



Health status of young people in the ACT

Epidemiology Branch
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1. Executive Summary

As a young person transitions from childhood through adolescence and into young adulthood, there are unique opportunities for health and wellbeing gains. If capitalised on, these opportunities can result in both short and long term health and wellbeing gains for this population group. Increasing young people's health knowledge, supporting them in the establishment of healthy patterns of behaviour, increasing the community's capacity to respond appropriately to their health needs and increasing young people's capacity to make healthy choices are essential.¹

The Health Status of Young People in the ACT 2011 report provides an overview of the health and wellbeing of young people aged 12 to 25 years in the ACT. The report has been developed with a particular focus on key national indicators for young people. These indicators cover a broad range of health and wellbeing domains known to have a strong influence on young people's short and long-term health and wellbeing outcomes.

The report will be a valuable resource in informing the development of relevant and meaningful youth health policy, planning and program development. In addition, the report will function as an evidence base for the ACT Healthy Young People Feasibility Study.

For the purpose of this report, a young person has been defined as being aged between 12 and 25 years. Wherever possible, the report attempts to cover this age group; however, some components of the report are unable to report within this age group due to the different approaches of data collection across agencies and organisations. For some components of the report this has resulted in limited comparisons of ACT and national data.

In general this report reveals some encouraging trends in youth health. Young people tend to rate their health as excellent or very good and death rates have more than halved over the previous 10 years.

There has also been a significant decrease in the proportion of students aged 12 to 17 years reporting the use of illicit substances as well as a reduction in the proportion who have ever tried smoking. Similar decreases in prevalence are evident in the 18-25 year old age group with a drop in daily smoking, amphetamine and cannabis use.

In contrast, trends have been identified which present opportunities for health and wellbeing gains for young people in the ACT.

Mental health is a key issue for young people, representing half of the total burden of disease for people in this age-group. Data indicates that anxiety for young men aged 16-25 years is nearly double that of men aged 26 years and over. In addition, levels of psychological distress tend to be higher in younger people compared to older people. Injury is also a major concern for young people particularly males with one-quarter of the total burden of disease in young males being attributed to this cause. Although major causes of injury such as transport accidents are lower in the ACT than nationally, injury related hospitalizations in the ACT have increased over the last 10 years.

Sexual health is another area of health concern with notification rates of chlamydial infection being considerably higher in young women in the ACT compared to young men. Fruit and vegetable intake and physical activity recommendations are not being met by a considerable proportion of this population group and sun protection behaviours have declined, particularly in the 12-17 year age group. In addition, the smoking rates for young pregnant women aged 24 years and under are considerably higher than their older counterparts. Alcohol consumption at levels that pose risks to health has increased for people aged 18 to 25 years with data indicating that this is primarily driven by young males.

Youth homelessness is also a concern with housing statistics showing that 38% of the ACT homeless population is aged between 12-24 years.

1.1. Key Findings

Demographics

- Young people aged 12 to 25 years represented 21.1% of the ACT resident population in 2009.
- In 2006, 1.6% of the ACT 12 to 25 year old age group was Aboriginal and/or Torres Strait Islander.
- Over half of the 12 to 25 year age group reside in Tuggeranong and Belconnen. The smallest proportion was found in the Weston Creek-Stromlo area.

Health status

- Around 80% of ACT young people aged 16 to 25 years rate their health as 'excellent', 'very good' or 'good', with young males rating themselves higher than young females.
- The proportion of ACT 12 to 25 year-olds who needed assistance with core activities due to a disability or long-term health condition is similar to the national average.
- Between 1997 and 2007, there was a steady decline in the ACT age-specific death rate per 100,000 population for 12 to 25 year-olds, 41.5 per 100,000 population in 1998 to a low of 20.3 in 2007. Suicides and transport accidents comprised half of all youth deaths, and injuries overall accounted for more than two-thirds.
- The leading causes of the total burden of disease for ACT people aged 15 to 25 years were mental disorders, accounting for 48% and 53% of the burden of disease for males and females respectively. Injury accounted for 25% in males and 7% in females.
- Injury and poisoning-related hospitalisations increased between 1998-99 and 2008-09. In 2008-09 the main causes of injury resulting in hospitalisation for this age group were land transport accident (19%), falls (15%), assault (9%) and self-harm (9%).
- In 2007-09, 1 in 7 young people in the ACT aged 16 to 25 years reported to have been diagnosed with a mental health condition in the previous 12 months.
- The most commonly diagnosed mental health condition for young men aged 16 to 25 years in 2007-09 was anxiety followed by depression, while for young women, it was depression followed by anxiety.
- Between 2007 and 2009, almost one-third of the ACT's 16 to 25 year-olds reported ever being diagnosed with asthma.
- Age-specific ACT influenza notification rates fluctuated between 2005 and 2009, with peaks in 2007 and 2009 driving the ACT figures above the national rates.
- The rates of chlamydia notifications peak in the 15-24 year age group for both males and females. Rates are higher in females compared to males, this may reflect testing practices.

Health behaviours

- Over 80% of 12 to 17 year-olds and almost 71% of 18 to 25 year-olds in the ACT had a body mass index placing them in a normal weight category.

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- In 2008, 15.6% of ACT students aged 12 to 17 years were meeting the guidelines for physical activity, with males more likely to do so than females.
 - Recommended daily fruit intake (2 serves) was achieved by more young people in the ACT than recommended daily vegetable intake (5 serves).
 - Risky sun exposure behaviours among the ACT's young people correlate strongly with age, with those aged 12 to 17 years more likely to report getting sunburnt over the previous summer than older age groups and less likely to use sun-protection.
 - The 2008 ASSAD survey indicates that the purchase of cigarettes is relatively easy for students with over half the students reporting it was easy to get someone to purchase cigarettes for them.
 - The proportion of ACT 12 to 17 year-olds reporting to smoke at least once in the last week fell from 20.4% in 1996 to 6.7% in 2008 over the same period. Smoking rates among ACT 18 to 25 year-olds also decreased from 30.7% in 2001 to 20.2% in 2007 for daily smokers.
 - The ACT's 18 to 25 year-olds were more likely to consume alcohol at levels that increased the risk of short-term harm than young Australians in general. Rates of risky drinking rose markedly for ACT males between 2001 and 2007.
 - Illicit drug use has decreased over time among the ACT's young people.
 - The fertility rates of the ACT's Aboriginal and/or Torres Strait Islander women were around four times higher than their non-Aboriginal counterparts in the 19 years and under age group, and around double for the 20 to 24 year age group.
 - Between 2000 and 2008, up to 50% of ACT pregnant women aged less than 20 years smoked compared with around 30% of 20 to 24 year old pregnant women. Across all age groups, pregnant ACT Aboriginal and/or Torres Strait Islander women were substantially more likely to smoke than those who were not Aboriginal or Torres Strait Islanders.

Social determinants

- A higher proportion of ACT's 15 to 25 year-olds participated in volunteer work in 2006 compared with the national average.
- 96.3% of ACT young people aged 18 to 24 years felt that they could ask for small favours from people living outside their household, compared with 93.1% of their peers nationally.
- ACT 18 to 24 year-olds were more likely to report wages as their primary source of household income than young Australians overall, and were also more likely to report that the householder owned the home (with or without a mortgage).
- A much larger proportion of ACT 18 to 24 year-olds (48.7% in 2002; 41.9% in 2006) lived in the highest equivalised household income quintile than young Australians in general (19.6% in 2002; 19.7% in 2006), and fewer ACT young people reported financial stress.
- 18 to 24 year-olds in the ACT had relatively high levels of involvement in cultural, political and sporting activities in their community as well as a greater proportion of registered voters (than young Australians generally).

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- Age-specific rates per 100,000 population of sexual assault on young people aged 15 to 24 years were lower for the ACT than for the nation as a whole in 2009, but robbery rates were slightly higher.
 - In 2006, 38% of the ACT's homeless were aged 12 to 24 years, compared with 31% nationally.
 - Between 2008 and 2010, ACT year 7 and year 9 students consistently performed above the national average for reading, writing and numeracy. The same pattern applies to apparent school retention rates from year 7/8 to year 12, with the ACT consistently achieving higher levels of student retention over a five-year period (2005 to 2009).
 - Between 2005 and 2009, the unemployment rate for young people aged 15 to 24 years in the ACT remained consistently lower than that of their Australian counterparts.

Health system performance

- Potentially preventable hospitalisations (PPHs) of ACT residents aged 12 to 25 years increased between 1998-99 and 2008-09, from 324 separations to 640 separations. As a proportion of total hospitalisations for this age group.
- Emergency department waiting times have increased in recent years, with the proportion of ACT residents aged 12 to 25 years who were seen within clinically appropriate time frames for their age category dropping from 78% in 2000-01 to 51.5% in 2005-06. Since then, waiting times have started improving, with 60.2% of the ACT's 12 to 25 year-old being seen on time in 2008-09.
- All category 1 (resuscitation) patients are seen immediately in ACT emergency departments; however, only 53% of category 3 (urgent) and 55% of category 4 (semi-urgent) patients aged 12 to 25 years were seen within clinically appropriate timeframes in 2008-09.
- The proportion of ACT women aged 25 years and under delivering their babies via caesarean section is lower than for older ACT women, but the percentage of caesareans in both groups have been steadily increasing over time.
- An average of over 5,400 young ACT women aged 12 to 25 years were screened for cervical cancer each year between 1999 and 2009.

2. Demographics

Demographic snapshot

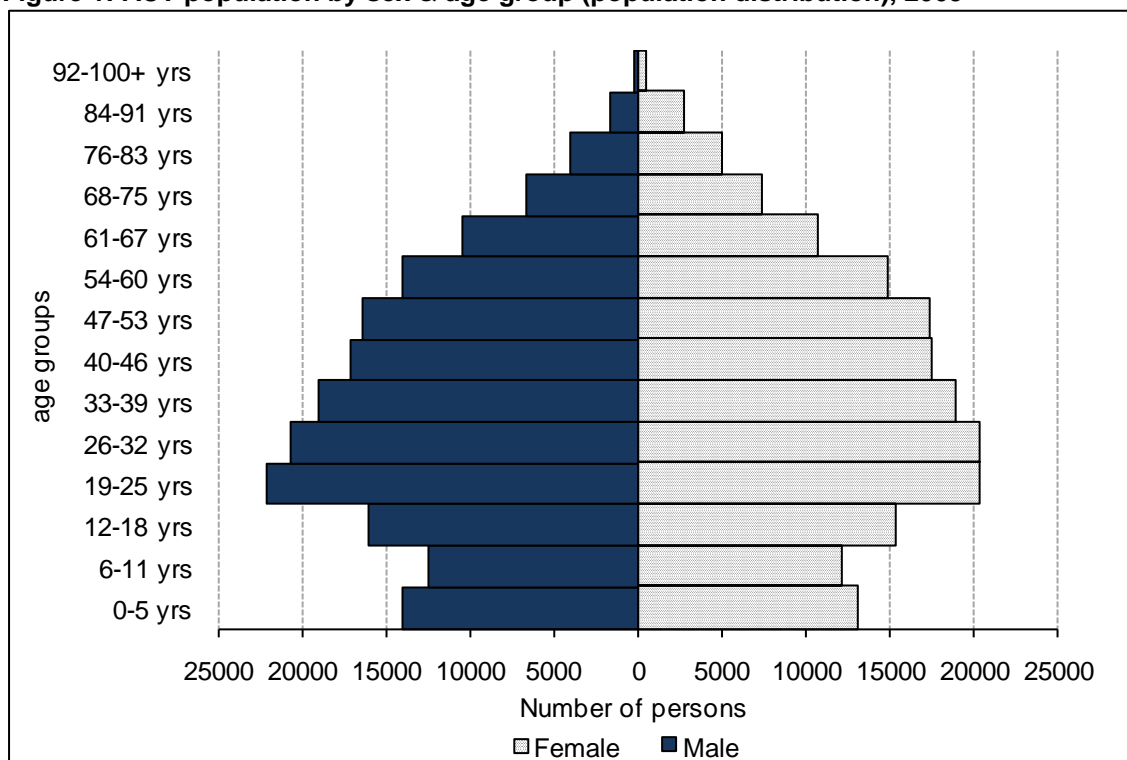
- Young people aged 12 to 25 years represented 21.1% of the ACT resident population in 2009.
- 51.5% were male and 48.5% were female.
- In 2006, 1.6% of the ACT 12 to 25 year old age group was Aboriginal and/or Torres Strait Islander.
- Over half of the 12 to 25 year age group resides in Tuggeranong and Belconnen. The smallest proportion was found in the Weston Creek-Stromlo area.
- The largest proportion of the 12 to 17 year old population group live in Tuggeranong, followed by Belconnen.
- The largest proportion of young people aged between 18 and 25 years live in Belconnen followed by Tuggeranong and North Canberra.
- 81.8% of young people aged 12 to 25 years in the ACT are born in Australia, compared to 79.3% nationally.

This section provides an overview of the demographic characteristics of young people in the ACT including the population distribution, regional distribution and proportion of the population who identify as Aboriginal and Torres Strait Islander descent.

It is estimated that in 2009 there were 352,189 people living in the ACT, of which 74,154 (21.1%) were aged between 12 and 25 years. Males comprised 38,224 (51.5%) and females 35,930 (48.5%) of this figure. The national average proportion of 12 to 25 year-olds is slightly lower, at 19.5%, but the ratio of male to females is almost identical to that of the ACT.

Of the ACT's young people, 31,521 (42.5%) were aged 12 to 18 years and 42,633 (57.5%) were aged 19 to 25 years. Males slightly outnumber females in both age groups, with 51% of 12 to 18 year olds and 52% of 19 to 25 year-olds being male. Figure 1 shows that 19 to 25 year-olds are the most populous age group.

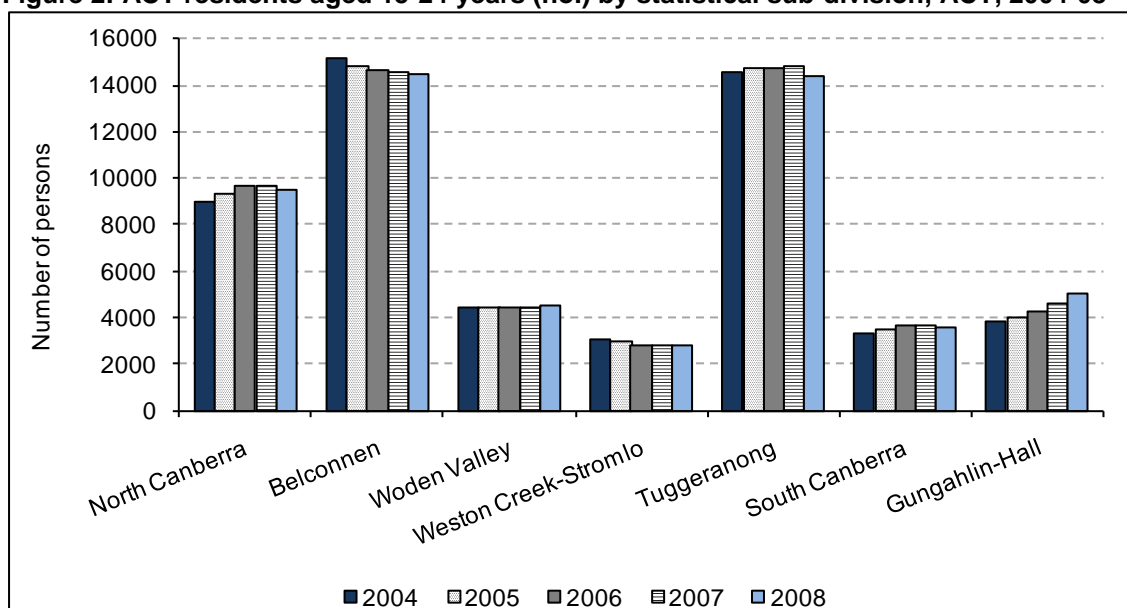
Figure 1: ACT population by sex & age group (population distribution), 2009



Source: ABS, Population by Age and Sex, Australian States & Territories, Cat. no. 3201.0 June 2009

Figure 2 shows the distribution of 15 to 24 year-olds across the ACT between 2004 and 2008. The largest number of this age group was in Belconnen, closely followed by Tuggeranong. North Canberra also had a sizeable proportion of the ACT's youth. Gungahlin-Hall's proportion of 15 to 24 year-olds was relatively small, but has been increasing each year for the past five years.

Figure 2: ACT residents aged 15-24 years (no.) by statistical sub-division, ACT, 2004-08



Source: ABS, National Regional Profile series, Cat. no. 1379.0.55.001, 2004-08

Table 1 shows the distribution of the ACT's population of 12 to 25 year-olds in 2006. The largest percentage of young people lived in Tuggeranong (28.2%), closely followed by Belconnen (26.5%). The smallest proportion was in the Weston Creek-Stromlo area (5.4%).

Table 1: ACT residents aged 12-25 years, % by age group & statistical sub-division, 2006

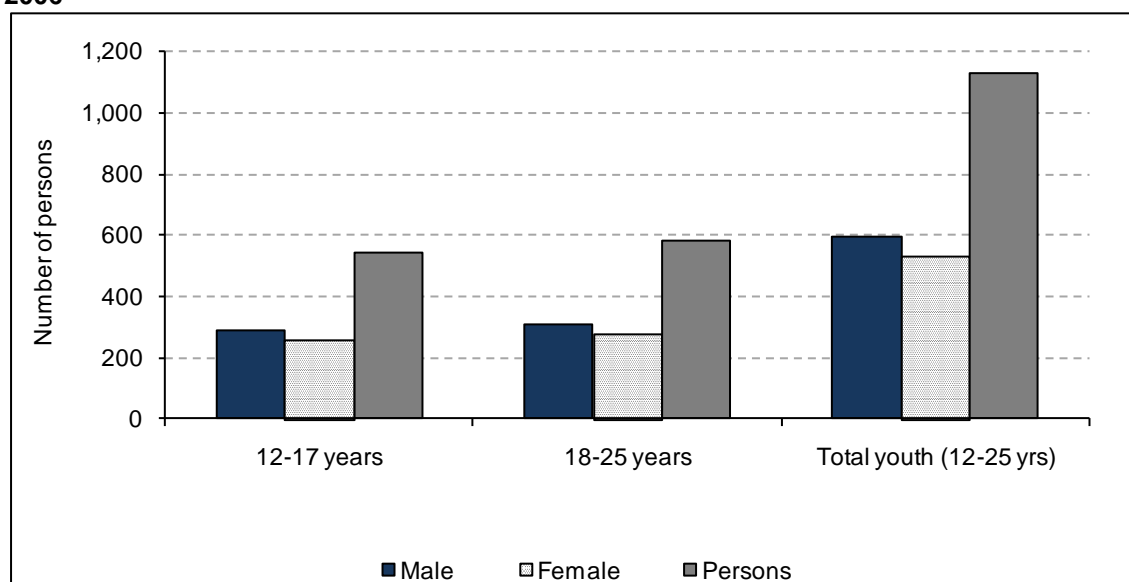
	12-17 years	18-25 years	Total (12-25 years)
North Canberra	8.1%	21.0%	16.1%
Belconnen	25.2%	27.3%	26.5%
Woden Valley	9.1%	7.8%	8.3%
Weston Creek-Stromlo	6.3%	4.8%	5.4%
Tuggeranong	35.1%	24.0%	28.2%
South Canberra	6.5%	6.7%	6.6%
Gungahlin-Hall	9.4%	7.9%	8.5%
Total	100.0%	100.0%	100.0%

Source: ABS CData, 2006 Census of Population and Housing

In 2006 there were over 1127 12 to 25 year-old Aboriginal and/or Torres Strait Islander young people living in the ACT, with 53% being male and 47% being female (Figure 3). This group represented 2.1% of the ACT's 12 to 17 year-olds and 1.4% of 18 to 25 year-olds. Aboriginal and Torres Strait Islander young people represent 1.6% of the ACT's total population of 12 to 25 year-olds – well below the national average of 3.4%.

Overall, less than 1% of the nation's young people aged 12 to 25 years who were of Aboriginal and/or Torres Strait Islander origin lived in the ACT. Persons aged 12 to 25 years comprised 29.1% of the ACT's total Aboriginal and Torres Strait Islander population compared to 21.5% nationally.

Figure 3: ACT residents of Aboriginal &/or Torres Strait Islander descent by age- group & sex, 2006



Source: ABS Cdata, 2006 Census of Population and Housing

Table 2 compares the ACT proportions of young people aged 12 to 25 years who were born in Australia and overseas with the national average. It shows that in 2006, the ACT had a higher proportion of Australian-born young residents than the rest of Australia.

Table 2: People aged 12-25 years born in Australia & overseas, no. & % by sex, ACT & Australia, 2006

	Number			Per cent		
	Male	Female	Total	Male	Female	Total
ACT						
Not stated/inadequately described	1,943	1,595	3,538	5.4%	4.7%	5.1%
Australia/Norfolk Island	29,124	27,757	56,881	81.6%	81.9%	81.8%
Born outside of Australia	4,619	4,539	9,158	12.9%	13.4%	13.2%
Total	35,686	33,891	69,577	100.0%	100.0%	100.0%
Aust						
Not stated/inadequately described	129,801	107,920	237,721	6.7%	5.8%	6.3%
Australia/Norfolk Island	1,526,998	1,478,775	3,005,773	79.0%	79.6%	79.3%
Born outside of Australia	276,721	271,267	547,988	14.3%	14.6%	14.5%
Total	1,933,520	1,857,962	3,791,482	100%	100%	100%

Source: ABS Cdata, 2006 Census of Population & Housing

Almost 18% of ACT residents aged 12 to 25 years reported speaking a language other than English at home in the 2006 Census (Table 3). Of those, around 71% reported speaking English either very well or well. Around 4% (3.5% male, 4.1% female) of the ACT's 12 to 25-year-olds whose language spoken at home is not English either did not speak English well, or did not speak it at all.

