



ACT
Government

ACT Health

Healthy Canberra ACT Preventive Health Plan 2020–2025 First Three Year Action Plan



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Glossary

Acronym	Full title
ACTHD	ACT Health Directorate
CHS	Canberra Health Services
CMTEDD	Chief Minister, Treasury and Economic Development Directorate
CSD	Community Services Directorate
EDU	Education Directorate
EPSDD	Environment, Planning and Sustainable Development Directorate
JaCSD	Justice and Community Safety Directorate
NHMRC	National Health and Medical Research Council
TCCS	Transport Canberra and City Services

Introduction

Reaching our goal of reducing the prevalence of chronic disease and supporting good health across all stages of life will require a sustained effort over a number of years. This is the first (of two) three-year action plans (2020-2022) to be implemented over the life of the *Healthy Canberra: ACT Preventive Health Plan 2020-2025* (Healthy Canberra Plan).

The Action Plan articulates areas for government-led action to support children and families; enable active living; increase healthy eating; reduce risky behaviours; and promote healthy ageing. Implementation of the actions under the Action Plan will be the shared responsibility of all ACT Government Directorates, facilitated by the ACT Health Directorate.

The Action Plan will be delivered in partnership with a wide range of stakeholders, including non-government organisations, communities, industry and researchers, under the leadership of a newly appointed Preventive Health Coordinator. Governance will be conducted through a deliberative and collaborative approach that will, in some instances, involve the establishment of project-specific working groups, community consultation and co-design activities. This collaborative approach will be important to ensure the activities delivered through the Action Plan meet the needs of a diverse range of population groups, including those who live with social and economic disadvantage.

The Action Plan will be reviewed periodically to ensure it remains responsive to new and emerging priorities.

A performance and evaluation framework will be developed to measure the success of the *Healthy Canberra Plan* and monitor progress under the Action Plan. The performance and evaluation framework will be finalised by mid-2020. Progress reports on implementation activities will be released annually from 2021.

Supporting children and families

What we want to achieve

Families are supported to optimise the healthy development of their children in the first 1,000 days

More children are physically, socially and emotionally ready to start school

Focus areas

- > Identify barriers and explore options to:
 - support prospective parents to be healthier at the time of conception and during pregnancy, and
 - optimise the healthy development of their children during the first 1,000 days
- > Improve scope and coverage of childhood immunisation programs
- > Build and strengthen information systems and data to better inform evidence-based practice to support the health and wellbeing of children and families

The developmental periods of early life - starting at preconception - are a critical window of opportunity when the foundations for optimum health across the lifespan are established. We know that the health of infants and children is critically impacted by the safety, health and wellbeing of both mothers and families. A positive start helps children develop to their fullest, setting a pattern of lifelong learning, behaviours and health that increases the likelihood that they will become healthy and resilient adults.

Families play a key role in creating healthy and engaging environments for their children. Opportunities to interact, form relationships, read, develop language, play, be active, eat well and maintain a healthy weight are all presented within the family context. However, some families face circumstances that limit their ability to do this, particularly those experiencing socioeconomic, geographic or other disadvantage.

While there is a growing body of evidence on how best to support children and their families through the early years of life, there are also gaps in our knowledge that require further inquiry. Continuing work is needed to build and strengthen information systems and data to inform future approaches and evaluate the effectiveness of existing interventions.

Childhood immunisation is one of the most effective healthcare interventions¹ and development of vaccines are one of the great triumphs of modern medicine. Although immunisation coverage rates in the general ACT population are high, work is needed to maintain or increase coverage for some vaccines among some populations. These include Aboriginal and Torres Strait Islander people, migrants and new arrivals from culturally and linguistically diverse backgrounds, and populations in some geographical areas.

Key facts

- > The 2018 Australian Early Development Census shows significant increases in the percentages of children who are developmentally vulnerable in the physical health and wellbeing, social competence and emotional maturity domains in the ACT in 2018 compared to 2015.
- > In 2016, 11.8 per cent of kindergarten children were considered overweight and 3.6 per cent were considered obese².
- > In 2017, the proportion of ACT children fully immunised (60 to 63 months) was 94 per cent; for Aboriginal and Torres Strait Islander children the proportion was 97 per cent.

