



**ACT**  
Government

# Healthy Weight Initiative

2013–2019 final summary



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The *Towards Zero Growth: Healthy Weight Action Plan* (Healthy Weight Initiative) was launched in October 2013 to halt the rising rates of overweight and obesity across the ACT population. It focused on improving Canberra's food and active living environments to make the healthy choice the easier choice.

The 2019 Healthy Weight Initiative Summary is the final report of the Healthy Weight Initiative evaluation series. It demonstrates success in achieving zero growth in the combined prevalence of overweight and obesity in children and adults in the ACT. Eight of the 14 targets have been met and for the remaining six targets, there has been no significant change from the baseline level, which remains a very positive outcome, noting these were ambitious targets.

Nevertheless, more work is needed to increase healthy eating and support active living environments to ensure we continue to see improvements in health outcomes of the ACT population.

The *ACT Preventive Health Plan 2020-2025* will continue efforts to prevent chronic disease, address overweight and obesity, and support good health across all stages of life.

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### Acknowledgment of Country

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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Table 1: Healthy Weight Initiative summary measures								
	Baseline <sup>(a)</sup>	2013	2014	2015	2016	2018	Target	Result
<b>Healthy Weight</b>								
Zero Increase In Proportion Of Overweight And Obese Adults	63.0% <sup>(b)</sup>	na	63.5% <sup>(c)</sup>	na	na	64.1% <sup>(d)</sup>	63.0%	✓
Zero Increase In Proportion Of Overweight And Obese Children Aged 2–17 Years	26.3% <sup>(b)</sup>	na	23.4% <sup>(c)</sup>	na	na	28.6% <sup>(d)</sup>	26.3%	✓
Zero Increase In Proportion Of Overweight And Obese Kindergarten Children <sup>(f)</sup>	16.3%	15%	15.5%	15.6%	15.8%	15.9% <sup>(e)</sup>	16.0%	✓
<b>Healthy Eating</b>								
Increase Average Daily Serves Of Fruit Consumed By Adults	1.8	1.7	1.8	1.9	1.7	1.5	2.0	=
Maintain Average Daily Serves Of Fruit Consumed By Children Aged 5-17 Years	2.0	2.0	2.0	2.0	2.2	2.0	2.0	✓
Increase Average Daily Serves Of Vegetables Consumed By Adults	2.5	2.6	2.6	2.5	2.6	2.3	5.0	=
Increase Average Daily Serves Of Vegetables Consumed By Children Aged 5-17 Years	2.3	2.3	2.2	2.3	2.3	2.1	4.5	=
Reduce Proportion Of Children Aged 5-15 Years Consuming Two Or More Sugar-Sweetened Drinks	35.5%	28.5%	29.6%	24.5%	23.1%	18.0%	26.5%	✓
<b>Active Living</b>								
Increased Proportion Of Adults Who Are Meeting Physical Activity Guidelines <sup>(g)</sup>	58.6%	52.1%	60.2%	63.7%	58.6%	68.0%	67.3%	✓
Increased Proportion Of Primary School Children Meeting Physical Activity Guidelines <sup>(h)</sup>	18.5%	na	na	15.0%	na	19.4%	21.3%	=
Increased Proportion Of Children Aged 5-15 Years Walking Or Cycling To School	33.8%	36.9%	34.5%	35.4%	38.6%	46.0%	38.9%	✓
Increased Proportion Of Adults Using Public Transport To Get To Work	7.8%	na	na	na	8.3%	na	10.5%	slight increase
Increased Proportion Of Adults Using Walking Or Cycling To Get To Work	7.7%	na	na	na	8.1%	na	12.5%	slight increase
<b>Screen Time</b>								
Zero Increase In The Proportion Of Children Aged 5-15 Years Exceeding Screen Time Guidelines	44%	42.6%	35.3%	42.2%	44.6%	46.0%	44.0%	✓

✓ target met      = no significant change

#### Notes:

# Statistically different from baseline.

Na: not available.

(A) baseline is 2010–2012 unless otherwise flagged.

(B) 2011–12.

(C) 2014–15.

(D) 2017–18.

(E) 2017.

(F) based on three year moving averages.

(G) physically active for at least 150 minutes or more per week on at least five separate occasions.

(H) at least 60 minutes moderate to vigorous intensity physical activity every day.

(I) for a target to have been met or not met, the most recent reporting period must be statistically different from the target.

## MEASURE 1:

Zero increase in proportion of overweight and obese adults.