Table 3: ACT residents aged 12-25 years, English proficiency, no. & % by sex, 2006

	Male		Female		Persons	
	No.	%	No.	%	No.	%
Language spoken at home						
English	29,267	82.0	27,953	82.5	57,220	82.2
Other languages/not stated	6,418	18.0	5,939	17.5	12,357	17.8
Total	35,685	100	33,892	100	69,577	100
Proficiency in English (of those whose language spoken at home is not English)						
Per cent speaking English very well/well	4,436	69.1	4,270	71.9	8,706	70.5
Per cent speaking English not well/not at all	227	3.5	242	4.1	469	3.8
Per cent not stated/ not applicable	1,755	27.3	1,427	24.0	3,182	25.8
Total	6,418	100	5,939	100	12,357	100

Source: ABS CData, 2006 Census of Population & Housing

3. Health Status

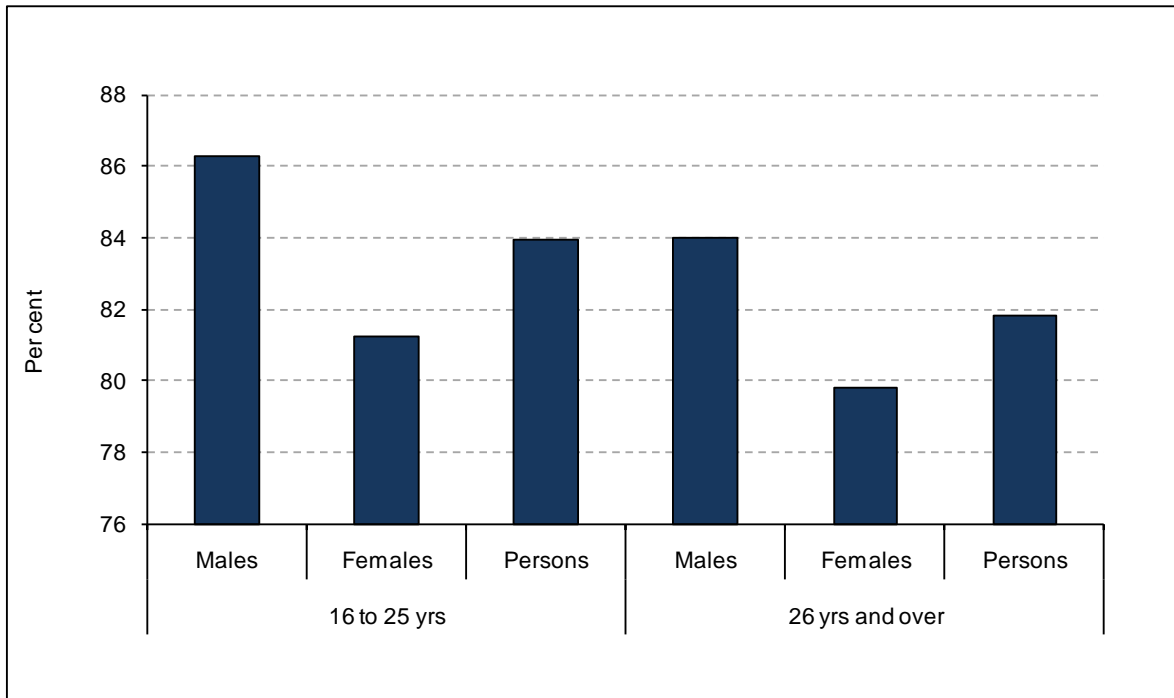
Health Status Snapshot

- More than 80% of ACT young people aged 16 to 25 years rate their health as 'excellent', 'very good' or 'good'.
- The proportion of ACT 12 to 25 year-olds who needed assistance with core activities due to a disability or long-term health condition was similar to the national average.
- Between 1997 and 2007, there was a steady decline in the ACT age-specific death rate per 100,000 population for 12 to 25 year-olds, 41.5 per 100,000 population in 1998 to a low of 20.3 in 2007. Suicides and transport accidents comprised half of all youth deaths, and injuries overall accounted for more than two-thirds.
- The leading causes of the total burden of disease for ACT people aged 15 to 25 years were mental disorders, accounting for 48% and 53% of the burden of disease for males and females respectively. Injury accounted for 25% in males and 7% in females.
- Injury and poisoning-related hospitalisations increased between 1998-99 and 2008-09. In 2008-09 the main causes of injury resulting in hospitalisation for this age group were land transport accident (19%), falls (15%), assault (9%) and self-harm (9%).
- In 2007-09, 1 in 7 young people in the ACT aged 16 to 25 years reported to have been diagnosed with a mental health condition in the 12 months prior.
- The most commonly diagnosed mental health condition for young men aged 16 to 25 years in 2007-09 was anxiety followed by depression, while for young women, it was depression followed by anxiety. High to very high psychological distress was more common in young women than young men aged between 16 to 25 years.
- Between 2007 and 2009, almost one-third of the ACT's 16 to 25 year-olds reported ever being diagnosed with asthma.
- The age-specific pertussis notification rate per 100,000 population declined in the ACT between 2005 and 2008 (from 76 to 27), but increased again to 64 in 2009.
- Age-specific ACT influenza notification rates per 100,000 population also fluctuated between 2005 and 2009, with spikes in 2007 and 2009 driving the ACT figures above the national rates.
- The rates of chlamydia notifications peak in the 15 to 24 year age group for both males and females. Rates are higher in females compared to males.

3.1. Self-reported health

Self-reported health status is a reliable, independent predictor of future health service use and survival, complementing more objective measures of health.² Results from the ACT General Health Survey (ACT GHS) show that 83.9% of young people rate their health as 'excellent', 'very good' or 'good'. Young males (86.3%) rated themselves higher than young females (81.2%) (Figure 4).

Figure 4: Self-reported health status, 'good' to 'excellent', % by age group & sex, ACT 2007-09



Source: ACT General Health Survey, 2007-09

3.2. Disability and activity limitation

Young people with a disability may experience a restriction in their involvement and participation in community life; they may experience greater dependence on their families and/or carers and require more assistance with tasks associated with daily living. This dependency can result in social and financial hardships which can have a direct impact upon a person's health and wellbeing. The impact of disability upon individuals varies; for some it can be life-changing whilst for others it will only have minimal impact upon their daily lives. The impact is dependent upon the interaction between the person, their health condition and its impacts, personal factors and the environment.³

In the 2006 ABS Census, 837 of the ACT's young people aged 12 to 25 years reported needing assistance with core activities, including self-care, mobility and communication, due to a disability or long-term health condition (lasting six months or more). Of this group, 484 (57.8%) were male and 353 (42.2%) were female, and together they made up 1.2% of the ACT's 12 to 25 year-olds.

Table 4: People who need assistance with core activities, no. & % by age group, ACT & Australia, 2006

	Male		Female		Persons	
	ACT	Aust	ACT	Aust	ACT	Aust
Number						
12-17 years	262	17,603	170	10,044	432	27,647
18-25 years	222	15,021	183	11,003	405	26,024
12-25 years (total)	484	32,624	353	21,047	837	53,671
Per cent						
12-17 years	1.9%	2.1%	1.3%	1.2%	1.6%	1.7%
18-25 years	1.0%	1.4%	0.9%	1.0%	0.9%	1.2%
12-25 years (total)	1.4%	1.7%	1.0%	1.1%	1.2%	1.4%

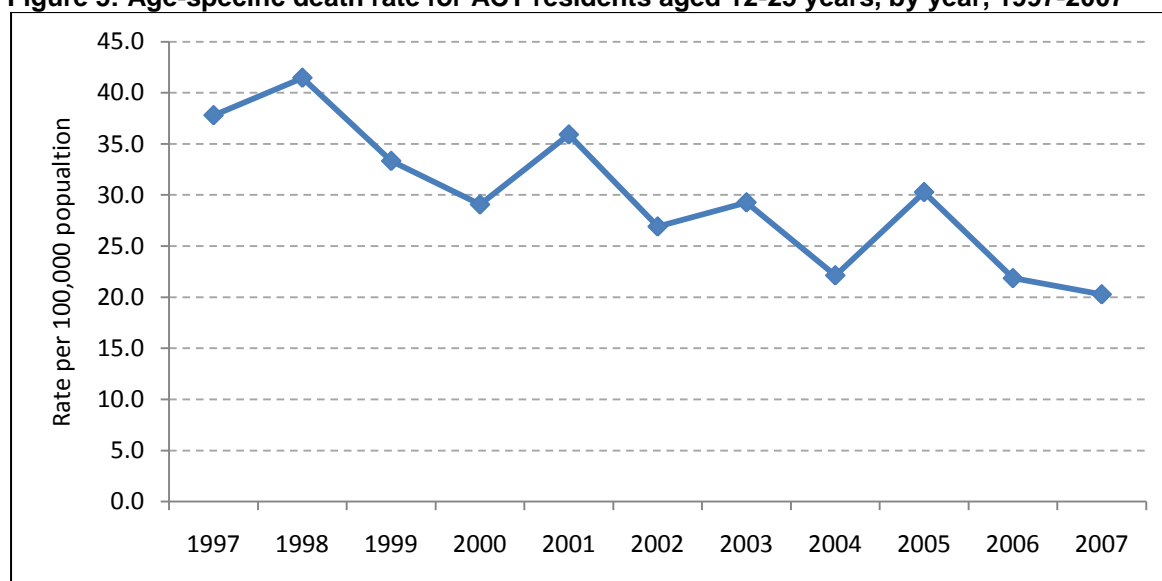
Source: 2006 Census of Population & Housing (Cdata online)

3.3. Deaths

In the ACT, between 1997 and 2007 there were 294 deaths in persons aged 12 to 25 years. This represents just approximately 2% of the total number of deaths for all ACT residents.

There was a steady decline in the ACT youth death rate, from a peak of 41.5 per 100,000 population in 1998 to 20.3 per 100,000 population in 2007. Caution should be exercised when interpreting these figures due to the small number of deaths per annum for ACT residents in this age group.

Figure 5: Age-specific death rate for ACT residents aged 12-25 years, by year, 1997-2007



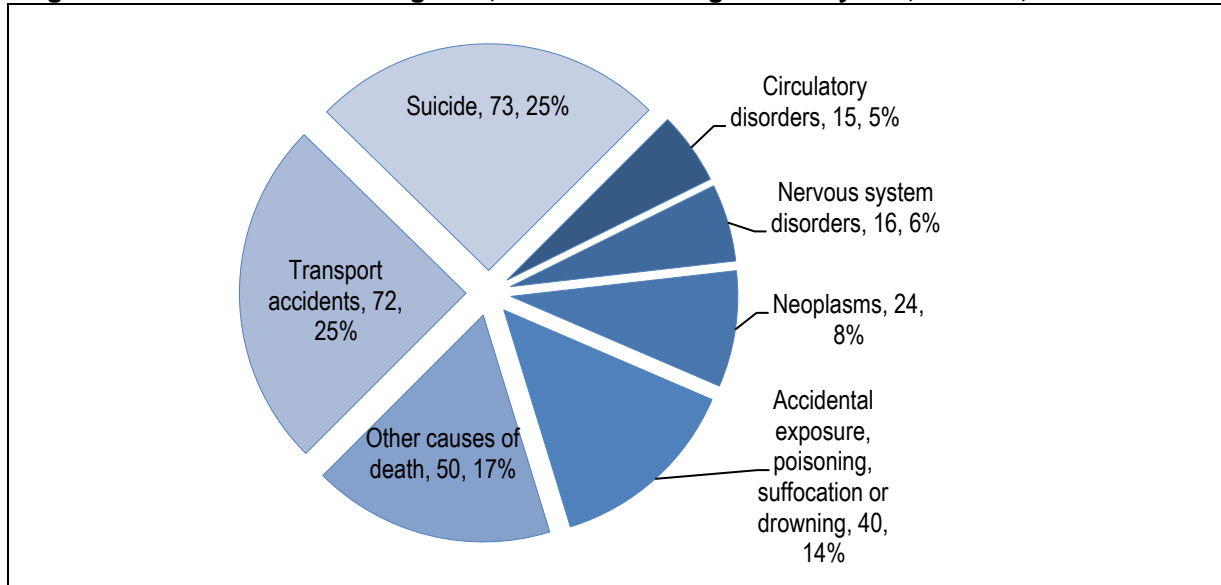
Note: Data should be interpreted with caution due to the small number of cases involved.

Source: ACT Deaths data (unpublished) and Population by Age and Sex, Australian States & Territories, ABS Cat. no. 3201.0, June 1997-June 2007

3.3.1. Causes of death

The major cause of death among ACT 12 to 25 year-olds differs from other age groups. Over the 10 year period 1997 to 2007 injury was the leading cause of death, accounting for 67% of all deaths in the 12-25 year-old age group. Suicides (25%) and transport accidents (25%) were the main contributing causes of injury deaths. In comparison, the leading causes of mortality for older age groups in the ACT were circulatory conditions (such as ischaemic heart disease and cerebrovascular disease) and cancer, which together accounted for almost two thirds (66.1%) of all deaths of ACT residents aged over 25 years.

Figure 6: Causes of death categories, ACT residents aged 12-25 years, no. & %, 1997-2007

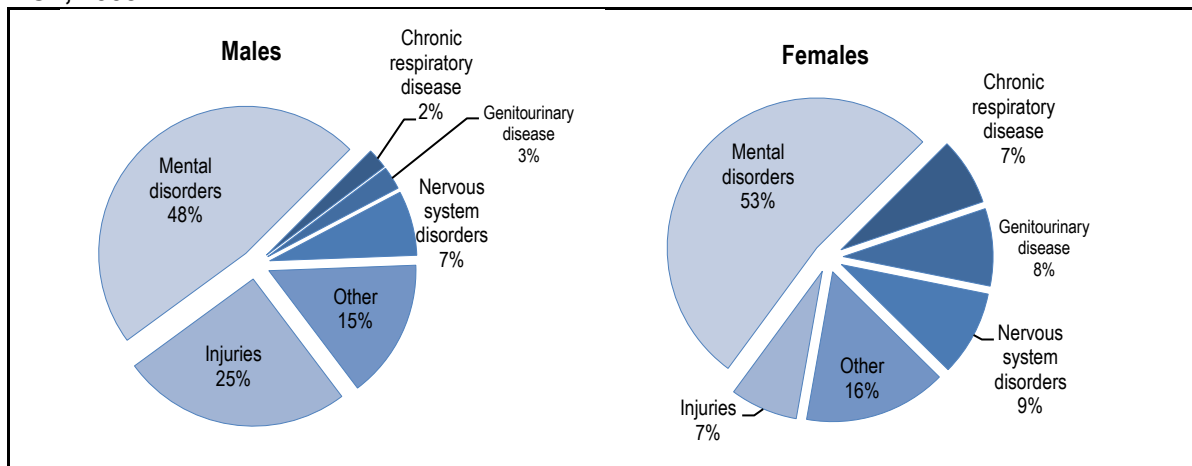


Source: ACT Deaths data (unpublished)

3.4. Burden of disease

The key indicator used to measure the burden of disease and injury is the disability-adjusted life year (DALY). It describes the amount of time lost due to both fatal and non-fatal events or the years of life lost due to premature death coupled with years of “healthy” life lost due to disability.

Figure 7: Total burden of disease and injury by major categories, people aged 15-24 years, ACT, 2003



Source: AIHW 2007, The burden of disease and injury in Australia 2003. PHE 82,1007. Canberra

In 2003, the estimated burden of disease and injury in the ACT for people aged 15 to 24 years was 1,196 DALYs for males and 1,260 DALYs for females. The leading causes of the total burden of disease for this age group were mental disorders accounting for 48% and 53% of the burden of disease for males and females respectively. Injury accounted for 25% in males and 7% in females. This was followed by nervous system disorders which contributed to 9% and 7% of the burden of disease for females and males respectively. Migraine was the chief nervous system disorder contributing to this cause.

3.5. Injury and poisoning

Injuries are the leading cause of death and hospitalisation among young people. Injuries can result in serious disability or long term conditions that can affect a young person's employment, educational, social and lifestyle opportunities, and consequently their future health and wellbeing.⁴

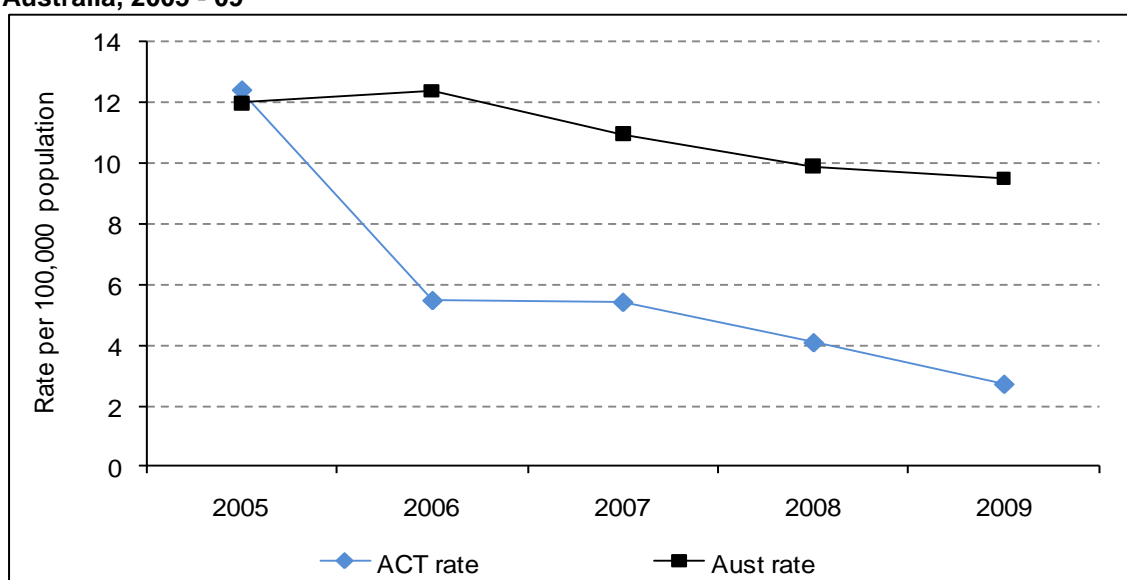
3.5.1. Deaths due to injury and poisoning

During the period 1997 to 2007 there were 197 deaths due to injury for ACT residents aged 12 to 25 years. Three-quarters of these deaths were male. Over 85% of these deaths were for 18 to 25 year-olds.

3.5.2. Road and transport accidents

Over the period 1997 to 2007 there were 72 deaths due to transport accidents. Three-quarters of these deaths were due to motor vehicle accidents and the rest were pedestrian or bicycle related. Figure 8 shows that deaths due to transport accidents were consistently lower over the four-year period 2006 to 2009 in the ACT than the rest of the country for people aged 12 to 25 years. These data need to be interpreted with caution due to the small number of cases involved.

Figure 8: Age-specific road fatality rate for people aged 12 - 25 years, by year of death, ACT & Australia, 2005 - 09



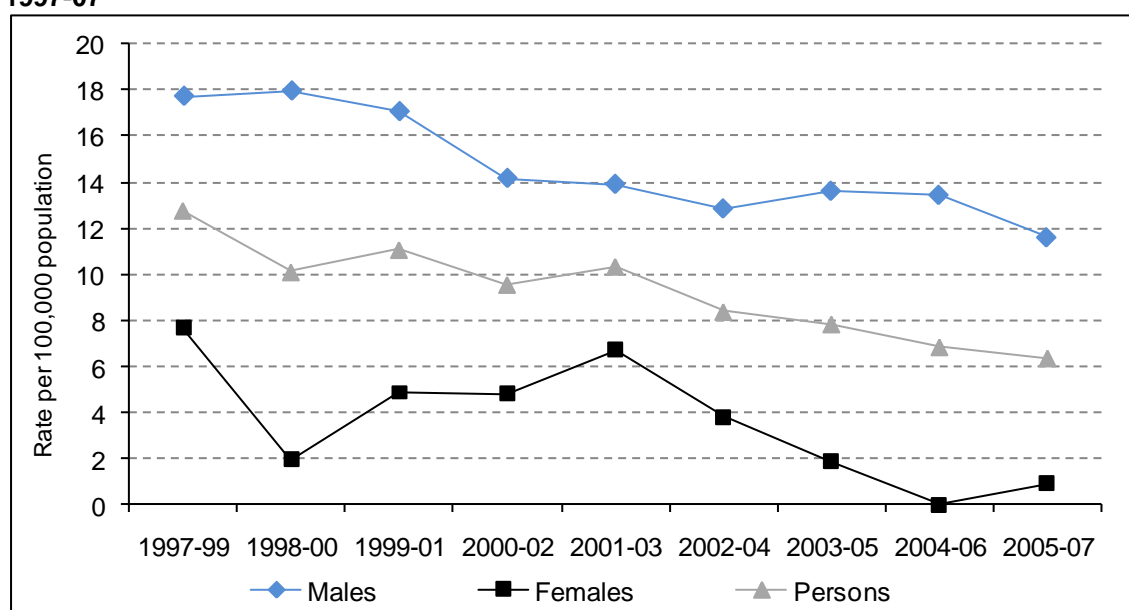
Note: Data should be interpreted with caution due to the small number of cases involved.