Strategic Actions	Lead Directorate/s	Supporting Directorate/s
Review best practice evidence on the key behavioural factors that influence the healthy development of infants (e.g. introduction of solids, breastfeeding, portion size, screen time, sleep, physical activity, maternal smoking, maternal obesity).	CHS CSD	ACTHD
Identify opportunities to optimise the healthy development of children during the first 1,000 days of life through support for: <ul style="list-style-type: none"> - prospective parents to maintain a healthy pregnancy, - parents/caregivers to be active, eat well and maintain a healthy body weight, and - new parents/caregivers as they transition and adjust to caregiving roles. 	CHS CSD	ACTHD
Implement the National Immunisation Program to protect children against 14 different diseases by 18 months of age and offer vaccination for whooping cough to pregnant women.	ACTHD	CHS CSD
Ensure new migrants in the ACT have appropriate access to immunisation services and information.	ACTHD	
Implement the Influenza/vaccination program for children under 5 years; continue to follow up children who are not fully immunised, especially those who live in low coverage areas.	ACTHD	CHS CSD
Implement population health surveys to increase the understanding of child and adolescent health (e.g. Kindergarten Health Check, Year 7 Health Check).	ACTHD CHS	CSD

Enabling active living

What we want to achieve

More adults and children using active modes of transport

More people participating in sport and active recreation across all stages of life

Focus areas

- > Increase the proportion of active transport trips for people of all ages and abilities
- > Develop Canberra as a walkable and bike-friendly city
- > Create diverse opportunities for the community to participate in active recreation, including sport

People in the ACT are not moving enough, and it is impacting our health. Active living, whether at home, at work, during leisure time or getting to and from places, promotes a range of health benefits, prevents chronic disease, and helps to maintain healthy weight. Modern lifestyles, increased use of technology and screen time, and a heavy reliance on cars all contribute to less active lifestyles.

Active living is about taking opportunities to integrate physical activity into daily life so that people move more throughout their day. Small increases in physical activity can have long term benefits for health and wellbeing. To enable more active living, neighbourhood environments need to be activity-friendly for the entire family and for people of all ages and abilities. It is important that Canberra's urban design allows people to easily and safely walk around their local community and encourages physical activity and active recreation.

Physical activity can be built into daily routines through choosing active forms of transport. This includes walking or riding a bike to school or work or using public transport. People also need the skills, confidence and knowledge to help them be active every day. This learning begins in childhood and is supported by the family environment.

Key facts

- > In 2016, 74 per cent of ACT residents' main method of travel for journey to work was by car (as driver), 8 per cent travelled by public transport, around 3 per cent walked and 5 per cent rode a bicycle³.
- > Around 4 per cent of trips to school are made on foot, another 19 per cent by bus and just over 55 per cent by car³.
- > 53,200 ACT children aged 0-14 years participate in organised sport outside of school hours at least once per week⁴.
- > 302,600 Canberrans over 15 years old participate in physical activity, including sport, at least once per week⁴.

Strategic Actions	Lead Directorate/s	Supporting Directorate/s
Invest in evidence-based policies and initiatives to build physical activity opportunities into the day, and support movement skills in early childhood settings and schools.	EDU CMTEDD (Sport and Recreation)	ACTHD
Increase and promote active recreation opportunities for all Canberrans, particularly those who do not regularly participate in any form of physical activity.	CMTEDD (Sport and Recreation) EDU	EPSDD ACTHD CSD
Continue to promote and prioritise active travel for people of all ages and abilities and enhance active travel infrastructure to improve safety and connectivity of the active travel network.	TCCS EPSDD	ACTHD CSD
Ensure sporting facilities are accessible to community members of all ages and abilities and promote healthy behaviours (e.g. by ensuring access to free drinking water).	CMTEDD (Sport and Recreation) TCCS EPSDD	ACTHD CSD
Identify and reduce barriers to utilising open spaces, nature and amenities to enable positive active living experiences for people of all ages and abilities (e.g. walking).	EPSDD TCCS	ACTHD CSD

Increasing healthy eating

What we want to achieve

Lower intakes of energy-dense, nutrient-poor (discretionary) foods and drinks

Increased consumption of vegetables

Focus areas

- > Invest in collaborative settings-based approaches to increase access to healthier food and drinks
- > Identify opportunities to reduce the exposure of children and young people to unhealthy food and drink marketing and promotion
- > Strengthen approaches to address food insecurity in the ACT

A nutritious diet in accordance with the *Australian Dietary Guidelines* (ADGs) is fundamental to good health, the prevention of chronic disease and achieving a healthy weight. However, less than four per cent of Australians eat a diet necessary for good health in accordance with the ADGs⁵.

