heart disease, and arthritis, increases. Chronic conditions significantly contribute to the heightened demand for health services, including examinations, evaluations, ongoing management and hospitalisations (AIHW, 2024a).

- In 2021, persons aged 65 years and older represented 17.1% of the ACT population but accounted for 38.3% of hospital separations - episodes of care for admitted patients, including their total stay or changes in care type (Figure 14).
- In 2022–23, Australians aged 65 years and older represented 17.2% of the total population but accounted for 43.7% of hospital separations (AIHW, 2025).

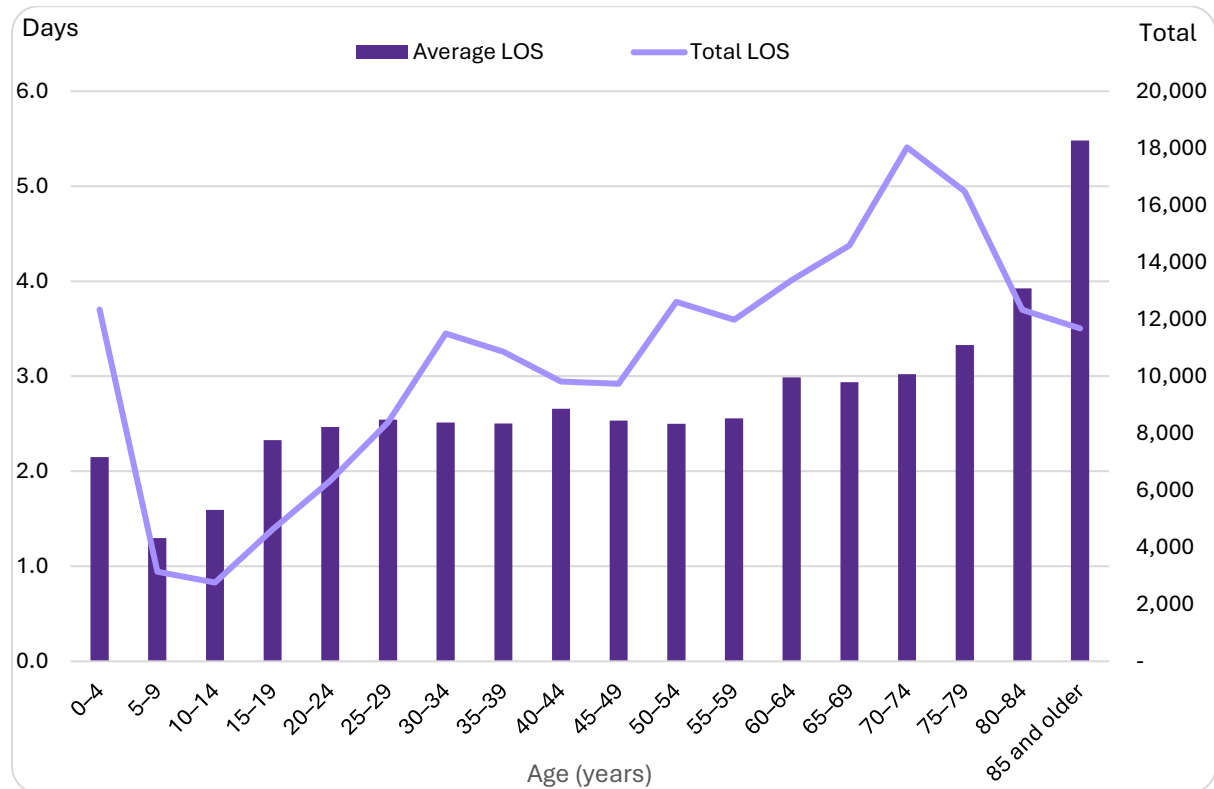
Figure 14: Population and hospital separations, by age and per cent, ACT, 2021



Source:
ABS Estimated Resident Population and ACT Admitted Patient Collection (ACT residents only).

Length of stay (LOS) in hospital is highly related to age. LOS for persons aged 85 years and older is on average, twice (5.5 days) that of people aged less than 50 years (Figure 15). An ageing population will result in an increased need for health services with significant cost impacts for the overall health system.

Figure 15: Average and total length of stay (LOS) in days, by age, ACT, 2021



Source:
ACT Admitted Patient Collection (ACT residents only).

Social indicators relevant to health

Health is shaped by more than biomedical factors - social determinants such as social inclusion, socioeconomic position, employment, and financial security play a critical role in wellbeing (Holt-Lunstad, 2022).

Safety and security

Feelings of safety and security are important factors for the health and wellbeing of individuals. In 2022, the ACTGHS indicated that 90.3% of males aged 45–64 years felt safe walking alone after dark compared to 61.6% of females in the same age group (Table 6). The percentage of people that feel safe walking after dark decreases in the older age groups.

Table 6: *Feeling safe walking alone after dark, by per cent, age and gender, ACT, 2022*

	Males		Females		Persons			
	Years				Years			
	45–64	65+	45–64	65+	18–24	25–44	45–64	65+
	Per cent							
Safe/very safe	90.3	86.0	61.6	51.9	60.7	71.0	75.8	69.0
Neither	5.7	7.1*	20.4	23.0	27.0	15.9	13.1	15.1
Unsafe/very unsafe	4.0*	6.9*	18.0	25.1	12.4*	13.1	11.1	16.0

Note:

* Indicates that the estimate has a relative standard error between 25% and 50%. Caution should be taken when interpreting these figures.

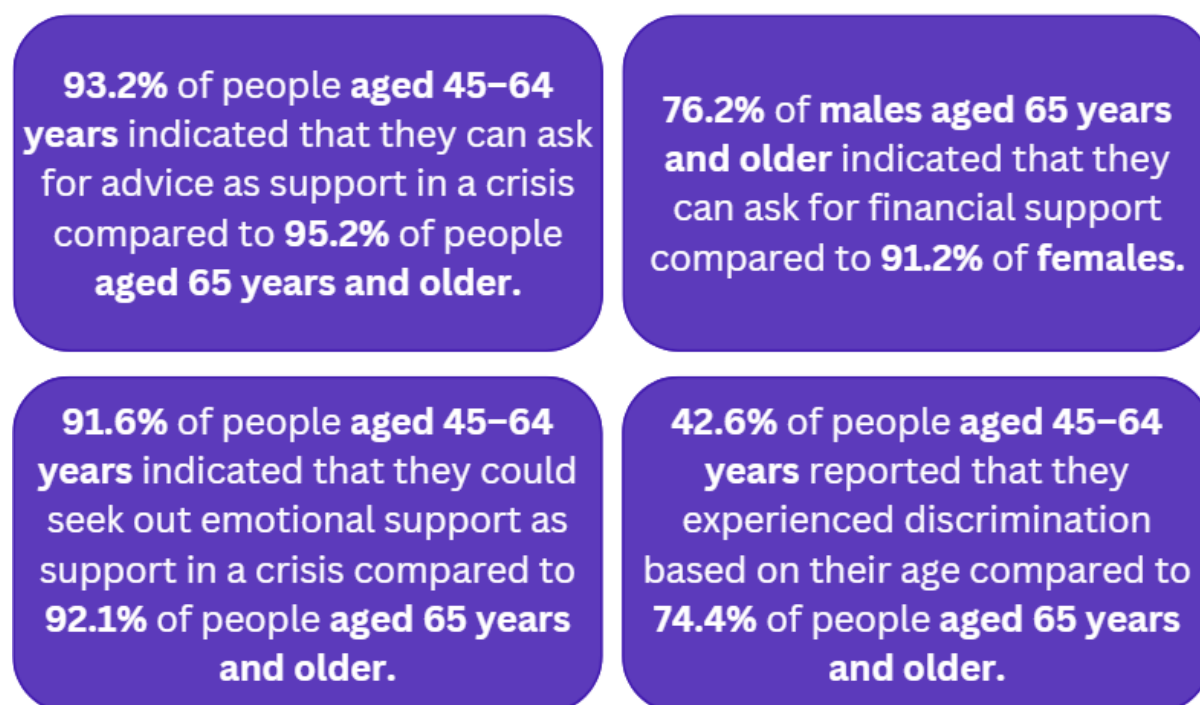
Source:

ACT General Health Survey, 2022.

Social inclusion and support

Social support is important for mental, physical and cognitive health in older adults. This includes the individual's perception that help or support from other people in their social network is available (Bruggencate, Luijkx & Sturm, 2017). Perceptions of social support are measured in the ACT General Health Survey (Figure 16).

Figure 16: Perceptions of social support, ACT, 2022



Source:
ACT General Health Survey, 2022.

According to the 2021 census, 22.6% of females aged 45–64 years provided unpaid assistance to a person with a disability, health condition, or due to old age, compared with 16.2% of males. Among those aged 65 years and older, this gender gap narrowed slightly (16.7% for females and 14.9% for males).

Patterns of unpaid domestic work also differed by gender. Almost twice as many females aged 45–64 years (22.3%) completed 15–29 hours of unpaid domestic work compared with males (11.7%), and nearly three times as many females (10.3%) completed 30 or more hours compared with males (3.9%). Similar trends were observed among those aged 65 years and older, with 22.1% of females doing 15–29 hours compared to 14.6% of males, and 14.9% of females doing 30 or more hours compared to 6.4% of males (Table 7).

Table 7: Unpaid domestic work, by gender, age and per cent, ACT, 2021

	Males				Females			
	45–64 years	Per cent	65+ years	Per cent	45–64 years	Per cent	65+ years	Per cent
Less than 5 hours	12,249	25.7	5,128	19.1	6,855	13.7	3,333	10.4
5–14 hours	20,031	42.0	9,380	35.0	21,129	42.1	9,012	28.2
15–29 hours	5,591	11.7	3,926	14.6	11,201	22.3	7,086	22.1
30 or more hours	1,842	3.9	1,718	6.4	5,173	10.3	4,783	14.9
No unpaid domestic work	7,990	16.7	6,649	24.8	5,844	11.6	7,800	24.4

Source:
ABS Census of Population and Housing - General Community Profile, 2021.

In 2021, 18.7% of males aged 45–64 years reported looking after their own child/children (i.e., unpaid childcare) compared to 14.9% of females in the same age category (Table 8).

In 2021, 8.0% of females aged 45–64 years reported looking after another child or other children (i.e., unpaid childcare) only, compared to 3.5% of males in the same age group.

In 2021, 15.5% of females aged 65 years and older provided unpaid childcare to other children compared to 12.6% of males aged 65 years and older.

These figures highlight the significant contribution of older adults - particularly women - to unpaid care and domestic work, which can influence health, wellbeing, and economic security.

Table 8: Unpaid childcare, by age and sex, ACT, 2021

Age	Males				Females			
	45–64 years	Percent	65+ years	Percent	45–64 years	Percent	65+ years	Per cent
Own child/children only	12,044	18.7	290	0.9	10,111	14.9	231	0.6
Other child/children only	2,240	3.5	4,118	12.6	5,412	8.0	6,250	15.5
Own child/children and other child/children	339	0.5	15	0.0	459	0.7	41	0.1

Source:

ABS Census of Population and Housing - General Community Profile, 2021.

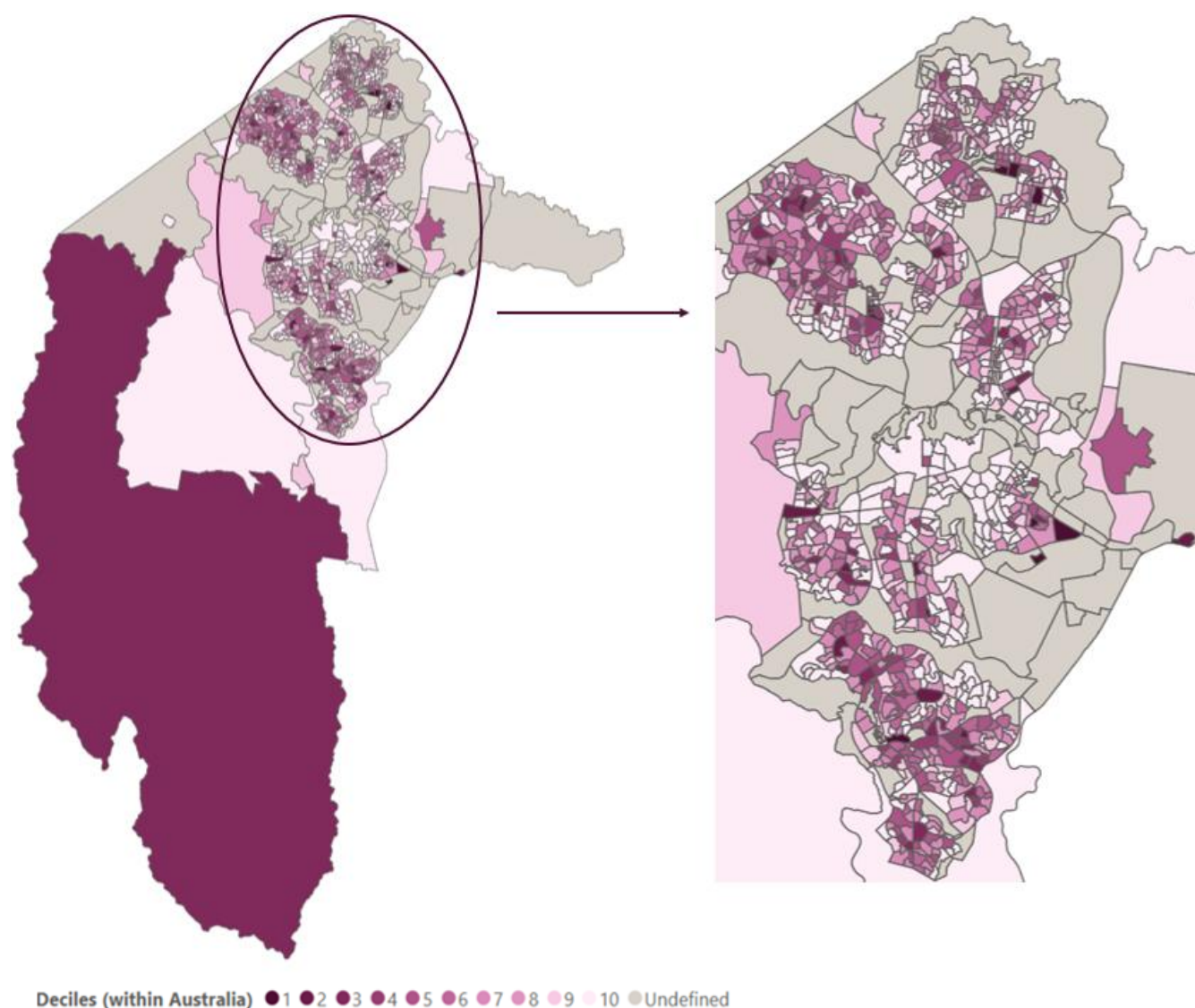
Socioeconomic status and financial security

Financial security is a key determinant of health. According to the 2022 ACT General Health Survey, 12.5% of males aged 45–64 years reported experiencing financial hardship compared with 9.3% of females. Most individuals aged 45–64 years and 65 years and older were able to meet essential expenses: 93.0% and 96.1% could pay utility bills on time, 96.9% and 98.0% could pay mortgage or rent on time, and 96.1% and 96.7% could heat or cool their homes, respectively. Almost half (48.1%) of individuals aged 45 years and older reported being able to save some money.

Disadvantage in the ACT

This report used the ABS Statistical Area Level 1 (SA1s) geographic area to map relative social disadvantage in the ACT. SA1s are geographic areas, aggregating to form Statistical Area Level 2 (SA2s), which in the ACT generally correspond to suburbs. In the ACT, areas with the highest levels of disadvantage (decile 1) relative to the Australian population are located in Belconnen, Gungahlin, Canberra East, Monash, Narrabundah, and Harrison (Figure 17).

Figure 17: Socioeconomic status ^{a)2} by Statistical Area 1 (SA1), all ages, ACT, 2021



Note

a) Based on the Index of Relative Socio-economic Disadvantage (IRSD).

Source:

ABS Australian Statistical Geography Standard (ASGS) Edition 3, 2021.

2 The Socio-Economic Indexes for Areas (SEIFA) Index for Relative Social Disadvantage (IRSD) encompasses various socio-economic variables, representing the disadvantage in an area. However, SEIFA only calculates the relative disadvantage in an area, therefore providing background on contextual variables (i.e., income, education and employment) and NOT index on the individuals living in that area. SEIFA is calculated at the Census Collection District (CD) level. This is important to note as SEIFA needs to be aggregated to observe larger areas (e.g., SA 1-4). The larger the area observed, the more the relative disadvantage is masked. SEIFA is best used on the smallest unit of area to best understand its socioeconomic level.