Source: Australian Department of Infrastructure, Transport, Regional Development & Local Government, Fatal Road Crash Database; Population by Age and Sex, Australian States & Territories, ABS Cat. no. 3201.0, 2005-2009

3.5.3. Suicide

Over the period 1997 to 2007 there were 73 deaths due to suicide. Figure 9 shows that the male death rate from suicide is substantially higher than the female rate. More than three-quarters of suicides are male. This is consistent with national data, which indicates that males generally, as well as those aged 15 to 24 years, are significantly more likely to take their own lives than females.⁵

Figure 9: Age-specific suicide rate, ACT residents aged 12-25 years, by sex & year, 1997-07



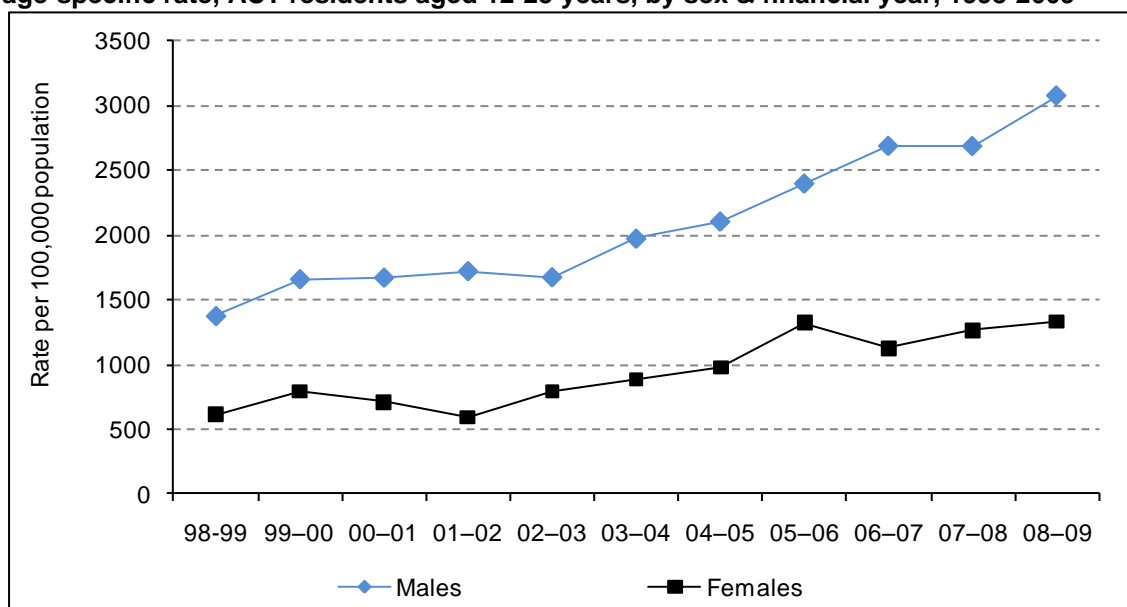
Note: Data should be interpreted with caution due to the small number of cases involved. Suicide rates are based on 3 year moving averages.

Source: ACT Deaths data (unpublished) & ABS Cat. no. 3201.0 Population by Age & Sex, Australian States & Territories, June 1997-June 2007

3.5.4. Hospitalisations due to injury and poisoning

There has been a steady increase over time in the age-specific rate per 100,000 population of hospitalisations (separations) for injuries and poisonings among the ACT's young people. In 1998-99, the rates were 1,377 and 1,661 per 100,000 separations for males and females respectively. These rates doubled for males (3,072) and females (1,330) in 2008-09. In 2008-09 the main causes of injury resulting in hospitalisation for this age group were land transport accident (19%), falls (15%), assault (9%) and self-harm (9%).

Figure 10: Hospital separations with primary or secondary diagnosis of injury or poisoning, age-specific rate, ACT residents aged 12-25 years, by sex & financial year, 1998-2009



Source: ACT Health Admitted Patient Care dataset (unpublished); Population by Age & Sex, Australian States Territories; ABS Cat. no. 3201.0, June 1999-June 2009 financial years

Intentional self-harm hospitalisations for ACT young people aged 12 to 25 years comprised around 10% of injury and poisoning-related hospitalisations between 1998-99 and 2008-09. Unlike the death rate from suicide, the proportion of hospitalisations for intentional self-harm among this age group was higher for females than males. In 2008-09 the age-specific rate of hospitalisations due to self-harm for 12 to 25 year old ACT females was 238 per 100,000 population and for males the rate was 101 per 100,000 population.

3.6. Mental Health

Mental health and illness result from the complex interplay of biological, social, psychological, environmental and economic factors at all levels. The determinants of mental health status include factors such as income, education, employment and access to community resources.⁶ Good mental health is essential for a young person's wellbeing. Young people with good mental health are more likely to have fulfilling relationships, adapt to change and cope with adversity and the normal stresses of life.⁷

Young people who experience mental health problems and disorders are at a higher risk of poor health and wellbeing outcomes. Mental health problems affect a person's capacity to participate in their usual activities such as schooling, working and socialising. In addition they can lead to a young person being vulnerable to increased substance use, poor relationships, increased delinquency, antisocial behaviours and poor self-esteem.⁸

Results from the ACT General Health Survey indicate that over the period 2007-09, 14.7% of people aged between 16 and 25 years reported to have been diagnosed with a mental health condition in the 12 months prior to interview. This proportion is similar to the rate for older people (16.4%). Young females (15.6%) were more likely to report being diagnosed with a mental condition than young males.

Table 5 shows young males were more likely to report having been diagnosed with anxiety (8%), whereas young females were more likely to report being diagnosed with depression (8.7%). In contrast, depression was the most common diagnosis reported by both older males and females (males:8.1%, females:11.2%). Young people were less likely to report that they still had a mental health condition (69.8%) compared to older people (79.3%) and were also less likely to report as still receiving treatment than older people (young people:47.4%, older people:56.6%).

Although younger people were less likely to report having been diagnosed with a mental health condition than older people they were more likely to report symptoms of high to very high psychological distress in the 4 weeks prior to interview. This was particularly common in young women with 1 in 6 reporting symptoms in the previous 4 weeks.

Table 5: Mental illness diagnosis, psychological distress & treatment in previous 12 months, % by age group & sex, ACT, 2007-09

	16 to 25 years			26 years and over		
	Male	Female	Persons	Male	Female	Persons
<i>Mental health diagnosis</i>						
Anxiety	8.0	6.4	7.3	4.5	8.3	6.4
Depression	7.0	8.7	7.8	8.1	11.2	9.7
A stress related problem	5.0	6.2	5.6	5.1	7.7	6.5
Other mental health problem	1.6	1.1	1.3	1.1	2.2	1.7
<i>Psychological distress</i>						
High to very high psychological distress	11.0	16.6	13.6	7.0	9.5	8.3
<i>Treatment</i>						
Still have mental health problem	69.4	70.4	69.8	84.3	76.2	79.3
Currently receiving treatment	43.6	51.8	47.4	58.7	55.3	56.6

Source: ACT General Health Survey, 2007-09

3.7. Chronic Conditions

Chronic conditions are those that persist over time and have long lasting and persistent symptoms or disease development. Chronic conditions can affect people of all ages but are most likely to emerge in early adulthood (25 years and older) as the effects of exposure to risk factors manifest as disease.⁹

3.7.1. Asthma

Asthma is an inflammatory disease of the airways and is characterised by wheezing, coughing, chest tightness and shortness of breath. Asthma is a common reason for young people being hospitalised. Table 6 shows that over the period 2007-09, nearly one-third of ACT residents aged 16 to 25 years reported to have ever been diagnosed with asthma and 12% reported to have had symptoms or treatment in the last 12 months. The proportion of older people (22.1%) reporting ever being diagnosed with asthma is lower than for younger people, however symptoms and treatment in the previous 12 months is similar (11.4%).

Of those people reporting symptoms or treatment in the previous 12 months, 11.4% of younger people and 17.1% of older people reported symptoms that interfered with day to day living. Around one-third reported having a written asthma management plan in place.

Table 6: Asthma status, symptoms & management, %, ACT residents, by age group, 2007-09

	16 to 25 years	26 years and over
Ever been diagnosed with asthma	29.8	22.1
Symptoms or treatment in last 12 months	12.2	11.4
Have a written asthma management plan	35.4	32.9
Asthma symptoms interfere with daily life	11.4	17.1

Source: ACT General Health Survey, 2007-09

3.7.2. Diabetes, chronic obstructive pulmonary disease and heart disease

Diabetes, chronic obstructive pulmonary disease (COPD) and heart disease contribute significantly to the burden of chronic disease in the community. Although these diseases predominately afflict older people symptoms may manifest in young people particularly those at risk of developing the disease. Results from the ACT General Health Survey 2007-09 indicate that the prevalence of having ever been diagnosed with any of these conditions was very low among people aged 16 to 25 years.

Around 1% of persons aged 16-25 years reported having ever been diagnosed with diabetes or high blood sugar, compared to 8.4% of people aged 26 years and above.

The proportion of persons aged 16 to 25 years reporting to have ever been diagnosed with bronchitis or emphysema was 2.2%, compared to 4.4% of those aged 26 years and over.

Less than 1% of 16-25 year-olds reported having ever been diagnosed with heart disease, stroke or heart attack, but 6.9% of young people reported having ever been diagnosed with high blood pressure compared to 31% of persons over 26 years and 2.3% with high cholesterol compared to 26% in persons over 26 years.

3.7.3. Cancer

Cancer incidence among ACT residents aged 12 to 25 years is relatively low in the ACT, with an average of 21 new cancer cases per year for this age over the 2004 and 2008 period. The most common cancers in this age group were melanoma (19%), testicular (18%) and Hodgkin's disease (11%).

3.8. Communicable diseases

Communicable diseases remain a significant public health priority both in Australia and internationally. The ACT Health Protection Service (HPS) within the Population Health Division of ACT Health receives notifications of communicable diseases and monitors and implements strategies aimed at reducing the occurrence and spread of these diseases in the ACT.¹⁰

3.8.1. Vaccine preventable disease

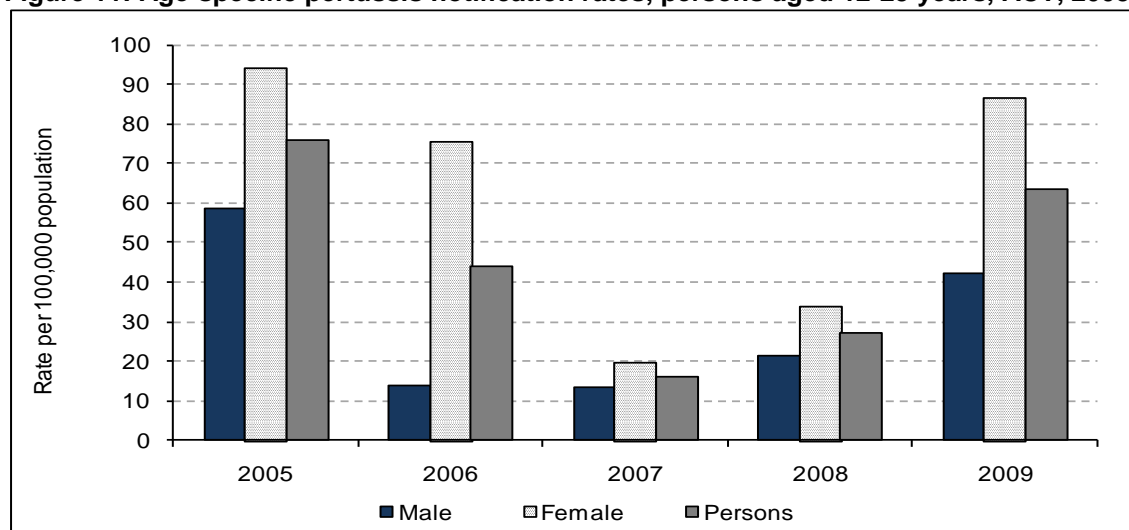
Pertussis

Pertussis (whooping cough) is caused by an infection with the bacteria *Bordetella pertussis*. Pertussis can occur at any age, but infants and young people are at the highest risk of life-threatening consequences of pneumonia and encephalitis. Currently in Australia most people suffering from pertussis are adolescents or adults. This means that people who were immunised against pertussis as children can still get the disease as adults.

A vaccine is now available for adults and older children. Adolescents in the ACT have been offered this vaccine as part of the funded school-based vaccination program in Year 9.

There were 163 notifications of pertussis in 12-25 year-olds over the 2005 to 2009 period. The notification rate of pertussis (Figure 11) for ACT residents aged 12 to 25 years declined slightly over this period.

Figure 11: Age-specific pertussis notification rates, persons aged 12-25 years, ACT, 2005-09



Note: Data should be interpreted with caution due to the small number of cases involved.

Source: ACT Notifiable Diseases Database Population by Age & Sex, Australian States & Territories; ABS Cat. no. 3201.0, June 2005-June 2009

Influenza

The influenza notification rates for ACT residents aged 15 to 19 and 20 to 24 years were relatively low, and less than the national rate, in both 2005 and 2006 (Table 7). Since 2007, ACT has experienced significantly higher rates of influenza in the 15 to 24 year-olds than seen in previous years and these rates have been higher than national rates.

Table 7: Age-specific influenza notification rates, people 15-24 years, ACT & Australia, 2005-09

	15 to 19 years		20 to 24 years	
	ACT	Aust.	ACT	Aust.
2005	17.1	20.4	17.8	21.1
2006	8.4	16.1	14.1	14.4
2007	187.5	45.7	161.9	43.2
2008	94.5	49.8	126.7	42.2
2009	716.2	412.9	613.7	315.6

Note: Data should be interpreted with caution due to the small number of cases involved (rates per 100,000). 2009 rates were affected by a national swine flu pandemic and increased testing.

Source: ACT Notifiable Diseases Database & the National Notifiable Diseases Surveillance System Population by Age & Sex; Australian States & Territories, ABS Cat. no. 3201.0, June 2005-June 2009

Human Immunodeficiency Virus (HIV)

HIV can severely damage the immune system, resulting in Acquired Immune Deficiency Syndrome (AIDS). AIDS is a disease in which the body's immune system breaks down and is unable to resist opportunistic infections and other illnesses that the body could previously fight.

HIV is transmitted from person to person through sexual contact, sharing of contaminated injecting equipment, transfusion of infected blood and blood products or transplantation of infected tissue and organs. In the ACT, notifications of HIV infection among 12 to 25 year olds is less than five per year.

3.8.2. Hepatitis B and hepatitis C

Hepatitis B

Hepatitis B (HBV) is caused by a virus that targets the liver. Infection can be mild and often goes undetected. Most people who become infected will clear the virus, but some become chronically infected for the rest of their lives. In some cases HBV can cause cirrhosis (scarring) of the liver, liver cancer, liver failure and death.

When an HBV notification is known to be from a recent infection, it is regarded as “incident HBV”. Those who have antibodies from a past infection of HBV are regarded as having “unspecified HBV”.

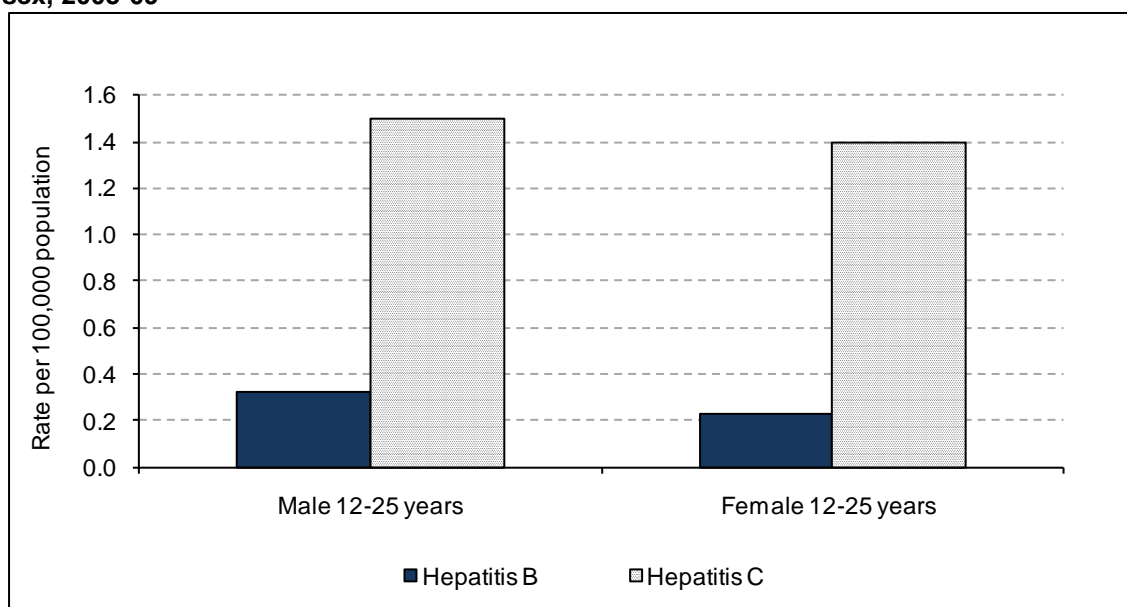
For the 2005-09 period there were five “incident HBV” cases and 82 “unspecified HBV” cases for the 12 to 25 year old age group in the ACT.

Hepatitis C

Hepatitis C (HCV) is caused by a viral infection with a virus first identified in 1989. Infections with HCV are frequently asymptomatic; however, the infection may result in chronic carriage of the virus in 50% of cases, with some of these going on to develop liver cirrhosis (scarring) and possibly liver cancer. The virus is primarily transmitted by contact with an infected person’s blood. The main risk factor for acquiring hepatitis C is intravenous drug use and sharing of injecting equipment.

Between 2005 and 2009 there were 26 incident cases and 143 unspecified cases in the ACT within the 12 to 25 year age group. Figure 12 below shows the age-specific hepatitis B and hepatitis C notification rates for ACT residents aged between 12 and 25 years during the 2005 to 2009 period.

Figure 12: Age-specific hepatitis B & C (incidence) rates, ACT people aged 12-25 years by sex, 2005-09

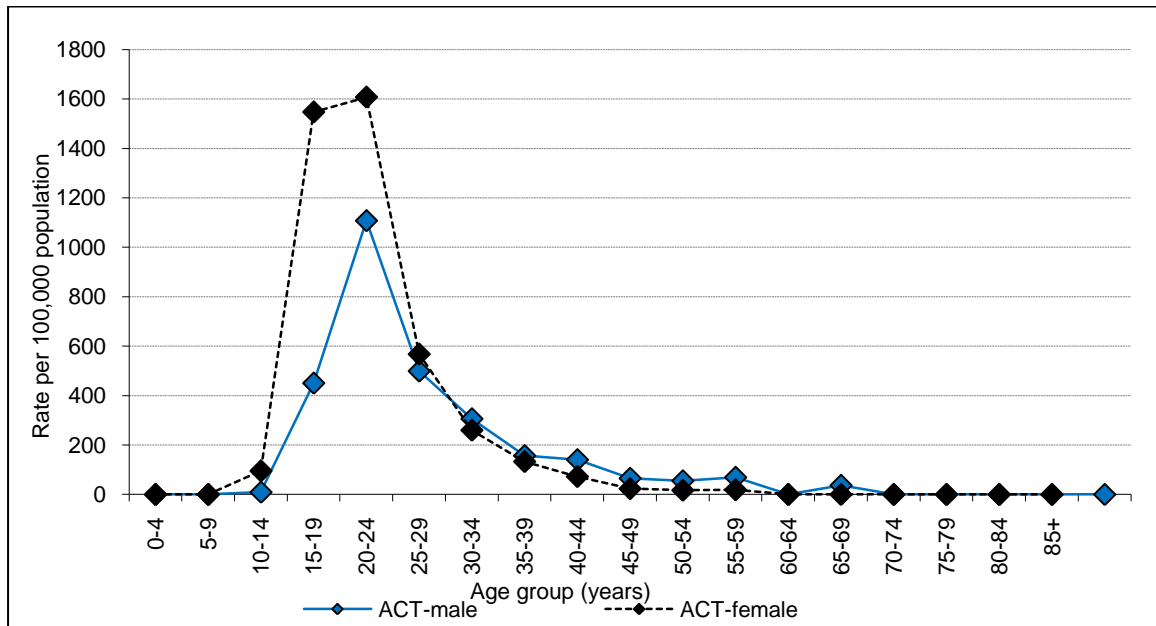


Source: ACT Notifiable Diseases Database; ABS Cat. no. 3201.0 Population by Age & Sex, Australian States & Territories, June 2005-June 2009.

3.8.3. Sexually transmissible infections (STIs)

The rates of chlamydia notifications peak in the 15-24 year age group for both males and females (Figure 13). Rates are higher in females compared to males, this may reflect testing practices.