Unhealthy or 'discretionary' food and drinks are not essential for health yet contribute 35 per cent of the daily energy intake for Australian adults and up to 41 per cent for children⁵. Poor diet is the leading preventable risk factor contributing to non-communicable disease globally. Increasing healthy eating is a matter of high priority⁶.

Unhealthy food and drinks that are inexpensive, nutrient poor and high in kilojoules tend to dominate the environments in which we live, work and socialise, making healthier choices difficult. These environments include workplaces, restaurants, supermarkets, service stations, sport and recreation venues, schools, and extend to media advertising and promotions. People are more likely to choose to eat healthier food when they are empowered to make these choices. This means that healthier food choices must be more readily available and desirable – physically, financially and socially – than the unhealthy option.

Social disadvantage also creates barriers that result in reduced food and drink choice, leading to food insecurity and unhealthy food choices for some groups. Food security is essential to reducing health inequality and realising the health outcomes that healthy eating can bring. Food security is only possible when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life⁷.

Key facts

- > In the ACT, between 50 and 60 per cent of total household food expenditure is, on average, directed to unhealthy food and drinks (2015)⁸.
- > In 2018, fewer than one in twenty (4.2 per cent) adults in the ACT met the guidelines for recommended daily serves of both fruit and vegetables⁹.
- > In 2015, community consultation in the ACT indicated strong support for the ACT Government’s leadership role in modelling and supporting healthier food and drink choices, including limiting the marketing of ‘junk’ food - especially to children.
- > In 2011, approximately 12,500 people in the ACT reported living in a household that had run out of food without the means to buy more¹⁰.

Strategic Actions	Lead Directorate/s	Supporting Directorate/s
Accelerate the review and implementation of healthy food and drink choice policies in ACT Government workplaces, schools and public health facilities.	CMTEDD – workplaces CHS – health facilities EDU – schools	ACTHD
Improve the availability and promotion of free drinking water in public places, sports facilities and food outlets.	TCCS	ACTHD
Continue to implement and monitor ACT healthy food and drink marketing policies on public buses and light rail; explore opportunities to limit unhealthy food and drink marketing in other ACT Government facilities and children’s settings.	TCCS	ACTHD CMTEDD (Sport and Recreation)
Implement, monitor and evaluate all components of the <i>Healthier Choices Canberra</i> initiative, including business engagement, <i>Refill Canberra</i> and sports club interventions.	ACTHD	CMTEDD (Sport and Recreation)
Strengthen urban design to enable easier access to community gardens, fruit and vegetable outlets, and healthy food and drinks in Canberra residential areas and limit the number of fast food outlets around children’s settings.	EPSDD	ACTHD
Sustain investment and best practice initiatives to improve the food and drink environments in and around schools (e.g. <i>Fresh Tastes</i> in primary schools).	EDU	ACTHD
Scope opportunities to strengthen evidence-based approaches to increase access to healthy foods and address food insecurity in the ACT.	ACTHD	CMTEDD

Reducing risky behaviours

What we want to achieve

Fewer young people engaging in risk-taking behaviours

Reduced ongoing harm from the consequences of risk-taking behaviours

Focus area

> Reduce harm caused by tobacco, alcohol and unsafe sex

Lifestyle risk behaviours, including smoking, drinking alcohol, violence and behaviours that increase the transmission of sexually transmissible infections (STIs) and blood borne viruses (BBVs) such as unsafe sex or sharing needles, are responsible for a large proportion of disease burden in the ACT. Individuals frequently make choices that impact their health; however, it is important to recognise that these health behaviours do not occur in isolation but are influenced by a complex interplay of factors¹¹. Reducing risk behaviours requires collaboration across multiple agencies and community sectors. Interventions such as supportive policy environments, regulation and health education are all important to help Canberrans make healthier and safer lifestyle choices to improve the health of our community.