Transport

According to the 2022 ACT Household Travel Survey, work-related travel was responsible for the greatest distance travelled for general trips by ACT residents, averaging around 12.4km (ACT Government Transport Canberra, 2022). Approximately half of all ACT residents drove a private vehicle as their primary mode of transport with just over one-in-five accessing a private vehicle as a passenger. Around one-in-five (18.1%) trips undertaken by ACT residents were made on foot. According to the ACTGHS in 2021, around one-in-ten (11.7%) people aged 45–64 years participated in active travel (i.e., walking, cycling or public transport) to/from their place of education or work (including partial active travel). Among those aged 65 years and older, 96.2% indicated that they did not participate in active travel to/from their place of education or work.

Health behaviours and risk factors

Health outcomes are strongly influenced by behaviours and daily exposures to various risk factors (DoHAC, 2021a). These behaviours and risks include eating habits, smoking, alcohol consumption, and physical inactivity. National guidelines aim to help Australians adopt healthier habits to reduce chronic disease risk.

Healthy eating

The food and drink we consume plays an important role in our health and wellbeing (AIHW, 2024b). A healthy diet helps to maintain a healthy weight and prevent chronic disease such as heart disease, type 2 diabetes, some cancers and is protective against premature death. In 2018, dietary risk factors were the third leading contributing risk to ill health and premature death, with 12 individual dietary risk factors identified. (AIHW, 2024a) has highlighted dietary risks including a diet with foods low in fruit, vegetables, milk, nuts and seeds, whole grains and high fibre cereals, legumes, polyunsaturated fat, and fish and seafood. Also, a diet high in sodium, sugar-sweetened beverages, and red and processed meats.

ACT data show that those aged 65 years and older consumed less sugar-sweetened drinks (SSD) and fast food compared to those aged 45–64 years. In 2021, 42.7% of people aged 45–64 years consumed SSDs compared with 28.4% of those aged 65 years and older. Similarly, 68.3% of people aged 45–64 years ate fast food, compared with 41.2% of those aged 65 years and older (Table 9).

Table 9: Consumption of sugar sweetened drinks and fast foods, by age, ACT, 2021 and 2022

	18–24 years	25–44 years	45–64 years	65+ years
2021				
Doesn't drink SSD (per cent)	25.5	52.8	57.3	71.6
Drinks SSD (per cent)	75.5	47.2	42.7	28.4
Average number SSD, cups per day	1.1	1.1	1.0	1.2
2022				
Rarely/never eats fast food (per cent)	np	14.0	31.7	58.8
Eats fast food (per cent)	93.4	86.0	68.3	41.2
Average number of visits for fast foods per month	16.1	7.8	4.8	3.4

Notes:

Sugar Sweetened Drinks (SSD).

(np): Not published.

Source:

ACT General Health Survey, 2021 and 2022.

According to 2021 ACT General Health Survey (ACT GHS), 60.7% of people aged 45–64 years in the ACT did not meet the daily recommended consumption of fruit, based on the National Health and Medical Research Council's (NHMRC) 2013 Australian Dietary Guidelines (Table 10). Similarly, 49.3% of people aged 65 years and older did not meet the daily recommendations for the consumption of fruit and vegetables. In 2021, 95.0% of people aged 45–64 years did not meet the daily recommended consumption of vegetables compared to 95.1% of people aged 65 years and older (Table 10).

Table 10: Consumption of fruit and vegetables, by age and per cent, ACT, 2021

	18–24 years	25–44 years	45–64 years	65+ years
Fruit Consumption				
Average serves of fruit per day	1.4	1.3	1.4	1.6
Met 2013 fruit consumption guidelines (%)	39.8	32.4	39.3	50.7
Did not meet 2013 fruit consumption guidelines (%)	60.2	67.6	60.7	49.3
Vegetable Consumption				
Average serves of vegetables per day	2.0	2.2	2.2	2.3
Met 2013 vegetable consumption guidelines (%)	(np)	3.6	5.0	*4.9
Did not meet 2013 vegetable consumption guidelines (%)	99.3	96.4	95.0	95.1

Notes:

The Australian dietary guidelines (2013) recommend a minimum of 5–6 serves of vegetables a day and 2 serves of fruit a day for adults, including pregnant and breastfeeding women.

(np): Not published.

* Estimate has a Relative Standard Error between 25 and 50 and should be used with caution.

Source:

ACT General Health Survey, 2021.

Alcohol and other drugs

Evidence shows that drinking high amounts of alcohol increases the risk of accidental injury, mental health issues, and can lead to liver disease, cognitive impairment, some cancers and cardiovascular disease (DoHAC, 2022; NHMRC, 2020). Alcohol-related harm also puts pressure on hospital emergency departments (AIHW, 2023f).

In the 2022 National Health Survey (NHS), 26.3% of ACT residents aged 45–64 years exceeded the alcohol consumption guidelines, ranking the seventh lowest among the eight states and territories. Comparatively, 21.3% of people aged 65 years and older exceeded the alcohol consumption guidelines, ranking the fifth lowest among the eight states and territories (Table 11).

Table 11: People exceeding the 2020 Australian Adult Alcohol Guidelines, by age, per cent, and state and territory, 2022

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
	(Per cent)							
18–44 years	28.9	24.5	25.2	31.9	30.5	28.2	31.4	29.2
45–64 years	26.3	28.7	24.4	29.5	31.0	31.8	31.0	35.0
65+ years	21.3	20.9	20.4	22.1	27.3	21.5	21.2	27.8

Note:

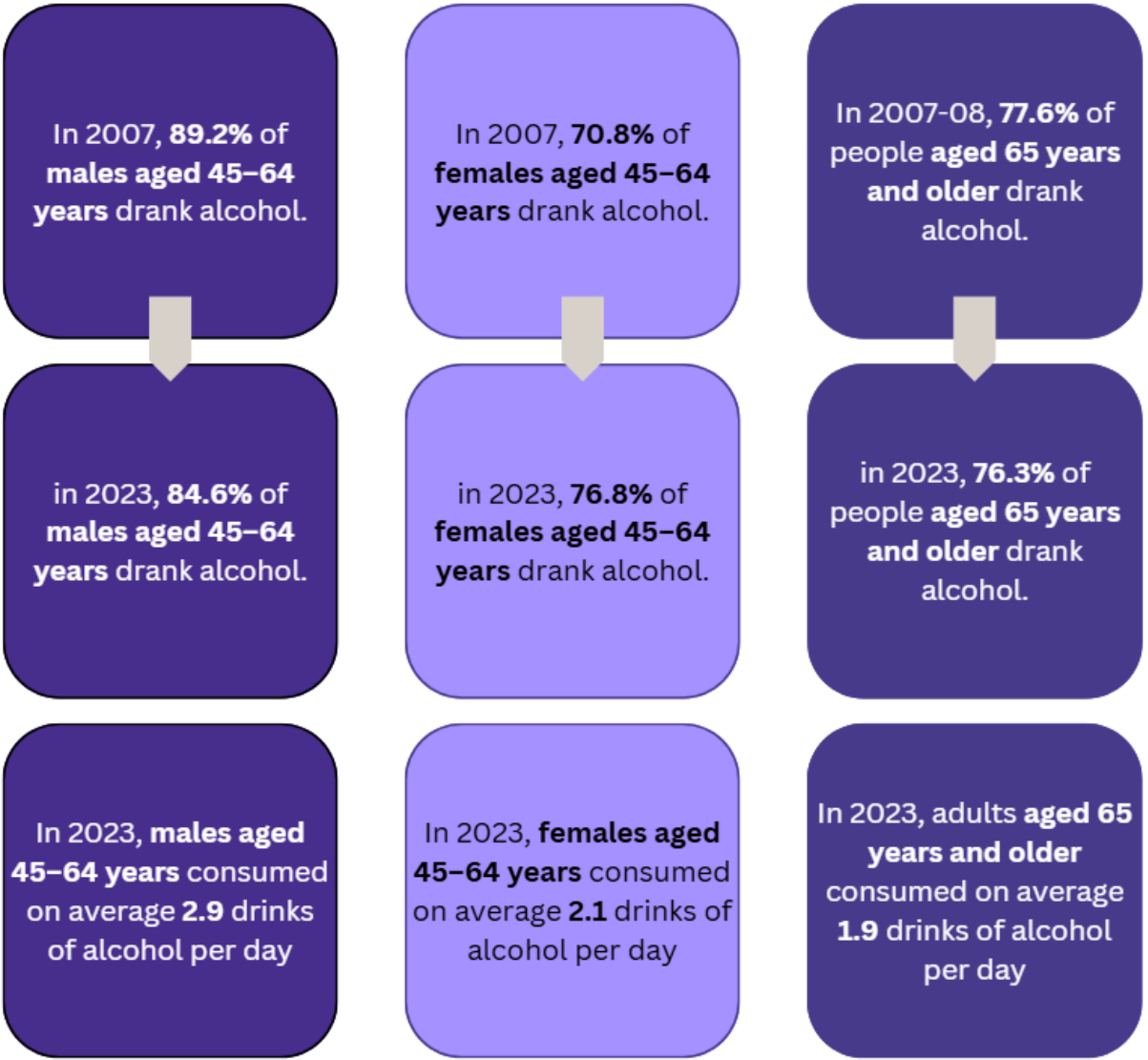
The Australian Adult Alcohol Guideline recommends persons aged 18 years and older, either drink no more than 10 standard drinks per week or no more than four standard drinks on a single day once a month or more often.

Source:

National Health Survey, 2022.

According to the 2022 ACT GHS, the consumption of alcohol remained stable between 2007 and 2022 for both females and males aged 45–64 years (Figure 18).

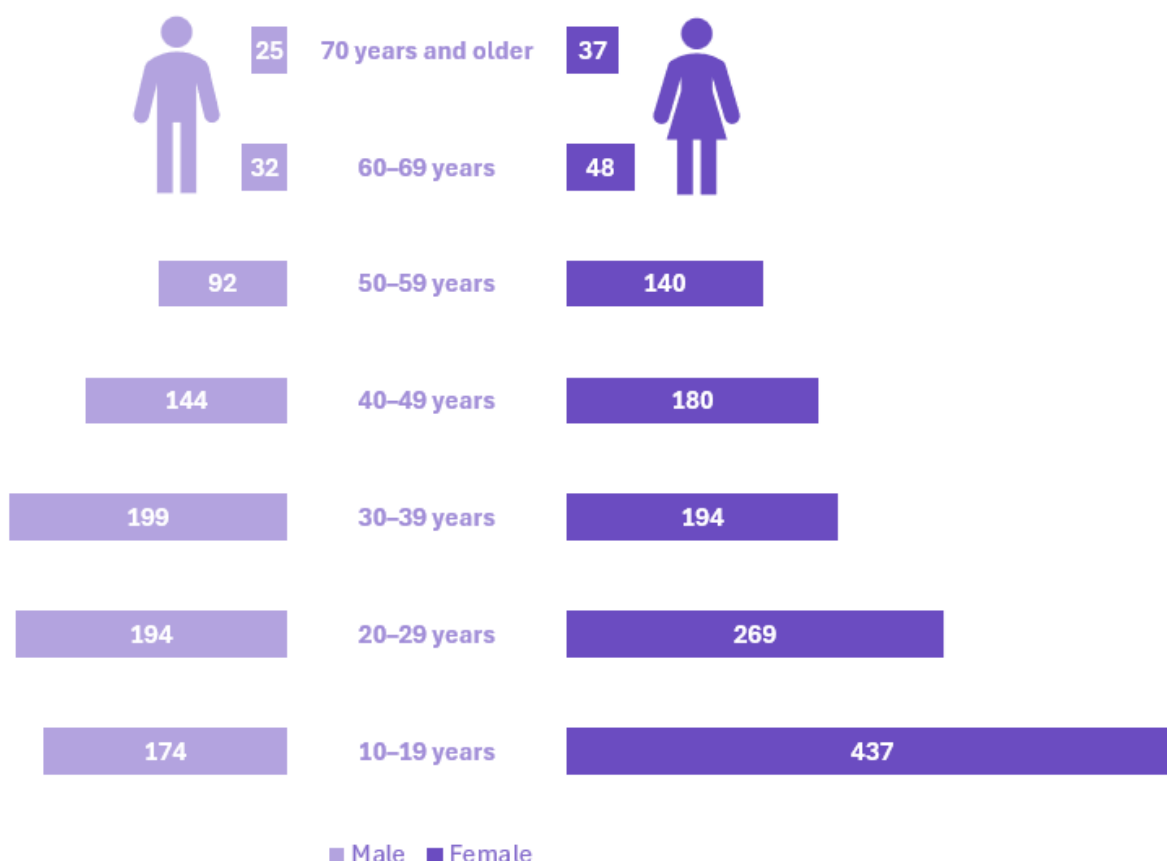
Figure 18: Alcohol consumption, by persons aged 45–64 years and persons aged 65 years and older, ACT, 2007–08, 2021 and 2022



Source:
ACT General Health Survey, 2007–08, 2021 and 2022.

During 2021–22, women residing in the ACT had more drug-related hospitalisations (per 100,000 people) than men in every age-group above 40 years and older (Figure 19). Drug-related hospitalisations include poisoning (ICD-10-AM: T40.0–T40.9, T39.0–T39.9, T42.0–T42.8, T43.0–T43.6, T52.0–T52.9, T53.0–T53.9, T59.0, T59.80) and mental and behavioural disorder due to substance use (ICD-10-AM: F11–F16, F18, F19) as the diagnosis categories.

Figure 19: Drug-related* hospitalisations per 100,000 people, by age and gender, ACT, 2021 and 2022



Note:

* Drug-related hospitalisations exclude alcohol and tobacco.

Source:

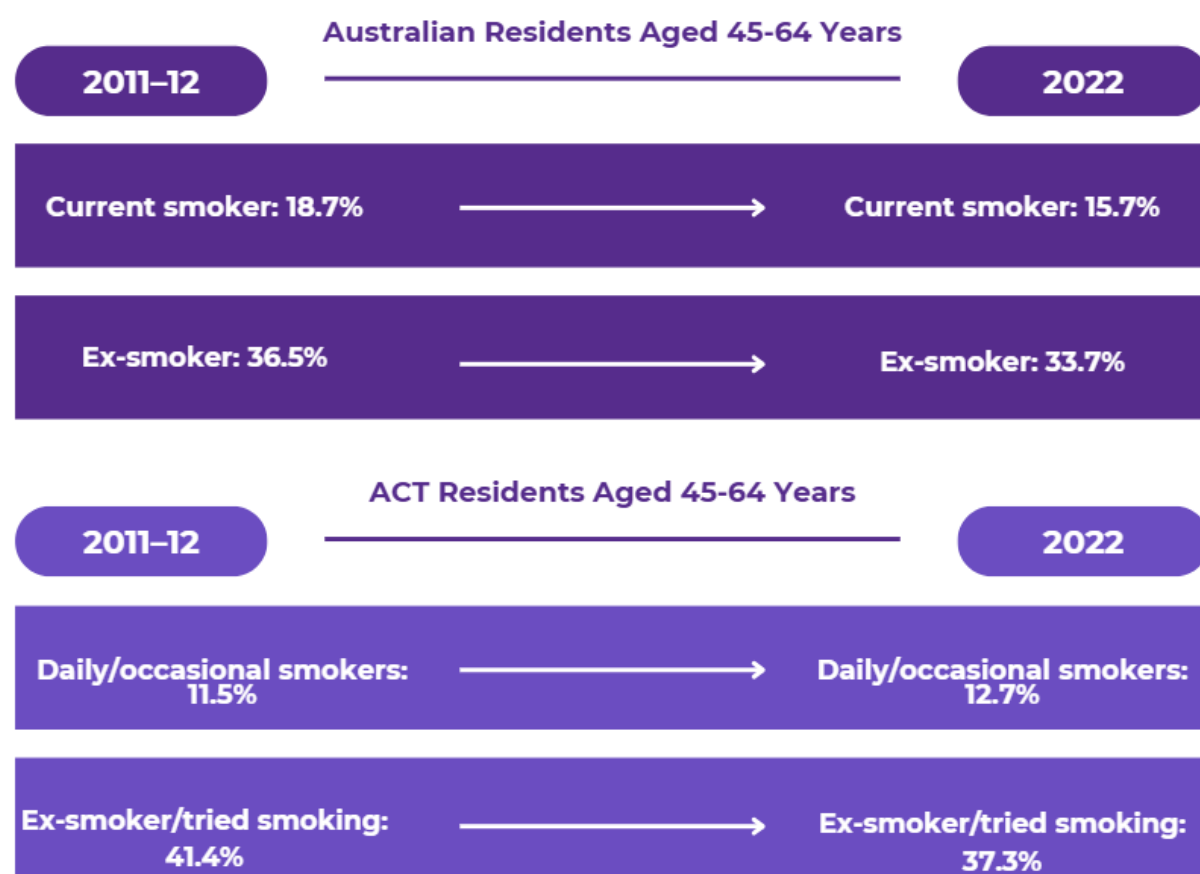
National Hospital Morbidity Database (Chrzanowska et al. 2024).

