2019 ACT General Health Survey Summary of Results

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ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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1. Introduction

1.1 Project background

The ACT General Health Survey (ACTGHS) has been undertaken annually since 2007 as a way of monitoring health-related trends in the ACT. The relative size of the ACT population in relation to the other States and Territories in Australia means national surveys typically only sample a small number of respondents from the ACT, limiting the reliability of findings that can be drawn. National surveys are also unable to focus exclusively on issues of most importance to the ACT and are often conducted at irregular intervals. The main objective of the ACTGHS is to provide ACT-specific health and wellbeing data.

The content of the ACTGHS is routinely reviewed and updated. Up until 2018, the ACTGHS collected information from 1,200 adults and 500 children about traditional chronic disease risk factors, such as nutrition, physical activity, obesity, alcohol and smoking. In 2019, the scope of the ACTGHS was extended beyond traditional chronic disease risk factors to include broader factors that influence health and wellbeing. It is intended that this wellbeing component of the survey will be conducted triennially with a target sample of 2,000 adults (Table 1).

Table 1: Survey scope and sample size of General Health Surveys, 2018-24

Survey scope (sample size)	Year						
	2018	2019	2020	2021	2022	2023	2024
Risk factor and child wellbeing (1,200 adults + 500 children)	✓		✓	✓		✓	✓
Wellbeing (2,000 adults)		✓			✓		

1.2 Methodology

The ACTGHS was undertaken using Computer Assisted Telephone Interviewing (CATI). The in-scope population for the 2019 ACTGHS included non-institutionalised ACT residents aged 18 years and over, with a target of 2,000 completed surveys. A multiple frame design was used and involved three separate sample frames: landline telephone numbers, listed mobile phone numbers, and selection from a pre-screened random digital dialling (RDD) mobile sample (Table 2 for sample sizes). The 2019 ACTGHS survey was conducted from 21 October to 13 December 2019. The response rate for the survey was 28.9%, with a total of 2,002 interviews completed.

Table 2: Response rate by sample frame, ACTGHS, 2019

	Sample frame			
	Total	Landline	Listed mobile	RDD mobile
Interviews completed	2,002	597	1,169	236
Response rate	28.6%	17.1%	30.2%	49.6%

1.3 Weighting

To ensure that survey estimates were representative of the total ACT population aged 18 years and over, design weights were adjusted so that they matched external benchmarks for key demographic parameters likely to be correlated with the survey outcomes or with the likelihood of response. The parameters used for the ACTGHS were age, birthplace, education, gender, geographical location and telephone status. The method for calibrating the design weights was generalised regression (GREG) weighting which uses non-linear optimisation to minimise the distance between the design and calibrated weight, subject to the weights meeting the benchmarks. In 2019, a total of 2,002 survey responses were received, weighted to a total population of 331,776 (Table 3).

Table 3: Weighted and unweighted population counts by age group and sex, ACT GHS, 2019

	18-24	25-44	45-64	65+	Total
Male					
Sample	40	220	328	272	860
Population (w eighted)	22,168	66,855	47,345	25,463	161,831
Female					
Sample	32	316	429	361	1,138
Population (w eighted)	16,306	73,560	49,066	29,987	168,918
Other					
Sample	1	2	0	0	3
Population (w eighted)	209	341	0	0	550
Refused					
Sample	0	0	1	0	1
Population (w eighted)	0	0	477	0	477
Total					
Sample	73	538	758	633	2,002
Population (w eighted)	38,682	140,756	96,888	55,450	331,776

1.4 Reporting procedures

Don't know and refused values

For the purpose of reporting, survey responses classified as "Don't know" and "Refused" were coded to missing and not included in analysis.