### TARGET MET

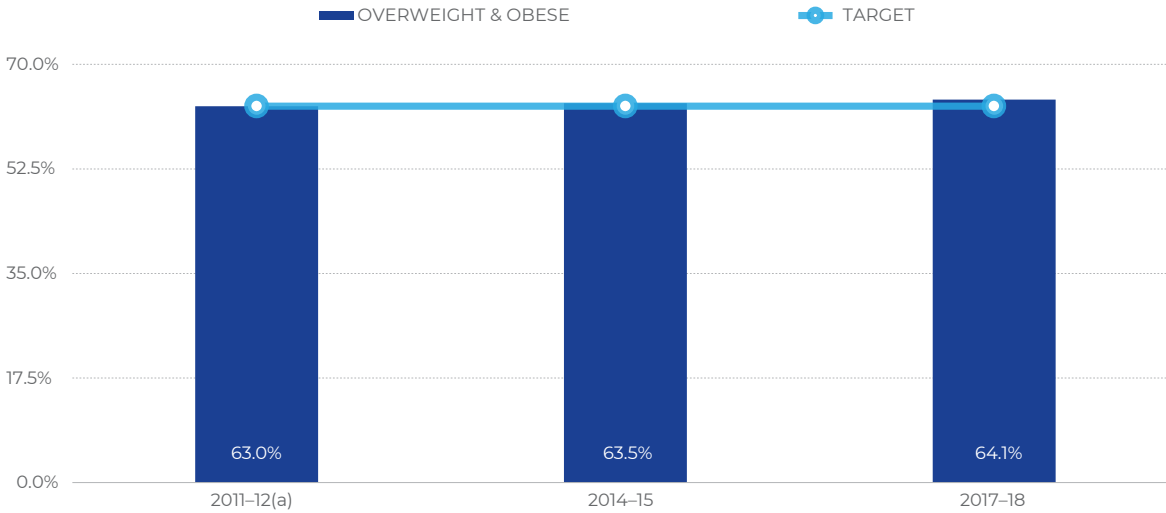


Figure 1: Overweight and obese adults, (Per cent), ACT

Notes:  
 (a) Baseline 2011-12  
 Source: ABS National Health Survey, various years.

Between 2011-12 and 2017-18, there was no statistically significant change in the proportion of adults in the ACT defined as overweight or obese.

## MEASURE 2:

Zero increase in proportion of overweight and obese children aged 2–17 years.

### TARGET MET

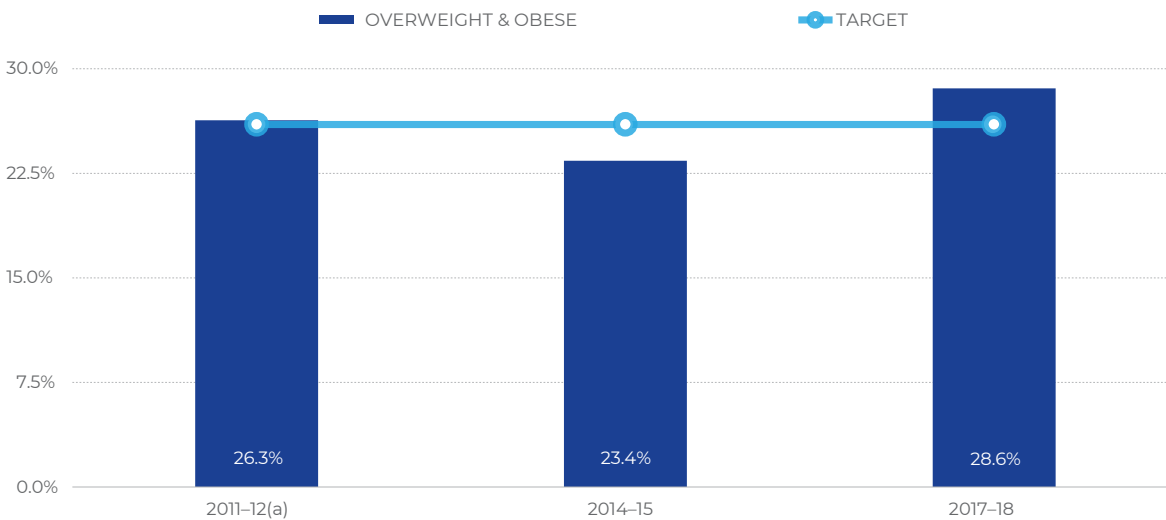


Figure 2: Overweight and obese (Per cent), children and young people aged 2-17 years, ACT

Notes:  
 (a) Baseline 2011-12  
 Source: ABS National Health Survey, various years.

Between 2011-12 and 2017-18, there was no statistically significant change in the proportion of children aged 2-17 years in the ACT defined as overweight or obese.

### MEASURE 3:

Zero increase in proportion of overweight and obese children attending kindergarten.

