

# 14

Health

1543-1600

## Health

Pocket Statistics 2016



Schweizerische Eidgenossenschaft  
Confédération suisse  
Confederazione Svizzera  
Confederaziun svizra

Federal Department of Home Affairs FDHA  
Federal Statistical Office FSO

Swiss Confederation

Neuchâtel 2016



# Summary

1	Introduction	4
2	Health determinants	5
2.1	Social situation and employment	5
2.2	Health behaviour	8
3	Population's health	12
3.1	General health and mortality	12
3.2	Cardiovascular diseases and diabetes	16
3.3	Cancer	18
3.4	Musculoskeletal disorders	20
3.5	Infectious diseases	21
3.6	Mental health	22
3.7	Disabilities	24
3.8	Accidents	25
3.9	Births and health of newborns	26
4	Health system	28
4.1	Hospitals	28
4.2	Nursing homes	32
4.3	Home care services	34
4.4	Doctors and dentists	36
5	Costs and funding	38
	Glossary	41

# 1 Introduction

This pocket statistics offers an overview of the statistical data available in the area of health. It is published at the end of every year in four languages (French, German, Italian and English).

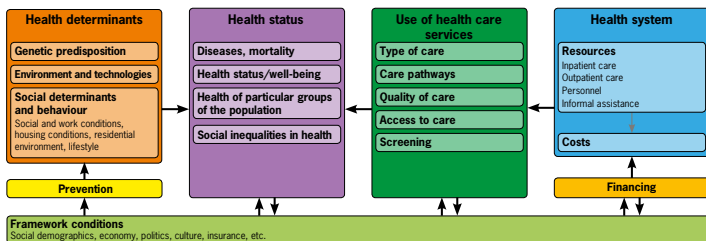
Its structure is based on the diagram below showing the links between the different aspects of health statistics. It includes four main sections which cover:

- health determinants, particularly social environments and health-influencing behaviour,
- the population's health and its various aspects,
- the health system and take-up of the various types of treatment it offers,
- the costs and funding of the health system overall.

This organisation is similar to the reference publication from the Federal Statistical Office (FSO) on Health Statistics which is published once every five years. The last edition was published in 2014.

The figures published here are the most recent figures available in November 2016. All of the data used in the graphs are available on the FSO website ([www.health-stat.admin.ch](http://www.health-stat.admin.ch)).

## Structure of the health statistics



© OFS, Neuchâtel 2015

## 2.1 Social situation and employment

	Men	Women
(Very) good self-perceived health by educational level <sup>1</sup> (2012)		
Compulsory education	62.0%	62.5%
Tertiary level	90.7%	89.6%
Care needs unmet for financial reasons <sup>2</sup> (2014)	4.4%	6.0%
At work <sup>3</sup> (2012):		
At least 3 physical risks	54.9%	47.7%
Feeling stressed (most of the time, always)	18.0%	17.0%
Worried about losing their job	12.6%	12.8%

<sup>1</sup> Population aged 25 or over in a private household

<sup>2</sup> Population aged 16 or over in a private household

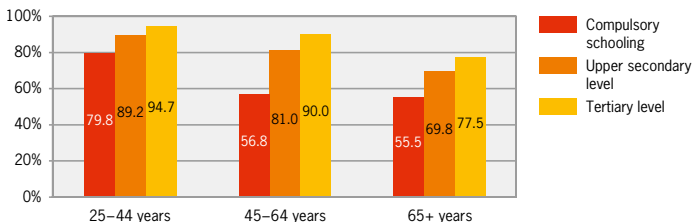
<sup>3</sup> Employed population aged 15 to 64

A social gradient exists when it comes to health: the lower one's social position (measured by educational attainment for example), the poorer one's health. Men aged 30 years with low educational attainment thus have a life expectancy 4.6 years shorter than their counterparts with a university education. 5% of the population forego medical care for financial reasons, especially dental care. This proportion has not varied significantly over the past few years. Among persons at-risk-of-poverty this share increases to 13%.