Reliability of results

The accuracy of a survey estimate refers to the closeness of the estimate to the true population value. Where there is a discrepancy between the value of the survey estimate and true population value, the difference between the two is referred to as the error of the survey estimate. [1] The relative standard error (RSE) is a useful measure as it indicates the size of the error relative to the estimate. The RSE is calculated as follows:

$$RSE = \frac{Standard\ error}{estimate} * 100$$

Only estimates with an RSE of less than or equal to 25% are considered sufficiently reliable for most analytical purposes. Estimates with an RSE greater than 25% and less than or equal to 50% are less reliable and should be used with caution. Estimates with an RSE greater than 50% are considered

unreliable and will not be published in this report. Any estimate that has a sample that is less than 10 is withheld from reporting. A second group is also withheld to avoid calculation of the withheld group.

Statistical significance

The figures reported in the text of this report are statistically significantly different at p= .05.

"Other" sex category

In 2019, a third sex category (Other) was introduced. Due to small numbers, this category, was not reported separately. However, it is included in total persons estimates.

Age groups

The following age groups were used for analysis: 18–24 years, 25–44 years, 45–64 years and 65 years and older. These age groups were chosen as they are in line with the Medical Subject Headings (MeSH) meaningful age groups and there is sufficient sample size in each subgroup.

1.5 Characteristics of the sample

Table 4: Basic characteristics of sample by age group and sex, ACTGHS, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
Marital status							
Married	65.9	71.5	61.8	9.6*	68.5	74.4	60.1
Widowed	7.1	4.9	8.8	0.0	0.0	1.3*	20.9
Separated	3.1	2.8	3.4	1.4**	3.7	3.7	2.1*
Divorced	9.5	5.1	12.9	–	3.7	11.7	13.0
Never married	14.3	15.7	13.1	89.0	24.1	8.9	4.0
Born in Australia	73	71.9	73.7	80.8	70.2	76.5	70.1
Language other than English	12.6	14.9	10.7	20.6	20.3	11.4	6.5
Aboriginal and/ or Torres Strait Islander	1.8	1.2	2.3	2.7	2.3	1.5	1.8
Highest qualification							
University	56.7	59.2	54.7	20.6	68.7	58.7	48.1
TAFE certificate or diploma	25.3	26.4	24.6	30.1	25.2	26.3	23.8
Completed year 12	10.4	8.7	11.7	39.7	4.5	8.4	14.5
Completed year 10	5.4	3.8	6.7	6.9*	1.5*	4.4	9.9
Completed years 7-9	0.8	np	1.2*	np	–	0.8*	1.3*
Completed primary school	0.4	0.6*	np	–	–	np	np
Other	1.1	1.2*	1.0*	1.4*	np	1.2*	1.6*
Current employment status							
Self employed	7.8	11.6	4.9	np	8.0	11.3	4.3
Employed	51.1	52	50.2	72.6	80.5	64.4	7.8
Unemployed	2.4	1.9	2.8	np	3.5	3.2	np
Engaged in home duties	2.7	0.7*	4.2	0	4.8	3.3	0.5*
Student	1.6	1.6*	1.5	21.9	2.2*	np	np
Retired	32.8	30.6	34.6	–	–	15	85.9
Unable to work	1.4	1.3*	1.5*	–	0.9*	2.3	1.0*
Other	0.2	np	np	–	–	np	np

* Estimate has a relative standard error between 25% and 50% and should be used with caution.
(np) not published due to relative standard error greater than 50%, small numbers or confidentiality.

2. Risk Factor Indicators

2.1 General health

Self-rated health is a measure of an individual's self-reported health status over the previous four weeks. In 2019, 52.0% of ACT residents rated their health as either excellent or very good, while a further 31.3% stated that their health was good (Table 5). However, almost one quarter (24.6%) of people aged 65 years and over reported that their overall health was either fair or poor.

Table 5: Self-rated health status by age group and sex, ACT, 2019

	Persons	Males	Females	18–24	25–44	45–64	65+
				(Per cent)			
Self–rated general health							
Excellent/ Very good	52.0	55.6	48.4	np	52.4	57.0	49.2
Good	31.3	30.6	32.1	47.9	32.0	26.7	26.2
Fair/ Poor	16.7	13.8	19.5	np	15.5	16.3	24.6

(np) not published due to relative standard error greater than 50%, small numbers or confidentiality.