*Note: The actions and focus areas in this section relating to tobacco and alcohol align with priority actions under the *ACT Drug Strategy Action Plan 2018-2021*.

Tobacco smoking

What we want to achieve

Fewer children and young people using smoking products, including electronic cigarettes

Lower rates of smoking among population groups at higher risk, including Aboriginal and Torres Strait Islander people

Focus areas

- > Investigate strategies to prevent and delay the initiation of smoking products and electronic cigarettes among young Canberrans
- > Assist smokers to quit through greater access to, and uptake of, smoking cessation supports

Australia now has one of the lowest smoking rates in the world, due to a range of public health interventions. There has been a significant fall in smoking rates over the last two decades related largely to fewer young people taking up smoking, rather than people quitting.

However, since 2013 there has been little movement in the national and ACT smoking rates and smoking remains a primary risk factor for various cancers, respiratory and cardiovascular disease. Passive exposure to tobacco smoke can also cause a range of adverse health effects, including lung cancer and heart disease.

There are population sub-groups within the ACT that continue to have relatively high smoking rates. These include people who are socioeconomically disadvantaged, Aboriginal and Torres Strait Islander people, people with a mental illness, people with other drug or alcohol dependencies, imprisoned people and people who are homeless², as well as young pregnant women. The use of electronic cigarettes is also an emerging public health challenge with evidence now suggesting electronic cigarettes may increase the risk of developing cardiovascular disease, cancer and respiratory diseases.

Key facts

- > The proportion of residents aged 14 years and over who smoke daily declined from 22.5 per cent in 1998 to 9.5 per cent in 2016¹¹, making the smoking rate in the ACT the lowest of all Australian states and territories.
- > While ACT smoking rates have improved, tobacco use remains the leading contributor to the burden of disease¹².
- > The use of smoking products among young people in the ACT is changing:
 - in 2017, 10.5 per cent of ACT secondary students aged 12 to 17 years reported ever using e-cigarettes¹².
 - between 2014 and 2017, secondary students who smoke increased their use of roll-your-own tobacco from 24 per cent to 29 per cent¹².

Strategic Actions	Lead Directorate/s	Supporting Directorate/s
Further develop approaches to reduce smoking rates among high-risk population groups in the ACT, including Aboriginal and Torres Strait Islander people.	ACTHD	CSD, CHS
Monitor emerging evidence regarding the health risks associated with the use of electronic cigarettes and other new smoking products. Consider if a legislative approach is needed to address identified risks.	ACTHD	
Use learnings from evaluations of relevant existing and previous programs (e.g. Smoking in Pregnancy) to inform future program planning and development.	ACTHD	CHS
Consider the need for additional smoke-free areas.	ACTHD	JaCSD
Continue to enforce tobacco and smoke-free legislation in the ACT by conducting compliance programs focusing on tobacco retailers and smoke-free public places and responding to complaints.	Access Canberra	ACTHD, CHS
Implement evidence-informed initiatives in community settings such as sporting clubs, schools and workplaces to prevent and reduce tobacco-related harms.	ACTHD	CMTEDD, EDU

Risky drinking

What we want to achieve

A delay in the average age when young people take their first drink

Fewer people drinking at risky levels

Focus areas

- > Investigate and implement approaches to limit promotion and reduce access to alcohol by young people
- > Invest in evidence-based initiatives to reduce alcohol-related harms arising from single-occasion and lifetime risky drinking

Alcohol remains Australia’s most extensively used drug. Alcohol consumption is widespread in Australia and embedded into many cultural and social traditions. Eighty-four per cent of Canberrans drink alcohol at levels considered low risk according to national guidelines – that is, no more than two standard alcoholic drinks on any day¹². However, some groups continue to drink at harmful levels. In 2016, almost 40 per cent of those aged 18 to 24 years drank at single occasion risky levels (at least monthly). Approximately 22 per cent of males aged 14 years and older drank at lifetime risky levels.