TARGET MET

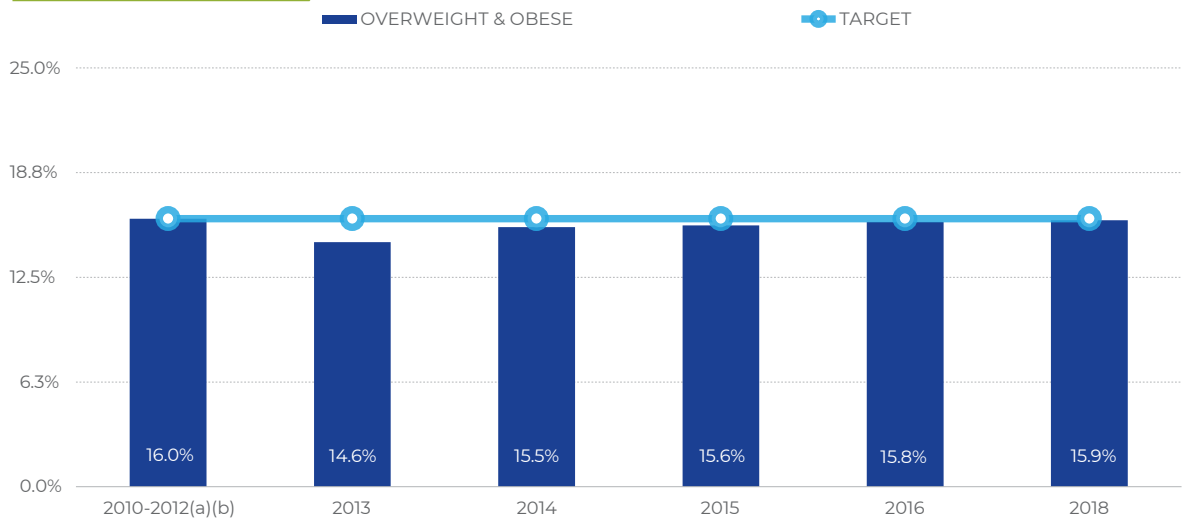


Figure 3: Proportion of kindergarten children overweight or obese, ACT

Notes:  
 (a) Baseline 2010-12  
 (b) Based on three year rolling averages  
 Source: Epidemiology Section analysis of the Kindergarten Health Check unit record file.

Between 2010-2012 and 2018, the proportion of children attending kindergarten in the ACT who were classified as overweight remained stable at around 16%.

### MEASURE 4:

Increase the average daily serves of fruit consumed by ACT adults.

NO CHANGE

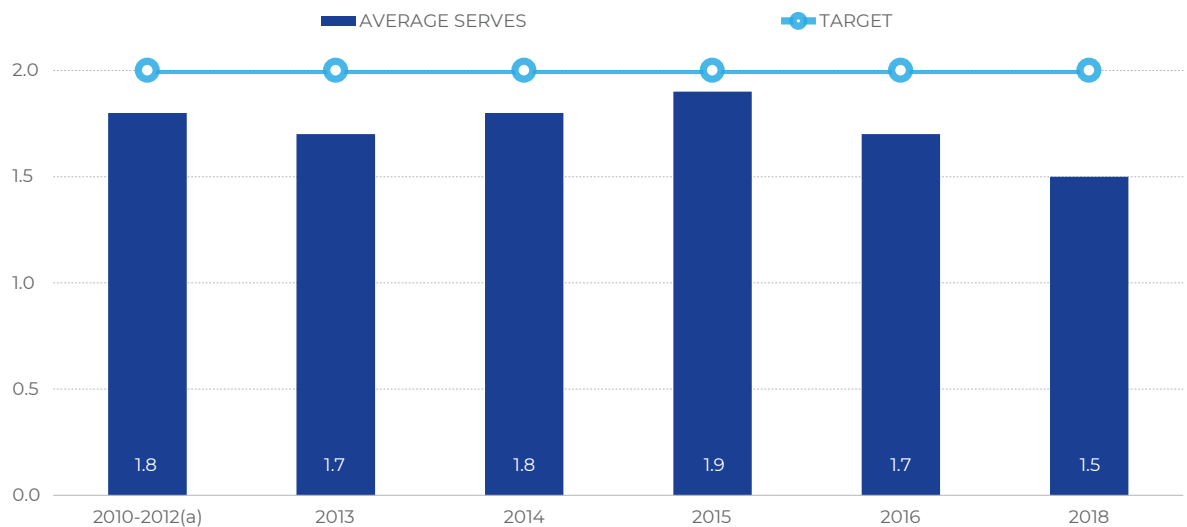


Figure 4: Average daily serves of fruit, adults, ACT

Notes:  
 (a) Baseline 2010-2012  
 Source: ACT General Health Survey

Between 2010-2012 and 2018, there was no statistically significant change in the average number of serves of fruit consumed by ACT adults.

## MEASURE 5:

Maintain average daily serves of fruit consumed by children aged 5-17 years, ACT.