2.2 Disability

Respondents were asked if they had a disability, health condition or injury that lasted, or was likely to last six months or more, that restricted everyday activities. In 2019, around one-in-five (19.6%) respondents reported having a disability, health condition or injury that impacted their daily life. This figure increased with age, with 9.9% of persons aged 18–24 years reporting having a disability, health condition or injury compared to 32.9% of those aged 65 years and older (Table 6).

Table 6: Disability, health conditions or injury by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
				(Per cent)			
Has a disability, health condition or injury	19.6	16.6	22.7	9.9	15.3	22.3	32.9
Does not have a disability, health	80.4	83.4	77.3	90.1	84.7	77.7	67.1

2.3 Mental health

The 2019 GHS included four measures for reporting mental health status (Table 7). For self-rated mental health status, respondents were asked to rate their mental health during the past four weeks as either excellent, very good, good, fair or poor. Results show that in 2019, the majority (83.0%) of respondents to the ACTGHS rated their mental health as good or better. Among those who rated their mental health as fair or poor, those aged 18–24 years reported the highest figure (21.9%), while the lowest figure was reported among those aged 65 years and older (12.0%).

The Kessler Psychological Distress Scale (K6) was used to gauge probable serious mental illness.[2] The scale is made up of six statements to assess a person's psychological status over the preceding four weeks. Respondents were asked how often they felt:

- Nervous
- Hopeless
- Restless or fidgety
- That everything was an effort
- So sad that nothing could cheer them up
- Worthless

Possible responses were: all of the time, most of the time, some of the time, a little of the time or none of the time. Responses to each question were then scored, with *none of the time* equating to a score of 1 through to *all of the time* equating to a score of 5. The scores for each statement were summed, giving a total score range of between 6 and 30. If a respondent was missing one value, the missing value was replaced with the mean of the five non-missing values. If a respondent was missing more than one value, they were excluded from analysis. Scores of 19–30 indicate probable serious mental illness. Results indicate that 6.1% of respondents in 2019 may have been experiencing serious mental illness.

Finally, respondents were asked if they had been diagnosed with any mental health conditions by a doctor and if so, were they currently receiving treatment. Overall, females (34.2%) were more likely to report a diagnosed mental health condition than males (19.1%). Anxiety and depression were most prevalent in those aged 18–24 years (27.8% and 21.4% respectively). Over two thirds (68.0%) of people diagnosed with a mental health condition were currently receiving treatment.

Table 7: Indicators of mental health by age group and sex, ACT, 2019

	Persons	Males	Females	18–24	25–44	45–64	65+
				(Per cent)			
Self rated mental health							
Excellent/ Very good	53.4	57.4	49.8	40.4	50.0	57.2	64.6
Good	29.6	29.3	29.9	37.7	31.4	27.3	23.5
Fair/ Poor	17.0	13.3	20.3	21.9	18.6	15.6	12.0
K6 score indicates serious mental illness	6.1	3.7*	8.1	10.8*	6.5	5.3	3.3*
Mental health condition							
Any mental health condition	27.0	19.1	34.2	36.9	28.7	25.5	18.7
Anxiety	17.1	10.9	22.4	27.8	19.0	14.6	8.8
Depression	15.0	9.9	19.3	21.4	13.5	16.7	11.1
Stress related problem	14.5	10.2	18.4	10.9	17.0	15.0	9.6
Other mental health condition	4.8	2.5*	6.9	10.0	5.7	2.9	1.9*
Currently receiving treatment for mental health condition_a	68.0	62.4	70.8	65.2	68.7	69.8	63.6

* Estimate has a relative standard error between 25% and 50% and should be used with caution.