Smoking

Tobacco is a risk factor for many chronic conditions such as dementia, lung disease and heart disease (Roche et al., 2021). Additionally, it is the leading preventable cause of premature death. Cigarette smoking prevalence has decreased in Australia over time, particularly after the 2010 tobacco tax increase, making Australia's cigarette prices among the highest globally (Cho et al., 2023). However, due to shifts in less expensive cigarette options (e.g., roll-your-own tobacco) and different strategies employed by the tobacco industry have increased price-minimising purchasing patterns from 2007 to 2020, specifically among low socioeconomic status (SES) groups (Cho et al., 2023).

- Daily/occasional/current smoking decreased with age, both nationally and in the ACT (Figure 20).
- The proportion of daily/occasional/current smokers among those aged 45–64 years and 65 years and older has been relatively stable in the ACT and nationally between the years 2011–12 and 2022.
- The proportion of ex-smokers among those aged 45–64 years and 65 years and older has been relatively stable in the ACT and nationally between the years 2011–2012 to 2022.

Figure 20: Percentage of smokers and ex-smokers, by persons aged 45 years and older, Australia and ACT, 2011–12 and 2022





Notes:

* Estimate has a Relative Standard Error between 25 and 50 and should be used with caution.

Sources:

ACT General Health Survey, 2011-12 and 2022.

National Health Survey, 2011-12 and 2022.

Physical activity

Physical activity is characterised as bodily movements of any kind that result in increased energy expenditure, with intensity and duration of the activity varying (Izquierdo et al., 2025). Physical activity plays a significant role in biological ageing on a cellular and molecular level. Physical activity serves to maintain and improve cognitive and functional capacity, thus enhancing quality of life. Low physical activity levels are associated with chronic diseases such as cancer, type 2 diabetes and Alzheimer's disease (Izquierdo et al., 2025). The national guidelines for physical activity, exercise and sedentary behaviour (DoHAC, 2014) specify the recommended amount of physical activity people should engage in, the importance of adequate sleep, and reducing time spent sitting or lying down. These recommendations differ by age group. For adults aged 45–64 years it is recommended that they should be active most days, preferably every day. Each week, adults should do either:

- 150–300 minutes of moderate intensity physical activity
- 75–150 of vigorous intensity per week
- An equivalent combination of moderate and vigorous activities

Include muscle strengthening activities as part of your daily physical activity on at least two days each week. Similarly, adults aged 65 years and older are encouraged to undertake at least 30 minutes of physical activity (moderate intensity) on most, if not all, days. According to the 2022 National Health Survey, more males aged 45–64 years met the recommended weekly minutes (150 minutes or more) of physical activity (74.1%) than females in the same age group (67.4%). Similarly, less females aged 65 years and older met the weekly recommended minutes of physical activity (50.1%) than males (59.4%). However, most people aged 45 years and older did not meet the Guidelines due to the low number of people completing at least two days of strength or toning based activities (Table 12).

Table 12: Physical activity measures, by age and per cent, ACT, 2022

	15–44 years	45–64 years (Per cent)	65+ years
Meet Australia's 2014 physical activity and exercise guidelines ^(a)			
Met guidelines	20.5	16.1	27.4
Did not meet guidelines	80.0	83.7	74.2
Meet the 2014 physical activity guidelines - excluding workplace activity ^(b)			
Met guidelines	20.3	15.2	27.4
Did not meet guidelines	80.3	83.1	73.5
Number of days undertook physical activity ^(a) in the last week			
None	11.6	12.0	28.1
1 to 4	35.2	29.4	21.3
5 to 6	23.3	21.1	15.8
7	30.7	36.3	32.7
5 or more	54.0	58.1	50.6
Number of days undertook strength or toning activities in the last week - excluding workplace activity ^(b)			
None	64.1	70.4	80.5
1	8.1	7.1	4.1
2	7.3	7.1	4.9
2 or more	27.7	22.5	16.1
3 or more	20.3	14.2	11.6
Undertook 150 minutes of physical activity in the last week ^(c)	68.8	71.0	56.0

Note:

a) - Physical activity refers to a combination of exercise and workplace activity. Exercise includes walking for transport, walking for fitness, sport or recreation, moderate exercise and/or vigorous exercise

b) - Excluding workplace activity refers to exercise which includes walking for transport, walking for fitness, sport or recreation, moderate exercise and/or vigorous exercise undertaken in the last week.

c) - Minutes undertook physical activity is based on respondents meeting the recommended guideline of at least 150 minutes of physical activity a week. Minutes spent on vigorous activity is multiplied by a factor of two.

Source:

National Health Survey, 2022.

Overweight and obesity

A healthy weight is important to enhance quality of life, reduce and manage chronic conditions (DoHAC, 2021b). Living with overweight or obesity increases the risk of many conditions such as heart disease, stroke, type 2 diabetes, high blood pressure and cholesterol. The Body Mass Index (BMI) is a numerical value calculated from a person's weight and height, used to estimate body fat and categorise weight status. A BMI between 18.5–24.9 is considered a healthy weight, a BMI below 18.5 is considered underweight, a BMI between 25.0–29.9 is considered overweight and a BMI above 30.0 is considered obese. It is important to note that a healthy BMI range is generally higher for older people, athletes and pregnant women. Waist circumference is another measure useful in predicting risk of various chronic conditions. For female waist circumference, increased risk was considered above 94cm and substantially increased risk was above 102cm. For male waist circumference, increased risk was considered above 80cm and substantially increased risk was above 88cm.

According to the 2022 National Health Survey:

- For males aged 45–64 years in the ACT, 40.8% were classified as overweight (BMI 25.0–29.99) and 41.8% were classified as obese (BMI 30.0 or more) compared to 29.4% and 36.3% of females, respectively.
- For males aged 65 years and older, 44.3% reported being overweight and 30.7% being obese, compared to 31.1% and 35.7% of females, respectively.
- Additionally, 82.2% (aged 45–64 years) and 78.7% (aged 65 years and older) of males reported a measured waist circumference that was of increased/substantially increased risk for chronic disease.
- Comparatively, 79.9% (aged 45–64 years) and 83.6% (aged 65 years and older) of females reported a measured waist circumference that was of increased/substantially increased risk.

Mental health

Good mental health enables individuals to cope with the stresses of daily life, build and maintain meaningful relationships, and contribute actively to their communities (DoHAC, 2024b). The most common mental health conditions and disorders include anxiety, affective disorders (e.g., depression) and substance use disorders (e.g., alcohol use). The mental health of older individuals may be impacted by many factors including loneliness, social isolation, decreased independence and increased psychological distress. Despite this, the PATH Through Life Project has shown that mental health and wellbeing seemed to improve with age (Kim et al., 2023).

In the 2022 ACT GHS survey, 25.2% of people aged 45–64 years and 21.4% of ACT residents aged 65 years and older, reported having a mental health condition in the past 12 months. Almost three quarters (73.0%) of those aged 45–64 years indicated that they were receiving treatment for their mental health condition, compared to 67.4% of those aged 65 years and older in 2022. Additionally, in the 2022 National Health Survey, 33.1% of ACT residents aged 45–64 years and 24.6% of those aged 65 years and older reported moderate/high/very high levels of distress.

Quality of life and health status

Self-assessed health status is a common measure of overall health that reflects an individual's perception of their health at a single point in time (ABS, 2018). According to the 2022 ACT GHS, a little over three-quarters of ACT residents aged 45–64 years (79.9%) and 65 years and older (78.7%) self-reported that their health was either good, very good or excellent. This was similar to the ACT population overall, at 80.1%.

Chronic conditions

Chronic conditions are long lasting or persistent issues that impact our health and quality of life. Chronic conditions include illnesses such as cancer, diabetes, dementia, stroke, and heart disease (AIHW, 2024c). Chronic conditions increase with age and are one of the largest contributors to poor health, disability and premature death nationally and in the ACT. Nearly 40% of all chronic conditions are preventable by reducing risk factors such as overweight and obesity, tobacco use, dietary risks, alcohol and other drug use, and physical inactivity (ABS, 2022). In 2019–20, of those hospitalised with arthritis (listed as the principal diagnosis), 33.7% were aged 45–64 years, while 40.1% of those arthritis hospitalisations were aged 65–74 years (Table 13). Moreover, of those hospitalised with cancer as the principal reason for admission, 31.1% were aged 75 years and older, 29.3% were aged 65–74 years and 30.3% were aged 45–64 years.

Table 13: ACT residents hospital separations for selected chronic conditions, by age and per cent, 2019–20

	Arthritis		Asthma		Cancer		Diabetes		Epilepsy		Stroke	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Principal diagnosis												
0–14 years	33	0.4	126	30.5	36	0.9	19	3.1	48	18.8	0	0
15–24 years	<5	np	45	10.9	34	0.9	56	9.1	31	12.1	0	0
25–44 years	191	2.5	100	24.2	197	5	130	21	83	32.4	91	8
45–64 years	2,590	33.7	72	17.4	1,197	30.3	157	25.4	56	21.9	270	23.9
65–74 years	3,082	40.1	29	7	1,154	29.3	97	15.7	23	9	326	28.8
75+ years	1,794	23.3	41	9.9	122	3.1	159	25.7	15	5.9	444	39.3
Total	np	100	413	100	3,944	100	618	100	256	100	1,131	100
Principal & additional diagnosis												
0–14 years	39	0.5	225	33.9	133	1.6	42	0.4	62	16.9	<5	np
15–24 years	13	0.2	44	6.6	61	0.7	135	1.1	36	9.8	<5	np
25–44 years	311	3.6	156	23.5	690	8.1	857	7.3	107	29.2	92	6.6
45–64 years	2,826	33.0	115	17.3	2,634	31.1	2,329	19.8	95	25.9	350	25.3
65–74 years	3,219	37.6	57	8.6	2,522	29.8	3,214	27.3	30	8.2	376	27.1
75+ years	2,161	25.2	66	10.0	2,432	28.7	4,696	39.9	37	10.1	565	40.8
Total	8,569	100	663	100	8,472	100	11,773	100	367	100	1,383	100

Notes:

Includes both private and public hospitals.

(np): Not published to ensure confidentiality due to small numbers

Source:

ACT Admitted Patient Collection (ACT residents only).

Multiple and long-term health conditions

According to the 2021 Census of Population and Housing (General Community Profile), 24.4% of ACT residents aged 45–64 years reported having one long-term health condition³, 7.7% reported two long-term conditions and 3.1% reported three or more long-term health conditions.

- Similarly, 31.8% of ACT residents aged 65 years and older reported having one long-term health condition, 16.8% reported two long-term conditions and 11.0% reported three or more long-term health conditions.
- In 2021, mental health conditions (9.5%), arthritis (8.7%), asthma (7.5%) and diabetes (7.4%) were the leading long-term health conditions for males aged 45–64 years (Tables 14 and Table 15).
- For males aged 65 years and older, arthritis (22.0%), heart disease (19.8%), diabetes (15.6%) and cancer (12.4%) were the leading long-term health conditions.
- For females aged 45–64 years, arthritis (15.3%), mental health conditions (13.1%), asthma (11.3%) and diabetes (5.7%) were the leading long-term health conditions.
- For females aged 65 years and older, arthritis (36.8%), heart disease (11.5%), asthma (11.5%) and diabetes (11.1%) were the leading long-term health conditions.

³ Count includes individuals that have been told by a doctor or nurse that they have one or more of the following selected long-term health conditions: arthritis, asthma, cancer (including remission), dementia (including Alzheimer's), diabetes (excluding gestational diabetes), heart disease (including heart attack or angina), kidney disease, lung condition (including COPD or emphysema), mental health condition (including depression or anxiety) and stroke. This count excludes 'Any other long-term health condition(s)'.

Table 14: Long-term health conditions, by age, sex, and Number, ACT, 2021

	0–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85+ years	Total
Males										
Arthritis	43	119	449	977	1,720	2,608	3,170	2,200	844	12,130
Asthma	3,256	2,645	3,090	2,924	2,102	1,615	1,293	693	264	17,794
Cancer (including remission)	35	66	151	274	519	1,125	1,715	1,339	443	5,667
Dementia (including Alzheimer's)	6	0	0	12	19	54	184	419	425	1,119
Diabetes (excluding gestational diabetes)	51	160	346	804	1,476	1,289	2,532	1,474	398	9,430
Heart disease (including heart attack or angina)	76	91	131	306	769	1,605	2,612	2,103	895	8,588
Kidney disease	47	41	83	138	228	328	552	457	232	2,106
Lung condition (including COPD or emphysema)(b)	39	44	57	127	260	482	814	739	283	2,845
Mental health condition (including depression or anxiety)	1,125	2,877	3,643	3,217	2,761	1,952	1,132	520	187	17,414
Stroke	7	14	29	63	145	269	465	473	246	1,711
Any other long-term health condition(s)(c)	2,310	1,556	2,043	2,523	2,866	3,012	2,537	1,353	485	18,867
No long-term-health condition(s)	34,914	21,656	27,829	23,042	16,705	13,051	5,794	2,968	1,240	128,636
Not stated	2,468	2,430	2,668	2,010	1,309	1,295	898	498	212	14,179
Total(d)	42,755	30,428	38,637	34,275	27,785	21,866	16,625	8,781	2,868	224,020
Females										
Arthritis	41	250	729	1,490	2,990	4,948	6,066	4,488	1,935	22,937
Asthma	2,221	2,948	4,222	3,836	3,177	2,689	2,283	1,201	410	22,987
Cancer (including remission)	32	61	190	478	945	1,372	1,789	1,204	438	6,509
Dementia (including Alzheimer's)	0	4	0	10	14	44	160	540	728	1,500
Diabetes (excluding gestational diabetes)	84	147	361	730	1,215	1,743	1,963	1,319	485	8,047
Heart disease (including heart attack or angina)	49	77	114	201	377	769	1,337	1,557	1,017	5,498
Kidney disease	28	35	82	155	238	318	451	516	273	2,096
Lung condition (including COPD or emphysema)(b)	38	35	70	157	295	597	870	765	331	3,158
Mental health condition (including depression or anxiety)	982	5,889	6,569	5,105	4,057	2,725	1,517	765	394	28,003
Stroke	9	8	28	66	141	231	317	425	294	1,519
Any other long-term health condition(s)(c)	1,498	2,512	3,836	4,036	3,799	3,749	3,205	1,827	919	25,381
No long-term-health condition(s)	33,378	18,623	25,068	21,620	15,407	10,479	6,477	2,467	600	134,119
Not stated	2,317	2,158	2,165	1,777	1,471	1,174	1,033	576	317	12,988
Total(d)	40,132	30,032	38,992	35,006	28,342	23,462	19,022	10,556	4,315	229,859
Persons										
Arthritis	88	372	1,185	2,468	4,707	7,550	9,233	6,682	2,778	35,063
Asthma	5,473	5,594	7,315	6,759	5,282	4,303	3,575	1,866	615	40,782
Cancer (including remission)	65	125	343	748	1,463	2,501	3,504	2,538	881	12,168
Dementia (including Alzheimer's)	5	7	3	17	33	99	347	961	1,154	2,626
Diabetes (excluding gestational diabetes)	134	308	711	1,536	2,689	3,931	4,491	2,793	883	17,476
Heart disease (including heart attack or angina)	124	163	247	503	1,146	2,370	3,950	3,659	1,915	14,077
Kidney disease	74	74	162	292	464	645	1,002	969	501	4,183
Lung condition (including COPD or emphysema)(b)	76	83	126	282	553	1,080	1,679	1,496	612	5,987
Mental health condition (including depression or anxiety)	2,109	8,765	10,213	8,319	6,817	4,668	2,650	1,287	578	45,406
Stroke	18	28	53	134	289	501	780	898	543	3,244
Any other long-term health condition(s)(c)	3,809	4,062	5,879	6,558	6,669	6,763	5,746	3,186	1,406	44,078
No long-term-health condition(s)	67,365	40,627	52,895	45,019	32,138	21,055	12,746	4,630	1,085	276,940
Not stated	4,786	4,587	4,839	3,787	3,175	2,471	1,914	1,080	530	27,169
Total(d)	82,892	60,460	77,634	69,285	56,126	45,328	35,639	19,340	7,180	453,884

Source: ABS Census of Population and Housing, 2021.