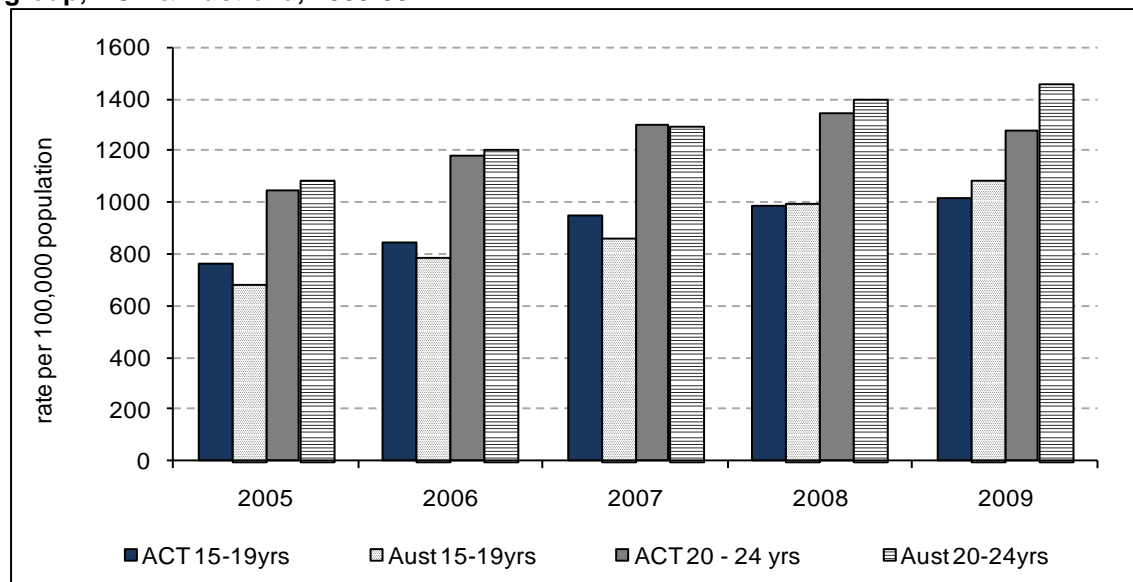
Figure 13: Age-specific chlamydia notification rates by sex, ACT, 2008



Source: ACT Notifiable Diseases Database - extracted in July 2010; ABS Cat. no. 3201.0 Population by Age & Sex, Australian States & Territories, June 2005-June 2008.

Chlamydia notifications have steadily increased in the ACT. An increased awareness of, and testing for, the disease is likely to be a major factor in the steady increase of notifications.

Figure 14: Age-specific chlamydia (notifications) rates, people aged 15-24 years, by age group, ACT & Australia, 2005-09



Source: ACT Notifiable Diseases Database & the National Notifiable Diseases Surveillance System; Population by Age & Sex, Australian States & Territories, ABS Cat. no. 3201.0, June 2005-June 2009.

Notifications of gonococcal and syphilis infections among the ACT's 12 to 25 year olds are low (less than 20 cases a year).

4. Health Behaviours

Health Behaviours Snapshot

- Over 80% of 12 to 17 year-olds and almost 71% of 18 to 25 year-olds in the ACT had a body mass index placing them in a normal weight category, compared with just fewer than 44% of ACT residents aged 26 years and over.
- In 2008, 15.6% of ACT students aged 12 to 17 years were meeting the guidelines for physical activity, with males (17.9%) more likely to do so than females (13.3%).
- Of those aged 18 to 25 years, only 1.5% of males and 10.9% of females reported meeting daily vegetable intake guidelines during the 2007-09 period, compared with around 25% of males and 20% of females in the 12 to 17 year-old age group.
- Risky sun exposure behaviours among the ACT's young people correlate strongly with age, with those aged 12 to 17 years considerably more likely to report getting sunburnt over the previous summer than older age groups.
- The 2008 ASSAD survey indicates that the purchase of cigarettes is relatively easy for students with over half the students reporting it was easy to get someone to purchase cigarettes for them.
- The percentage of 12 to 17 years old students who smoked at least once in the last week fell from 20.4% to 6.7% over the same period. Smoking rates among ACT 18 to 25 year-olds also decreased, from 30.7% in 2001 to 20.2% in 2007 for daily smokers.
- The ACT's 18 to 25 year-olds were more likely to consume alcohol at levels that increase the risk of short-term harm compared to young Australians in general. Rates of risky drinking in this age group increased markedly for males between 2001 and 2007.
- Illicit drug use has decreased over time among the ACT's young people. 37.5% of 12 to 17 year-olds had used at least one illicit drug in their lifetime in 1996; by 2008 this figure had dropped to 14.8%. In 2001, 39.5% of ACT 18 to 25 year-olds reported using illicit drugs in the last 12 months, but by 2008 only 35.2% reported the same.
- The ACT Sexual Health, Lifestyles and Relationships Program data collected between 2004 and 2009 showed that around 76.3% of the secondary college students seen by the program had had sexual intercourse and 11.9% never used condoms.
- In the ACT, fertility rates peaked among women aged 25 to 29 years until the mid 1990s, but by 2008, the peak had moved to the 30 to 34 year age group. The fertility rates of the ACT's Aboriginal and/or Torres Strait Islander women were around four times higher than their non-Aboriginal counterparts in the 19 and under age group, and around double for the 20 to 24 year age group.
- Between 2000 and 2008, up to 50% of ACT pregnant women aged less than 20 years smoked compared with around 30% of 20 to 24 year old pregnant women. Rates for older age groups were, on average, around 15% or less over the same time period. Across all age groups, pregnant ACT Aboriginal and/or Torres Strait Islander women were substantially more likely to smoke than those who were not Aboriginal or Torres Strait Islanders.

4.1. Overweight and obesity

Overweight and obesity in childhood and adolescents is associated with significant increased risk of medical morbidities and psychosocial problems. Cardiovascular risk factors, obstructive sleep apnoea, hepatic steatosis, type 2 diabetes, slipped capital epiphysis, and polycystic ovaries are some examples of the medically significant diagnoses that appear in children and adolescents who are obese.¹¹

Young people who are obese or overweight have a high likelihood of becoming overweight and obese adults. The continuance of overweight and obesity into adulthood sees the above associated health risks persist.

Table 8 indicates that rates of overweight and obesity in the ACT increases with age, ranging from 19.5% in people aged 12 to 17 years to 56.5% in people aged 26 years and older. Rates of obesity increase by about eight-fold between 12 to 17 years and over 26 years and rates more than double in the 18 to 25 year age group.

Table 8: Self-reported BMI status, ACT residents, % by age group, 2007-09

	12 to 17 years	18 to 25 years	26 years and over
Overweight	16.7	22.2	36.8
Obese	2.6	7.0	19.7
Overweight or obese	19.5	29.1	56.5
Normal weight	80.5	70.9	43.5

Notes: (a) BMI categories for adolescents are defined in Cole TJ 1990, The LMS method for constructing normalised growth standards, European journal of clinical nutrition, 44:45-60
(b) 12 to 17 years refers to ACT secondary school students
(c) Data on 12 to 17 year olds is based on the year 2008 only, whereas older age groups are based on results from 2007-09.
Source: ACT Secondary School Alcohol & Drug Survey 2008; ACT General Health Survey, 2007-09

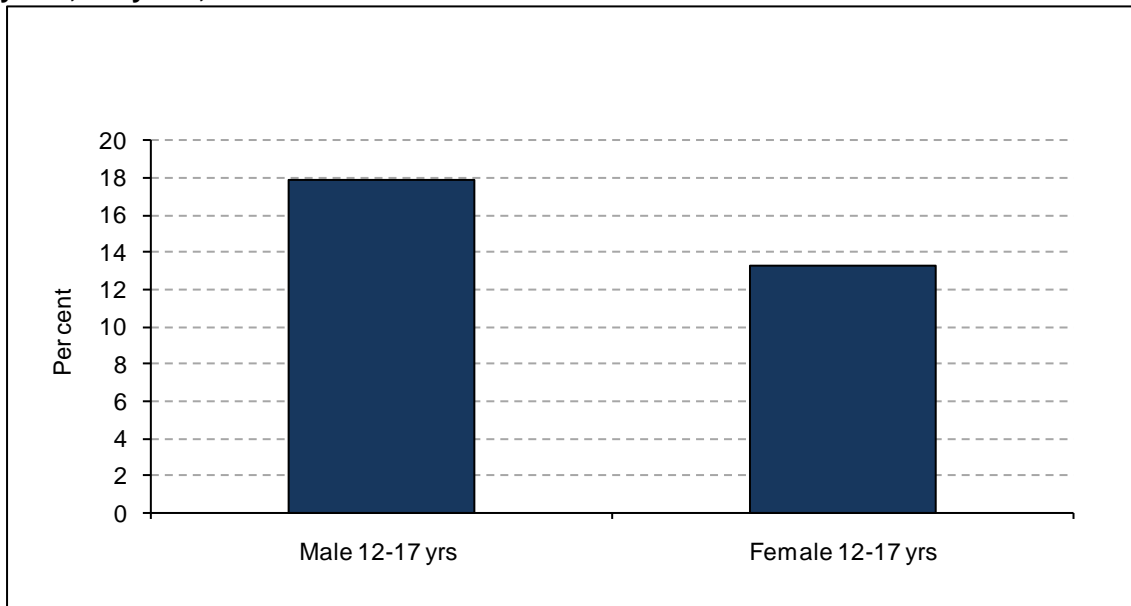
4.2. Physical activity

Adequate levels of physical activity act as a protective factor against many chronic conditions. Physical activity supports the maintenance of healthy bones and muscles, improves cardiovascular health, reduces the symptoms of depression, anxiety and stress and reduces the risk of overweight and obesity. Positive patterns of physical activity that are learned in adolescence can result in lifelong health gain if carried into adulthood.

Australian guidelines recommend that people under the age of 18 years should engage in 60 minutes of moderate to vigorous physical activity each day of the week. However, guidelines for older people are less stringent with the recommendation being 30 minutes of moderate physical activity on at least 5 days a week.

Results from the 2008 ACT Secondary Student Alcohol and Drug Survey indicate that only 15.6% of students aged between 12 and 17 years are meeting the guidelines for physical activity with males (17.9%) more likely to be doing so than females (13.3%) (Figure 15). When looking at students who are meeting the less stringent guidelines for adults the proportion increases to 34.4% with males (38.2%) also more likely to achieve these guidelines than females (30.5%).

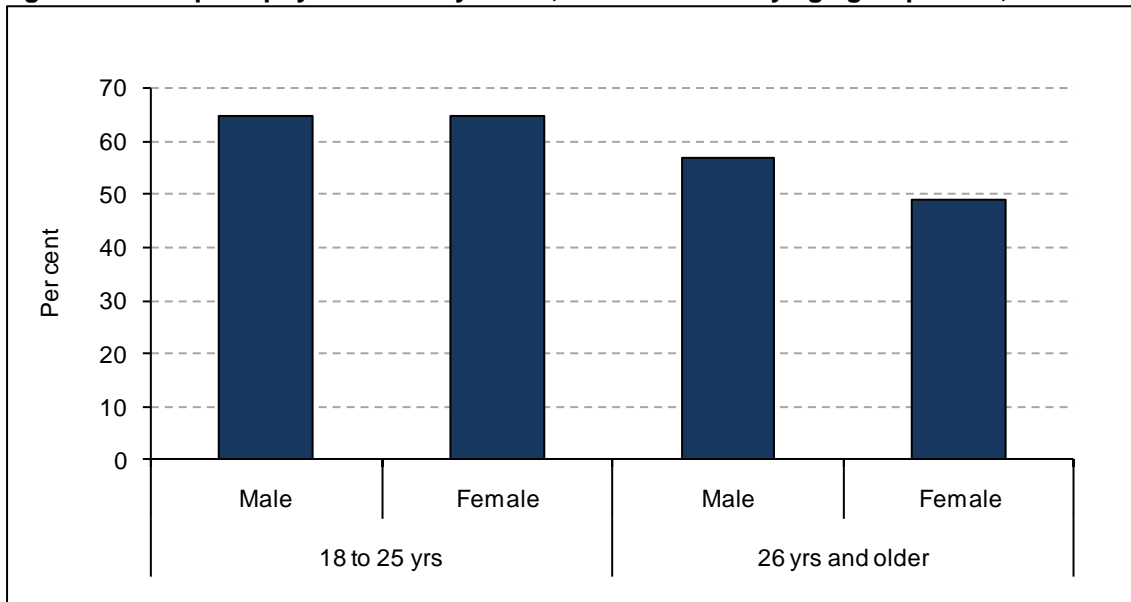
Figure 15: Adequate physical activity levels, ACT secondary school students aged 12-17 years, % by sex, 2008



Source: ACT Secondary School Alcohol & Drug Survey 2008

Figure 16 shows that the proportion of people aged between 18 to 25 years are more likely to meet the Australian guidelines for physical activity levels than their older counterparts. During the period 2007-08, more than two-thirds (65%) of younger males and females met the guidelines compared to 57% of older males and 49% of older females.

Figure 16: Adequate physical activity levels, ACT residents by age group & sex, 2008



Note: Adequate physical activity levels are those meeting Australian Guidelines.

Source: ACT General Health Survey, 2007-09

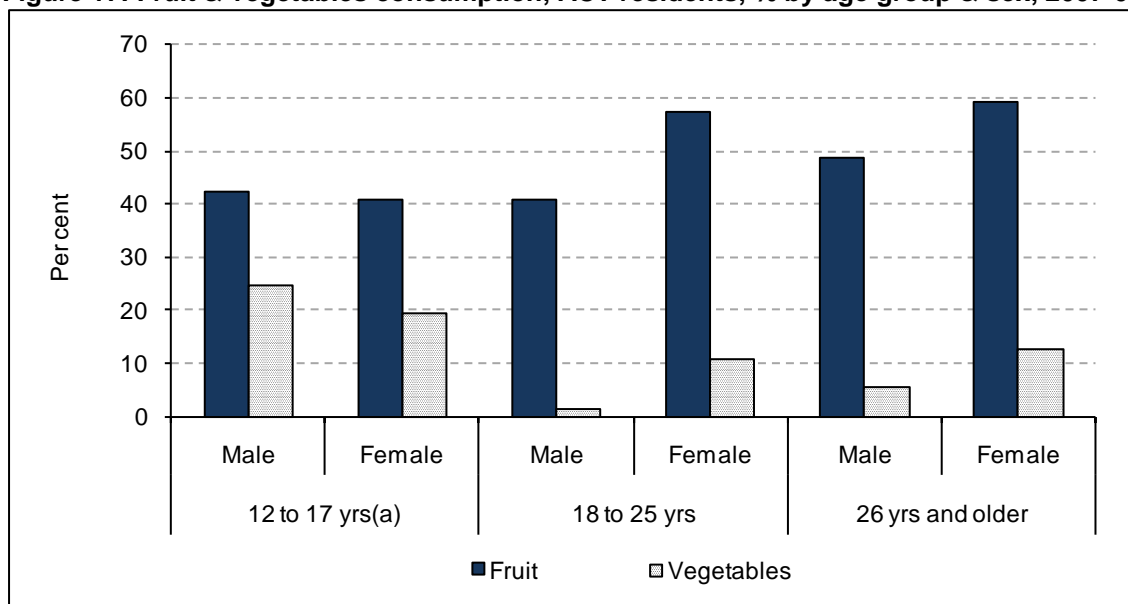
4.3. Nutrition

Sufficient nutrition is important during all life stages to ensure good health and wellbeing are maintained. The adolescent period is of particular importance due to rapid growth and development during this time. To ensure normal growth and development are supported, adequate nutrition during the adolescent period is essential. Australian guidelines recommend that people aged 12 to 18 years consume 3 serves of fruit and 4 serves of vegetables each day. For people aged 19 years and over, the guidelines recommend 2 serves of fruit and 5 serves of vegetables each day.¹¹

Survey data indicate that a greater proportion of people in all age groups are meeting the guidelines for fruit intake compared to vegetable intake. Young people age 12 to 17 years (males:42.4%, females:40.8%) were similar in their intake to young adults aged 18 to 25 years (males:41%, females:57.5%) but less likely to meet the guidelines than people aged 26 years and older (males:48.8%, females:59.3%).

In terms of vegetable intake, people aged 12 to 17 years were more likely to meet the guidelines (males:24.9%, females:19.5%) than other age groups. Only 1.5% of males aged 18 to 25 years reported to have met the guidelines for vegetable intake with 10.9% of females reporting these levels. Less than 6% of males and 12.8% of females aged 26 years and older reported to meet the guidelines for vegetable intake.

Figure 17: Fruit & vegetables consumption, ACT residents, % by age group & sex, 2007-09



Note: (a) 12 to 17 years refers to ACT secondary school students.
 (b) Adequate fruit and vegetable consumption are those meeting the Australian Guidelines.
 Data on 12 to 17 year olds is based on the year 2008 only, whereas older age groups are based on results from 2007-09.

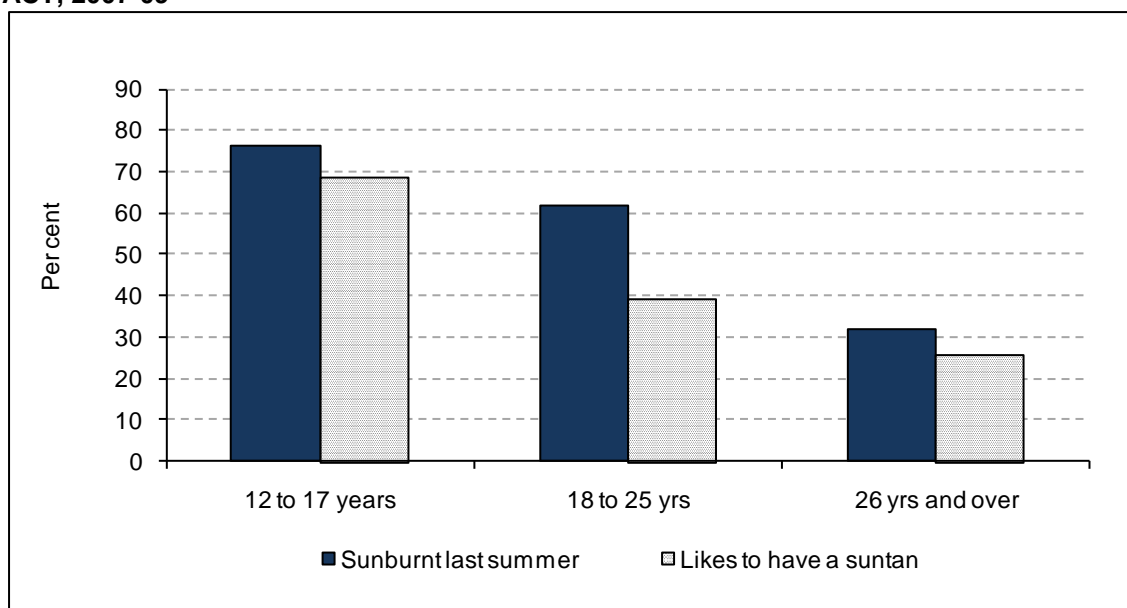
Source: ACT Secondary School Alcohol & Drug Survey 2008; ACT General Health Survey, 2007-09

4.4. Sun exposure and protection

Childhood and adolescence is a critical period in which excessive exposure to the sun increases the person's risk of skin cancer later in life. Therefore monitoring the sun protection habits of young people is imperative to ensure that behaviour change that creates safer exposure levels can be obtained.

Survey results indicate a significant difference in the proportion of young people aged 12 to 17 years (76.3%) reporting sunburn over the previous summer compared to older age groups (18 to 25 years:61.7%, 26 years and over:31.8%). In addition, preferences for getting a sun tan show a similar age-related pattern with 68.5% of people aged 12 to 17 years showing this preference, compared to 39% of people aged 18 to 25 years and 25.7% aged 26 years and older.

Figure 18: Reported sunburn last summer & attitude to having a suntan, % by age group, ACT, 2007-09



Note: 12 to 17 years refers to ACT secondary school students based on the year 2008 only. Older age groups are based on results from 2007-09.

Source: ACT Secondary School Alcohol & Drug Survey 2008; ACT General Health Survey, 2007-09

Differences between age groups are also evident in relation to sun protection activities, with only 29% of people aged 12 to 17 years reporting to wear a hat on sunny days in summer, compared to 33% of 18 to 25 year-olds and 65% of people aged 26 years and older (Table 9).

There were similar proportions between the age groups reporting wearing SPF 30+ on sunny days. However 12 to 17 year-olds (27%) were less likely to report staying mainly in the shade on sunny days than other age groups.

Table 9: Sun protection activities participated in 'usually' or 'always' type, % by age group 2007-09

	12 to 17 years	18 to 25 years	26 years and older
Wear hat on sunny days in summer	29.2	33.0	65.3
Wear sunscreen (SPF 30+) on sunny days	43.7	47.1	50.1
Stay mainly in the shade on sunny days	27.0	44.5	56.8
Wears sunglasses on sunny days	NA	55.9	66.6

Note: 12 to 17 years refers to ACT secondary school students based on the year 2008 only. Older age groups are based on results from 2007-09.

Note: NA=Not available.

Source: ACT Secondary School Alcohol & Drug Survey 2008; ACT General Health Survey, 2007-09

4.5. Substance use – alcohol, tobacco and illicit substances

The transition to adulthood poses many challenges for young people in establishing habits and making choices that can impact upon their long-term health and wellbeing. During this period, young people may experiment with alcohol, tobacco and illicit substances in ways that potentially pose risks to their health.

Tobacco smoking is the single most preventable cause of premature death and chronic disease in Australia. Tobacco smoking is responsible for 19,000 deaths every year across Australia. It is known to cause damage to nearly every organ in the body and is causally linked to a range of cancers.¹⁰

Alcohol is the second highest cause of death in Australia. The frequency and volume of alcohol use amongst young people may pose risks to a young person's health and wellbeing as their capacity to make decisions is impaired, they may misjudge their own personal safety in social situations and be at a higher risk of injury or death.

Illicit substance use is estimated to account for about 2.0% of the burden of disease and injury in Australia. Illicit drugs are a direct cause of death and disability as well as being risk factors for conditions such as HIV/AIDS, hepatitis, low birth weight, inflammatory heart disease, poisoning, and suicide and self-inflicted injuries.¹²

4.5.1. Tobacco use

Results from the ACT Secondary Student Alcohol and Drug (ASSAD) Survey indicate a decrease over time in the proportion of students aged 12 to 17 years reporting to be current smokers (i.e. smoking at least once in the previous 7 days, and those who smoke daily). These proportions range from 9.3% in 1996 to 2.5% in 2008 for daily smokers and 20.4% in 1996 to 6.7% in 2008 for current smokers. However, differences between 2005 (daily smokers=2.9%, current smokers=8.6%) and 2008 were not significant.