2.4 Overweight and obesity

Self-described weight status is based on each respondent's own description of their weight. Each respondent was asked to categorise their weight into one of four options: underweight, healthy weight, overweight and very overweight. More than half of all respondents (56.8%) reported that they were a healthy weight (Table 8). The proportion of people responding that they were

overweight or very overweight was highest among those aged 45–64 years (50.2%) and lowest among those aged 18–24 years (28.7%).

Table 8: Self-described weight status by age group and sex, ACT, 2019

	Persons	Males	Females	18–24	25–44	45–64	65+
	(Per cent)						
Underw eight	2.7	2.8*	2.6*	np	1.8*	0.8*	5.5
Healthy w eight	56.8	57.2	56.4	64.8	61.0	49.0	54.2
Overw eight	36.6	37.1	36.2	28.7	33.6	43.6	37.4
Very overw eight	4.0	3.0	4.9	0.0	3.6*	6.6	3.0

* Estimate has a relative standard error between 25% and 50% and should be used with caution.

(np) not published due to relative standard error greater than 50%, small numbers or confidentiality.

2.5 Nutrition

To measure nutrition, respondents to the 2019 ACTGHS were asked how often they consume meals or snacks such as burgers, pizza, chicken or chips from places like McDonalds, Hungry Jacks, Pizza Hut, Red Rooster or local takeaways. On average, respondents consumed 1.0 fast-food meals or snacks per week (Table 9). The number of fast-food meals consumed per week reduced with age; from 1.7 for those aged 18–24 years, to 0.3 meals per week among those aged 65 years and older. On average, males consumed twice the number of fast-food meals or snacks per week than females (1.3 compared to 0.6).

Table 9: Mean number of fast-food meals consumed per week by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
	(Mean)						
Mean number of fast food meals consumed w eekly	1.0	1.3	0.6	1.7	1.2	0.7	0.3

2.6 Alcohol consumption

For the 2019 ACTGHS, alcohol consumption was based on the proportion of respondents indicating that they engaged in risky drinking. The National Health and Medical Research Council (NHMRC) alcohol guidelines at the time of the survey advised that people should drink no more than four standard drinks on any one occasion.[3] In 2019, 40.0% of ACTGHS respondents who drink alcohol reported engaging in risky drinking behaviour (Table 10). This proportion was highest for those aged 18–24 years (65.5%) and fell with age. Males were more likely to engage in risky drinking than females at 47.9% and 31.7% respectively.

Table 10: Engagement in risky drinking by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
	(Per cent)						
Drank more than 4 standard drinks on one occasion in the past 4 w eeks	40.0	47.9	31.7	65.5	41.7	38.7	15.7

2.7 Physical activity

To assess physical activity levels, respondents to the 2019 ACTGHS were asked to rate how physically active they usually are (very active, active, moderately active, not very active or not active at all). In addition to self-rated physical activity, respondents were asked to report how they usually spent their day (Table 11). This measure was used to assess sedentary behaviour, with possible responses being: mostly sitting, mostly standing, mostly walking, mostly doing heavy labour or physically demanding work. In 2019, 44.7% of ACT adults reported being either active or very active. Males (22.7%) were more likely to report being very active than females (14.3%).

The majority of ACTGHS respondents reported spending most of their days sitting (54.0%). This was highest for those aged 45–64 years (60.2%) and lowest for those aged 65 years and older (43.1%). Canberrans aged 65 years and older were more likely to spend most of their days walking (36.1%) than their younger counterparts.