Table 15: Long-term health conditions, by age, sex, and per cent, ACT, 2021

	0–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85+ years	Total
Males										
Arthritis	0.1	0.4	1.2	2.9	6.2	11.9	19.1	25.1	29.4	5.4
Asthma	7.6	8.7	8.0	8.5	7.6	7.4	7.8	7.6	7.1	7.9
Cancer (including remission)	0.1	0.2	0.4	0.8	1.9	5.1	10.3	15.2	15.4	2.5
Dementia (including Alzheimer's)	0.0	0.0	0.0	0.0	0.1	0.2	1.1	4.8	14.8	0.5
Diabetes (excluding gestational diabetes)	0.1	0.5	0.9	2.3	5.3	10.0	15.2	16.8	13.9	4.2
Heart disease (including heart attack or angina)	0.2	0.3	0.3	0.9	2.8	7.3	15.7	23.9	31.2	3.8
Kidney disease	0.1	0.1	0.2	0.4	0.8	1.5	3.3	5.2	8.1	0.9
Lung condition (including COPD or emphysema)(b)	0.1	0.1	0.1	0.4	0.9	2.2	4.9	8.4	9.9	1.3
Mental health condition (including depression or anxiety)	2.6	9.5	9.4	9.4	9.9	8.9	6.8	5.9	6.5	7.8
Stroke	0.0	0.0	0.1	0.2	0.5	1.2	2.8	5.4	8.6	0.8
Any other long-term health condition(s)(c)	5.4	5.1	5.3	7.4	10.3	13.8	15.3	15.4	16.9	8.3
Females										
Arthritis	0.1	0.8	1.9	4.3	10.5	21.1	31.9	42.5	44.8	10.0
Asthma	5.5	9.8	10.8	11.0	11.2	11.5	12.0	11.4	9.5	10.0
Cancer (including remission)	0.1	0.2	0.5	1.4	3.3	5.8	9.4	11.4	10.2	2.8
Dementia (including Alzheimer's)	0.0	0.0	0.0	0.0	0.0	0.2	0.8	5.1	16.9	0.7
Diabetes (excluding gestational diabetes)	0.2	0.5	0.9	2.1	4.3	7.4	10.3	12.5	11.2	3.5
Heart disease (including heart attack or angina)	0.1	0.3	0.3	0.6	1.3	3.3	7.0	14.7	23.6	2.4
Kidney disease	0.1	0.1	0.2	0.4	0.8	1.4	2.4	4.9	6.3	0.9
Lung condition (including COPD or emphysema)(b)	0.1	0.1	0.2	0.4	1.0	2.5	4.6	7.2	7.7	1.4
Mental health condition (including depression or anxiety)	2.4	19.6	16.8	14.6	14.3	11.6	8.0	7.2	9.1	12.2
Stroke	0.0	0.0	0.1	0.2	0.5	1.0	1.7	4.0	6.8	0.7
Any other long-term health condition(s)(c)	3.7	8.4	9.8	11.5	13.4	16.0	16.8	17.3	21.3	11.0
Persons										
Arthritis	0.1	0.6	1.5	3.6	8.4	16.7	25.9	34.6	38.7	7.7
Asthma	6.6	9.3	9.4	9.8	9.4	9.5	10.0	9.6	8.6	9.0
Cancer (including remission)	0.1	0.2	0.4	1.1	2.6	5.5	9.8	13.1	12.3	2.7
Dementia (including Alzheimer's)	0.0	0.0	0.0	0.1	0.2	1.0	1.0	5.0	16.1	0.6
Diabetes (excluding gestational diabetes)	0.2	0.5	0.9	2.2	4.8	8.7	12.6	14.4	12.3	3.9
Heart disease (including heart attack or angina)	0.1	0.3	0.3	0.7	2.0	5.2	11.1	18.9	26.7	3.1
Kidney disease	0.1	0.1	0.2	0.4	0.8	1.4	2.8	5.0	7.0	0.9
Lung condition (including COPD or emphysema)(b)	0.1	0.1	0.2	0.4	1.0	2.4	4.7	7.7	8.5	1.3
Mental health condition (including depression or anxiety)	2.5	14.5	13.2	12.0	12.1	10.3	7.4	6.7	8.1	10.0
Stroke	0.0	0.0	0.1	0.2	0.5	1.1	2.2	4.6	7.6	0.7
Any other long-term health condition(s)(c)	4.6	6.7	7.6	9.5	11.9	14.9	16.1	16.5	19.6	9.7

Note:

Sum of conditions does not equal the total number as a person could have had multiple long-term health conditions. The total number in each column is the total ACT population for that age group.

Source:

ABS Census of Population and Housing, 2021

Disability-adjusted life years

Disability-adjusted life years (DALY) provide a more nuanced picture of the overall burden of disease in a jurisdiction than mortality (AIHW 2024d). The DALY is a combination of years of life lost due to premature mortality (YLLs) and the years of healthy life lost due to ill health/disability (YLDs). A single DALY is equal to the loss of one year of full health. In 2018, cancer and other neoplasms remained the leading DALY in the ACT for those aged 45–64 years, 65–74 years and 75–84 years but fell to third place for those aged 85 years and older (Table 16). Neurological conditions, such as dementia, ranked fifth for those aged 65–74 years, third for those aged 75–84 years and second for those 85 years and older.

Table 16: Crude DALY rate, by per 1,000 persons aged 45 years and older, ACT, 2018

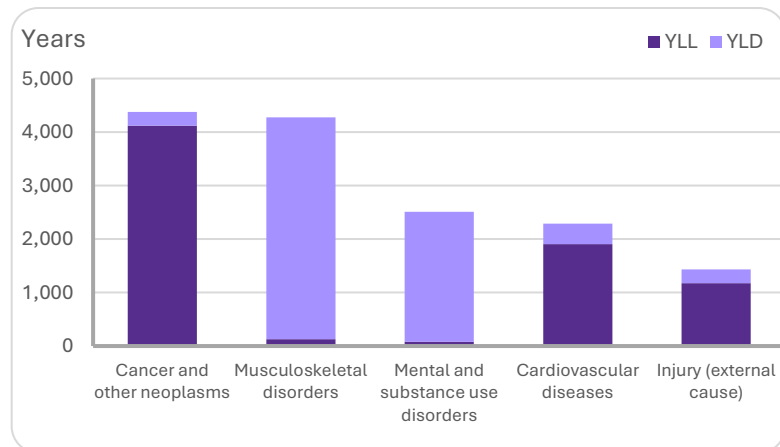
45–64 years		65–74 years		75–84 years		85+ years	
Disease group	Rate	Disease group	Rate	Disease group	Rate	Disease group	Rate
1 Cancer & other neoplasms	45.8	Cancer & other neoplasms	86.3	Cancer & other neoplasms	163.4	Cardiovascular diseases	296.3
2 Musculoskeletal conditions	44.7	Musculoskeletal conditions	68.8	Cardiovascular diseases	122.6	Neurological conditions	268.3
3 Mental & substance use disorders	26.2	Cardiovascular diseases	48	Neurological conditions	84.4	Cancer & other neoplasms	130.2
4 Cardiovascular diseases	23.9	Respiratory diseases	35.7	Musculoskeletal conditions	80.8	Respiratory diseases	102.6
5 Injuries	15.0	Neurological conditions	23.8	Respiratory diseases	61.2	Musculoskeletal conditions	76.4

Source:
AIHW, 2021a.

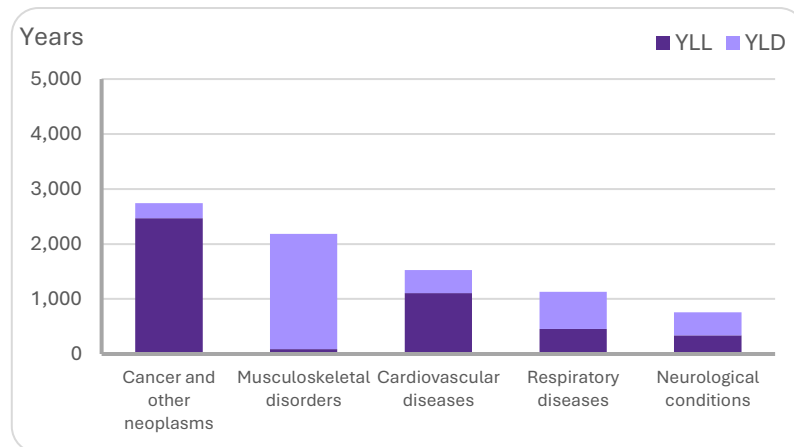
- In 2018, for ACT residents aged 45–64 years, musculoskeletal disorders and mental and substance use disorders were the leading contributors for YLD. Cancer and other neoplasms contributed to the most YLL (Figure 21).
- For those aged 65–74 years and 75–84 years, musculoskeletal disorders were the leading contributors for YLD. Cancer and other neoplasms contributed to the most YLL.
- For those aged 85 years and older, cardiovascular diseases, neurological and musculoskeletal disorders were the leading contributors for YLD. Cardiovascular disease was the main contributor to the most YLL.

Figure 21: Sum of all years of life lost (YLL) and years lived with disability (YLD) for leading DALYs, by age, ACT, 2018

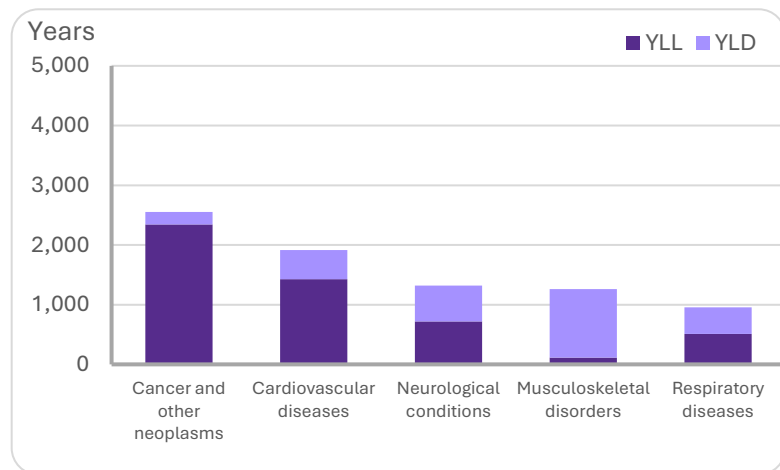
Aged 45–64 years



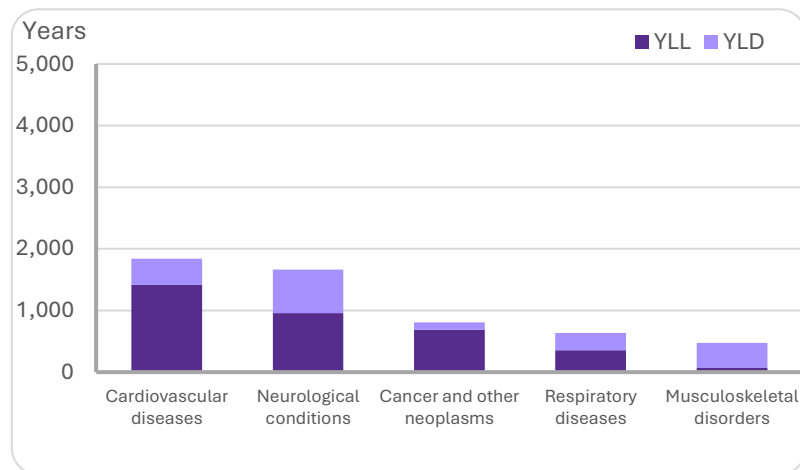
Aged 65–74 years



Aged 75–84 years



Aged 85 and older



Source: AIHW, 2021a.

Health-adjusted life expectancy

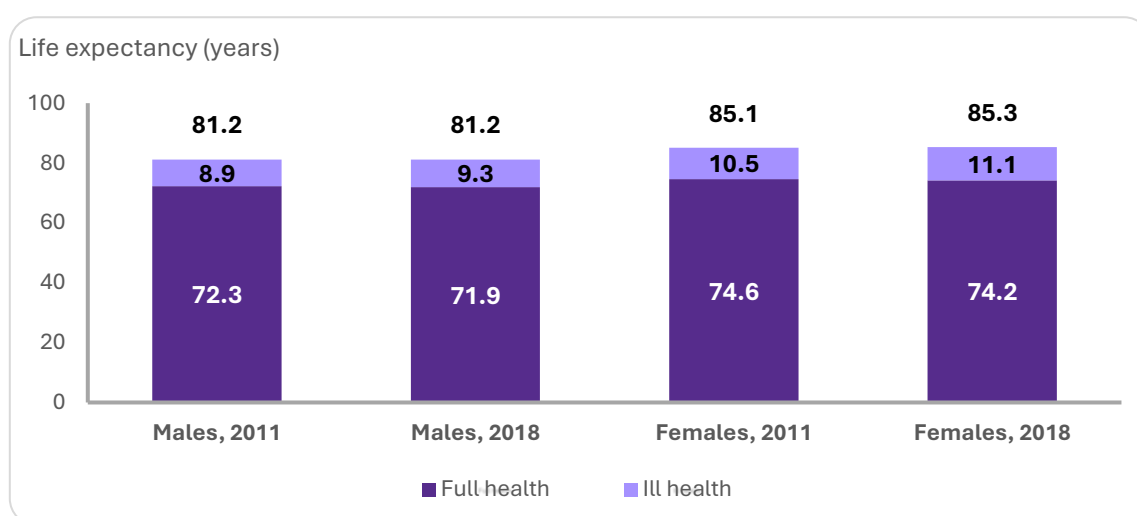
Health-adjusted life expectancy (HALE) extends life expectancy by accounting for the number of years lived in less than full health due to disease and/or injury, estimating the average number of years a person at a given age can expect to live in full health (AIHW, 2024d).

In the ACT, there has been a small decrease in the number of years lived in full health for both males (0.4 years) and females (0.6 years) at birth between 2011 and 2018 (Figure 22).

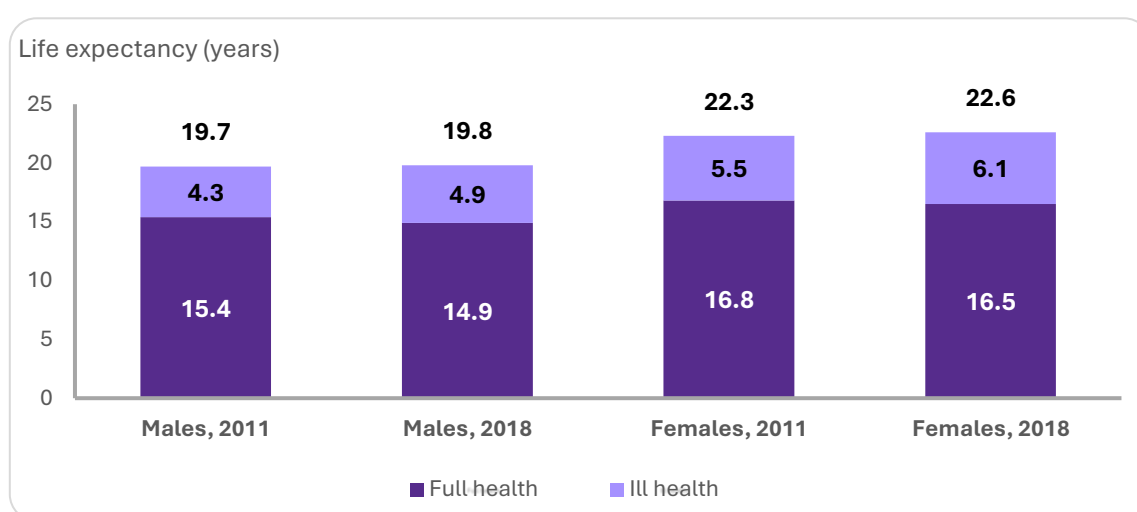
A similar pattern is observed at age 65 years, with modest decreases in years lived in full health for both males and females over the same period. The bottom chart in Figure 22 presents life expectancy at age 65 years with years expected to live in full health.

Figure 22: Life expectancy at birth and at age 65 years, by sex, years lived in full health and ill health, ACT, 2011 and 2018

Life expectancy at birth



Life expectancy at 65 years

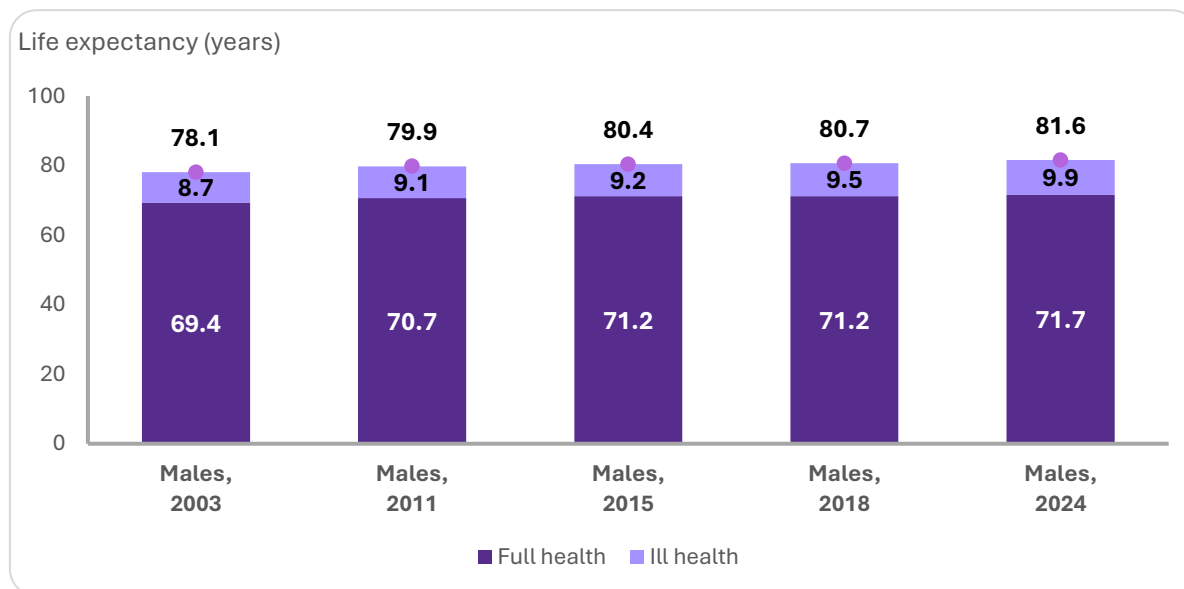


Sources:
AIHW, 2021b.
AIHW, 2017.