TARGET MET

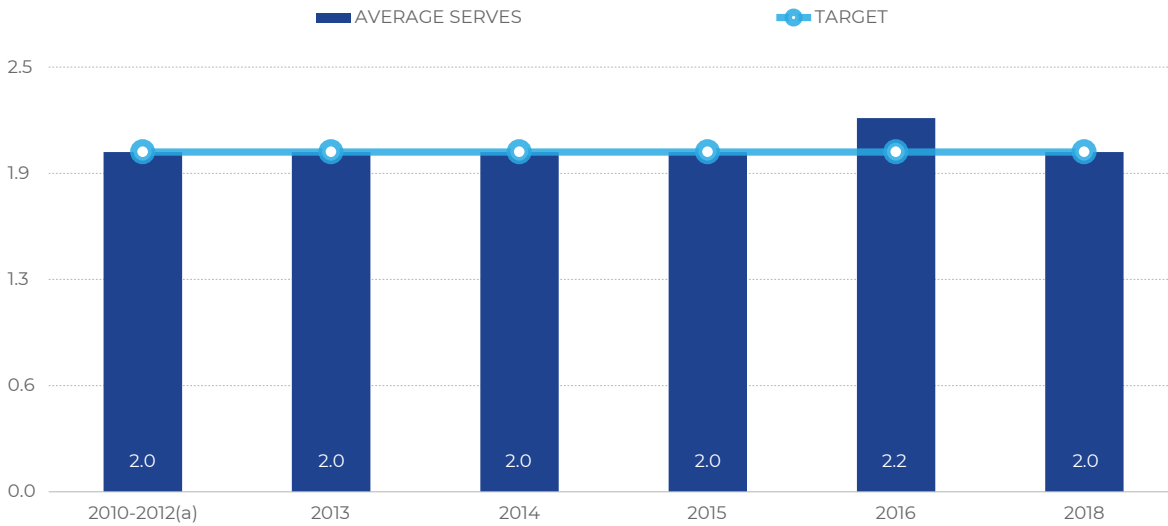


Figure 5: Average daily serves of fruit, children and young people aged 5–17 years, ACT

Notes:  
 (a) Baseline 2010–2012  
 Source: ACT General Health Survey

Between 2010–2012 and 2018, the average daily serves of fruit consumed by children and young people in the ACT aged 5–17 years remained stable at around 2.0 serves per person.

## MEASURE 6:

Increase average daily serves of vegetables consumed by adults, ACT.

NO CHANGE

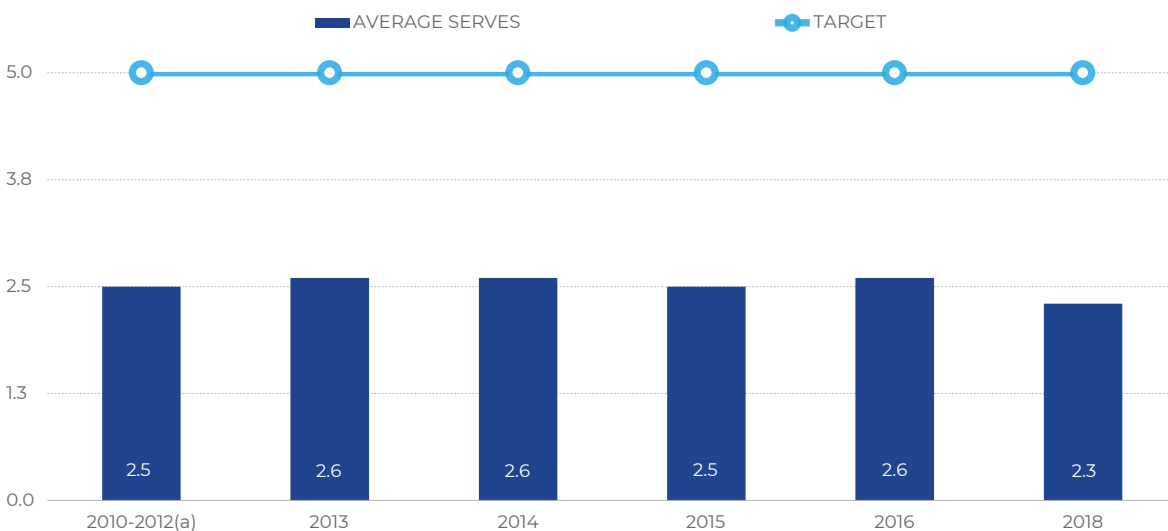


Figure 6: Average daily serves of vegetables, Adults, ACT

Notes:  
 (a) Baseline 2010–2012  
 Source: ACT General Health Survey

Between 2010–2012 and 2018, there was no statistically significant change in the average daily serves of vegetables consumed by ACT adults.

## MEASURE 7:

Increase the average daily serves of vegetables consumed by children aged 5-17 years, ACT.