Table 11: Self-rated physical activity and sedentary behavior by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
				(Per cent)			
Self reported physical activity							
Very active	18.5	22.7	14.3	19.2*	18.5	18.4	18.1
Active	26.2	28.3	24.3	31.2	22.7	28.5	28.0
Moderately active	36.8	33.6	40.0	37.9	41.1	33.1	31.7
Not very active	15.9	13.6	18.1	10.1*	15.6	16.9	19.0
Not at all active	2.6	1.8*	3.3	np	2.2*	3.1	3.3
Sedentary behaviour							
Mostly sitting	54.0	51.2	56.6	43.0	56.6	60.2	43.1
Mostly standing	14.6	12.5	16.7	17.4*	12.3	15.1	17.9
Mostly walking	24.7	24.1	25.2	26.3	23.1	20.4	36.1
Mostly doing heavy labour	6.8	12.2	1.5*	13.3*	8.0	4.3	2.9*

* Estimate has a relative standard error between 25% and 50% and should be used with caution.
(np) not published due to relative standard error greater than 50%, small numbers or confidentiality.

2.8 Sleep

Sleep was measured by respondents reporting the number of hours of sleep they usually get per night. The Sleep Health Foundation recommends 7–9 hours for 18–64 year olds and 7–8 hours for people aged 65 years and over.[4] Almost two thirds (62.1%) of ACTGHS respondents met the recommended number of hours of sleep for their age group (Table 12). This proportion is lowest for those aged 65 years and over, with 48.8% of people in this age group meeting the recommended number of hours of sleep.

Table 12: Proportion of people who met the recommended number of hours sleep by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
				(Per cent)			
Meets sleep recommendation	62.1	60.5	63.6	65.7	65.6	63.1	48.8

2.9 Safety

Safety was measured by respondents reporting how safe or unsafe they feel walking in their local area alone after dark. Over two thirds of respondents (69.9%) felt safe or very safe walking alone at night. However, females (52.4%) were significantly less likely to report feeling safe when walking alone at night than males (86.8%). Around 1 in 5 of those aged 65 years and older (21.2%) felt unsafe/very unsafe when walking alone at night compared to around 1 in 10 among all other age groups (Table 13).

Table 13: Perceptions of safety by age group and sex, ACT, 2019

	Persons	Males	Females	18–24	25–44	45–64	65+
	(Per cent)						
Very safe/ safe	69.9	86.8	52.4	70.5	69.9	71.6	65.7
Neither safe or unsafe	17.5	8.5	26.6	np	18.5	17.8	13.1
Unsafe/ very unsafe	12.6	4.6	21.0	np	11.5	10.6	21.2

(np) not published due to relative standard error greater than 50%, small numbers or confidentiality.

3. Wellbeing Indicators

In 2019, the scope of the ACTGHS was extended beyond traditional chronic disease measures to include broader factors that influence our health and wellbeing. This complemented the development of the ACT Wellbeing Framework, which was launched in March 2020, that aims to measure the progress of the territory in several domains of wellbeing.[5] The framework turns attention towards broader measurements of wellbeing, such as indicators of social progress and quality of life and considers them alongside economic growth as vital for understanding the needs of the community. Wellbeing is the unique interaction of an individual's physical, mental, emotional, social and cultural health factors. Wellbeing can be viewed as an individual's quality of life and is often expressed as life satisfaction, happiness and the presence of a positive mood.[6] Measuring wellbeing will help us understand how we can improve the lives of all Canberrans and support those who need it most.

3.1 Personal Wellbeing Index

The Personal Wellbeing Index (PWI) score aims to provide a simple measure of one's overall wellbeing.[7] Participants were asked to rate their satisfaction with nine areas of their life on a scale of 0-10, where 0 is completely dissatisfied and 10 is completely satisfied. The overall PWI score was calculated by summing the scores of satisfaction with one's:

- Standard of living
- Health
- Achievements
- Personal relationships
- Feelings of safety
- Feeling part of the community
- Future security
- The amount of time to do things you like doing
- The quality of the local environment.

If a respondent was missing one value, the missing value was imputed by the mean of the other eight non missing values. If a respondent had more than one missing value, they were excluded from analysis. Scores were then scaled between 0 and 100, with scores closer to 100 representing higher wellbeing.