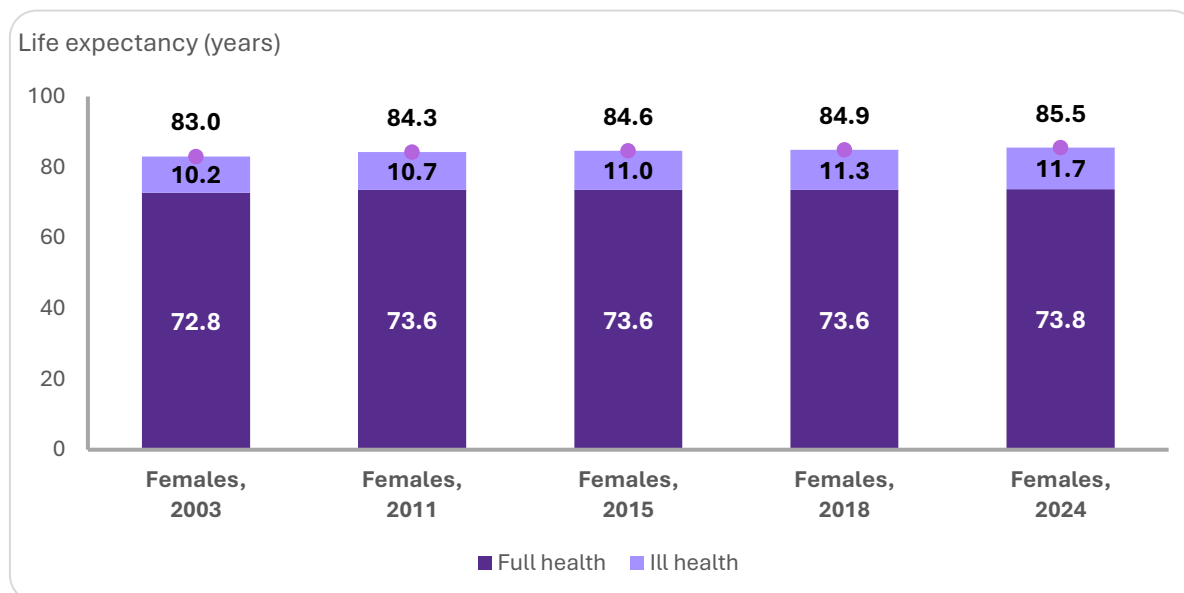
Between 2003 and 2024, life expectancy at birth increased for both Australian females (from 83.0 to 85.5 years) and males (from 78.1 to 81.6 years) (Figure 23). Over the same period, the number of years lived in full health increased slightly for both sexes.

Figure 23: Life expectancy at birth, years lived in full health and ill health over time, by age and sex, Australia 2024

Life expectancy at birth – Males



Life expectancy at birth – Females



Source:
AIHW, 2024d.

When examining socioeconomic variation, Australian males and females in the most disadvantaged group experienced fewer years in full health compared to those in the least disadvantaged group (6.8 years and 5.9 years difference at birth, respectively) (Table 17).

Similar patterns are observed at age 65 years, with differences of 3.3 years for males and 2.9 years for females. These patterns highlight the influence of social and economic factors on health outcomes across the life course.

In the ACT, areas with similar levels of socioeconomic disadvantage may experience comparable patterns.

Table 17: Life expectancy at birth and at age 65 years, years lived in full health, by sex and socioeconomic group, Australia, 2018

Socioeconomic group	Males		Females	
	Full health	LE(a)	Full health	LE(a)
At birth				
1 (Most disadvantaged)	68.6	78.2	71.4	83.2
2	70.1	79.5	73.5	84.9
3	71.8	81.0	74.2	84.9
4	73.2	82.8	75.5	86.3
5 (Least disadvantaged)	75.4	84.1	77.3	87.1
At 65 years				
1 (Most disadvantaged)	13.7	18.5	15.3	21.6
2	14.5	19.0	16.7	22.6
3	15.5	20.1	16.8	22.6
4	15.9	21.1	17.5	23.5
5 (Least disadvantaged)	17.0	21.9	18.2	24.0

Note:

a) Life expectancy.

Source:

AIHW, 2021a.

In 2018, life expectancy at birth for Australian Aboriginal and Torres Strait Islander males was 70.0 years, including approximately 56.0 years lived in full health (Figure 24).

For females, life expectancy at birth 74.4 years, including approximately 58.8 years lived full health.

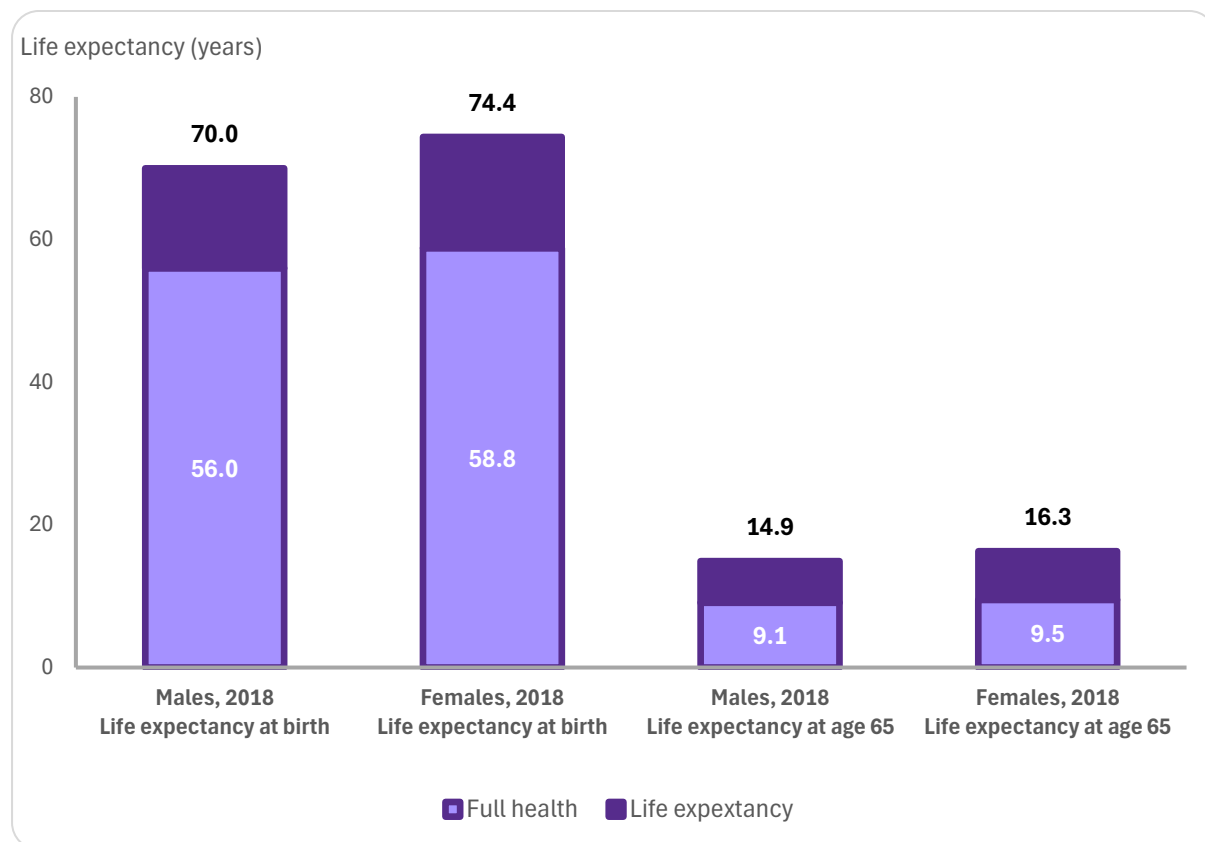
At age 65 years, Australian Aboriginal and Torres Strait Islander males could expect to live a further 14.9 years, including 9.1 years in full health.

For females aged 65 years, life expectancy at 65 years was 16.3 years, including 9.5 years in full health.

Given the broadly similar demographic profile of Aboriginal and Torres Strait Islander peoples in the ACT and nationally, these patterns provide a useful indication of health-adjusted life expectancy in the ACT context.

These findings should be considered alongside the important role of culture, community, and culturally safe care in supporting health and wellbeing across the life course.

Figure 24: Life expectancy at birth and at age 65 years, years lived in full health for Aboriginal and Torres Strait Islander peoples, by sex, Australia, 2018

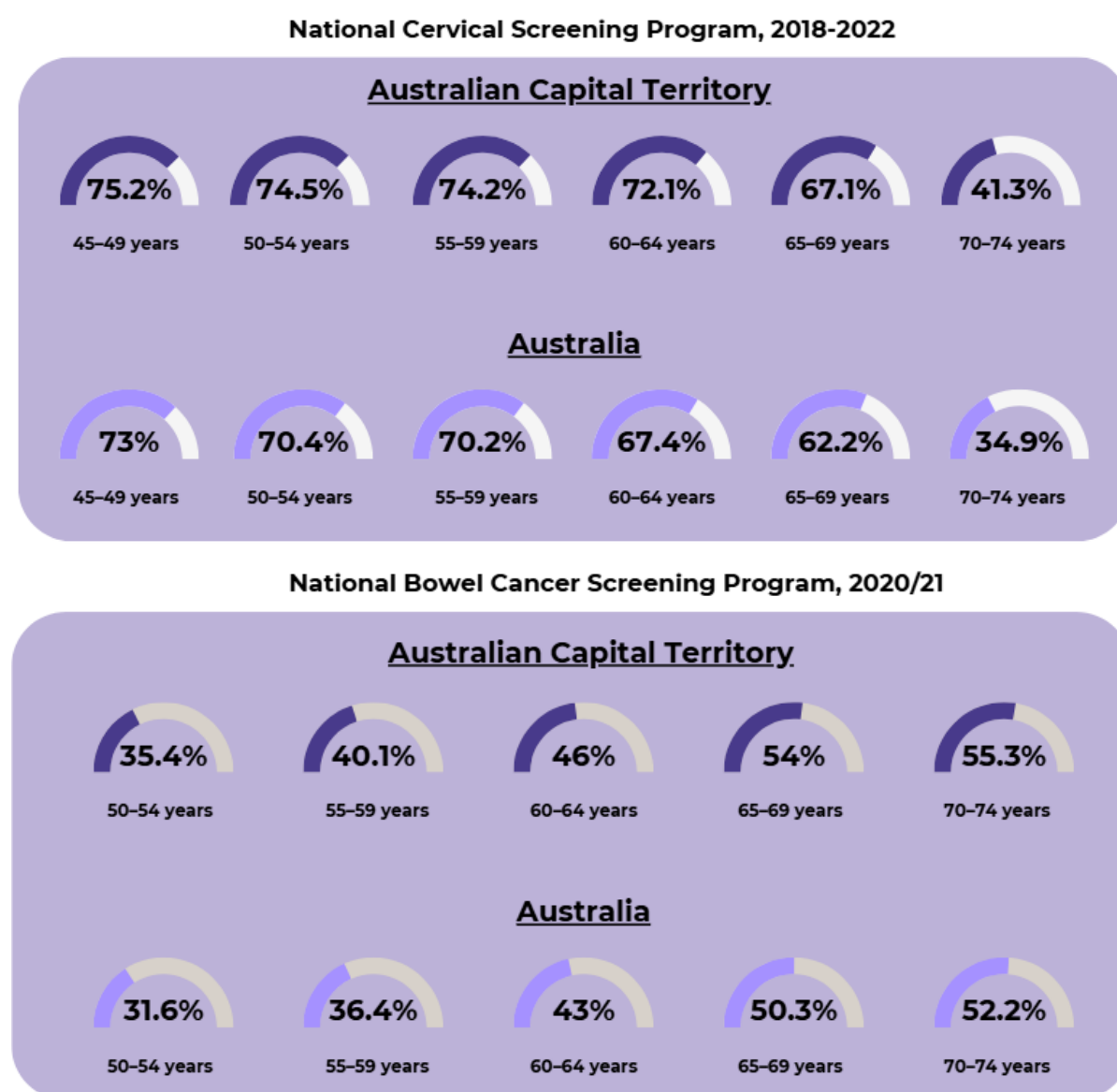


Source:
AIHW, 2022.

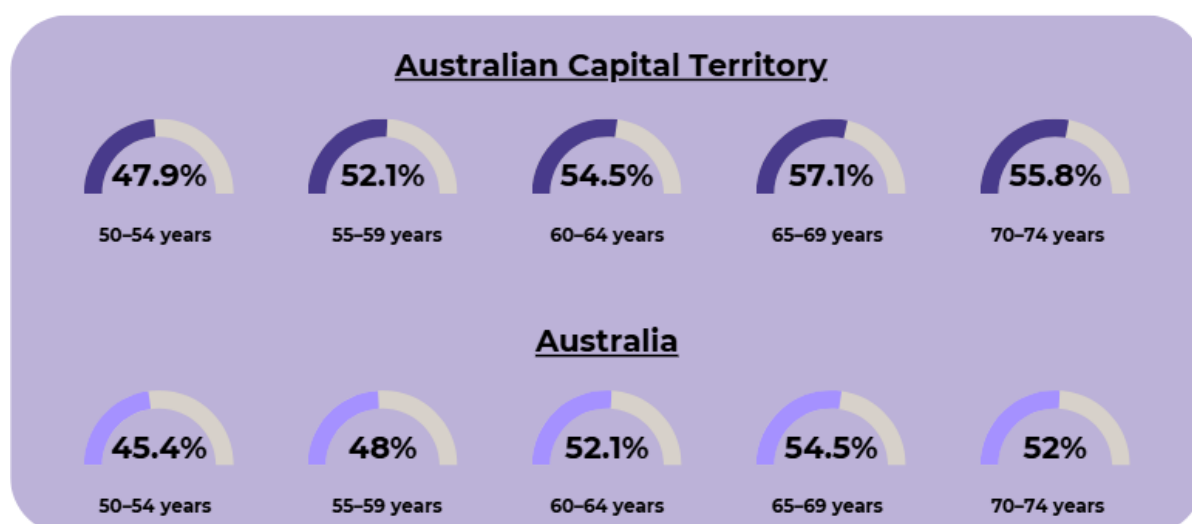
Cancer screening programs

Cancer is a major cause of illness and death in the ACT. Cancer screening involves testing for signs of cancer before symptoms develop. Early detection of cancer allows for early intervention and treatment, which can improve outcomes. In Australia, there are four national population-based cancer screening programs, for breast cancer, cervical cancer, bowel cancer, and the national lung cancer screening program which was launched in July 2025. (AIHW, 2023b). The ACT BreastScreen, National Bowel Cancer and the National Cervical Screening Program participation rates outperform the national participation rates for every age group above 45 years (Figure 25) (AIHW, 2023c, AIHW, 2023d-e).

Figure 25: Participation rates for BreastScreen, National Bowel, and Cervical Cancer Screening Programs, by age and year, ACT and Australia



BreastScreen Australia Program, 2021/22



Source:

AIHW analysis of the National Cancer Screening Register and BreastScreen Australia Data.

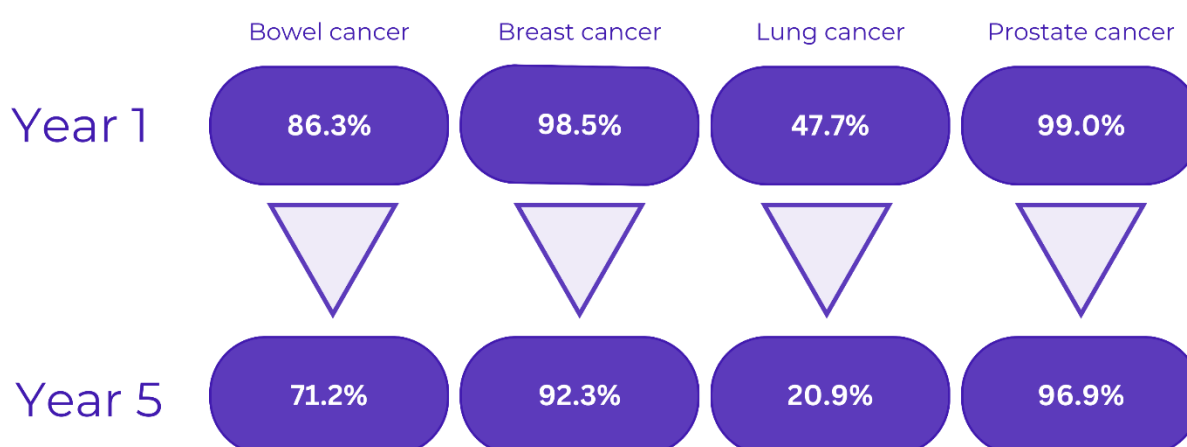
Cancer survival

The five-year relative survival for cervical cancer in Australia for the following age-groups are as follows: 45–49 years (77.6%), 50–54 years (72.7%), 55–59 years (67.9%), 60–64 years (71.0%), 65–69 years (69.1%), 70–74 years (50.2%), 75–79 years (37.1%), 80–84 years (33.5%), and 85 years and older (24.4%). Due to small numbers, the ACT cannot report the five-year relative survival for cervical cancer (AIHW, 2024e).