NO CHANGE

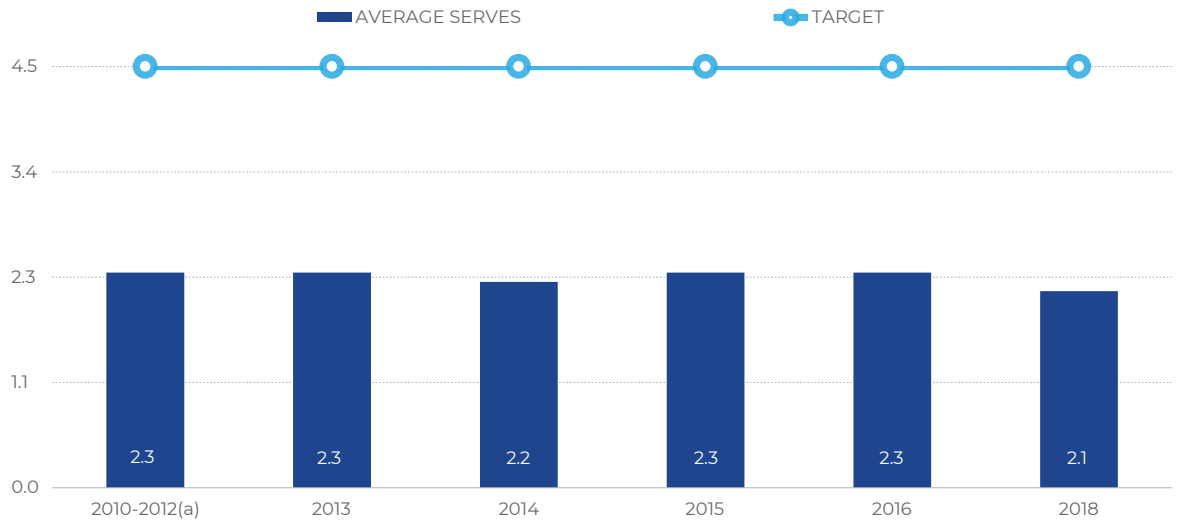


Figure 7: Average daily serves of vegetables, children and young people aged 5-17 years, ACT

Notes:  
 (a) Baseline 2010-2012  
 Source: ACT General Health Survey

Between 2010-2012 and 2018, there was no statistically significant change in the number of daily serves of vegetables consumed by children and young people.

## MEASURE 8:

Reduce the proportion of children aged 5-15 years consuming two or more sugar-sweetened drinks per week, ACT.

TARGET MET

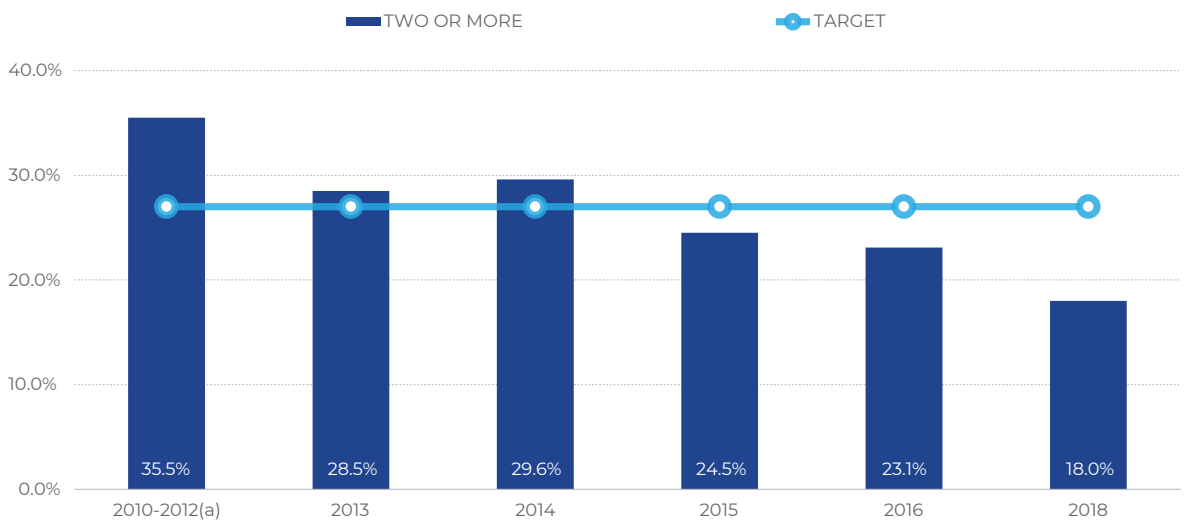


Figure 8: Proportion of children aged 5-15 years consuming two or more sugar sweetened drinks per week, ACT

Notes:  
 (a) Baseline 2010-2012  
 Source: ACT General Health Survey

The proportion of ACT children and young people who consume two or more sweetened drinks per week fell significantly between 2010-2012 and 2018.