### (Very) good self-perceived health according to educational level, 2012

Population aged 25 or over living in a private household

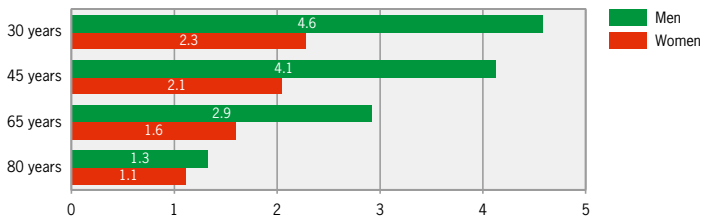
**G 1**



## Difference in life expectancy between educational levels by age, 2007

In years between the highest (tertiary level) and the lowest educational level (compulsory schooling or less)

G 2



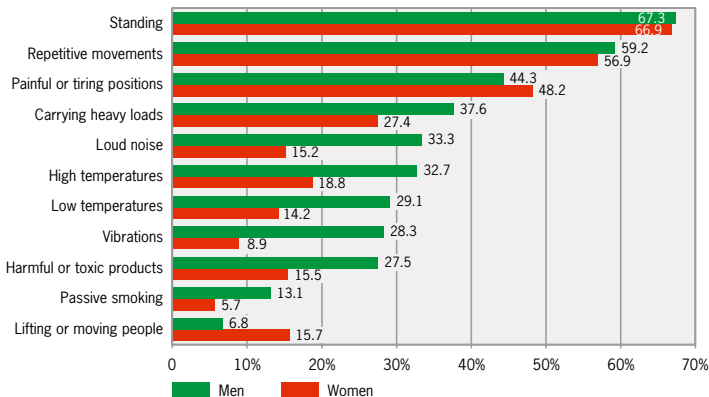
Source: Swiss National Cohort (SNC)

© FSO, Neuchâtel 2016

## Physical risks at work, 2012

Employed population aged 15 to 64 years

G 3



Exposed to risk for at least one quarter of working time

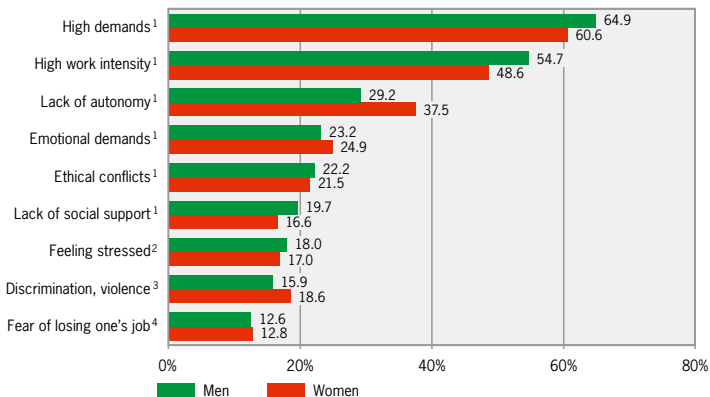
Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

## Psychosocial risks at work, 2012

Employed population aged 15 to 64

G 4



<sup>1</sup> Most of the time or always, at least one risk

<sup>2</sup> Most of the time or always

<sup>3</sup> At least 1 risk in the last 12 months

<sup>4</sup> Sufficiently or quite a lot

Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

Poor working conditions are a health risk. 52% of employed persons are exposed to at least three cumulated physical risks in their work such as carrying loads, loud noises or toxic products. Men are more often concerned than women. Psychosocial risks are linked to work organisation. 18% of economically active persons are stressed most of the time or always and 13% are worried about losing their job. Women encounter a lack of autonomy in their work more often than men.