In the ACT, for all persons, the five-year relative survival for all cancers combined was 72.8% over the 2008 – 2017 period. For those aged 45–64 years, the five-year relative survival was 79.6% compared to 64.2% for those aged 65 years and older.

The relative survival of breast and prostate cancer slightly decreased from year one to year five, by 6.2 percentage points and 2.1 percentage points, respectively (Figure 26). The relative survival for lung cancer decreased more than half from year one to year five. Additionally, relative survival for bowel cancer decreased by 15.1 percentage points from year one to five.

Figure 26: Relative survival, by years after cancer diagnosis in the ACT, 2008–2017



Source:

ACT Cancer Registry.

Immunisation

Immunisation is a key public health intervention that provides safe and effective protection against a range of communicable diseases at the population level (AIHW, 2024f). High immunisation coverage rates are a crucial step in preventing the spread of disease throughout our community. Nationally, influenza (17.0 per 100,000 persons) and pneumococcal disease (18.5 per 100,000 persons) are the leading contributors to the burden of vaccine preventable diseases for those aged 45–54 years. In the 65 years and older age group, influenza (87.0% per 100,00 persons), pneumococcal disease (31.4 per 100,000 persons) and shingles (20.6 per 100,000 persons) are leading contributors to the burden of vaccine preventable diseases (Table 18).

Table 18: Burden of vaccine preventable diseases, DALY per 100,000 persons, ACT and Australia, 2015

	Influenza	Shingles	Pneumococcal disease	HPV
Area				
ACT	25.0	4.0	11.0	15.3
Australia	25.1	4.3	15.1	15.8
Age group*				
40–64 years	17.0	4.6	18.5	9.5
65+ years	87.2	20.6	31.4	0.0

Note:

Rates are standardised to the total Australian population as at 30 June 2001. The age group immunisation coverage rates are at a national level only.

Source:

AIHW, 2024f.

- In 2023, 48.3% of ACT adults turning 71 years (cohort born 1 January—31 December 1952) received a single dose of Zostavax or two doses of Shingrix (given at least four weeks apart) (Hull et al., 2024, p. 47).
- In 2023, 50.0% of ACT Indigenous adults turning 71 years (cohort born 1 January– 31 December 1952) received a single dose of Zostavax or two doses of Shingrix (given at least four weeks apart) (Hull et al., 2024, p. 48).
- In 2023, 43.2% of ACT adults turning 71 years (cohort born 1 January–31 December 1952) received the 13-valent pneumococcal conjugate vaccine (13vPCV) (Hull et al., 2024, p. 51).
- In 2023, 57.7% of ACT Indigenous adults turning 71 years (cohort born 1 January – 31 December 1952) received the 13-valent pneumococcal conjugate vaccine (13vPCV) (Hull et al., 2024, p. 52).
- In 2023, 20.6% of ACT residents aged 10–19 years, 35.1% of adults aged 20–49 years, 46.8% of adults aged 50–64 years and 68.2% of adults aged 65 years and older received the seasonal influenza vaccine* (Hull et al., 2024, p. 96).
- In 2023, 16.5% of ACT Indigenous residents aged 10–19 years, 26.3% of Indigenous adults aged 20–49 years, 45.2% of Indigenous adults aged 50–64 and 70.2% of Indigenous adults aged 65 years and older received the seasonal influenza vaccine* (Hull et al., 2024, p. 96).

* The 20–49 years and 50–64 years age groups are not eligible for influenza vaccine funded by the National Immunisation Program unless they also meet additional eligibility criteria, and this may have influenced the coverage rates in these groups.

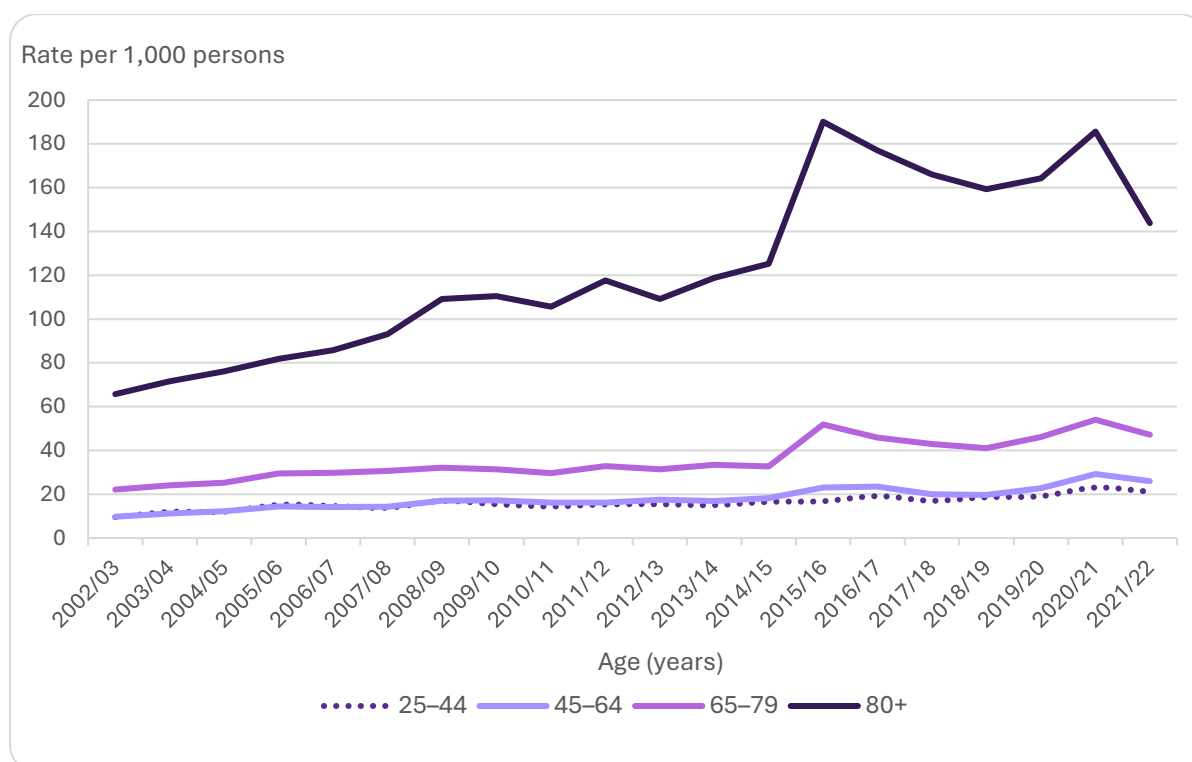
Injuries

Injuries pose a major public health concern in Australia, leading to 549,000 (i.e., 2,100 per 100,000 persons) hospitalisations in the 2022–23 financial year (AIHW, 2025a). In 2023, injuries accounted for 8.0% of the total burden of disease. Injuries can result in serious complications, long-term disability, economic and productivity loss, increased time off work and even job loss, all leading to decreased quality of life.

From 2002–03 to 2021–22, all age-groups experienced an increase in injury-related hospitalisation rates. There was an increase in the rate of injury-related hospitalisations with age, disproportionately affecting adults aged 80 years and older (increase from 65.7 to 143.8 per 1,000 persons), relative to other age groups. Older adults aged 65–79 years had the next highest rate of injury-related hospitalisations (increase from 22.1 to 47.1 per 1,000 persons).

The 25–44 years and 45–64 years age groups experienced similar increases in the rate injury-related hospitalisations over the time period, 9.5 to 21.1 per 1,000 persons and 9.7 to 26.0 per 1,000 persons, respectively (Figure 27).

Figure 27: Age-specific injury-related hospitalisation rate per 1,000 persons, by age, ACT, 2002–03 to 2021–22



Note:

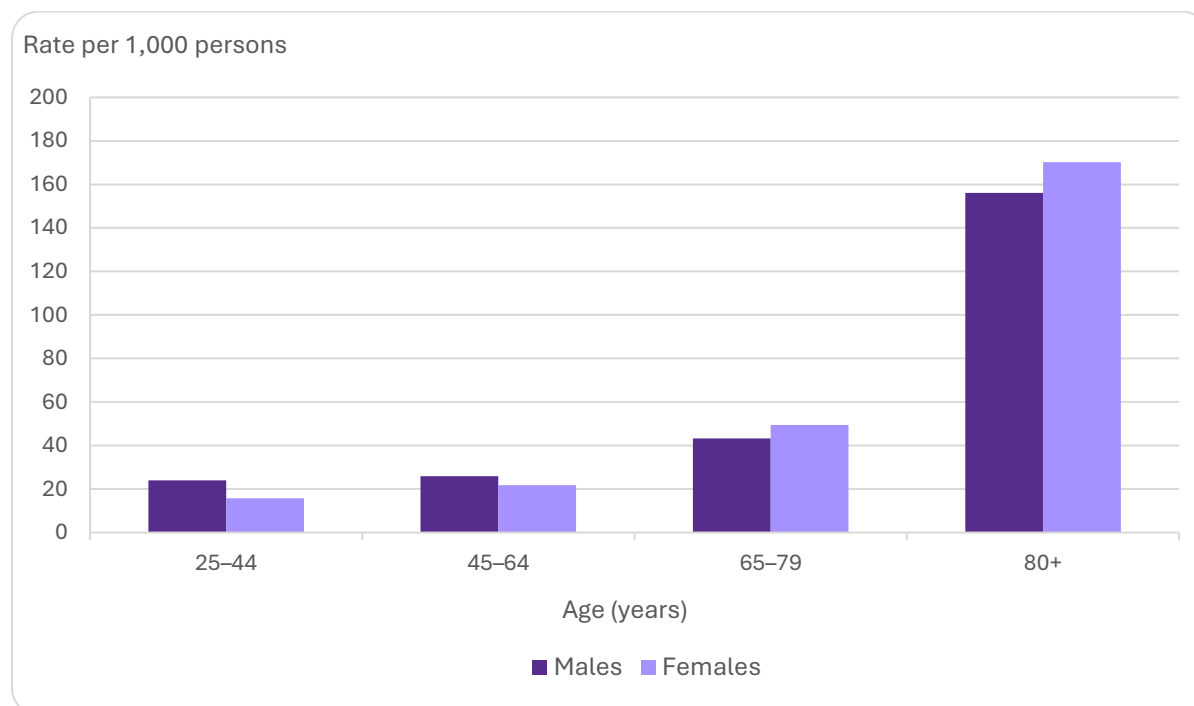
The increase noted in the 2015–2016 financial year is due to changes to coding practices for rehabilitation episodes of care.

Source:

ACT Admitted Patient Care Collection (ACT residents only).

Males aged 25–44 years and 45–64 years had higher injury-related hospitalisation rates than females in those age groups (24.0 and 25.9 vs 15.7 and 21.8 per 1,000 persons, respectively) in 2017–18 to 2021–22. Females aged 65–79 years and 80 years and older had higher injury-related hospitalisation rates than males (49.5 and 170.2 vs 43.3 and 156.1 per 1,000 persons, respectively (Figure 28).

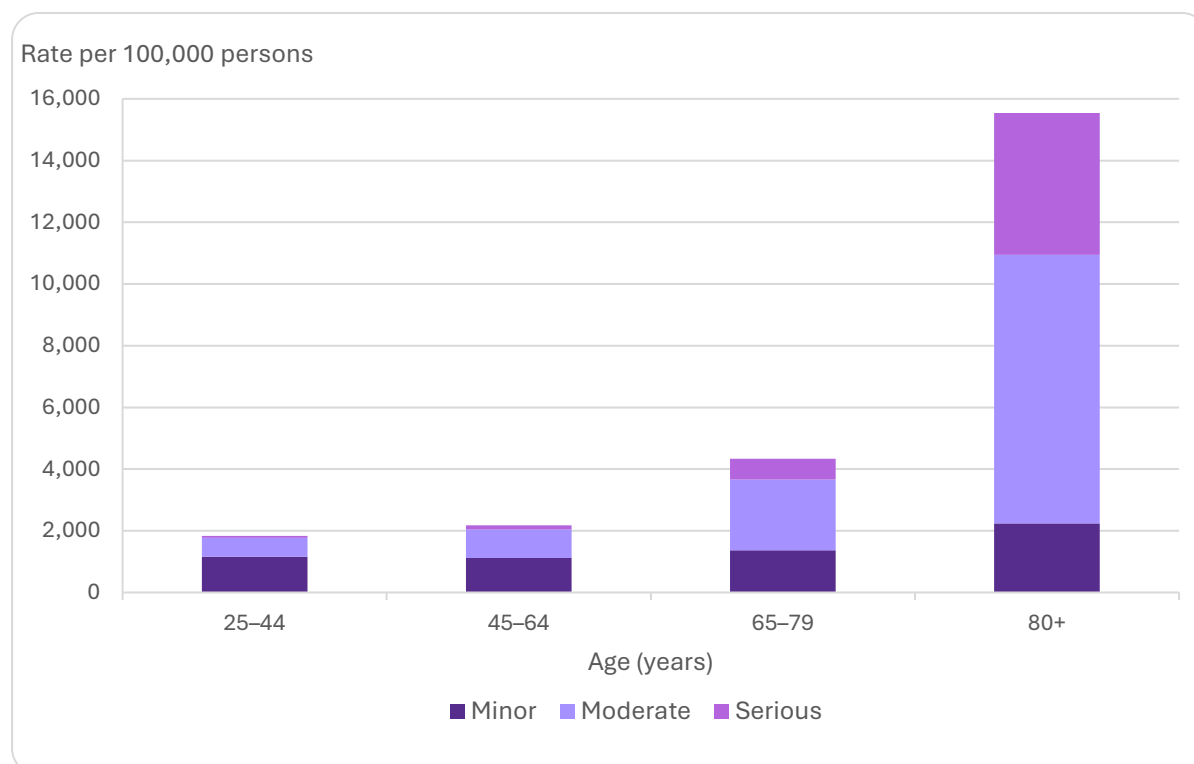
Figure 28: Injury-related hospitalisations, by age and sex, ACT, 2017–18 to 2021–22



Source:
ACT Admitted Patient Care Collection (ACT residents only).

- For those aged 45–64 years, the main injury-related hospitalisations were primarily due to injuries of minor and moderate severity (1,120.6 and 921.7 per 100,000 persons, respectively) in 2017–18 to 2021–22.
- For those aged 65–79 years, highest rates of injury-related hospitalisations were due to injuries of moderate and minor severity (2,289.8 and 1,366.9 per 100,000 persons, respectively).
- For those aged 80 years and older, highest rates of injury-related hospitalisations were due to injuries of moderate and serious severity (8,702.7 and 4,595.6 per 100,000 persons, respectively) (Figure 29).

Figure 29: Injury-related hospitalisations, by severity, age and rate per 100,000 persons, ACT, 2017–18 to 2021–22



Note:

The above figure displays age-specific rates.

Source:

ACT Admitted Patient Care Collection (ACT residents only).

From the 2017–18 to the 2021–22 financial year, the leading cause of injury related hospitalisations in the ACT for those aged 45–64 years, 65–79 years and 80 years and older, was slipping, tripping, stumbling and falls for both sexes (Figure 30).