## MEASURE 9:

### Increased proportion of adults who are meeting the physical activity guidelines, ACT.

#### TARGET MET

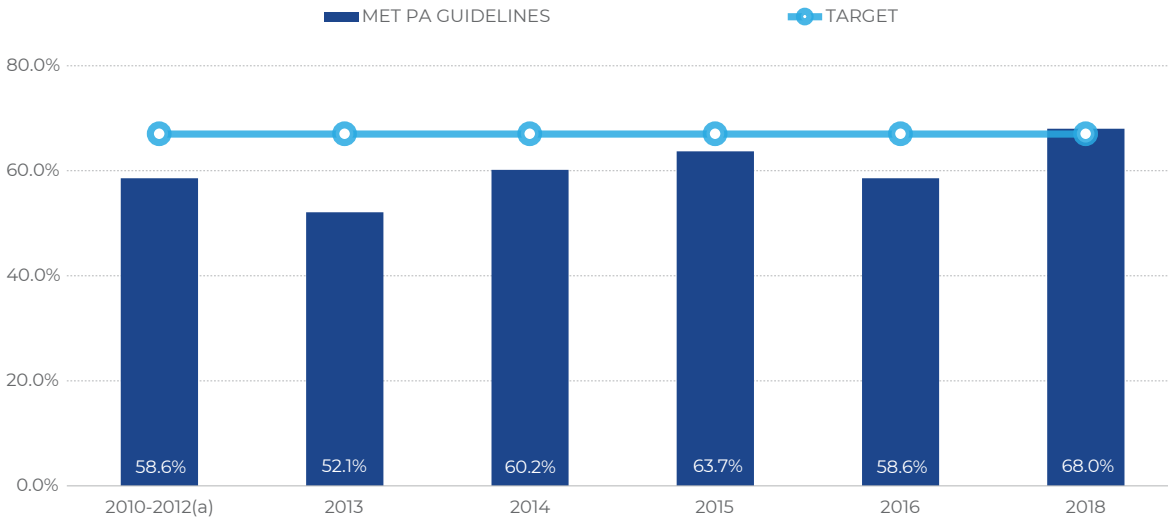


Figure 9: Proportion of adults who are meeting the physical activity guidelines(b), ACT

Notes:  
 (a) Baseline 2010–2012  
 (b) Physically active for at least 150 minutes or more per week on at least five separate occasions.  
 Source: ACT General Health Survey.

The proportion of ACT adults who met the national physical activity guidelines increased significantly between 2010–2012 and 2018.

## MEASURE 10:

### Increased proportion of primary school children meeting physical activity guidelines, ACT.

#### NO CHANGE

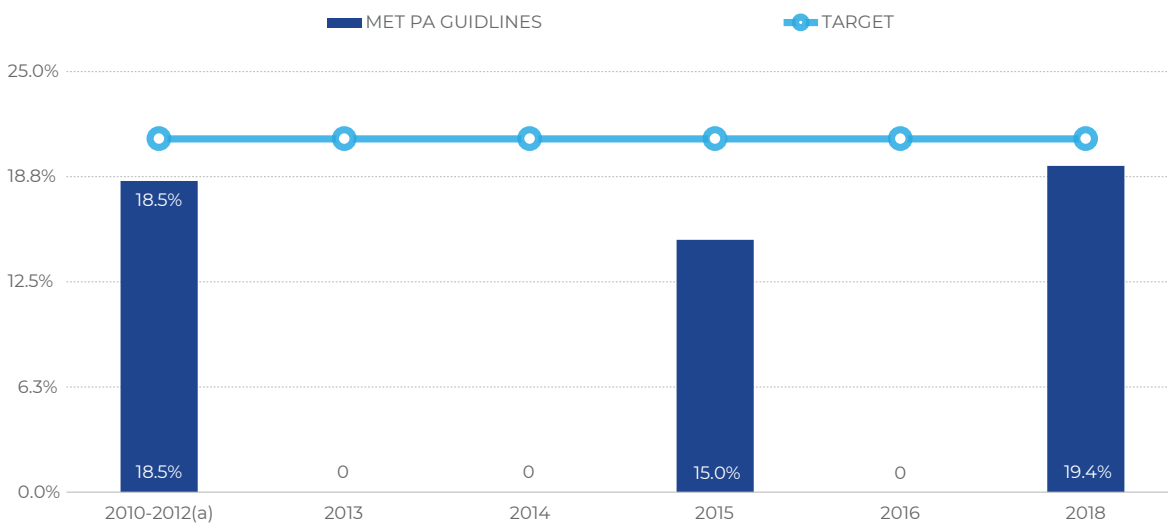


Figure 10: Proportion of primary school children meeting physical activity guidelines(b), ACT