## 2.2 Health behaviour

2012 <sup>1</sup>	Men	Women
Physically active	75.9%	69.1%
Pays attention to diet	60.6%	74.9%
Overweight or obese	50.6%	32.0%
Smoker	32.4%	24.2%
Consumes alcohol daily	17.4%	8.8%

<sup>1</sup> Population aged 15 or over living in a private household

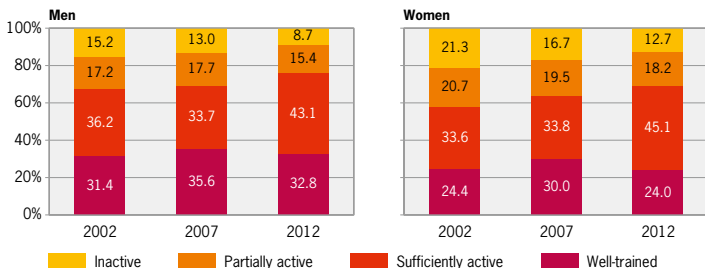
72% of the population were physically active in 2012; 9% more than in 2002. Persons with compulsory schooling are less often physically active than those with tertiary level education (57% compared with 75%).

61% of men and 75% of women say that they pay attention to what they eat. This share has not changed since 1992. The share of women who eat at least 5 portions of fruit and vegetables per day is twice that of men (26% compared with 12%).

### Physical activity

Population aged 15 or over living in a private household

G 5



Source: FSO – Swiss Health Survey (SHS)

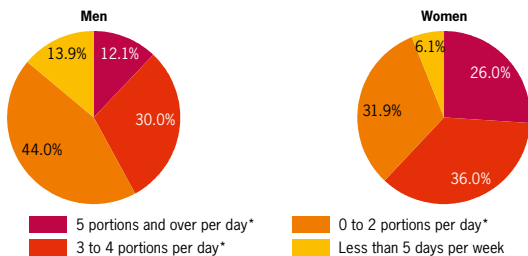
© FSO, Neuchâtel 2016



## Consumption of fruit and vegetables per day, 2012

Population aged 15 or over living in a private household

G 6



\* At least 5 days per week

Source: FSO – Swiss Health Survey (SHS)

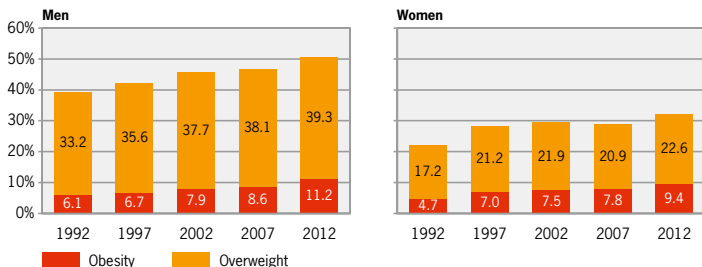
© FSO, Neuchâtel 2016

10% of the population were obese in 2012. This is twice the 1992 figure. The share of overweight people increases with age up to 74 years. The share of obese people is twice as high among men with a low level of educational attainment compared with those with a high level of educational attainment (19% compared with 9%); the difference is even greater among women (19% compared with 5%).

## Overweight and obesity

Population aged 15 or over living in a private household

G 7



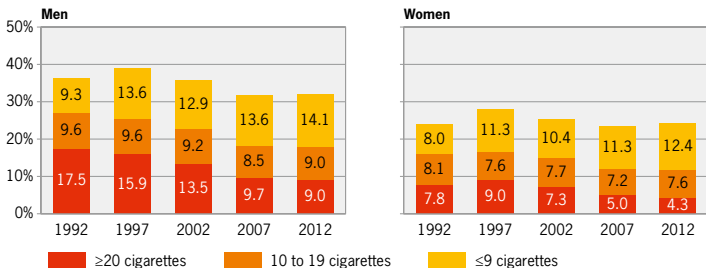
Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

## Smokers by number of cigarettes per day

Population aged 15 or over living in a private household

G 8



Source: FSO – Swiss Health Survey (SHS)