Based on overall PWI scores (Table 14), people aged 65 years and over reported the highest wellbeing score, whereas those aged 25–44 years reported the lowest. Respondents were most satisfied with feeling safe and their standard of living and least satisfied with the amount of time for things they enjoy, feeling part of the community and health. There was no significant difference between the PWI score by sex (males: 76.8, females: 75.3).

Table 14: Mean Personal Wellbeing Index (PWI) scores by age group and sex, ACT, 2019

	Persons	Males	Females	18–24	25–44	45–64	65+
				(Mean)			
Overall Personal Wellbeing Index (PWI)	76.0	76.8	75.3	75.4	74.9	76.0	79.4
Satisfaction with…							
Standard of living	8.2	8.2	8.2	8.3	8.1	8.2	8.5
Health	7.4	7.6	7.3	7.4	7.4	7.4	7.5
Current life achievements	7.5	7.6	7.4	7.4	7.4	7.5	7.7
Personal relationships	8.1	8.2	8.0	7.7	8.1	8.1	8.3
Feeling safe	8.6	8.7	8.5	8.8	8.6	8.6	8.5
Feeling part of the community	7.4	7.4	7.4	7.4	7.2	7.4	7.7
Future security	7.5	7.5	7.5	7.1	7.4	7.6	8.0
Amount of time for things you enjoy	6.8	6.9	6.7	6.7	6.3	6.8	8.0
Local environment	7.7	7.7	7.7	7.6	7.5	7.7	7.9
Job	7.5	7.6	7.4	7.6	7.4	7.6	8.2

3.2 Life satisfaction

Using a scale from zero to 10, respondents were asked to rate how satisfied they were with their life as a whole, with zero being completely dissatisfied and 10 completely satisfied. Overall, mean life satisfaction tended to increase with age, increased gradually across the age groups from 7.3 among those aged 18–24 years, to 8.1 reported by those aged 65 years and over (Table 15).

Table 15: Mean life satisfaction scores by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
				(Mean)			
Mean life satisfaction score	7.8	7.9	7.7	7.3	7.8	7.8	8.1

3.3 Resilience

For the 2019 survey, resilience was included as a measure of wellbeing, with respondents asked how true they felt the following statements were to them: "I am able to adapt when changes occur" and and "I tend to recover well after illness, injury or other hardships" Responses options were: not true at all, rarely true at all, sometimes true, often true and true nearly all the time. The scale for both questions was 0-4, where 0 is not true at all and 4 is true nearly all the time. A resilience score was then calculated by summing these two scores together. Overall, the mean resilience score for ACT adults was 6.5. This was consistent across both sex and age groups (Table 16).

Table 16: Mean resilience scores by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
				(Mean)			
Mean resilience score	6.5	6.6	6.4	6.6	6.4	6.7	6.5

3.4 Social support

Another measurement of wellbeing is the strength of one's social support network. The 2019 ACTGHS measured social support by asking respondents if they could ask someone for different types of support. Definitely yes and probably yes response categories were combined for reporting. Overall, a relatively high proportion of respondents reported having access to someone for a variety of needs. Access to someone to provide emergency money was lowest (86.3%) and access to someone for advice was highest (93.7%).

Table 17: Proportion of people who have access to social support by age group and sex, ACT, 2019

	Persons	Males	Females	18–24	25–44	45–64	65+
				(Per cent)			
Access to someone…							
For advice on what to do in time of crisis	93.7	92.8	94.5	94.2	96.0	92.3	89.6
For emotional support in time of crisis	91.4	91.7	91.1	95.8	92.8	91.1	85.4
For help when seriously ill or injured in time of crisis	93.5	94.4	92.8	93.2	94.3	93.6	91.5
To help maintain family or work responsibilities in a time of crisis	88.8	89.1	88.4	91.1	89.4	87.0	88.4
To provide emergency money, accommodation or food in a time of crisis	86.3	83.9	88.6	91.0	88.5	86.2	77.1

* Denotes RSE>25%

RSE>50% not published (np).