Figure 30: Leading cause of injury related hospitalisations, by sex and age, ACT residents, 2017–18 to 2021–22

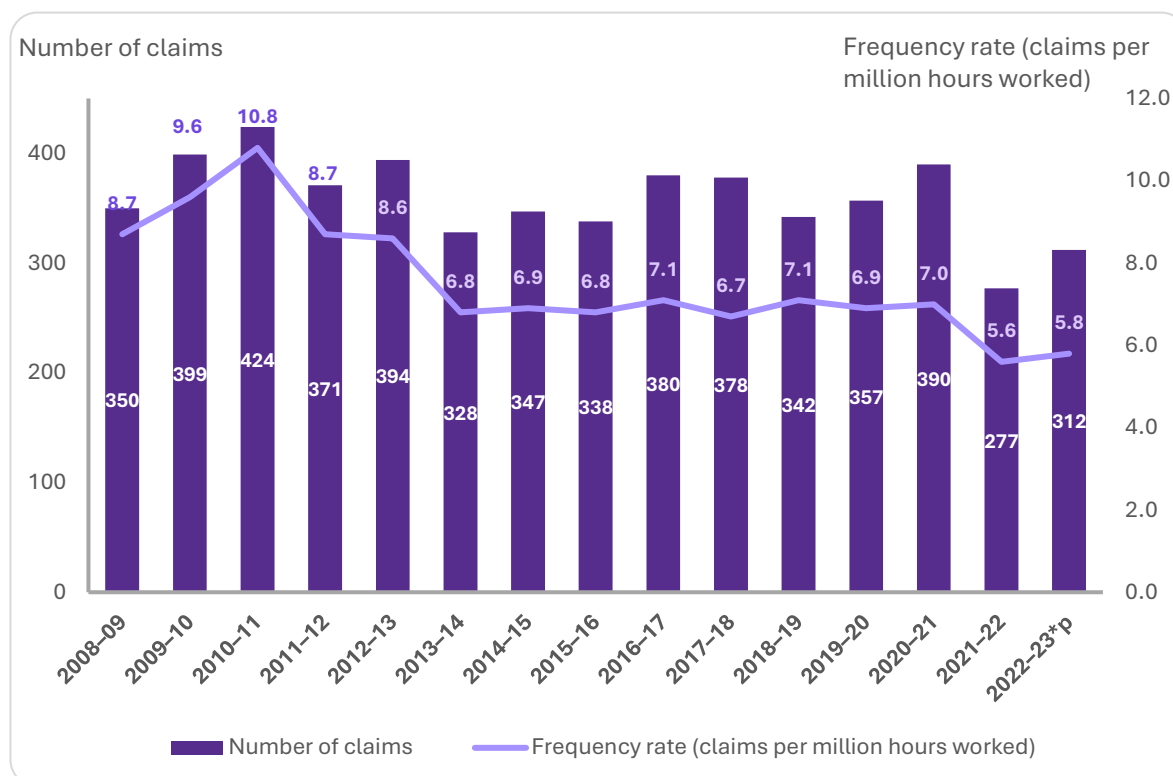
Males				
	25–44 years	45–64 years	65–79 years	80+ years
1st	Contact with objects (W20–W49)	Slipping, tripping, stumbling and falls (W00–W19)	Slipping, tripping, stumbling and falls (W00–W19)	Slipping, tripping, stumbling and falls (W00–W19)
2nd	Slipping, tripping, stumbling and falls (W00–W19)	Contact with objects (W20–W49)	Contact with objects (W20–W49)	Drugs causing adverse effects in therapeutic use (Y40–Y59)
3rd	Accidental exposure to other specified factors (X52–X59)	Pedal cycle rider injured in transport accident (V10–V19)	Accidental exposure to other specified factors (X52–X59)	Contact with objects (W20–W49)
Females				
	25–44 years	45–64 years	65–79 years	80+ years
1st	Slipping, tripping, stumbling and falls (W00–W19)	Slipping, tripping, stumbling and falls (W00–W19)	Slipping, tripping, stumbling and falls (W00–W19)	Slipping, tripping, stumbling and falls (W00–W19)
2nd	Contact with objects (W20–W49)	Contact with objects (W20–W49)	Accidental exposure to other specified factors (X52–X59)	Drugs causing adverse effects in therapeutic use (Y40–Y59)
3rd	Intentional self-harm (X60–X84)	Contact with living things (W50–W64)	Contact with objects (W20–W49)	Accidental exposure to other specified factors (X52–X59)
Source: ACT Admitted Patient Care Collection (ACT residents only).				

Workplace injuries

Safe Work Australia records serious claims (i.e., a claim made due to one or more working weeks of time lost) resulting from workplace injuries. There has been a decline in the frequency rate (claims per million hours worked) for those aged 45–54 years and 55–64 years in the past few years (Figure 31). For those aged 65 years and older, there was an increase in the frequency rate (claims per million hours worked) from the financial years 2021–22 to 2022–23, however this may be affected by the small number of claims in this age group.

Figure 31: Number of serious claims injuries in the workplace, by age, ACT, 2008 to 2023

45–54 years



Note:

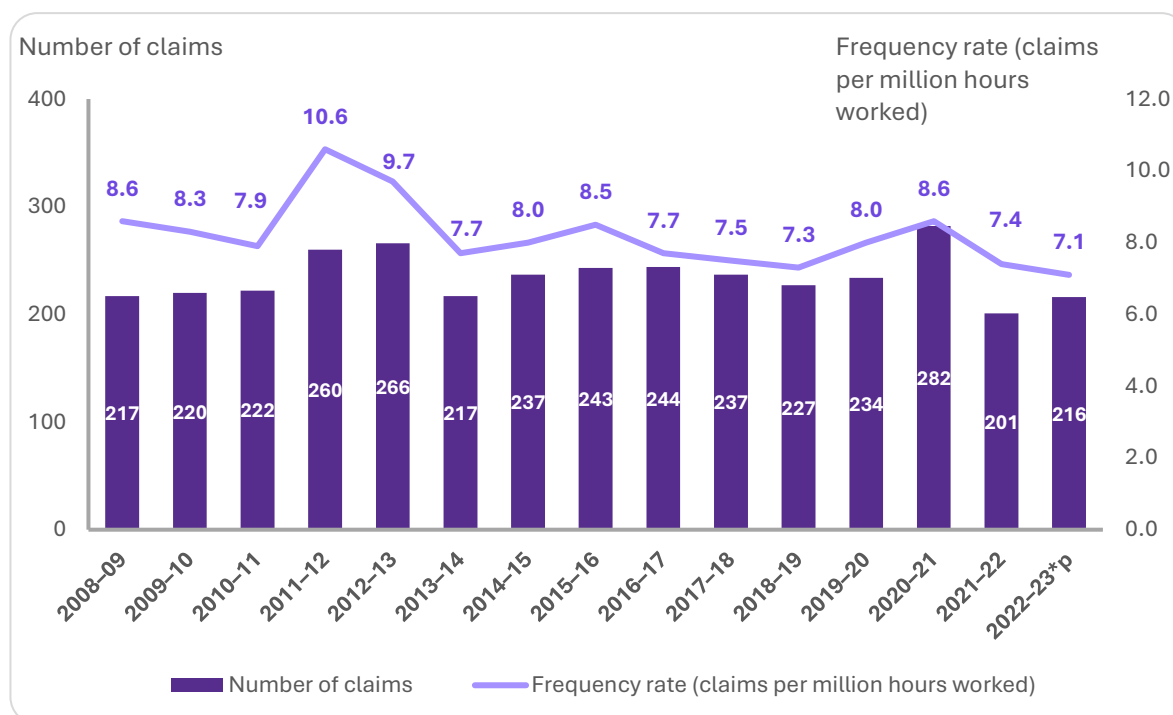
*p – Preliminary data. The year 2022–23 is the latest year of the National Data Set results. Revisions in preliminary results are likely over future years as open claims are finalised.

Source:

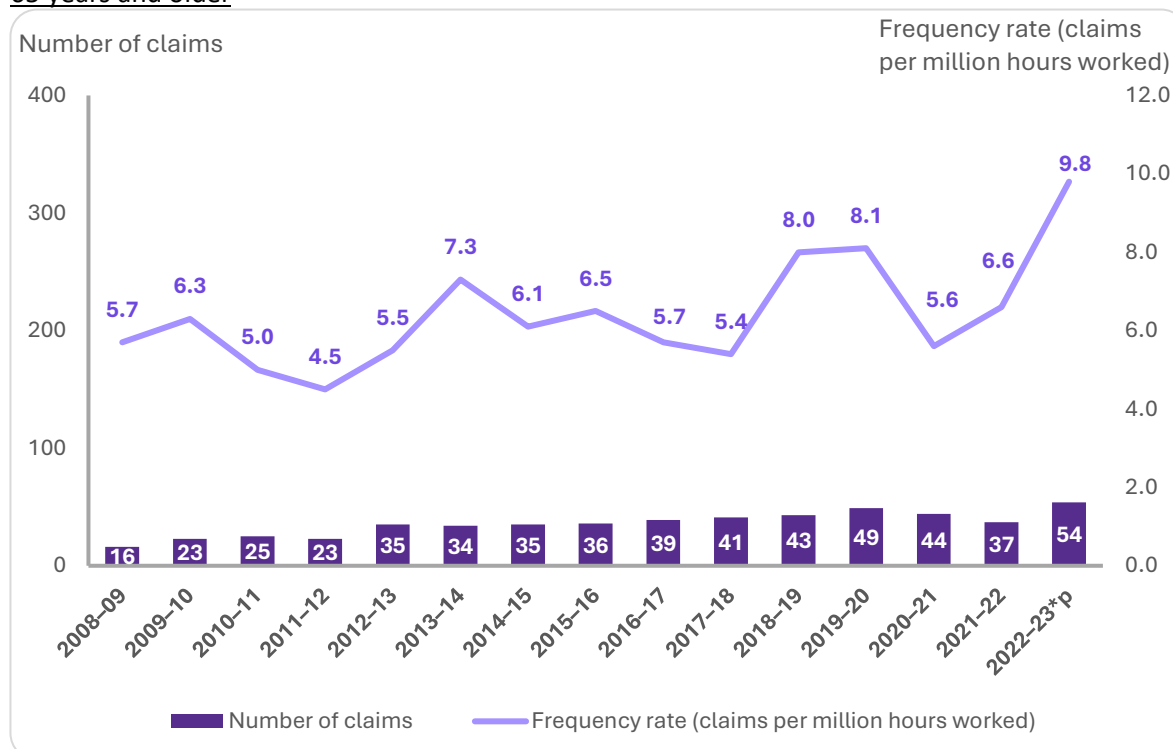
Safe Work Australia, 2025.

Figure 31: Number of serious claims injuries in the workplace, by age, ACT, 2008 to 2023 (continued)

55–64 years



65 years and older



Note:

*p – Preliminary data. The year 2022–23 is the latest year of the National Data Set results. Revisions in preliminary results are likely over future years as open claims are finalised.

Source:

Safe Work Australia, 2025.

Fall-related injuries

Fall-related injuries is a critical healthcare area health issue for older adults due to its strong association with other age-related syndromes such as frailty and sarcopenia (i.e., age-related strength and muscle mass loss) (Montero-Odasso et al., 2022). Normal gait function comprises of several neural components being coordinated together, such as sensory information processing, muscle tone regulation, proprioception and the basal ganglia brainstem system (Appeadu & Bordon, 2025). All these neural components decline with age, and when coupled with increased likelihood to accumulate other medical issues and extrinsic factors (i.e., environmental factors), falls and fall-related injuries become an increased risk among older adults.

The proportion of all injuries caused by falls increases as people age, with an approximate increase of 63.5 percentage points from the age of 25–44 years to 80 years and older (2017–22) (Table 19).

Table 19: Proportion of all injuries caused by falls, by age group and per cent, ACT residents, 2002–03–2021–22

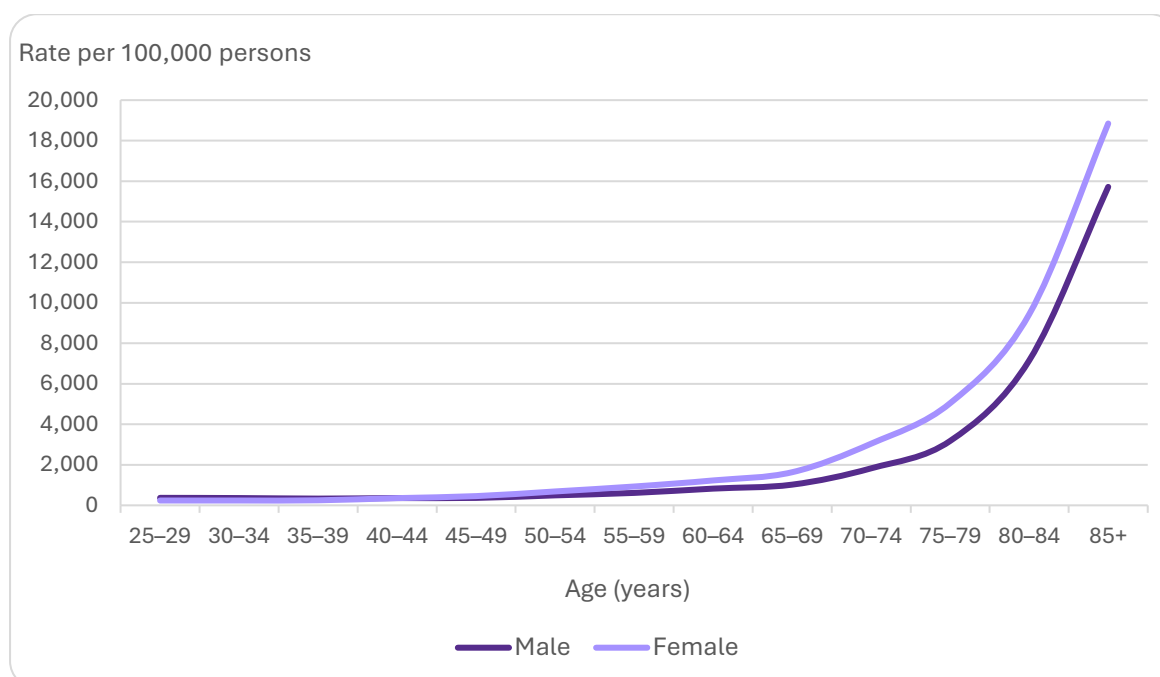
	25–44 years	45–64 years	65–79 years	80+ years
		(Per cent)		
2002–03 – 2006–07	12.4	24.1	40.7	72.7
2007–08 – 2011–12	16.0	26.4	46.5	75.5
2012–13 – 2016–17	15.6	27.8	48.5	75.9
2017–18 – 2021–22	15.7	28.7	51.8	79.2
Total	15.2	27.2	48.5	76.8

Source:

ACT Admitted Patient Care Collection (ACT residents only).

The rate of falls-related hospitalisations per 100,000 persons drastically increases past the age of 65 years going from 1,634.6 for females and 1,021.1 for males to 18,846.3 for females and 15,718.8 for males aged 80 years and older. More females experience falls on average compared to males 45 years and older (Figure 32).

Figure 32: Age-specific rate per 100,000 persons, falls, by five-year age-group and sex, adults aged 25 years and older, ACT residents, 2017–18 to 2021–22



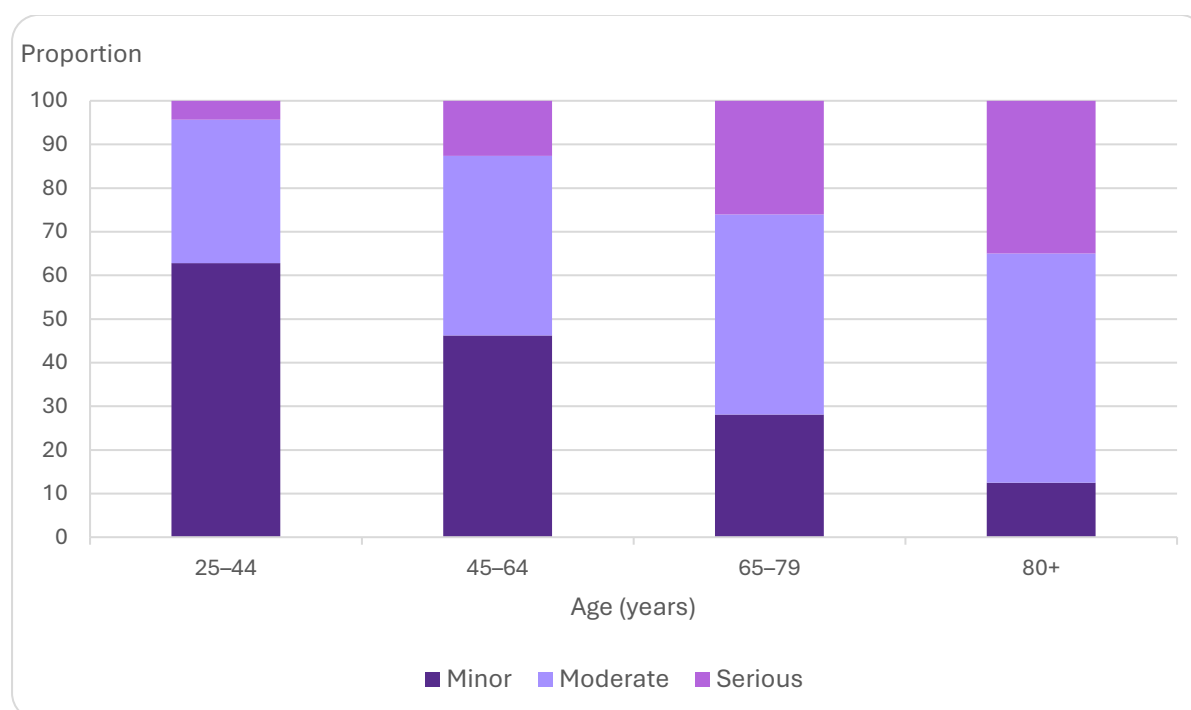
Source:

ACT Admitted Patient Care Collection (ACT residents only).