Although the 2007 prevalence of daily smoking among people aged ACT 18 to 25 years is considerably higher (20.2%) than secondary school students, Table 10 shows similar decreases in prevalence over time. Data from 2001 indicate that the prevalence in 2007 represents a decrease of about 30%. Comparisons with Australian young people (17.3%) show a slightly greater prevalence of daily smoking within the ACT, but the decrease in the daily smoking rate is sharper in the ACT.

Table 10: Smoking status, people aged 18 - 25 years, %, ACT & Australia, 2001 & 2007

	ACT 2007	Aust. 2007	ACT 2001	Aust. 2001
Daily smoker	20.2	17.3	30.7	24.4
Current occasional - weekly	1.6	2.5	3.7	3.4
Current occasional - less than weekly	1.2	2.5	6.3	4.7
Ex-smoker	8.6	9.2	10.2	10.9
Never smoked (more than 100)	68.3	68.4	49.1	56.5

Source: AIHW National Drug Strategy Household Survey, Confidentialised Unit Record File, 2007-08

4.5.2. Student purchase of cigarettes or alcohol

Results from the 2008 ASSAD survey indicate that purchasing cigarettes is relatively easy for students. When asked how easy it might be to buy cigarettes, around half of students (52%) reported it easy to get someone to purchase their cigarettes, with older students (64%) more likely to report this than younger students (46%).

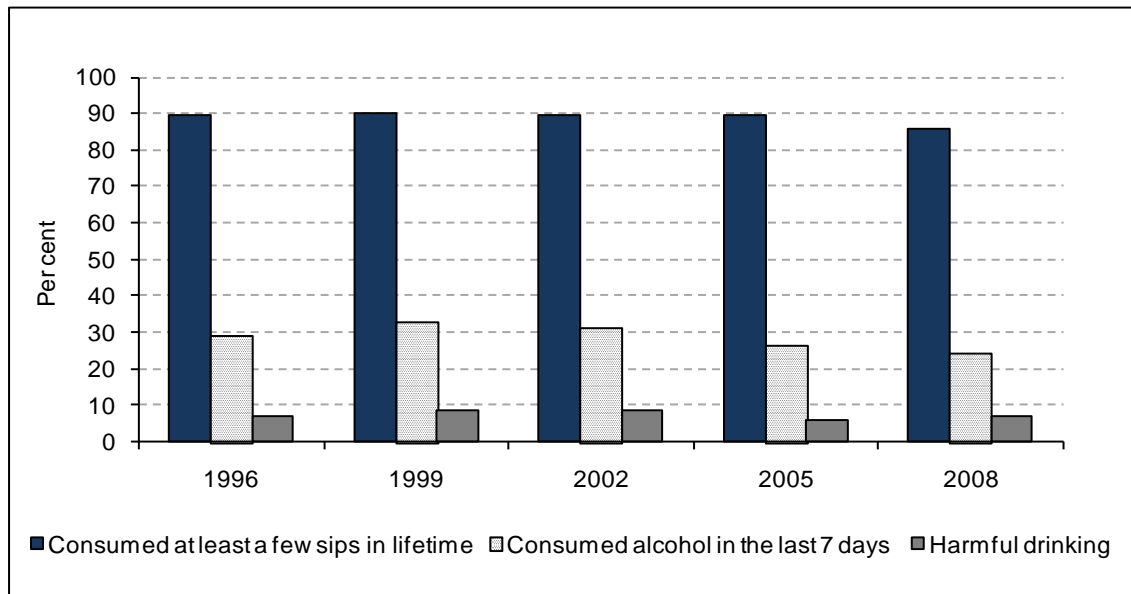
A quarter of males (25%) and 17% of females found it easy to purchase their own cigarettes with older students (33%) finding it easier than younger students (17%). Just over half of all students reported to have been asked for proof of age (58%). This represents a significant decrease from the percentage of students reporting to have been asked for proof of age in 2005 (66%).

Results from the 2008 ASSAD survey indicate that secondary students find it relatively easy to obtain alcohol with 39% reporting that their parents gave it to them. One in five reported that friends gave them alcohol and 18.3% reported that they got someone to buy it for them. Of those reporting having got someone else to buy their alcohol, 73.4% reported that it was a friend aged 18 years and over.

4.5.3. Alcohol consumption

Alcohol consumption among ACT secondary students aged 12 to 17 years has generally remained relatively stable over the years (Figure 20). However, the proportion of students reporting to have ever tried alcohol has decreased over the years, from 89.7% in 1996 to 85.9% in 2008. Consumption of alcohol at levels that increase the short-term risk of harm¹ on a weekly basis have not changed since 1996.

Figure 19: Alcohol consumption patterns, ACT secondary student aged 12-17 years, %, 1999-2008



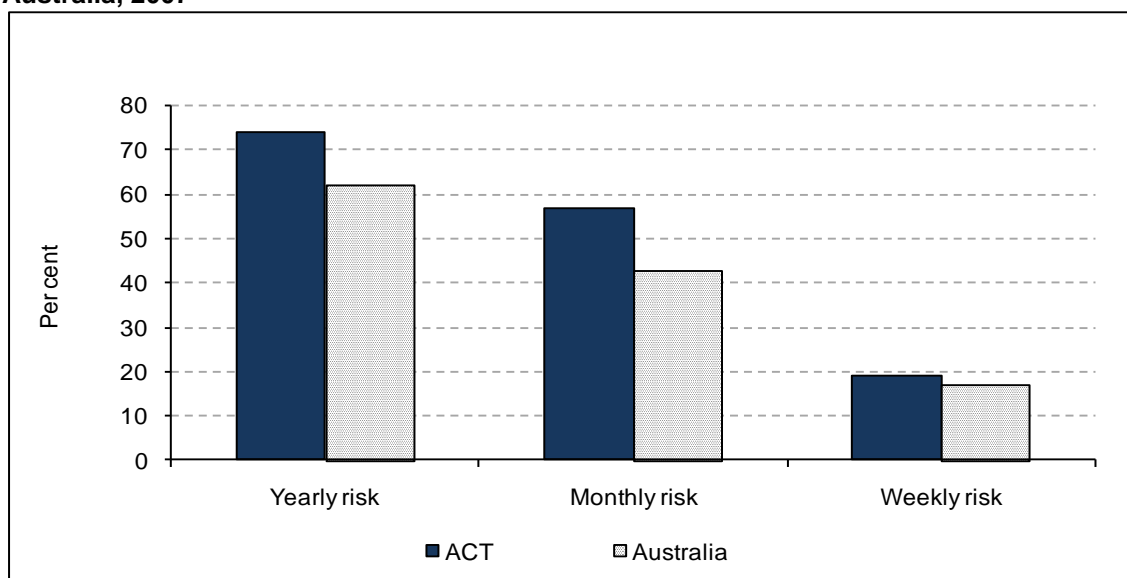
Source: ACT Secondary School Alcohol & Drug Survey, 1996 to 2008

Results from the 2007 National Drug Strategy and Household survey show that 54.8% of ACT young people aged 18-25 years consumed alcohol in the previous week. This compares to 47.9% of young people in this age group across Australia as a whole. In addition, the majority of young people in this age group reported to have consumed at levels that were risky or highly risky to their health in the short-term.

Figure 20 shows that in 2007, 1 in 5 ACT people aged 18 to 25 years reported to drink at risky levels at least weekly, 57% at least monthly and 74% at least yearly. In Australia as a whole, 18% of young people in this age group reported to drink at risky levels at least weekly, 43% at least monthly and 62% at least yearly.

¹ Short-term harm (NHMRC 2001); Males=consumption of 7 drinks or more during a single session; Females=consumption of 5 drinks during a single session.

Figure 20: Risk of alcohol related harm in the short-term, people aged 18-25 years, %, ACT & Australia, 2007



Source: AIHW National Drug Strategy Household Survey, Confidentialised Unit Record File, ACT & Australia, 2007

Table 11 shows an increase in the risk of alcohol-related harm in the short term for ACT 18 to 25 year-old males between the period of 2001 to 2007. In 2007, 25.3% of ACT males drank at risky levels at least weekly. More than two-thirds were doing this monthly and 80.1% were doing this yearly. The proportions of ACT males drinking at risky levels were on average 20% higher than their Australian counterparts as well as 20% higher in comparison with 2001.

Female risky drinking patterns in the ACT during 2007 were slightly higher than their Australian counterparts in terms of yearly and monthly risk and slightly lower at the weekly risk level. Patterns for ACT females in 2007 were less than levels reported in 2001.

Table 11: Risk of alcohol related harm in the short-term, people aged 18-25 years, % by sex, ACT & Australia, 2007 & 2001

	ACT		Australia	
	Male	Female	Male	Female
2007				
Yearly risk	80.1	67.3	62.1	61.2
Monthly risk	66.7	45.5	44.9	41.6
Weekly risk	25.3	11.4	18.0	15.4
2001				
Yearly risk	72.1	69.3	65.3	61.6
Monthly risk	45.0	53.2	45.6	43.6
Weekly risk	19.7	16.0	16.1	13.5

Source: AIHW National Drug Strategy Household Survey, Confidentialised Unit Record File, ACT & Australia, 2007 & 2001

4.5.4. Illicit and other drug use

Survey results indicate a general decrease in the use of illicit substances in ACT people age 12 to 25 years over time.

Table 12 indicates a significant decrease in the proportion of students reporting to use illicit substances between 1996 and 2008, with 14.8% reporting to have used any illicit in 2008, compared to 37.5% in 1996. This decrease is driven primarily by the decrease in the use of cannabis.

Table 12: ACT secondary school students reporting use of illicit substances, 12-17 years, % by survey year, 1996-2008

	Year of survey				
	1996	1999	2002	2005	2008
Used at least one illicit drug in lifetime	37.5	35.0	29.6	20.3	14.8
Used at least one illicit drug in last week	11.6	9.7	7.8	4.8	3.7
Used cannabis at least once in lifetime	36.4	33.5	28.1	16.9	13.2
Current (in last 7 days) cannabis users	10.7	8.8	7.6	3.7	2.7
Used inhalants at least once in lifetime	26.7	25.1	19.6	17.6	17.7
Used inhalants at least once in the last week	6.5	6.4	6.2	5.2	3.6
Used tranquilizers at least once in lifetime	20.6	19.1	15.1	14.7	19.4
Used hallucinogens at least once in the last week	2.6	2.2	1.6	2.1	2.7
Used hallucinogens at least once in lifetime	8.0	7.1	4.0	4.1	2.4
Used amphetamines at least once in lifetime	6.1	7.7	6.1	5.8	3.3
Used steroids at least once in lifetime	2.5	3.7	4.1	2.8	2.4
Used heroin at least once in lifetime	4.6	4.0	2.5	2.3	1.8
Used cocaine at least once in lifetime	4.2	4.7	3.4	3.4	1.6
Used ecstasy at least once in lifetime	4.5	4.5	5.3	5.0	3.8
Used multiple substances at least once in the last week	6.7	5.2	4.4	2.3	1.4
No use of any substance in lifetime	9.0	8.8	8.1	9.5	13.6

Note: Multiple substance use refers to the use of tobacco, alcohol and at least one illicit drug on at least one occasion in the previous 7 days.

Source: ACT Secondary School Alcohol & Drug Survey, 1996 to 2008

Table 13 also shows decreases in illicit drug use for people aged 18 to 25 years, both in the ACT and Australia. In 2007-08, 35.2% of ACT residents aged 18 to 25 years reported to have used any illicit drugs in the previous 12 months (compared to 39.5% in 2001). Rates are higher in the ACT, particularly in regards to ecstasy (ACT:17.4%, Aust:11%) and cannabis (ACT:25.3%, Aust.:20.9%).

Table 13: Illicit drug use in the previous 12 months, residents aged 18-25 years, %, ACT & Australia, 2007-08 & 2001

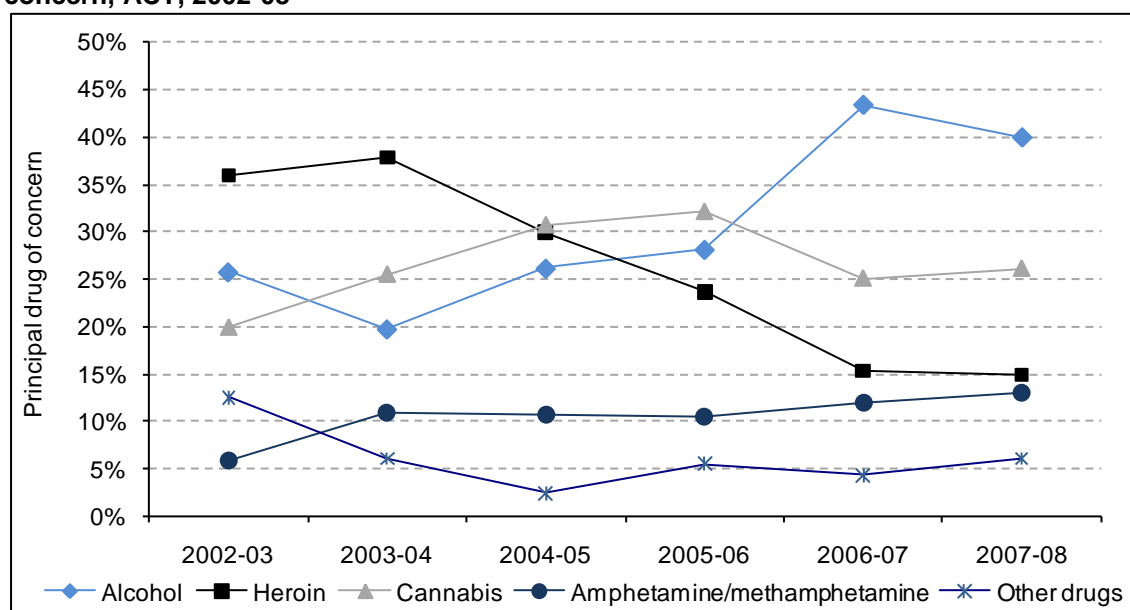
	2007-08		2001	
	ACT	Australia	ACT	Australia
Amphetamines	5.4	5.8	21.3	12.6
Cocaine	2.8	4.5	6.7	4.5
Methadone	0.8	0.1	0.0	0.2
Ecstasy	17.4	11.0	22.4	11.6
Hallucinogens	2.7	2.3	4.9	3.9
Heroin	0.0	0.4	1.1	0.7
Inhalants	2.3	0.6	1.9	1.1
Cannabis	25.3	20.9	35.7	31.8
Steroids for non-medical purposes	0.0	0.3	0.5	0.2
Tranquillisers	1.0	2.7	3.2	2.9
Any illicit	35.2	27.0	39.5	36.8

Source: AIHW National Drug Strategy Household Survey, Confidentialised Unit Record File, ACT and Australia, 2007 & 2001

Figure 21 presents the proportion of young people aged 12 to 25 years who sought treatment for substance use in the ACT for a particular drug of concern, by the top five drug categories. These data show that while there were only small fluctuations in the proportion seeking treatment for cannabis and other drugs, there was an increase (from 6% to 13%) in the proportion seeking treatment for amphetamine or methamphetamine use between 2002-03 and 2007-08.

During the same period, the percentage of young people seeking treatment for alcohol use rose significantly (from 26% to 40%), while the percentage who sought treatment for heroin use declined (from 36% to 15%).

Figure 21: Substance use, people seeking treatment, % aged 12-25 years, principal drugs of concern, ACT, 2002-08



Note: Excludes clients not seeking treatment for their own drug use.
Years are described as financial years.

Source: ACT Alcohol & Drug Information System data, 2002-30 to 2007-08 (unpublished)

4.6. Sexual and reproductive health

The National Survey of Secondary Students and Sexual Health sought information on a range of sexual health and related issues. Whilst individual jurisdictional information is not available, national collection results are interesting and relevant for the ACT.

Results showed no gender differences in students' HIV knowledge although young women demonstrated better knowledge generally than young men in relation to sexually transmissible infections (STIs), Human Papilloma Virus (HPV), and hepatitis. From 2002, there was a marked improvement in knowledge among students about sexually transmissible infection (STI) in 2008 results. Despite this, in some areas student STI knowledge remained relatively poor.¹³

Hepatitis A, B and C knowledge remained relatively poor although there was some improvement in student knowledge of Hepatitis B and C. Understanding of cervical cancer and HPV (measured for the first time in the 2008 study), was also found to be poor.¹³

With regard sexual activity, over three quarters of students (78%) had experienced some form of this activity. There was an increase in the proportion of students who had experienced sexual intercourse between 2002 (35%) and 2008 (40%) and nearly 1 in 10 students reported their most recent sexual encounter was with a person of their own sex.

Condom use by students remained stable between 2002 and 2008. More students in the 2008 survey reported using some form of contraception the last time they had sex.¹³

Between 2002 and 2008 there was an increase in student confidence with respect to talking with their parents about sex and sexual health related matters.¹³

There was a significant increase from 2002 (28%) to 2008 (38%) in young women's experience of unwanted sex.¹³

Sexual Health, Lifestyles and Relationships Program (SHLiRP)

In the ACT, sexual health programs for young people are offered through the Department of Education secondary schools curriculum as well as through specific community health programs targeting young people.

Research shows that young people are increasingly seeking information about sexuality, sex and sexual health - it is therefore all the more important that they have access to information which is reliable, responsible and professional. Collaborative programs such as the Sexual Health, Lifestyles and Relationships Program (SHLiRP) tap into this need and support young people to have access to reliable and factual information relating to their sexual health. The data collected from this program provide insight into the sexual health of secondary college students in the ACT. It is important to note that this program is voluntary and is therefore biased (is most likely to represent students that are sexually active than students who are not).

SHLiRP is a collaboration between Sexual Health and Family Planning ACT (SHFPACT) and The Canberra Sexual Health Centre (CSHC), located at The Canberra Hospital. The program delivers sexual health screening clinics, and sexual health / sexuality education to secondary colleges in the ACT.

The following is a summary of the program participant data collected for the period 2004 - 09. During this time 2441, students, (1,378:female, 1,063:male, median age 17 years) an average 26.9% of the student body, attended for a SHLiRP clinical consultation.

- 76.3% of these students reported having had sexual intercourse;
- 88.9% reported being currently sexually active;
- 11.9% reported "never" using condoms;
- 3.6% reported same sex attraction;
- 1.6% reported being attracted to both sexes;
- median number of partners in the past 6 months was 1 (range 0-15);
- average age for sexual intercourse for the first time was 15.8 years and the median age was 16 years (range 10-19 years).

More information about CSHC is available at www.health.act.gov.au/sexualhealth

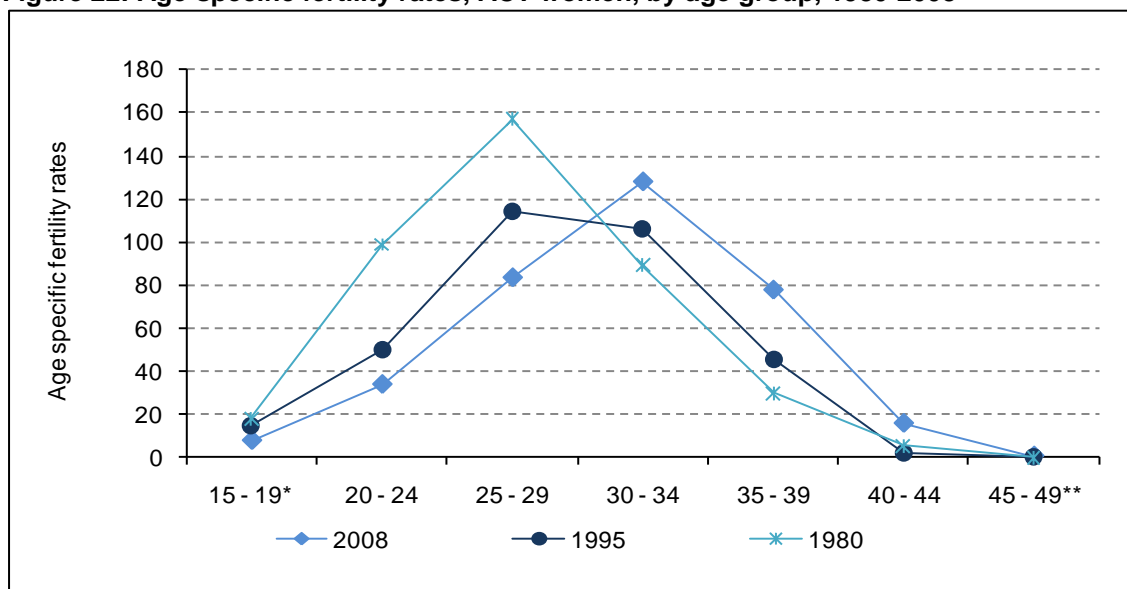
More information about SHFPACT is available at www.shpfact.org.au

4.6.1. Fertility rates.

Since 1980 there has been a notable movement in the age specific fertility rate in the ACT, with a shift to higher rates in older age groups. Fertility rates peaked among women aged 25 to 29 years until the mid 1990s, but by 2008, the peak had moved to the 30 to 34 year age group (Figure 23).

The teenage fertility rate for Aboriginal and Torres Strait Islander women between 1997 and 2008 was approximately four times higher than that of non-Aboriginal women in the ACT. The fertility rate for Aboriginal and Torres Strait Islander women aged 20 to 24 years was twice as high for non-Aboriginal women in the same age group.