3.5 Discrimination

Discrimination was measured by asking respondents if they felt they had experienced discrimination or been treated unfairly by others in the past 12 months. A follow-up question asked those who indicated that they had experienced discrimination to think about their most recent experience and indicate what they felt initiated the discrimination (Table 18). Approximately one in five (21.3%) reported experiencing some form of discrimination over the past 12 months. The three most common reasons cited were nationality or race (41.7%), gender (32.4%) and age (27.9%).

Table 18: Proportion of people who have experienced discrimination in the past 12 months by age group and sex, ACT, 2019

	Persons	Males	Females	18–24	25–44	45–64	65+
				(Per cent)			
Experienced discrimination in the past 12 months	21.3	18.2	24.1	26.8	26.1	17.6	11.6
Reason for experiencing discrimination							
Skin colour	25.0	28.5	22.9	28.6*	30.9	16.9	np
Nationality/ race	41.7	52.2	33.2	58.5	45.1	30.6	22.8
Language	15.1	13.4	15.4	np	16.3	14.3*	11.4*
Appearance	18.6	14.6*	21.7	27.1*	20.0	12.4*	13.3*
Gender	32.4	12.7*	47.1	40.5*	33.3	25.3	33.3
Age	27.9	21.2	33.1	41.1*	10.4*	42.8	68.8
Disability	19.1	16.1*	21.6	np	19.9	19.9	25.0
Marital status	7.9	np	10.0*	np	5.7*	7.4*	9.5*
Family status	12.5	np	14.9	26.5*	11.2*	9.4*	np
Sexual orientation	4.3*	5.3*	3.6*	np	3.8*	3.6*	5.2*
Occupation	17.6	17.1*	17.0	27.2*	16.1	19.5	np
Religion	9.1	11.7*	6.0*	0.0	10.0*	10.7*	14.1*
Politics	9.4	11.0*	8.3*	np	9.2*	8.6*	20.0*
Other	9.3	10.0*	8.9*	np	10.3*	9.5*	11.1*

* Denotes RSE>25%

RSE>50% not published (np).

3.6 Psychosocial events

To further understand the social and situational factors that may influence wellbeing, respondents were asked if they had been personally affected by a variety of psychosocial events in the past 12 months (Table 19). The most common events cited were death of someone close (23.1%), starting a new job (20.7%) and financial hardship (14.5%). Around one in 4 (25.1%) of those aged 18–24 years reported experiencing financial hardship.

Table 19: Proportion of people who have experienced various psychosocial events in the past 12 months by age group and sex, ACT, 2019

	Persons	Males	Females	18–24	25–44	45–64	65+
				(Per cent)			
In the past 12 months experienced…							
Unplanned loss of job	5.5	5.6	5.4	np	5.3	8.0	3.3*
New job	20.7	19.1	22.4	30.0	26.5	18.9	2.8*
Family/domestic violence	2.8	0.8*	4.8	np	3.6*	3.1*	np
Moved house	15.0	13.3	16.7	33.0	20.3	6.9	3.2*
House robbed/burgled	3.2	2.9	3.4	np	4.0*	2.6	1.2*
Death of someone close	23.1	22.2	24.0	23.5	22.5	23.9	22.9
Marriage/relationship breakdown	8.8	7.0	10.2	21.5	10.7	4.6	2.1*
Serious injury	7.3	7.5	7.2	11.4*	7.7	6.0	5.9
Serious illness	10.6	7.7	13.4	np	9.1	11.8	16.3
Financial hardship	14.5	11.9	16.8	25.1	17.5	10.0	7.1

*Denotes RSE>25%

RSE>50% not published (np).

3.7 Gender equity

Gender equity was measured through the creation of a composite gender equity score. Respondents were presented with two statements describing different attitudes towards gender roles in relationships ("Men should take control in relationships and be the head of the household" and "Women prefer a man to be in charge of the relationship") and asked to respond with the degree to which they agree. The response scale was one to five, where one is strongly agree and five is strongly disagree. The score of both statements was added together and multiplied by 10, giving a range of 10–100. A low gender equity score is defined as being less than 70. Around 19.7% of respondents to the 2019 ACTGHS had a low gender equity score (Table 20). Males were more likely to report a low gender equity score than females (25.7% vs. 14.2%).