The percentage of injuries due to slipping, tripping, stumbling and falling, of moderate or serious severity, increases from those aged 45–64 years (53.8%), 65–79 years (71.9%) and 80 years and older (87.5%). Additionally, the rate (per 100,000 persons) increases from younger to older age groups.

- Falls classified as ‘moderate’ increase between the ages 45–64 years (278.1 per 100,000 persons), 75–79 years (1,101.6 per 100,000 persons) and 80 years and older (6,810.7 per 100,000 persons).
- From the ages of 45–64 years (85.2 per 100,000 persons) to 80 years and older (4,527.8 per 100,000 persons), the rate of ‘serious’ falls per 100,000 increases approximately 53 times.
- The proportion of falls classified as ‘moderate’ increased by approximately 20% from the ages 25–44 years to 80 years and older (Figure 33).
- The proportion of falls classified as ‘serious’ increased by approximately 30% from the ages 25–44 years to 80 years and older.

Figure 33: Proportion of fall injuries classified as minor, moderate or serious, adults aged 25 years and older, ACT residents, 2017–18 to 2021–22



Source:
ACT Admitted Patient Care Collection (ACT residents only).

Mortality

The ACT has the highest life expectancy at birth being 85.7 years for females and 81.7 years for males (as of 2021–2023) of all Australian States and Territories. In the 2018 Australian Burden of Disease Study, an ACT resident male aged 65 years had a life expectancy of 14.9 years in full health, compared to 15.4 years in 2011. A female aged 65 years in the ACT had a life expectancy of 16.5 years in full health, down from 16.8 years in 2011.

- The leading cause of death for ACT residents in 2023 for those aged 45–54 years was ischemic heart disease (21.1 per 100,000 persons) (Table 20).
- The leading cause of death for ACT residents in 2023 for those aged 55–64 years was malignant neoplasm of trachea, bronchus and lung (35.8 per 100,000 persons).
- The leading cause of death for ACT residents in 2023 for those aged 65–74 years was ischemic heart diseases (66.3 per 100,000 persons).
- The leading cause of death for ACT residents in 2023 for those aged 75–84 years, 85–94 years and 95 years and older was dementia including Alzheimer’s disease (286.9, 2,010.5 and 5,909.1 per 100,000 persons, respectively).

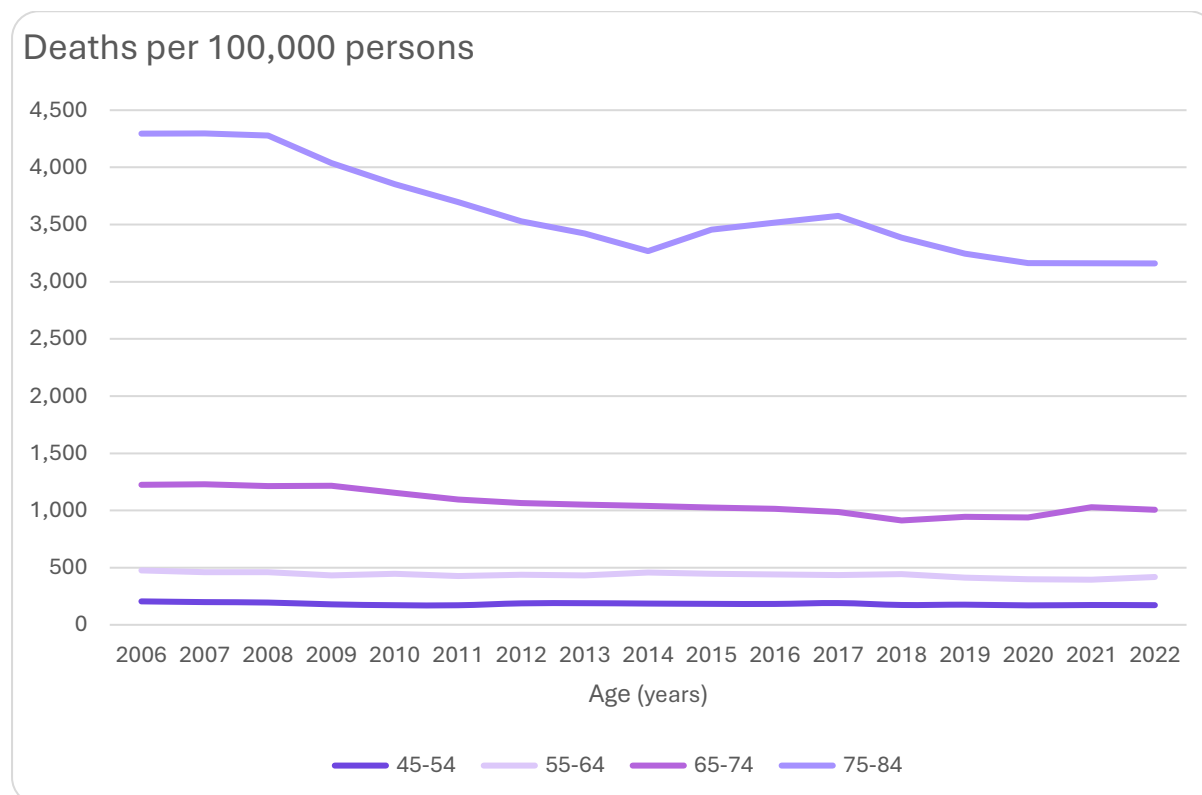
Table 20: Leading causes of death, by age group, sex, and age-specific mortality rates per 100,000 population, ACT, 2023

	ACT				Australia		
	Males	Females	Persons		Males	Females	Persons
45-54 years				45-54 years			
Ischaemic heart diseases (I20-I25)	35.5	np	21.1	Ischaemic heart diseases (I20-I25)	33.3	7.1	20.0
Cirrhosis and other diseases of liver (K70-K76)	31.9	np	19.4	Intentional self-harm [suicide] (X60-X84, Y87.0)	27.2	8.7	17.8
Accidental poisoning (X40-X49)	21.3	np	14.1	Cirrhosis and other diseases of liver (K70-K76)	16.0	9.1	12.5
55-64 years				55-64 years			
Malignant neoplasm of trachea, bronchus and lung (C33, C34)	41.5	30.5	35.8	Ischaemic heart diseases (I20-I25)	80.1	22.7	50.8
Ischaemic heart diseases (I20-I25)	50.7	np	33.6	Malignant neoplasm of trachea, bronchus and lung (C33, C34)	52.0	35.8	43.7
Malignant neoplasms of breast (C50)	—	47.9	24.6	Malignant neoplasm of colon, sigmoid, rectum and anus (C18-C21, C26.0)	26.4	18.9	22.5
Chronic low er respiratory diseases (J40-J47)	27.6	21.8	24.6	Chronic low er respiratory diseases (J40-J47)	22.5	21.1	21.8
65-74 years				65-74 years			
Ischaemic heart diseases (I20-I25)	112.8	26.7	66.3	Malignant neoplasm of trachea, bronchus and lung (C33, C34)	131.4	87.5	108.6
Malignant neoplasm of trachea, bronchus and lung (C33, C34)	56.4	69.3	63.4	Ischaemic heart diseases (I20-I25)	166.5	49.2	105.5
Malignant neoplasm of pancreas (C25)	43.9	64.0	54.7	Chronic low er respiratory diseases (J40-J47)	81.4	63.1	71.9
Chronic low er respiratory diseases (J40-J47)	56.4	42.7	49.0	Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	57.4	32.7	44.6
Cerebrovascular diseases (I60-I69)	43.9	37.3	40.3	Malignant neoplasm of colon, sigmoid, rectum and anus (C18-C21, C26.0)	56.4	32.6	44.0
75-84 years				75-84 years			
Dementia, including Alzheimer's disease (F01, F03, G30)	275.9	296.0	286.9	Dementia, including Alzheimer's disease (F01, F03, G30)	274.0	308.8	292.4
Ischaemic heart diseases (I20-I25)	327.0	160.7	236.0	Ischaemic heart diseases (I20-I25)	392.4	184.8	282.8
Cerebrovascular diseases (I60-I69)	153.3	169.1	162.0	Malignant neoplasm of trachea, bronchus and lung (C33, C34)	250.8	159.4	202.6
Malignant neoplasm of colon, sigmoid, rectum and anus (C18-C21, C26.0)	235.0	76.1	148.1	Chronic low er respiratory diseases (J40-J47)	210.9	175.2	192.1
Malignant neoplasm of trachea, bronchus and lung (C33, C34)	235.0	76.1	148.1	Cerebrovascular diseases (I60-I69)	192.6	166.3	178.7
85-94 years				85-94 years			
Dementia, including Alzheimer's disease (F01, F03, G30)	1,717.4	2,211.8	2,010.5	Dementia, including Alzheimer's disease (F01, F03, G30)	1,492.3	1,842.4	1,699.3
Ischaemic heart diseases (I20-I25)	1,144.9	466.9	743.0	Ischaemic heart diseases (I20-I25)	1,448.9	921.0	1,136.9
Cerebrovascular diseases (I60-I69)	500.9	614.4	568.2	Cerebrovascular diseases (I60-I69)	698.0	756.0	732.2
Accidental falls (W00-W19)	500.9	417.8	451.6	Chronic low er respiratory diseases (J40-J47)	535.0	404.8	458.1
Chronic low er respiratory diseases (J40-J47)	429.3	368.6	393.4	COVID-19 (U07.1-U07.2, U10.9)	517.2	344.1	414.9
95 years and over				95 years and over			
Dementia, including Alzheimer's disease (F01, F03, G30)	5,339.8	6,167.4	5,909.1	Dementia, including Alzheimer's disease (F01, F03, G30)	3,953.2	5,651.7	5,136.2
Heart failure and complications and ill-defined heart disease (I50-I51)	np	2,643.2	2,121.2	Ischaemic heart diseases (I20-I25)	3,965.5	3,190.8	3,426.0
Ischaemic heart diseases (I20-I25)	np	1,762.1	1,818.2	Cerebrovascular diseases (I60-I69)	1,551.7	2,286.5	2,063.4
Cerebrovascular diseases (I60-I69)	np	1,982.4	1,818.2	Heart failure and complications and ill-defined heart disease (I50-I51)	1,286.9	1,443.8	1,396.2

Source: ABS, 2025a.

The age-specific death rates for those aged 45–54 years, 55–64 years and 65–74 years have been relatively stable between 2006 to 2022 (Figure 34). There have been several shifts in the death rate for those aged 75–84 years, with a decrease from 4,279 deaths per 100,000 persons in 2008 to 3,268 per 100,000 persons in 2014.

Figure 34: Age-specific death rates, by persons aged 45 years and older, ACT, 2006 to 2022



Source:
ABS Deaths Australia, Estimated Resident Population (ABS, 2025b).

Glossary

Definitions

Sex – A person's sex is based upon their sex characteristics, such as their sex chromosomes, hormones, and reproductive organs. Depending on individual state and territory legislation, a legal record of a person's sex may, or may not align with their sex characteristics, and a person's sex may be recorded differently on different documents.

Gender – Gender is a social and cultural concept that refers to the way a person lives in and interacts with the world. It is about social and cultural differences in identity, expression, and experience as a woman, man, or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female.

Sex recorded at birth – Sex is understood in relation to sex characteristics. Sex recorded at birth refers to what was determined by sex characteristics observed at birth infancy. In some instances, related to health, it will be important to record a person's sex recorded at birth (for example, for cervical cancer screening, and increased risk or some physical health conditions more prevalent in a particular sex).

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Appendix

Table A1: ACT town centres with the highest number of persons aged 45–64 years, 2022

	Population		Per cent	
	45–64 years	65+ years	45–64 years	65+ years
Tuggeranong	22,775	14,416	25.6	16.2
Belconnen	22,755	16,316	21.5	15.4
Gungahlin	18,585	6,932	20.6	7.7
North Canberra	12,181	7,068	19.6	11.4
Woden Valley	9,388	7,179	23.9	18.3
South Canberra	7,958	5,820	24.8	18.1
Weston Creek	5,936	5,055	24.4	20.8
Canberra East	512	287	27.7	15.5
Urriarra - Namadgi	150	48	26.3	8.4
Total ACT	102,198	63,577	22.3	13.9

Source:
ABS Estimated Resident Population.

Table A2: Leading ten ACT suburbs, by persons aged 45–64 years and 65 years and older, 2022

	Population		Per cent	
	45–64 years	65+ years	45–64 years	65+ years
Kambah	3,805	3,123	24.7	20.3
Ngunnawal	2,386	1,267	21.2	11.3
Gordon (ACT)	2,177	1,112	27.6	14.1
Nicholls	2,105	1,160	31.5	17.3
Molonglo	1,958	456	16.2	3.8
Dunlop	1,921	715	26.5	9.9
Wanniassa	1,896	1,458	24.3	18.7
Kaleen	1,729	1,572	22.7	20.7
Narrabundah	1,656	1,160	25.6	17.9
Amaroo	1,634	547	26.6	8.9

Source:
ABS Estimated Resident Population.

Table A3: Leading ten ACT suburbs, by persons aged 45–64 years and 65 years and older

District	Population		Per cent	
	45–64 years	65+ years	45–64 years	65+ years
Kambah	3,805	3,123	24.7	20.3
Kaleen	1,729	1,572	22.7	20.7
Wanniassa	1,896	1,458	24.3	18.7
Monash	1,344	1,311	24.4	23.8
Ngunnawal	2,386	1,267	21.2	11.3
Nicholls	2,105	1,160	31.5	17.3
Narrabundah	1,656	1,160	25.6	17.9
Gordon	2,177	1,112	27.6	14.1
Ainslie	1,393	1,081	26.2	20.3
Curtin	1,457	1,002	26.6	18.3

Source:
ABS Estimated Resident Population.

Table A4: *Relative survival by years after diagnosis for bowel cancer, persons, ACT, 2008–17*

Years after diagnosis	Survival (per cent)	95 per cent confidence interval
1	86.3	84.0–88.2
2	79.7	77.1–82.1
3	75.3	72.4–78.0
4	72.0	69.0–74.9
5	71.2	68.0–74.2

Source:
ACT Cancer Registry.

Table A5: *Relative survival by years after diagnosis for breast cancer, females, ACT, 2008–17*

Years after diagnosis	Survival (per cent)	95 per cent confidence interval
1	98.5	97.8–99.1
2	97.0	96.1–97.9
3	95.2	94.0–96.2
4	93.3	91.9–94.6
5	92.3	90.8–93.7

Source:
ACT Cancer Registry.

Table A6: *Relative survival by years after diagnosis for lung cancer, persons, ACT, 2008–17*

Years after diagnosis	Survival (per cent)	95 per cent confidence interval
1	47.7	44.6–50.7
2	34.5	31.5–37.5
3	27.5	24.6–30.3
4	22.3	19.6–25.1
5	20.9	18.2–23.7

Source:
ACT Cancer Registry.

Table A7: *Relative survival by years after diagnosis for prostate cancer, persons, ACT, 2008–17*

Years after diagnosis	Survival (per cent)	95 per cent confidence interval
1	99.0	98.2–99.6
2	98.1	97.1–99.0
3	97.4	96.2–98.4
4	96.8	95.4–98.0
5	96.9	95.3–98.3

Source:
ACT Cancer Registry.

Table A8: Cancer mortality and incidence, by age-standardised rate per 100,000 persons, ACT, 2022

Cancer type	Mortality	Incidence
All cancers combined	141.9	470
Prostate cancer	10.2	74.9
Breast cancer	10.6	71.9
All blood cancers combined	16.7	54.8
Melanoma of the skin	5.5	48.5
Colorectal cancer	15.3	47.7
Lung cancer	22.2	33.5

Source:
AIHW (2025) Cancer data in Australia.

Table A9: Five-year relative survival, by cancer type, sex and age, ACT, 2008–17

	Sex		Age at diagnosis		
	Males	Females	0–44 years	45–64 years	65+ years
All cancers five-year survival	72	73.7	87	79.6	64.2
95 per cent confidence interval	70.8–73.2	72.5–74.9	85.2–88.5	78.5–80.7	62.8–65.5
Bowel Cancer five-year survival	68.8	73.4	–	75.4	69.1
95 per cent confidence interval	64.1–73.2	69.1–77.5	–	70.9–79.3	64.7–73.3
Breast Cancer five-year survival	–	92.3	89.3	94.2	90.8
95 per cent confidence interval	–	90.8–93.7	85.4–92.2	92.6–95.6	87.3–94.1
Lung Cancer five-year survival	17.2	24.5	–	26.9	17.6
95 per cent confidence interval	13.8–21.0	20.5–28.8	–	22.2–32.0	14.5–21.1
Prostate Cancer five-year survival	–	–	–	98.3	95.7
95 per cent confidence interval	–	–	–	96.8–99.5	93.1–98.0

Source:
ACT Cancer Registry.

Table A10: Rate of fall-related injuries by age, per 100,000 persons, ACT, 2017–18 to 2021–22

	45–64 years	75–79 years	80+ years
Minor	312.1	676.0	1613.5
Moderate	278.1	1101.6	6810.7
Serious	85.2	627.2	4527.8

Source:
ACT Admitted Patient Care Collection (ACT residents only).

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