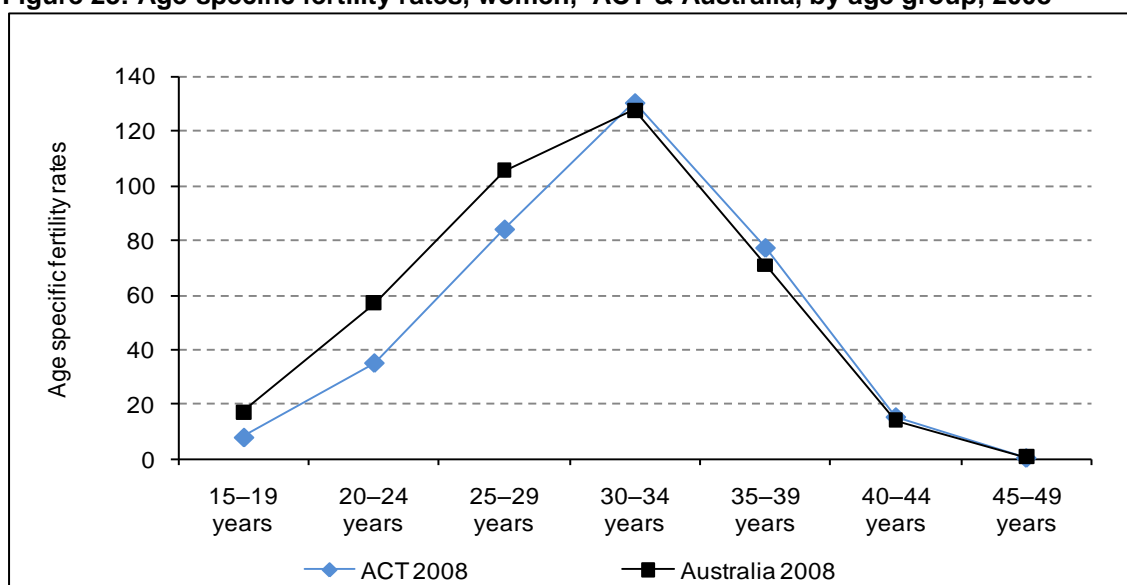
Figure 22: Age-specific fertility rates, ACT women, by age group, 1980-2008



Note: ASFR - Age Specific Fertility Rates per 1,000 women
 By definition, all births for women aged less than 15 years are included in the 15-19 age group.
 By definition, all births for women aged 50 years and older are included in the 45-49 age group.
 Source: ACT Maternal Perinatal Data Collection; Estimated Residential Population by sex & age, ABS Cat. no: 3201.0

Figure 23 compares the ACT fertility rate to the national rate. It can be seen that in 2008, ACT women under the age of 30 years were less likely to give birth and if over 35 years were slightly more likely to give birth than their Australian counterparts.

Figure 23: Age-specific fertility rates, women, ACT & Australia, by age group, 2008



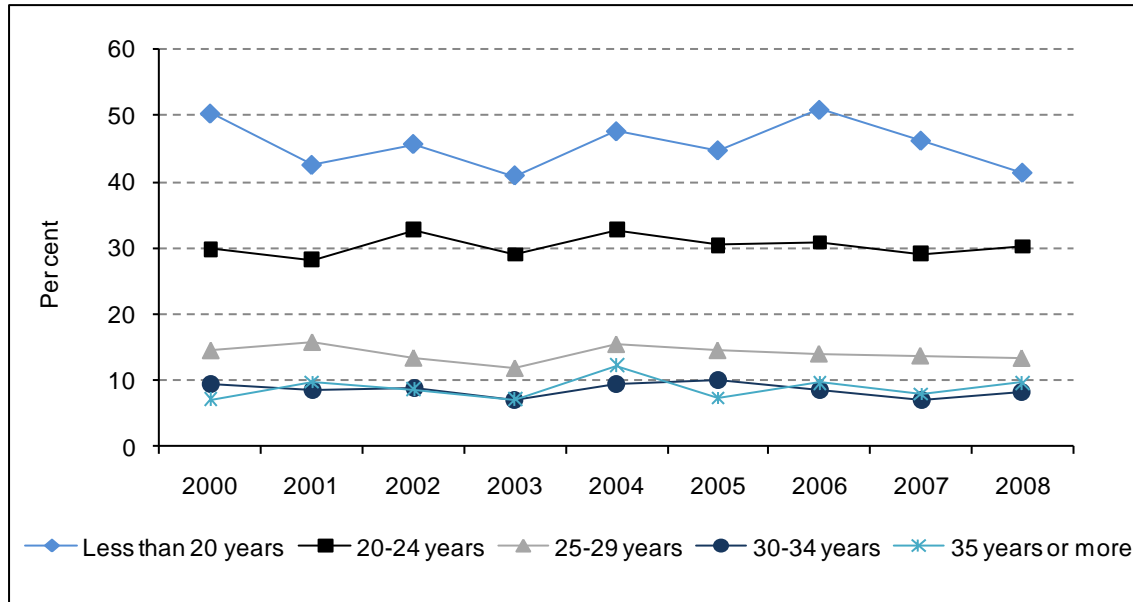
Note: ASFR - Age Specific Fertility Rates per 1,000 women
 By definition, all births for women aged less than 15 years are included in the 15-19 age group.
 By definition, all births for women aged 50 years and older are included in the 45-49 age group.
 Source: ABS 2009, Births Australia, 2008. Cat.no. 3301.0

4.6.2. Smoking during pregnancy

Smoking during pregnancy is an important risk factor for adverse peri-natal outcomes. Self reported data on cigarette smoking were collected from women who gave birth in the ACT from 2000 to 2008. Figure 24 shows that smoking during pregnancy decreased dramatically with maternal age. Women in younger age groups were significantly more likely to use tobacco during pregnancy, with smoking rates for teenage women who gave birth approaching 50%. There has been little change in smoking

rates for each age group over the past nine years. This suggests that the slight decrease in smoking rates seen may be attributed to the increase in the proportion of women in the older age groups (with lower smoking rates) giving birth.

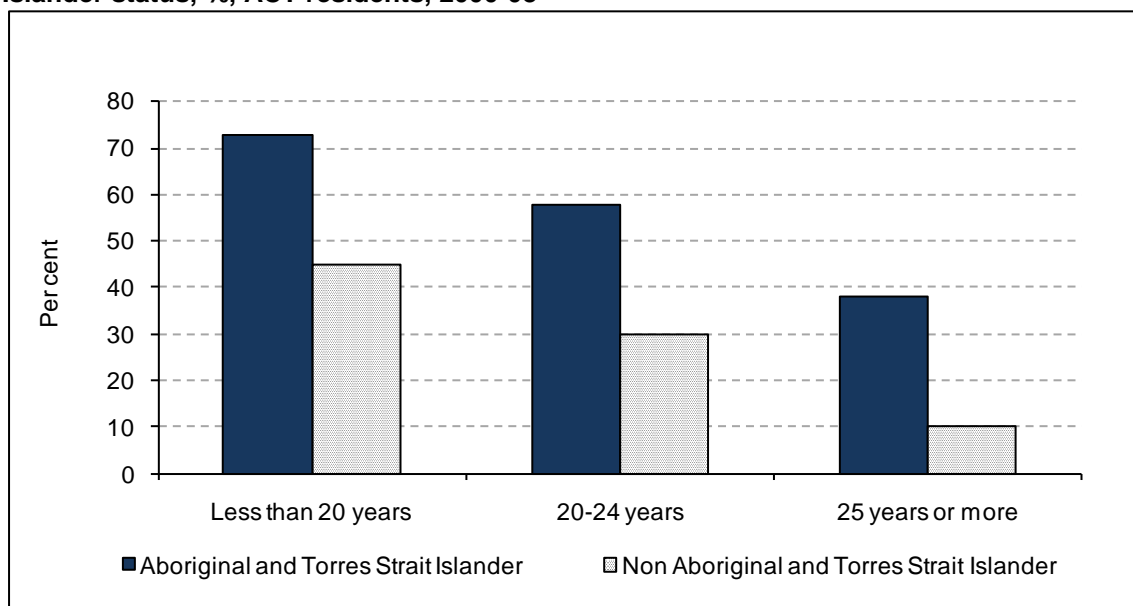
Figure 24: Smoking status during pregnancy, by maternal age group, %, ACT residents, 2000-08



Source: ACT Maternal Perinatal Data Collection, 2000-2008

Figure 25 shows that 73% of young Aboriginal and Torres Strait Islander women aged under 20 and over half (58%) of those aged 20 to 24 years reported that they smoked during pregnancy. Comparatively, just under half (45%) of young non-Aboriginal and Torres Strait Islander women under the age of 20 years and just under one-third (30%) of those aged 20 to 24 years reported smoking during pregnancy. These figures are markedly higher than both population groups' older counterparts.

Figure 25: Smoking during pregnancy by maternal age group & Aboriginal & Torres Strait Islander status, %, ACT residents, 2000-08



Source: ACT Maternal Perinatal Data Collection, 2000-2008

5. Social Determinants

Social Determinants snapshot

- A higher proportion of ACT's 15 to 25 year-olds participated in volunteer work in 2006 than the national average.
- 96.3% of ACT young people aged 18 to 24 years felt that they could ask for small favours from people living outside their household, compared with 93.1% of their peers nationally.
- ACT 18 to 24 year-olds were more likely to report wages as their primary source of household income than young Australians overall, and were also more likely to report that the householder owned the home (with or without a mortgage).
- A much larger proportion of ACT 18 to 24 year-olds lived in the highest equivalised household income quintile than young Australians in general, and fewer ACT young people reported financial stress.
- 18 to 24 year-olds in the ACT had relatively high levels of involvement in cultural, political and sporting activities in their community than young Australians generally. They frequented art galleries, museums, popular music concerts and dance performances at rates above the national average, as well as having higher rates of participation in sport and physical recreation and a greater proportion of registered voters.
- The age-specific rate per 100,000 population of substantiated (by relevant authorities) of suspected abuse or neglect of an ACT young person aged 12 to 17 years dropped between 2005-06 and 2008-09. The rate of ACT 12 to 17 year-olds on care and protection orders rose for males between 2005-06 and 2008-09 but fell for females until 2007-08 before increasing in 2008-09.
- In 2009 age-specific rates per 100,000 population of sexual assault on young people aged 15 to 24 years were lower for the ACT than nationally. Robbery rates were slightly higher. 46.9% of young assault victims and 65.2% of sexual assault victims in the ACT reported knowing their attacker.
- In 2006, 38% of the ACT's homeless were aged 12 to 24 years, compared with 31% nationally.
- The ACT rate for 12-17 year olds who were under juvenile justice supervision during the period 2004-05 to 2007-08 has had small fluctuation. The rate for young males is consistently higher than young females – on average, almost three quarters (73.1%) of ACT young people under juvenile justice supervision were male during this period.
- Between 2008 and 2010, ACT year 7 and year 9 students consistently performed above the national average for reading, writing and numeracy. The ACT apparent school retention rates from year 7/8 to year 12, were consistently higher than the rest of the country between 2005 and 2009.
- Between 2005 and 2009, the unemployment rate for young people aged 15 to 24 years in the ACT remained consistently lower than that of their Australian counterparts.

5.1. Volunteering

Census data in Table 14 show that participation in volunteer work by young ACT people aged 15 to 25 years was markedly higher than the national average for that age group (23.2%, compared with 14.5% nationally). This was the case for both males and females. The proportion of ACT young people providing unpaid assistance to a person with a disability (4.1%) was similar to the national average (4.5%).

Table 14: Selected social capital indicators, people aged 15-25 years, %, ACT & Australia, 2006

	ACT			Australia		
	Male	Female	Persons	Male	Female	Persons
Did volunteer work for an organisation or group	20.1%	26.7%	23.2%	12.4%	16.6%	14.5%
Provided unpaid assistance to a person with a disability	3.5%	4.7%	4.1%	3.8%	5.3%	4.5%

Source: ABS Source: ABS CDATA, Census 2006

5.2. Access to support in a time of crisis from persons living outside the household

Table 15 presents ACT and national comparisons for a number of selected personal support indicators, which help to provide a picture of the social support networks young people are able to draw upon when required. There is a large body of evidence that indicates there is a positive relationship between social support and a person's good physical and psychological health.

The proportion of ACT residents aged 18 to 24 years reporting that they had had face to face contact with family or friends living outside the household in the last week was slightly above the figure for all Australians. However, both the ACT and national proportions had dropped between 2002 and 2006. The proportions reporting that they were able to get support in a time of crisis from persons living outside the household also dropped for both ACT residents and all Australians between 2002 and 2006, although the percentage of both ACT and Australian young people who felt that they could ask for small favours from persons living outside the household increased slightly during the same period.

Table 15: Selected personal support indicators, people aged 18-24 years, %, ACT & Australia, 2002 & 2006

	2002		2006	
	ACT	Aust	ACT	Aust
Family and community support in the last week	98.9	95.1	83.5	83.2
Able to get support in time of crisis from persons living outside the household	98.1	97.8	95.2	95.3
Sources of support in time of crisis:				
Friend	87.2	81.5	85.6	80.2
Neighbour	18.5	25.4	23.3	20.7
Family member	86.0	82.9	79.6	80.5
Work colleague	36.4	28.4	35.1	29.7
Community, charity or religious organisation	10.4	10.5	16.3	12.7
Local council or other government services	9.2	6.6	2.9	3.6
Health, legal or financial professional	14.0	9.9	7.4	6.3
Could ask for small favours from persons living outside the household	94.6	92.8	96.3	93.1

Source: General Social Surveys 2002 & 2006; ABS Cat. no. 4159.0.55.006 & 4159.8.55.001

5.3. Young people's values and issues of concern

The following information from Mission Australia's *National Survey of Young Australians 2010: key and emerging issue*, provides insights into ACT young people's values, issues of concern, sources of advice and support, community participation and their feelings about the future.

The ACT had 1,488 respondents in the Mission Australia, 2010, survey. The majority of these respondents (95.6%) were living with family, as were respondents nationally (95%).

What ACT young people value

Participants in the survey were asked to rank what they value from a set list of options including those detailed in Table 16. ACT respondents highly valued family relationships (78.7%), followed by friendships (60.8%) and physical and mental health (33.1%). Interestingly, school or study satisfaction had increased from 22.1% in 2009 to 32.6% in 2010 as being highly valued. Females were more concerned with family relationships and friendships than males but less concerned with financial security.

Table 16: What people aged 11-24 years value, % by sex, 2010, ACT

What young people value	Female	Male
Family relationships	83.8	73.2
Friendships (other than family)	67.4	54
Physical and mental health	31.7	34.7
School or study satisfaction	34.8	30.6
Being independent	27.5	33.1
Felling needed and valued	26.1	22.8
Financial security	9	18.2
Getting a job	6.9	18.7
Spirituality/faith	8.1	9.6
Making a difference in the community	6.5	7.2

Note: Data are aggregated and include items ranked one, two or three by respondents.

Source: Mission Australia, National Survey of Young Australians 2010: key & emerging issues

What issues are of personal concern to young people in the ACT?

Survey participants were asked to rank the issues of personal concern to them. The main issues for young people in the ACT were family conflict (30.9%), coping with stress (30.1%) and school or study problems (21.1%). Body image (31.1%), family conflict (27.8%) and coping with stress (27.3%) were the top issues nationally. There are differences in the ranking of issues of personal concern between age groups: The top three issues for the 11-24 year old age group were family conflict (33%), school or study problems (27.8%) and body image (26.1%) whereas the 15-19 year olds ranked coping with stress (34.7%), school or study problems (30.9%) and family conflict 30.2%.

Where do young people turn for advice and support when they have a personal problem?

The survey results showed that 87.3% of respondents identified friends as their top source of advice and support. This figure is similar to the National figure of 85.9%. The second and third most common sources for the ACT were parents (72.9%) and relative/family friend (56.6%) respectively. These rankings remained the same for each of the age groups, 11-14 years and 15-19 years.

What issues do young people think are the most important in Australia today?

In the 2010 survey a new question was introduced to ascertain the issues young people identified as the most important in Australia today. Over half (55.4%) of ACT respondents stated the environment as the first ranking issue, followed by alcohol and drugs (28%) and equity and discrimination (20.6%). Both the environment and alcohol and drugs were the first two top ranking issues for both

young men and women. The third ranked issue for young women was equity and discrimination whilst for young men in the ACT the economy and financial matters was ranked third highest.

How do young people feel about the future?

Survey participants were asked how they felt about the future. Responses from the ACT showed that their feelings about the future were very similar to that of their Australian counterparts. Over 60% of respondents stated they felt either positive or very positive, a quarter of respondents stated they felt neither positive nor negative and around one in ten respondents felt negative or very negative.

5.4. Selected household tenure type and financial characteristics

The tenure type and financial data presented in Table 17, give an indication of how ACT young people are faring in terms of their housing and financial situation. The picture presented is relatively positive, with ACT 18 to 24 year-olds being, on average, better off than their national peers.

In both 2002 and 2006, a larger proportion of the ACT's 18 to 24 year-olds reported their principal source of household income as being from employment compared to their national counterparts. A lower proportion of ACT young people derived their main income from government pensions.

A higher proportion (41.9%) of 18-24 year-olds came from households with the highest gross household income quintile compared with their national counterparts (19.7%). Overall, a smaller percentage of ACT young people reported problems with financial stress than young Australians in general.

Figure 18 shows that during the period 2002-06 there was an increase in the proportion of ACT young people aged 18-24 years whose equivalised gross household income falls within the lowest and second quintile. This increase is not followed by their Australian counterparts.

Table 17: Selected housing & financial indicators, people aged 18-24 years, %, ACT & Australia, 2002 & 2006

	2002		2006	
	ACT	Aust	ACT	Aust
Household income				
Principal source of household income (a)				
Employee	87.6	73.7	81.8	77.6
Government cash pensions and allowances	6.0	13.9	6.0	9.0
Other sources of household income	5.2	11.0	11.2	13.4
Equivalentised gross household income quintiles (b)				
Lowest quintile	3.4	12.2	5.4	12.4
Second quintile	8.6	20.0	15.0	17.9
Third quintile	17.0	22.1	14.0	25.6
Fourth quintile	22.3	26.1	23.7	24.4
Highest quintile	48.7	19.6	41.9	19.7
Housing				
Household tenure type (c)				
Owner without a mortgage	26.2	24.4	29.4	21.9
Owner with a mortgage	33.0	31.8	32.8	31.1
Renter	39.2	40.9	36.3	41.2
Other tenure types	n.a.	2.9	1.5	5.8
Equity in dwelling (a) (d)				
Less than \$100,000	5.2	12.2	4.2	5.9
\$100,000-\$199,999	18.6	13.8	n.a.	6.4
\$200,000-\$299,999	24.3	9.8	10.3	8.3
\$300,000-\$399,999	6.2	7.4	11.6	8.5
\$400,000 and over	4.5	11.2	25.7	20.1
Amount owing on mortgage (a) (d)				
Less than \$50,000	7.9	8.4	5.6	5.1
\$50,000-\$99,999	10.2	8.5	n.a.	4.9
\$100,000-\$149,999	8.8	6.4	7.9	5.4
\$150,000 and over	6.0	7.2	12.6	12.8
Consumer debt				
Value of consumer debt (a)				
No consumer debt	35.2	39.8	50.6	46.1
Less than \$5,000	22.9	21.0	15.7	16.4
\$5,000-\$9,999	13.1	11.8	9.7	11.9
\$10,000 and over	24.8	23.3	20.5	22.9
Financial stress (a)				
Unable to raise \$2,000 within a week for something important	9.6	20.6	12.9	19.6
Had at least one cash flow problem in last 12 months	28.5	33.0	24.9	29.5
Took at least one dissaving action in last 12 months	17.5	24.3	19.4	21.0

(a) Information for some persons was not known or was not adequately reported.

(b) Excludes persons where household income was not known or was not adequately reported.

(c) Not all categories are shown for this data item.

(d) Includes a small number of households who were participants in rent/buy or shared equity schemes.

Source: ABS Cat. no. 4159.0.55.006 & 4159.8.55.001, General Social Surveys 2002 & 2006

5.5. Community and civic participation

Community and civic participation includes a range of activities promoting social involvement, including volunteering, attending cultural and community events, spending time with family and friends, and participating in social and sporting activities. Interacting with friends, family and the community can provide young people with a sense of belonging, as well as with opportunities to learn, grow and develop into healthy and functional adults.¹⁴

Table 18 indicates that generally, attendance rates of ACT residents aged 18 to 24 years at cultural venues and events were at least as high, or higher, than young people of the same age nationally. In particular, the ACT's young people frequented art galleries, museums, popular music and dance at rates above the national average.

Table 18: Attendance of cultural venues & events during the last 12 months, age-specific rate, people aged 18-24 years, ACT & Australia, 2002-06

	2002		2005-06	
	ACT	Aust	ACT	Aust
Art galleries	433.6	238.1	286.1	175.5
Museums	486.7	223.3	389.4	156.8
Zoological parks & aquariums	489.7	432.1	492.6	354.0
Botanic gardens	327.4	425.5	274.3	286.8
Libraries	545.7	472.1	336.3	338.5
Classical music concerts	*85.5	62.7	*123.9	60.2
Popular music concerts	528.0	437.8	513.3	399.7
Theatre performances	289.1	197.6	*256.6	158.1
Dance performances	182.9	104.8	141.6	82.2
Musicals and operas	194.7	160.0	*174.0	137.4
Other performing arts	218.3	233.2	*165.2	161.4
Cinemas	932.2	921.0	858.4	844.9
At least one venue or event	973.5	976.5	949.9	925.4

Note: * based on estimates with a relative standard error of 25%-50%; data to be used with caution.

Note: age-specific rate per 100,000 population.

Source: ABS, Attendance at selected cultural venues and events, 2002 and 2005-06, Cat. no. 4114.0; ABS, Population by Age and Sex, Australian States and Territories, June 2002 and June 2006, Cat. no. 3201.0

The proportion of young people aged 18 to 24 years participating in sport and physical recreation was consistently higher for the ACT than for Australia as a whole (Table 19).