Prevention and minimisation of alcohol-related harm is a high priority. Alcohol is a major contributor to death, disease, crime and violence, social problems and health and emergency service use. Excessive alcohol consumption is associated with liver, breast, mouth and pharyngeal, bowel, laryngeal and oesophageal cancers². Alcohol use accounts for 24 per cent of the disease burden associated with chronic liver disease, as well as 23 per cent for liver cancer, 21 per cent for laryngeal cancer, 19 per cent for homicides and violence, 17 per cent for suicide and self-inflicted injuries, 16 per cent for drownings and 11 per cent for all falls².

Key facts

- > In 2016, around 80 per cent of ACT residents aged 14 years and older were classified as current drinkers, while 40 per cent stated that they consumed alcohol at least weekly².
- > Alcohol consumption accounts for 4.5 per cent of the total disease burden, making it the fourth-highest risk factor leading to ill-health.
- > In the ACT, emergency department presentations for alcohol-attributable injuries increased by an average of 4.2 per cent per year between 2012-2013 and 2015-2016².

Strategic Actions	Lead Directorate/s	Supporting Directorate/s
Investigate options to reduce alcohol promotion (including sponsorship) in government premises, ACT sports and other community settings.	ACTHD	CMTEDD (Venues Canberra/ Sport and Recreation/ Events ACT)
Conduct evidence-informed alcohol public education and social marketing campaigns that aim to increase public knowledge of: - the links between alcohol use and chronic disease - safe drinking guidelines, and - the risks of drinking during pregnancy.	ACTHD	JaCSD, EDU, CHS
Identify and implement measures to reduce secondary supply of alcohol to minors, including by family members and over-age friends.	ACTHD	JaCSD, CSD
Implement evidence-informed initiatives in community settings such as sporting clubs, schools and workplaces to prevent and reduce alcohol-related harms.	ACTHD	CMTEDD, EDU
Monitor interventions in other jurisdictions and overseas in relation to the supply of alcohol, including the implementation of minimum unit pricing.	ACTHD	JaCSD

Sexually transmissible infections (STIs) and blood borne viruses (BBVs)

What we want to achieve

Fewer young people engaging in unsafe sex

Fewer people with chronic disease secondary to chronic blood-borne virus infection

Focus areas

- > Increase awareness, testing and management of STIs and BBVs, and minimise the personal and social impacts these have on Canberrans
- > Implement initiatives to promote safe sex strategies and increase access and uptake of STI and BBV testing amongst priority populations

STIs have a profound impact on sexual and reproductive health and can have serious consequences beyond the immediate impact of the infection itself. The prevention of STIs is an important component of sexual health and wellbeing. STIs have increased dramatically in Australia, with chlamydia cases most common in females aged 15-29 years and males aged 20-29 years and the highest rates of gonorrhoea occurring in 20-39 year-old men.

The prevention of onward transmission to others and early diagnosis of BBVs provide the best opportunities for improved long-term health outcomes and associated co-morbidities. In 2017, only 25 per cent of people diagnosed with hepatitis C had received treatment; and approximately 37 per cent of people nationally are living with hepatitis B undiagnosed. Late diagnosis of hepatitis B infection has a significant impact on morbidity and mortality.

Safe practices, such as condom use, can prevent the spread of STIs and some BBVs.

Key facts²

- > The number of STI cases notified in the ACT have increased annually over recent years. There were 3,818 cases of chlamydia and 461 cases of gonorrhoea notified between 2014 and 2016.
- > Between 1 January 2015 and 31 December 2016, 43 human immunodeficiency virus (HIV) cases were notified in the ACT.
- > There were 29 newly acquired (that is, within 24 months before diagnosis) and 333 unspecified cases of hepatitis C reported in the ACT between 1 January 2015 and 31 December 2016.
- > Fewer than five newly acquired hepatitis B infections were reported between 1 January 2015 and 31 December 2016. Hepatitis B is vaccine preventable.