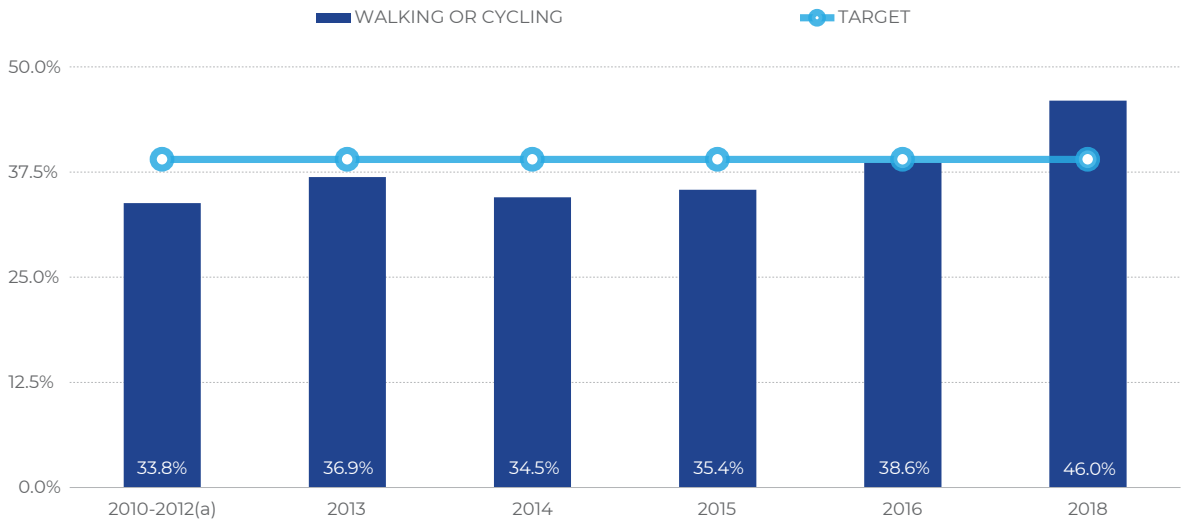
Notes:  
 (a) Baseline 2010–2012  
 (b) At least 60 minutes moderate to vigorous intensity physical activity every day.  
 na: Not available.  
 Source: ACT Physical Activity and Nutrition Survey.

There was no significant change in the proportion of primary school children meeting the physical activity guidelines between 2010–2012 and 2018.

## MEASURE 11:

Increased proportion of children aged 5–15 years walking or cycling to school, ACT.

**TARGET MET**



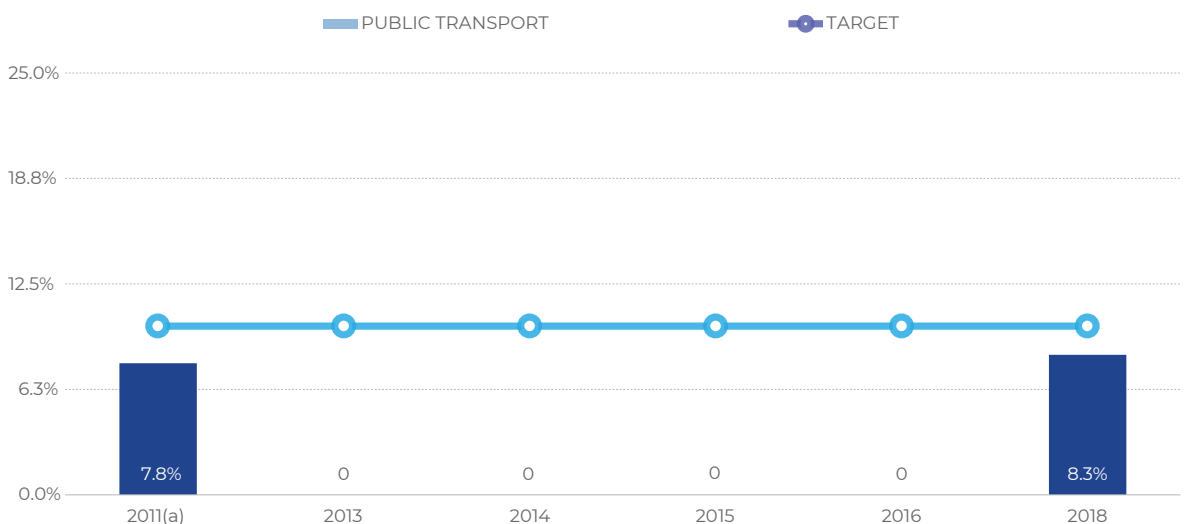
Notes:  
 (a) Baseline 2010–2012  
 Source: ACT General Health Survey

The proportion of children and young people who walked or cycled to school increased significantly between 2010–2012 and 2018.

## MEASURE 12:

Increased proportion of adults using public transport to get to work, ACT.

**SLIGHT INCREASE**



Notes:  
 (a) Baseline 2011  
 na: Not available.  
 Source: ABS Community Profile Series. Cat no. 2001.0.

In 2011, around 7.8% of ACT adults stated that they travelled to work on public transport. This proportion increased slightly to 8.3% in 2016.

## MEASURE 13:

Increased proportion of adults using walking or cycling to get to work, ACT.