Table 20: Low gender equity score by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
				(Per cent)			
Gender equity score <70	19.7	25.7	14.2	19.7*	21.0	17.8	19.7

* Estimate has a relative standard error between 25% and 50% and should be used with caution.

3.8 Access to transport

Access to transport was measured by asking respondents to think about the transport options available to them (e.g. car, walking, riding, public transport) and how easy or difficult it was for them to get to the places they need to go (Table 21). Around 9 in 10 people reported finding it easy or very easy to access transport (89.0%). People aged 65 years and over were most likely to report finding it difficult or very difficult to access transport (7.7%).

Table 21: Access to transport by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
	(Per cent)						
Very easy/ Easy	89.0	89.1	88.9	83.3	87.9	92.7	89.9
Neither easy or difficult	5.9	6.6	5.1	13.9*	6.9	3.6	2.4*
Difficult/ Very difficult	5.1	4.3	5.9	np	5.3	3.7	7.7

* Estimate has a relative standard error between 25% and 50% and should be used with caution.
(np) not published due to relative standard error greater than 50%, small numbers or confidentiality.

3.9 Access to internet at home

Access to internet at home was measured by asking if respondents had access to reliable internet at home (Table 22). In 2019, 93.5% of Canberrans had reliable access to the internet. This was highest for those aged 18–24 (97.5%) and lowest for those aged 65 years and over (88.2%).

Table 22: Access to internet at home by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
	(Per cent)						
Access to internet at home	93.5	93.3	93.6	97.5	94.0	94.7	88.2

3.10 Financial stress

Financial stress was included as an external influence on wellbeing and was measured by asking respondents if in the past 12 months they had experienced any of the situations listed in Table 23 because they were short of money. The most cited indicator of financial stress was having to delay or cancel non-essential purchases (22.6%), followed by seeking financial assistance from friends or family (13.7%) and not being able to pay electricity, gas or telephone bills on time (11.6%). A greater proportion of females reported financial stress than males.

Table 23: Indicators of financial stress by age group and sex, ACT, 2019

	Persons	Males	Females	18-24	25-44	45-64	65+
				(Per cent)			
Had to delay or cancel non-essential purchases	22.6	17.2	27.7	32.3	27.9	18.6	9.8
Could not pay electricity, gas or telephone bills on time	11.6	9.3	13.7	15.6*	15.3	8.4	5.2
Could not pay mortage or rent payments on time	5.0	4.7	5.4	np	5.3	8.0	3.3*
Could not pay for car registration or insurance on time	8.1	7.2	9.0	16.2*	9.9	4.8	3.5*
Could not make minimum payments on credit card	4.8	4.7	4.9	np	6.4	3.1*	1.7*
Pawned something or sold something because you needed cash	6.8	4.7	8.5	14.1*	7.1	5.9	2.3*
Went without meals	5.1	2.8*	7.3	np	7.0	4.1	2.2*
Were unable to heat or cool your home	3.3	2.1*	4.1	np	3.2*	3.1*	2.4*
Sought financial assistance from friends or family	13.7	10.9	12.3	34.4	16.7	7.4	2.7*
Sought financial assistance from welfare or community organisations	4.0	3.0*	5.0	np	5.0*	2.4*	4.1*

* Estimate has a relative standard error between 25% and 50% and should be used with caution.

(np) not published due to relative standard error greater than 50%, small numbers or confidentiality.

4. References

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5. 2019 ACT Survey Questionnaire

For more information about the General Healthy Survey and a copy of the 2019 questionnaire please visit the Epidemiology Section's Data Collection Page:

https://www.health.act.gov.au/about-our-health-system/data-and-publications/healthstats/data-collections