Strategic Actions	Lead Directorate	Supporting Directorate
Improve linkages in primary care and community settings to improve prevention, testing and treatment of viral hepatitis.	ACTHD	CHS
Develop an evidence-based and comprehensive STI and BBV information source for ACT residents.	ACTHD	CHS
Improve data availability to enable a comprehensive analytical picture of STIs and BBVs in the ACT.	ACTHD	CHS
Develop and implement the STI/BBV Health Advisory Committee workplan to identify and prioritise key areas of work.	ACTHD	CHS
Enhance the ACT Government STI and BBV information web presence to provide evidenced based, age and culturally appropriate education and prevention materials for priority populations.	ACTHD	CHS

Promoting healthy ageing

What we want to achieve

To support positive ageing, more adults engaging in healthy and protective lifestyle behaviours related to their physical and mental health

Focus areas

- > Strengthen approaches for the early detection and prevention of chronic disease
- > Build the evidence base to support healthy ageing

Canberra has an ageing population with a relatively high life expectancy and years of life enjoyed in good health. Notwithstanding this, many Canberrans live with one or more chronic conditions, many of which can be attributed to modifiable risk factors².

The World Health Organization defines healthy ageing as ‘the process of developing and maintaining the functional ability that enables wellbeing in older age’. Healthy ageing depends on a range of individual factors (genetics and lifestyle behaviours) in the context of broader environmental and socio-economic determinants of health such as income, housing security, social inclusion, education and health literacy.

The research evidence identifies a number of determinants that enable healthy ageing. These include physical and social environments, services and policies that support healthy ageing, and a focus on lifestyle modification to reduce the risk factors for chronic illness¹³.

While prevention programs for common chronic diseases include efforts to modify lifestyle-related risk factors, a key aspect of prevention is early detection of chronic disease through screening programs and prevention of infectious diseases through immunisation. For example, detecting cancer or pre-cancerous conditions early, provides more treatment options and increases survival rates¹⁴. Vaccination not only helps protect the person for disease, it also increases the level of immunity in a population. It is just as important for adults as it is for children to be vaccinated, especially for those who have chronic disease or a weakened immune system.

While there is robust evidence to support many of the existing strategies to support healthy ageing, there are also gaps in our knowledge requiring further research, and a need to evaluate the effectiveness of existing programs¹⁵. This will allow us to be confident that there is a solid evidence base for our approach to healthy ageing.

Key facts²

- > Canberrans have a high life expectancy. In the ACT in 2017, life expectancy at birth was 81.1 years for males and 85.2 years for females.
- > Health-adjusted life expectancy is a measure of the number of years a person will live in good health. In 2011, men in the ACT could expect to live 72.3 years in good health and women could expect 74.6 years in good health.
- > Chronic diseases cause most of the poor health and premature death in the ACT. Many chronic diseases share common risk factors that are generally preventable.
- > In 2011, the top three factors contributing to the burden of disease for males aged 45-64 years were: tobacco use (6.9 per cent); high body mass index (6.2 per cent); and high blood pressure (5.4 per cent), and for females aged 45-64 years: physical inactivity (5.2 per cent); tobacco use (4.4 per cent); and high body mass index (4.1 per cent).
- > In 2011, the top three factors contributing to the burden of disease for males aged 65 years and older were: tobacco use (10.9 per cent); high blood pressure (8.9 per cent); and high body mass index (7.9 per cent), and for females aged 65 years and older: tobacco use (8.9 per cent); high blood pressure (8.5 per cent); and high body mass index (6.9 per cent).

Strategic Actions	Lead Directorate/s	Supporting Directorate/s
Ensure accessible and best practice in ACT cancer screening services especially among under-screened groups as outlined in <i>The ACT Cancer Screening Framework 2020-2025</i> .	ACTHD	CHS
Promote vaccination programs for adults including adults aged over 65 years.	ACTHD	CHS
Scope current and emerging opportunities for cancer and chronic disease population screening in the ACT alongside development of a new Australian Government 10-year <i>National Preventive Health Strategy</i> .	ACTHD	CHS
Engage and support quality research to build the evidence base for healthy ageing initiatives, with a focus on the secondary prevention of chronic disease.	ACTHD	CHS
Develop Work, Health and Safety and Wellbeing frameworks and policies for all ACT Government workplaces, that include physical health and wellbeing and prioritise smoking, poor nutrition, alcohol misuse, and physical inactivity as the key risk factors for chronic disease.	CMTEDD	CHS ACTHD
Support healthy lifestyle changes for older Canberrans (e.g. through the <i>Healthier Work</i> program).	CMTEDD CSD	All directorates

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