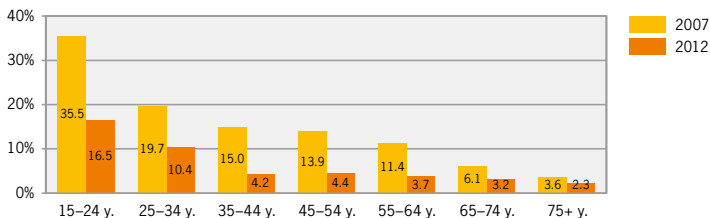
© FSO, Neuchâtel 2016

Between 1992 and 2012, the percentage of smokers fell from 37% to 32% among men and remained stable among women (24%). Smoking is most common among men aged between 25 and 34 (43%) and women between 15 and 24 (32%). 60% of smokers would like to quit. The share of non-smokers exposed to passive smoking for at least one hour per day decreased considerably between 2007 and 2012 from 16% to 6%.

## Passive smoking

Share of non-smokers exposed to other people's smoke for at least one hour per day

G 9



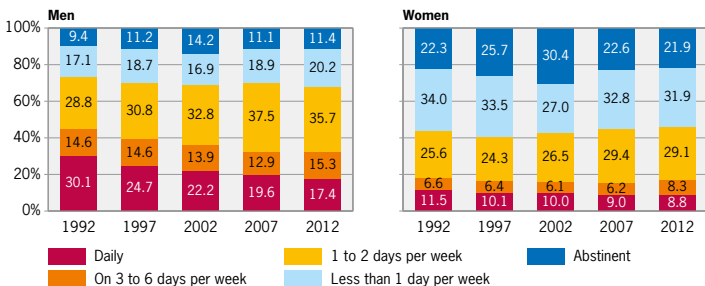
Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

## Alcohol consumption

Population aged 15 or over living in a private household

G 10



Source: FSO – Swiss Health Survey (SHS)

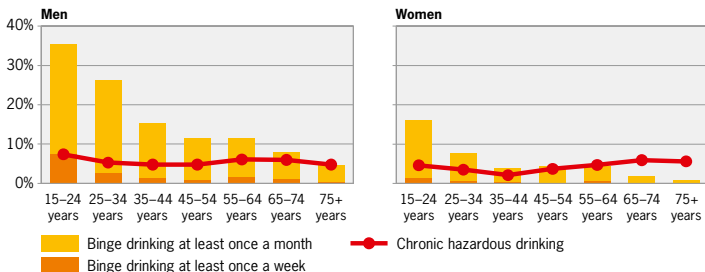
© FSO, Neuchâtel 2016

Since 1992, the share of daily consumers of alcohol has fallen from 30% to 17% among men and from 12% to 9% among women. Frequency of consumption increases with age. In 2012, chronic hazardous drinking was observed among 5% of the population and 11% got drunk at least once a month. Young men are most affected by binge drinking.

## Hazardous drinking, 2012

Population aged 15 or over living in a private household

G 11



Chronic hazardous drinking, per day in standard-sized glasses: M:  $\geq 4$ , W:  $\geq 2$

Binge drinking:  $\geq 6$  standard-sized glasses of alcohol on one occasion

Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

## 3 Population health

### 3.1 General health and mortality

	Men	Women
Life expectancy at birth in years (2015)	80.7	84.9
Healthy life expectancy at birth in years (2012)	67.7	67.9
(Very) good self-perceived health <sup>1</sup> (2012)	84.3%	81.3%
Long-standing health problem <sup>1</sup> (2012)	29.8%	33.8%
Total deaths (2014)	30,950	32,988
Cardiovascular diseases	9,483	11,489
Cancer	9,297	7,468
Dementia	1,873	3,886
Accidents	1,293	1,230