The highest levels of participation in the ACT were in 2002 (85.9%), dropping to 75.8% by 2005-06.

Table 19: Participation in sport & physical recreation people aged 18-24 years, no. & %, ACT & Australia, 1999-2006

	1999-2000		2002		2005-06	
	ACT	Aust.	ACT	Aust.	ACT	Aust.
Number ('000)						
Males	14	745.8	15.3	751.6	13.6	735.2
Females	14.5	605.4	13.8	630.5	12.1	671.3
Persons	28.5	1351.2	29.1	1382.1	25.7	1406.4
Rate (%)						
Males	76.4	79.7	87.8	77.6	78.2	73.3
Females	83.3	67	83.9	67.4	73.3	71.8
Persons	79.8	73.5	85.9	72.6	75.8	72.6

Source: ABS, Participation in Sport & Physical Activities, Australia, various years, Cat. no 4177.0

Table 20 indicates that engagement in political processes is higher among the ACT's young people (aged between 17 and 24) than among their national counterparts. In almost all of the age groups

listed (except 17 year-olds in 2010), the ACT's rate was substantially higher than the rest of Australia's. Young women both in the ACT and nationally (again with the exception of 17 year-olds) were less likely to be registered to vote than young males and the discrepancy between the sexes was generally greater in the ACT.

Table 20: People registered to vote, aged 17-24 years, age-specific rate by age group & sex, ACT & Australia, 2008-10

	June 2008			June 2009			June 2010*		
	17 years	18-19 years	20-24 years	17 years	18-19 years	20-24 years	17 years	18-19 years	20-24 years
ACT									
Female	114.4	669.5	743.2	256.1	643.7	739.4	179.2	603.7	726.5
Male	104.3	677.9	836.9	216.0	660.8	830.9	155.4	625.6	785.3
Persons	109.6	673.7	788.0	236.4	652.0	783.1	167.6	614.3	754.8
Australia									
Female	87.7	607.6	711.8	205.2	586.2	687.0	214.4	585.2	701.3
Male	74.0	623.5	731.1	188.4	593.0	711.4	189.7	577.9	716.4
Persons	81.0	615.3	721.2	197.0	589.5	698.9	202.4	581.7	708.7

*2010 rates use population projections as estimated resident population.

Note: Age specific rate per 1,000 population

Source: Australian Electoral Commission data (Elector Count by Division, Age Group & Gender), ABS, Population Projections, Australia, Cat. no. 3222.0 and ABS, Population by Age & Sex, Australian States & Territories, June 2005-June 2009, Cat. no. 3201.0.

5.6. Child protection

The Children and Young People Act 2008 was passed in the ACT in July 2008, replacing the Children and Young People Act 1999. The ACT was the first Australian jurisdiction to review child welfare legislation in the context of a Human Rights Act, delivering reforms in the law relating to care and protection and youth justice, the regulation of childcare services and employment law for children and young people in the ACT.

In terms of substantiations and care and protection, the Act delivers enhanced powers to promptly address suspected abuse and neglect of young people, greater protection for young people living in out-of-home care, greater stability for young people subject to care and protection orders and increased penalties for people who breach interim orders made to protect young people believed to be in need of care and protection.¹⁵

“Substantiation” refers to the verification of suspected abuse or neglect of a child or young person following an investigation by the Office of Children, Youth and Family Services (OCYFS) within the ACT Department of Housing, Disability and Community Services (DHCS). In the ACT, a notification will generally be substantiated if an investigation finds that a child or young person has experienced, or is likely to experience, physical or sexual abuse. The ACT will also substantiate notifications where a child or young person is at risk of significant harm from emotional abuse or neglect.

Care and protection orders are legal or administrative arrangements which can be used to transfer the responsibility for the safety and wellbeing of vulnerable young people to the care of the OCYFS or an appropriate agency. They tend to be used as a last resort, when other efforts to protect those children or young people most at risk of serious abuse or neglect have failed. Care and protection orders may take a range of forms, including:

- guardianship, involving full responsibility for a young person's welfare;
- bestowing authority on an appropriate agency, non-government organisation or individual for the care of a young person; and
- voluntary agreements with families to ensure the safety and wellbeing of at-risk young people.

The information below covers the rate of 12 to 17 year-olds in the ACT in substantiations and on care and protection orders. Due to major variations in how substantiation and care and protection orders across the states and territories are determined, no national comparisons have been made.

Table 21 shows that the rate of substantiations for this age group has reduced from a high of 752 in 2005-06 to a low of 487 in 2007-08. The 2008-09 total rate was 564. Between 2005-06 and 2008-09, the rates were somewhat higher for girls than for boys. It is important to note that, due to the relatively low numbers of cases (around 150 per year), rates are subject to substantial fluctuations.

Table 21: Substantiations, people aged 12-17 years, age-specific rate, ACT, 2005-09

	2005-06	2006-07	2007-08	2008-09
Male	750.8	457.0	465.4	543.6
Female	754.1	542.6	509.6	584.8
Persons	752.4	498.7	487.0	563.9

Note: Age-specific rate per 100,000 population.

Source: Office for Children, Youth & Family Services (unpublished data), ACT Department of Disability, Housing & Community Services;
ABS Population by Age & Sex, Australian States & Territories, Cat. no. 3201.0, June 2006-June 2009

Table 22 presents the age-specific rates of young people aged 12 to 17 years on care and protection orders in the ACT. With the exception of 2005-06, the rate was higher for males than for females. The rate for boys increased steadily between 2005-06 and 2008-09, peaking at a rate of 946, while the rate for girls was highest in 2005-06 (876), dropping to a low of 664 in 2007-08 before increasing again in 2008-09. Again, fluctuations in rates need to be interpreted with caution due to the small number of cases involved.

Table 22: Care and protection orders, people 12-17 years, age-specific rate, ACT, 2005-09

	2005-06	2006-07	2007-08	2008-09
Male	765.4	834.2	886.5	945.8
Female	876.0	787.2	664.0	807.9
Persons	819.5	811.3	777.7	878.0

Note: Age-specific rate per 100,000 population.

Source: Office for Children, Youth & Family Services (unpublished data), ACT Department of Disability, Housing & Community Services;
ABS Population by Age & Sex, Australian States & Territories, ABS Cat. no. 3201.0, June 2006-June 2009

5.7. Victims of violence

Being subject to violence can have serious repercussions for a person's physical and mental health. Table 23 shows the victimisation rate for young people aged 15 to 24 years for selected crimes in both the ACT and Australia. Comparisons between ACT and national rates must be made with caution due to the differences between jurisdictions in legislation, procedures and how certain types of crime are recorded by police. Such discrepancies have, for example, resulted in assault data being available by jurisdiction only (rather than for Australia as a whole).

Of the selected crimes in , the highest rates reported by ACT 15 to 24 year-olds are for assault, with males reporting higher rates (1262.1) than females (913.8). ACT males also had higher victimisation rates for robbery than their ACT female counterparts and the ACT rates for this crime were higher than the national figures. Conversely, the rate of sexual assault victimisation for ACT females aged 15 to 24 years was well above the rate for ACT males of the same age group, but overall these were substantially lower than the national rates.

Table 23: Victims of crime aged 15-24 years, selected offences, by sex, age-specific rates, ACT & Australia, 2009

	ACT			Aust		
	Assault	Sexual assault	Robbery	Assault	Sexual assault	Robbery
Male	1262.1	13.2	297.7	n.a.	27.0	228.5
Female	913.8	95.0	89.4	n.a.	282.3	58.3
Persons	1093.1	52.9	196.6	n.a.	151.6	146.0

Notes: Caution should be exercised when comparing the ACT with other states/NT or Australia as a whole, due to different legislation, rules of operation and procedures across the jurisdictions.
Age-specific rate per 100,000 population.

Sources: Recorded Crime - Victims, Australia, 2009, ABS Cat. no. 4510.0;
ABS, Population by Age & Sex, Australian States & Territories, Jun 2009, Cat. no. 3201.0

Table 24 presents ACT data on the relationship of the crime victim to the offender. The largest proportion of offenders for both assault and sexual assault were known to their victims.

Table 24: Victims of assault or sexual assault by their relationship to the offender, no. & %, ACT residents aged 15-24 years, 2008-09

	2008		2009	
	No.	%	No.	%
The offender is....	Assault			
Known to victim	430	49.3%	378	46.9%
Stranger	299	34.2%	306	38.0%
Relationship not known	144	16.5%	122	15.1%
Total	873	100%	806	100%
The offender is....	Sexual Assault			
Known to victim	59	62.8%	60	65.2%
Stranger	28	29.8%	12	13.0%
Relationship not known	7	7.4%	7	7.6%
Total	94	100%	92*	100%

Note: Sexual assault total for 2009 includes small numbers suppressed in "stranger" and "relationship not known"; hence it is higher than the sum of the three categories and proportions do not add up to 100%.

Source: Recorded Crime - Victims, Australia, ABS Cat. no. 4510.0, 2008 & 2009

5.8. Homelessness

A person's capacity to secure affordable and appropriate housing has direct consequences on health and wellbeing. People experiencing homelessness are more likely to have poorer health status than the general population. Young homeless people are often grappling with complex issues that have contributed to their homelessness such as unemployment, family poverty, substance abuse (either their own or their parents), mental illness (either their own or their parents) and abuse.¹⁶ The complexity of these issues and the transient nature of homeless young people make them a vulnerable and at risk population group in terms of their health and wellbeing.

Table 25 shows the age distribution of homeless people in the ACT. Of this population group, 38% are aged between 12 to 24 years. This is slightly higher than the national figure of 31%. ACT young women aged 12 to 24 years are more likely to experience homelessness than ACT males of the same age.

Table 25: Age distribution of homeless population, no. & %, by age group, ACT & Aust., 2006

	ACT		Aust.	
	No.	%	No.	%
Under 12 years	296	22	12133	12
12-18 years	307	22	21940	21
19-24 years	224	16	10504	10
25-34 years	215	16	15804	15
35-44 years	149	11	13981	13
45-54 years	90	7	12206	12
55-64 years	49	4	10708	10
65 years+	34	2	7400	7
All age groups	1364	100	104676	100

Source: Counting the homeless 2006: Australian Capital Territory. Cat. no. HOU 207. Canberra: AIHW

5.9. Young people and crime

This section focuses on those young people who are either under juvenile justice supervision or in prison. Young people in these categories have often experienced a range of adversity, such as inadequate family care, violence or abuse, and tend to be at substantially greater risk of poorer mental and physical health than the general population.

The ACT's Children and Young People Act 2008 provides for entitlements to minimum living conditions for young people in detention, improved safety measures for the ACT's youth detention facility and new, transparent processes for responding to young detainees' negative behaviour.¹⁵

Data on juvenile justice supervision in Table 26 and Figure 26 cover young ACT residents aged 12 to 17 years, while imprisonment rates in Table 26 are for ACT residents and Australians aged 18 to 24 years. Juvenile justice supervision is either community-based, or involves detention. Overall, there are more young people under community-based supervision than in detention. In 2008, around two-thirds of 12 to 17 year-olds under juvenile justice supervision were under community supervision, with the remaining third in detention. In both groups, over three-quarters (78%) of those under supervision were unsentenced; only 10% of 12 to 17 year-olds in detention in the ACT had been sentenced.

Table 26: People aged 12-17 years under juvenile justice supervision, no. by sex & Aboriginal/Torres Strait Islander status, ACT, 2004-05 to 2007-08

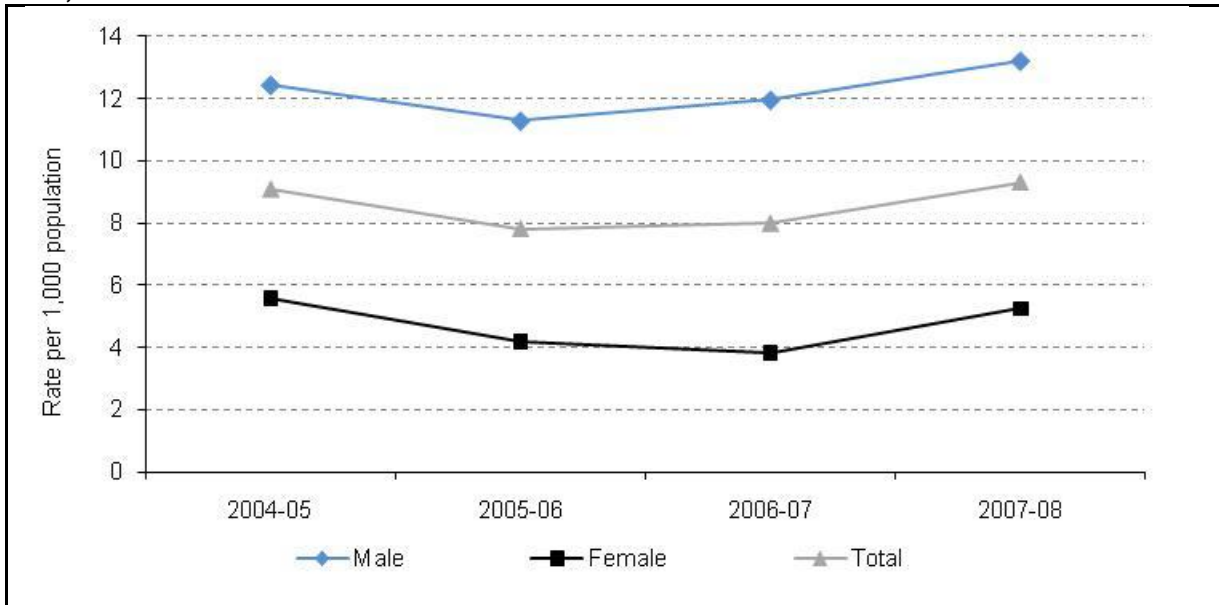
	2004-05	2005-06	2006-07	2007-08
Sex				
Male	173	155	165	179
Female	74	55	50	68
Persons	247	210	215	247
Aboriginal/Torres Strait Islander status				
Aboriginal and/or Torres Strait Islander	55	40	41	52
Not Aboriginal or Torres Strait Islander	192	170	174	195
Total	247	210	215	247

Notes: Persons includes young people of unknown sex.
Age calculated as at start of financial year if supervision began before start of financial year, otherwise age calculated as at start of supervision.
Not Aboriginal or Torres Strait Islander category includes young people whose Aboriginal/Torres Strait Islander status was "unknown".

Source: Juvenile justice in Australia series, State & Territory appendixes, AIHW

Figure 26 presents the rate of young ACT residents aged 12 to 17 years under juvenile justice supervision. Although the female rate was less than half that of the male rate between 2004-05 and 2007-08, the pattern of supervision was relatively similar for both sexes during this period, with a decrease between 2004-05 and 2005-06 before an increase by 2007-08. However, for females, the rate continued to drop between 2005-06 and 2006-07 while for males it increased between these two years.

Figure 26: Juvenile justice supervision, age-specific rate, ACT residents aged 12-17 years, by sex, 2004-08.



Notes: Total includes young people of unknown sex.
Age calculated as at start of financial year if supervision began before start of financial year otherwise age is calculated as at start of supervision.

Source: Juvenile justice in Australia series, State & Territory appendixes, AIHW

Table 27 presents a comparison of the number of prisoners, and imprisonment rates, for young people aged 18 to 24 years in the ACT and nationally. Between 2005 and 2009, the ACT rate of imprisonment for young people was twice as low than the national rate.

Table 27: Prisoners aged 18-24 years, no. & age-specific rate, ACT & Australia, 2005-09

	2005		2006		2007		2008		2009	
	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.	ACT	Aust.
Number	62	5,088	46	5,051	51	5,249	63	5,267	46	5,616
Rate	155.0	254.5	113.7	248.2	124.5	251.4	154.7	243.9	112.3	251.4

Notes: Age-specific rates per 100,000 population.
From 2006, excludes breaches of periodic detention orders greater than three months.
Until 2009, most ACT prisoners were held in NSW prisons, but are included in the ACT figures.

Source: ABS 4517.0 - Prisoners in Australia

5.10. Education

The National Assessment Program—Literacy and Numeracy (NAPLAN) test provides a measure for assessing the domains of reading, writing, language conventions (spelling, grammar and punctuation) and numeracy against national minimum standards.

Table 28 shows the per cent of ACT Year 7 and Year 9 students and their Australian counterparts who have achieved at or above national minimum standard for reading, writing and numeracy. The ACT consistently achieves higher levels of attainment for each of the domains when compared to their Australian counterparts.

Table 28: Year 7 & Year 9 students who achieved at or above National Minimum Standard for reading, writing & numeracy, % by schooling year 2008-10

School Year		2008		2009		2010	
		ACT (%)	Aust (%)	ACT (%)	Aust (%)	ACT (%)	Aust (%)
Year 7	Reading	96.3	94.2	95.5	94	97.2	94.8
	Writing	93.4	91.8	93.2	92.5	94.6	92.2
	Numeracy	97.1	95.4	95.7	94.8	96.9	95
Year 9	Reading	96.6	92.9	94.1	92.2	93.9	90.7
	Writing	88.9	87.2	89.4	87.8	88.6	87.2
	Numeracy	96.6	93.6	95.4	95	94.9	93.1

Source: National Assessment Program, Literacy & Numeracy. Achievements in reading, writing, language conventions & numeracy. 2008, 2009 & 2010. <http://www.naplan.edu.au/>

Apparent Retention Rates (ARR) represent the percentage of full-time students of a given cohort group who continue from the first year of secondary schooling to a specified year level. It is important to note that the apparent retention rates does not account for students repeating a year of school or students coming in and out of the student population. Ungraded secondary students and students enrolled in alternative secondary programs are also not included in retention calculations. Therefore interpretation of these results need to be made with caution.¹⁷

Table 29 shows the ARR for the ACT compared to that of Australia by sex and Aboriginal and Torres Strait Islander status. The ARR for the ACT is consistently higher than the Australian rate for Year 7/8 to Year 12. The ARR for females is consistently higher than their male counterparts. The ARR for ACT students identifying as Aboriginal or Torres Strait Islander is consistently lower than the ACT non-Aboriginal students, a trend that is consistent with the National figure.

Table 29: Apparent retention rate, students from year 7/ 8 to year 12, % by year, sex, & Aboriginal and Torres Strait Islander status, ACT & Australia, 2005-09

Year	Status	ACT	Aust
2005	Female	88%	81%
	Male	87%	70%
	Indigenous	60%	40%
	Non-indigenous	88%	77%
	All	88%	75%
2006	Female	88%	81%
	Male	89%	69%
	Indigenous	59%	40%
	Non-indigenous	89%	76%
	All	89%	75%
2007	Female	86%	80%
	Male	84%	69%
	Indigenous	60%	43%
	Non-indigenous	86%	76%
	All	85%	74%
2008	Female	86%	81%
	Male	84%	69%
	Indigenous	53%	47%
	Non-indigenous	86%	76%
	All	85%	75%
2009	Female	90%	81%
	Male	85%	71%
	Indigenous	70%	45%
	Non-indigenous	87%	77%
	All	87%	76%

Source: Schools Australia, 2009, Data Cube NSSC Table 64a – Apparent Retention Rates (ARR) (1993-2009), ABS Cat. no. 4221.0

Table 30 shows the percentage of ACT residents aged between 15 and 19 years not participating in education and employment. Between 2005 and 2009 there has been a steady and substantial decrease in this group of young people, indicating that more 15 to 19 year olds are engaging in education or employment over time.

Table 30: Non-participants in education & employment, people aged 15-19 years, %, ACT, 2005-09

	2005	2006	2007	2008	2009
ACT School leavers aged 15-19 years not fully engaged in education and/or employment (a)	41.2	34.4	20.7	18.2	*15.2
ACT Persons aged 15-19 years not fully engaged in education and/or employment (b)	13.7	10.8	8.2	7.4	4.9

(a) of all school leavers aged 15-19 years

(b) of all persons aged 15-19 years

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

Source: ABS, Australian Social Trends, - Education & Training - National & State Summary Tables. Data Cube, Cat. no. 4102.0

5.11. Employment

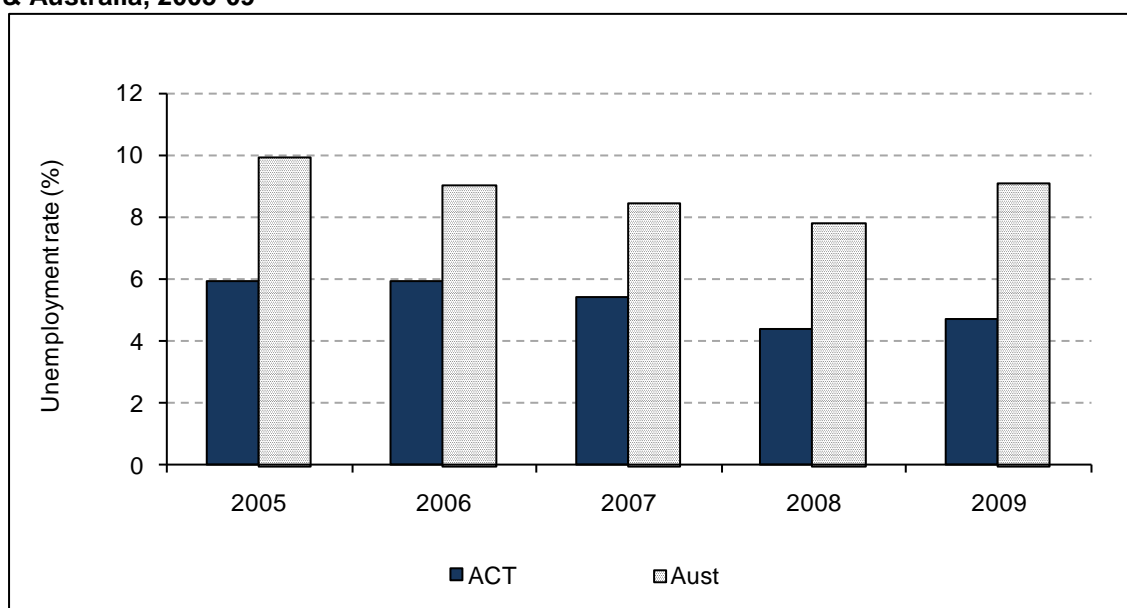
Employment security provides young people with opportunities for financial independence, a sense of control and confidence in their lives as well as an extension of social contacts.¹⁰

Expectedly, unemployment or insecure employment has strong associations with low self-esteem, and mental health problems such as depression in young people.¹⁸

The unemployment rate for young people aged 15 to 24 years in the ACT has remained consistently lower than that of their Australian counterparts between 2005 and 2009 (Figure 27).