SLIGHT INCREASE

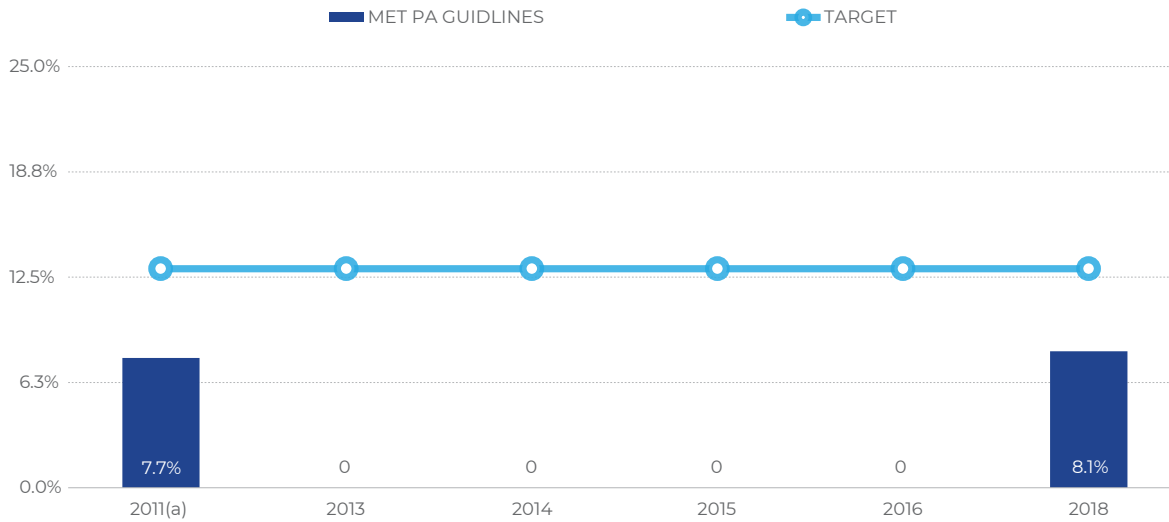


Figure 13: Proportion of adults using walking or cycling to get to work, ACT

Notes:  
 (a) Baseline 2011  
 na: Not available.  
 Source: ABS Community Profile Series. Cat no. 2001.0.

In 2011, around 7.7% of ACT adults stated that they walked or cycled to work. This proportion increased slightly to 8.1% in 2016.

## MEASURE 14:

Zero increase in the proportion of children aged 5–15 years exceeding screen time guidelines.

TARGET MET

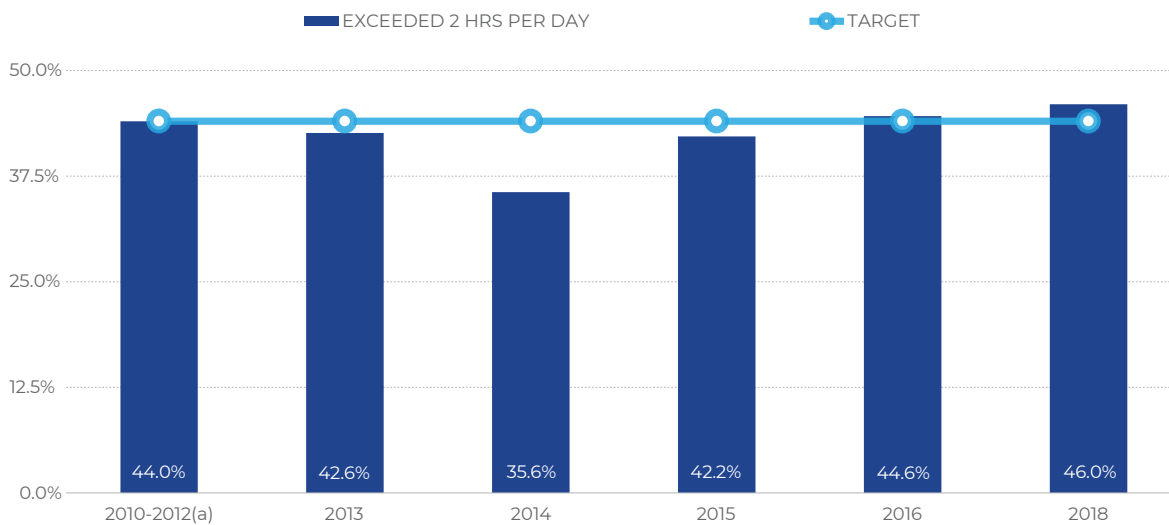


Figure 14: Proportion of children aged 5–15 years exceeding screen time guidelines(b)

Notes:  
 (a) Baseline 2010–2012  
 (b) Exceeding 2 hours per day of screen time.  
 Source: ACT General Health Survey.

Between 2010–2012 and 2018, there was no statistically significant change in the proportion of children and young people aged 5–15 years exceeding daily screen time guidelines.