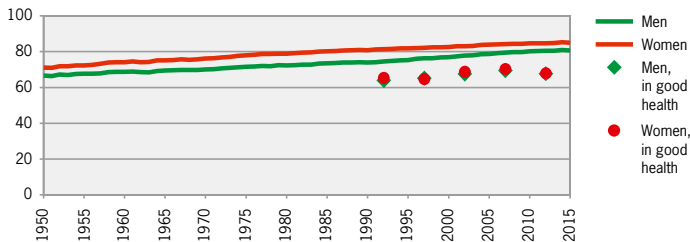
<sup>1</sup> Population aged 15 or over living in a private household

Since 1990, life expectancy at birth has increased by 6,7 years among men and by 4.1 years among women. It is among the highest worldwide. Healthy life expectancy of just under 68 years is virtually the same for men and women. It takes into account self-perceived health.

#### Life expectancy and healthy life expectancy at birth

In years

G 12



\* The 2012 data relating to healthy life expectancy are not directly comparable with data from previous years because of a change in the answer modalities concerning self-perceived health.

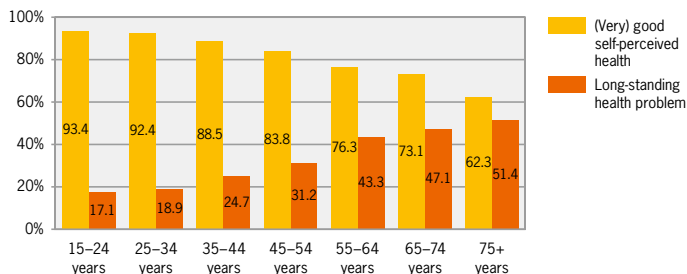
Sources: FSO – BEVNAT, ESPOP, STATPOP and SHS

© FSO, Neuchâtel 2016

## Self-perceived health and long-standing problems, 2012

Population aged 15 or over living in a private household

G 13



Source: FSO – Swiss Health Survey (SHS)

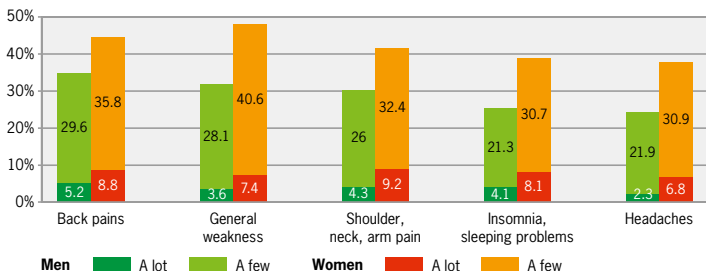
© FSO, Neuchâtel 2016

84% of men and 81% of women assessed their state of health as good or very good. The share of persons suffering from chronic health problems increases threefold between the youngest age class and the oldest.

Back pains and a feeling of general weakness are the two most common physical problems: two in five people suffer from these.

## Main physical problems, 2012

Population aged 15 or over living in a private household, over a 4 week period G 14



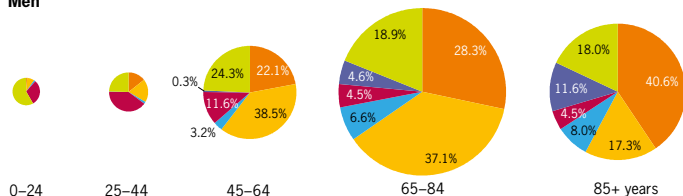
Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

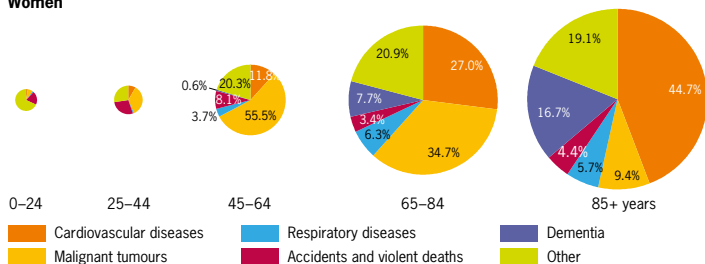
## Leading causes of death by age group in 2014