Both the ACT and national rates dropped between 2005 (ACT:5.9, Aust:9.9) and 2008 (ACT:4.4, Aust:7.8), before increasing slightly in 2009 (ACT:4.7, Aust:9.1).

Figure 27: Unemployment rate for people aged 15-24 years, not in full time education, %, ACT & Australia, 2005-09



Source: ABS, Australian Social Trends, Cat. no. 4102.0.

6. Health System Performance

Health System Performance Snapshot

- Potentially preventable hospitalisations (PPHs) of ACT residents aged 12 to 25 years increased steadily between 1998-99 and 2008-09, from 324 separations to 640 separations.
- Emergency department waiting times have also increased in recent years, with the proportion of ACT residents aged 12 to 25 years who were seen within clinically appropriate time frames for their age category dropping from 78% in 2000-01 to 51.5% in 2005-06. Since then, waiting times have started improving, with 60.2% of the ACT's 12 to 25 year-old being seen on time in 2008-09.
- All category 1 (resuscitation) patients are seen immediately in ACT emergency departments; however, only 53% of category 3 (urgent) and 55% of category 4 (semi-urgent) patients aged 12 to 25 years were seen within clinically appropriate timeframes in 2008-09.
- The proportion of ACT women aged 25 years and under delivering their babies via caesarean section is lower than for older ACT women, but the percentage of caesareans in both groups have been steadily increasing over time. For ACT women aged 25 years or less, this percentage has gone up from 11.6% in 1999 to 18.8% in 2008.
- An average of over 5,400 young ACT women aged 12 to 25 years were screened for cervical cancer each year between 1999 and 2009.

6.1. Potentially preventable hospitalisations

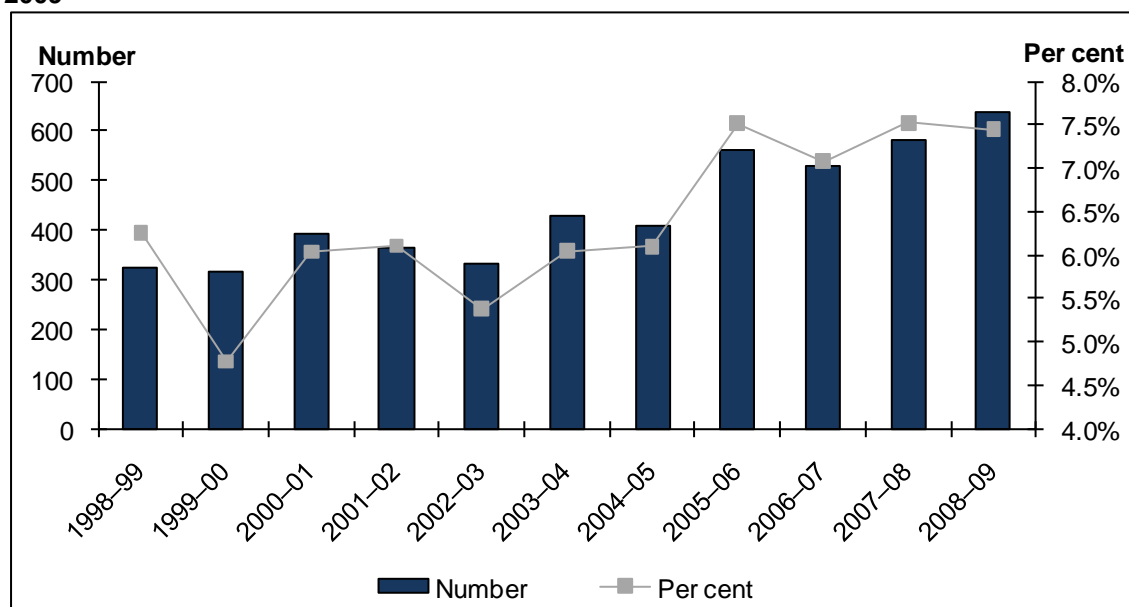
Potentially preventable hospitalisations (PPHs) are those which may have been averted had patients received effective medical care outside of the inpatient setting, for example through a general practitioner or a community health clinic. Such care is considered more appropriate for the conditions in this category, as it provides patients with more timely, less interventionist treatment and is relatively inexpensive compared with inpatient care.

A range of vaccine-preventable, chronic and acute conditions, such as influenza, asthma, diabetes complications, hypertension, dehydration, cellulitis, dental conditions and gangrene, are encompassed by this National Healthcare Agreement indicator. A full list of diagnosis codes for these conditions can be found on the Australian Institute of Health and Welfare's website, under the most recent of their *Australian Hospital Statistics* series, in Appendix 1: Technical Appendix, Microsoft Excel table A1.5 (<http://www.aihw.gov.au/publications/index.cfm/title/11173>).

Figure 28 shows the PPHs for ACT residents aged 12 to 25 years. The number of cases, as well as their proportion of all hospitalisations for this age group, have increased over time. During the 1998-99 to 2008-09 period, PPHs made up around 6.5% of all hospital admissions (8.6% were aged 12 to 17 years and 5.7% were aged 18 to 25 years). Overall, young males were less likely (41.5%) to be hospitalised for potentially preventable conditions than young females (58.5%).

Conditions classed as 'acute' consistently made up the largest component of PPHs – almost three quarters (74.4%), and around 4.8% of all hospitalisations between 1998-99 and 2008-09. Those classed as 'chronic' comprised 23.4% and 1.5% of all hospitalisations, with 'vaccine-preventable' conditions making up only 2.2% of all PPHs and 0.14% of all separations during the same period.

Figure 28: Potentially preventable hospitalisations, persons aged 12-25 years, ACT, 1998-2009



Source: ACT Health Admitted Patient Care dataset (unpublished)

6.2. Cervical cancer screening

Cervical screening is typically targeted at the 20 to 69 year old age group. Table 31 shows screening numbers for younger women in the ACT (17 years and under) are significantly lower when compared to the 18-25 year old age group. This is because a larger proportion of the target population is in the latter category. Between 1999 and 2009, an average of over 5,400 young ACT women aged 12 to 25 years were screened per year.

Table 31: Cervical screening, women aged 12-25 years, by age group, ACT, 1999-2009

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
12-17 years	204	157	185	202	197	214	169	197	195	139	137
18-25 years	5124	4687	4956	5080	5070	5436	5420	5495	5716	5376	5137

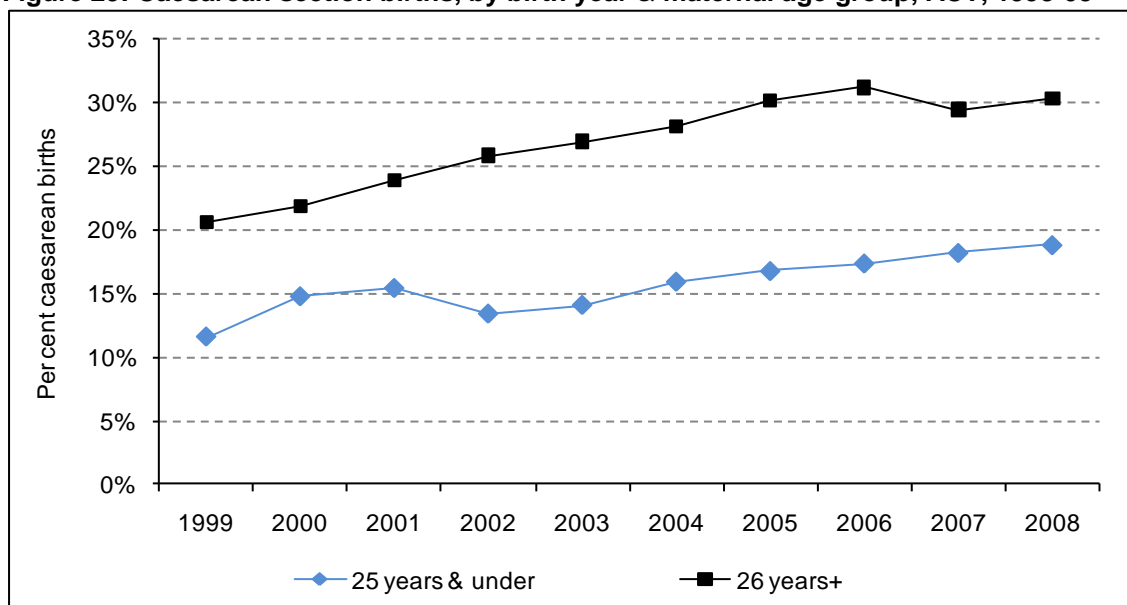
Source: ACT Cervical Cytology Register

6.3. Caesarean section births

International and national data indicate that over recent years, caesarean rates have been rising, and the ACT is no exception. Caesarean section deliveries are clinically appropriate in a range of birth situations and can be potentially life-saving for both mother and baby.

Given that older maternal age is a significant factor affecting a woman's likelihood of delivering via caesarean section, it is not surprising that rates for this procedure for ACT women aged 25 years and under are lower than for those aged over 25 (Figure 29). Nevertheless, caesarean rates for both these age groups have increased in ACT hospitals over the ten-year period between 1999 and 2008. For women under 26, they have risen from 11.6% in 1999 to 18.8% in 2008.

Figure 29: Caesarean section births, by birth year & maternal age group, ACT, 1998-08



Source: ACT Maternal and Perinatal Data Collection

6.4. Waiting time in emergency departments

How long patients wait for medical care in emergency departments is a key indicator of health service access. In order to determine priority for access in our emergency departments, The Australasian College of Emergency Medicine (ACEM) has created the Australasian Triage Scale (Table 31), which identifies five triage (urgency) categories and stipulates a desirable time when treatment should commence for patients based on their triage category.

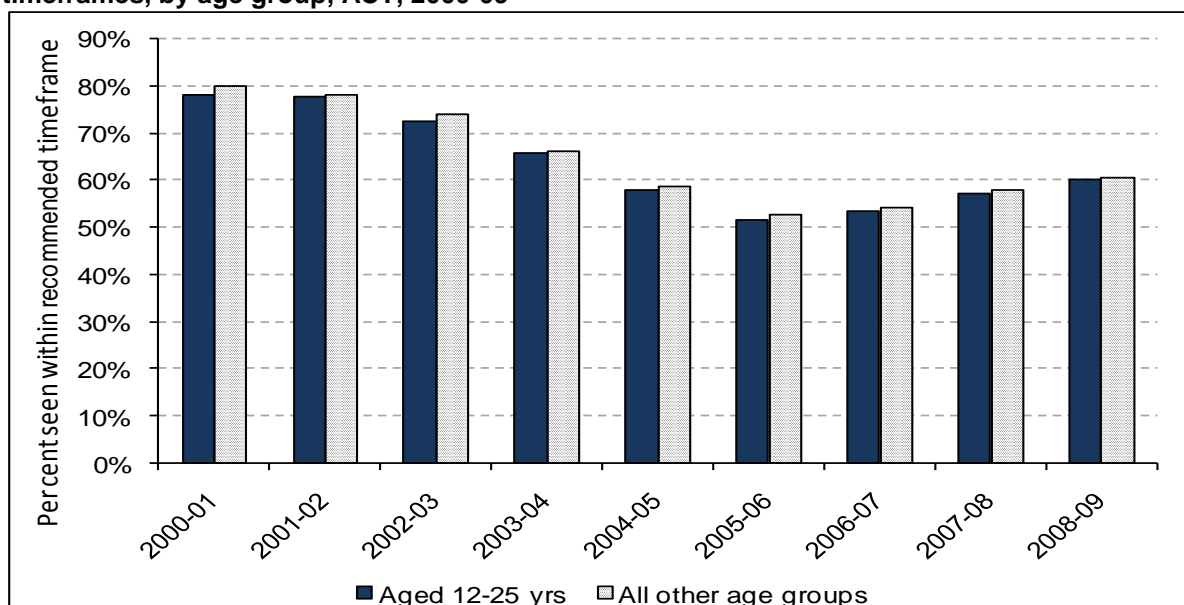
Table 32: The Australasian Triage Scale

CATEGORIES	TREATMENT ACUITY (maximum waiting time)	PERFORMANCE INDICATOR THRESHOLD (minimum proportion of patients who should be seen within the maximum waiting time)
Category 1 - Resuscitation	Immediate	100%
Category 2 - Emergency	10 minutes	80%
Category 3 - Urgent	30 minutes	75%
Category 4 - Semi-urgent	60 minutes	70%
Category 5 - Non-urgent	120 minutes	70%

Source: The Australasian College of Emergency Medicine, http://www.acem.org.au/media/policies_and_guidelines/P06_Aust_Triage_Scale_-_Nov_2000.pdf

Figure 30 illustrates all ACT residents presenting at Canberra's emergency departments between 2000-01 and 2008-09 financial years, split by two age categories. These data show an overall decline in the proportion of patients in both age categories seen within ACEM-recommended time frames since 2001-02.

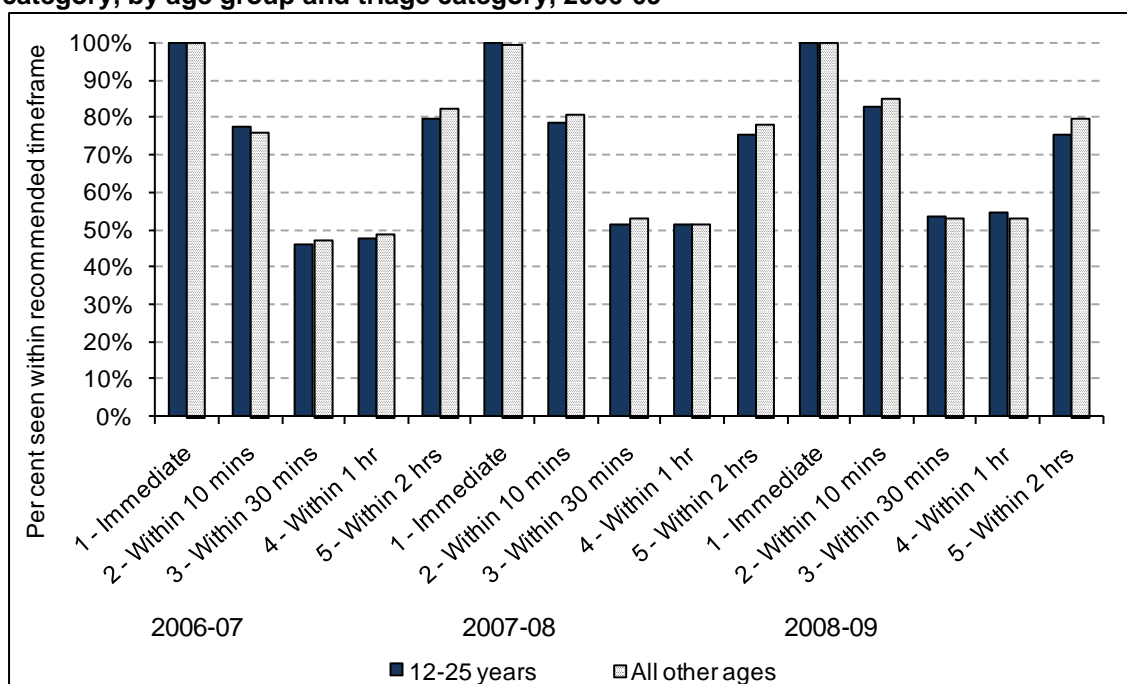
Figure 30: Emergency department presentations seen within clinically appropriate timeframes, by age group, ACT, 2000-09



Source: ACT Health Emergency Department Information System (unpublished) by financial year

Figure 31 presents the percentage of ACT residents seen within recommended time frames by age group and triage category for three recent financial years. Although most Category 1 (Resuscitation) patients are seen within the recommended time in Canberra's emergency departments, for the majority of other categories over the three years, those aged 12 to 25 years were less likely to be seen on time than those in all other age groups combined.

Figure 31: ACT residents seen within clinically appropriate timeframes for their triage category, by age group and triage category, 2006-09



Source: ACT Health Admitted Patient Care data (unpublished) by financial year

7. Glossary and statistical methodology

AGE-SPECIFIC RATES

Age specific rates are calculated by dividing the number of cases occurring in each specified five-year age group (and sex) by the corresponding population in the same age group (and sex) and are expressed as an annual rate per 100,000 population.

AGE-STANDARDISED RATES

The standardised rates presented in this report are based on the direct method of standardisation. This method adjusts for effects of differences in the age composition of different populations. The direct age-standardised rates are based on the weighted sum of age-specific (five-year age group) rates in the population. The weights used in the calculation of these rates (the 'standard' population) are population ratios for five-year age groups derived from the mid-year 2001 Australian population.

CO-MORBIDITIES

A person with co-morbidities has more than one disease or condition at the same time. (e.g. diabetes and coronary heart disease) that may or may not be causally connected to each other.

CONFIDENCE INTERVALS (CI)

A confidence interval is a computed interval with a given probability (calculated at 95% probability in this report) that a true value of a variable, such as a rate, mean or proportion, is contained within the interval. The confidence interval is the likely range of the true value.

CRUDE RATES

A crude rate is an estimate of a proportion of a population that experiences a specific event over a specified period. It is calculated by dividing the number of events recorded for a given period by the number at risk of the event in the population.

CUMULATIVE RATES

A cumulative rate is a directly-standardised rate with equal weights in each age group of interest and zero weight otherwise and is calculated from the age-specific rates. In this report, ages 0-74 years are used as an approximation to an average lifetime. Cumulative rates are often expressed as percentages (rates per 100).

DISABILITY ADJUSTED LIFE YEARS (DALYs)

A measure of the burden of disease on a defined population. A DALY is equivalent to the loss of one year of "healthy" life. As such, it is an indication of the "unfinished" health agenda and identifies areas where health gains can be made.

The DALY extends the concept of potential years of life lost due to premature death (PYLL) by including equivalent years of 'healthy' life lost by virtue of being in states of poor health or disability. A DALY for a disease or health condition is calculated as the sum of the years of life lost due to premature mortality (YLL) in the population and the equivalent 'healthy' years lost due to disability (YLD) for incident cases of the health condition:

$DALY = YLL + YLD$ where;

YLL = number of deaths at a particular age x standard life expectancy at that age and

YLD = incidence x duration x severity weight. (Severity weights for each disease were calculated as part of the Global Burden of Disease Study and adapted to account for Australian conditions).

HARM MINIMISATION

Harm minimisation is a philosophy which underlies many health promotion programs, particularly those focussing on alcohol and other drug use. These programs aim to reduce the harmful effects of some behaviours.

INCIDENCE

Incidence is defined as the number of new cases in a population during a specific period.

MEDIAN AGE

Median age at diagnosis is the middle value, i.e. 50 per cent of cancer cases are diagnosed at an older age and 50 per cent at a younger age compared to the median age.

The interquartile range represents the age at which 25 per cent of the cases are above and 25 per cent below the median age. This range spans 50% of the data set, and in effect, eliminates the highest and lowest of outliers because the highest and lowest quartiles are removed.

MORTALITY

Mortality refers to deaths in a given population occurring in a specified period.

PREVALENCE

Prevalence is a useful measure that provides health care planners and support personnel with the number of people who remain alive following the diagnosis of a chronic disease or who currently have the disease or condition in the case of other diagnoses.

Point prevalence is the proportion of existing cases (old and new) in a population at a single point in time. This is different from incidence which is the number of new cases in a given period of time, usually a calendar year.

RELATIVE STANDARD ERRORS (RSE)

Relative standard errors (RSE) provide an indication of the reliability of an estimate. Estimates with RSEs less than 25% are generally regarded as 'reliable'. All estimates presented in tables in this report have RSEs less than 25%, unless otherwise stated. Estimates presented in tables with an RSE between 25-50% have been marked with an '*' (asterisk) and should be interpreted with caution. For the purposes of this report, estimates for the ACT with RSEs over 50% were not considered reliable and have not been presented.

STATISTICAL SIGNIFICANCE

In statistics, a result is significant if it is considered unlikely to have occurred by chance. For the purpose of this report 'significant' implies that a test of significance has been applied. A result was deemed statistically significant (i.e. there is an effect that is considered unlikely to be due to chance alone) if the p-value obtained was less than 0.05, or if comparing confidence intervals, there was no overlap between intervals.

Statistical significance has been assessed in this report by comparing confidence intervals (95% CI) or calculating p-values, depending on the type of data available for hypothesis testing.

Note that statistical significance is different to clinical significance.

THREE YEAR MOVING AVERAGE

Three year moving averages minimise natural variations observed in annual rates produced from relatively small populations. The 3-year moving average was calculated by summing the age-standardised incidence or mortality rates for the 3-year period centred on the year of interest and dividing the total by three. For the first and last years in each series the rates were averaged over two years.

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