G 15

### Men



### Women



Areas are proportional to the absolute number of deaths

Source: FSO – Cause of Death Statistics (CoD)

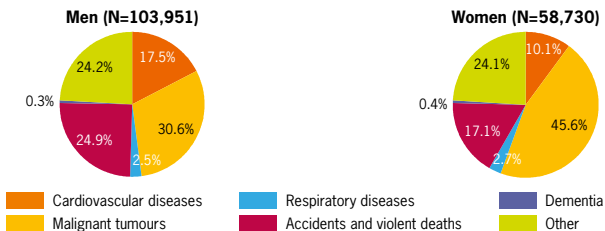
© FSO, Neuchâtel 2016

The graph shows the respective importance of causes of death by age group. Congenital diseases are the main cause of death until the age of 2. Between 2 and 15 years, the very rare cases of death are spread between a number of causes. Accidents and suicides are the main causes between the ages of approx. 16 and 34. Cancer is the main cause of death from around the age of 40. It is superseded by cardiovascular diseases from around the age of 80.

Cancer is the biggest cause of premature mortality (before the age of 70): it is responsible for 31% of potential years of life lost (PYLL) among men and 46% among women. Accidents and violent deaths are the second cause of premature mortality. Standardised mortality rates have fallen by more than 50% since 1970. They have fallen by more than seven tenth for cardiovascular diseases and more than a third for cancer.

## Potential years of life lost, 2014

G 16



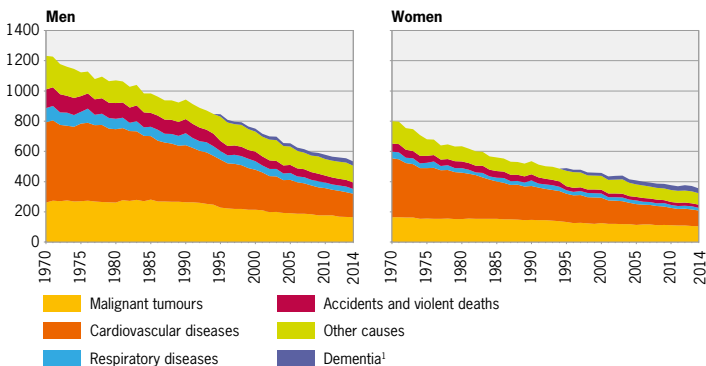
Source: FSO – Cause of Death Statistics (CoD)

© FSO, Neuchâtel 2016

## Standardised mortality rates

Per 100,000 inhabitants

G 17

<sup>1</sup> Surveyed from 1995 onwards

Source: FSO – Cause of Death Statistics (CoD)

© FSO, Neuchâtel 2016

### 3.2 Cardiovascular diseases and diabetes

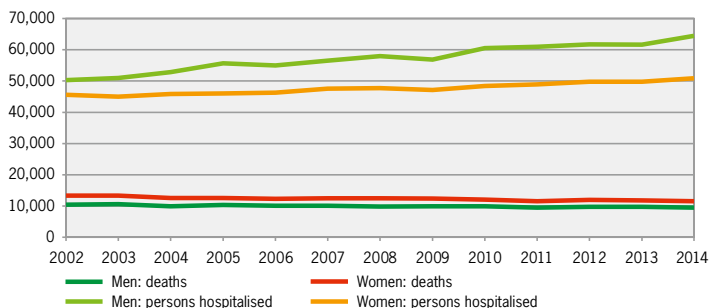
	Men	Women
Number of hospitalisations for cardiovascular diseases (2014)	64,435	50,854
Number of deaths due to cardiovascular diseases (2014)	9,483	11,489
Acute myocardial infarction, number of cases (2014)	9,398	4,798
Stroke, number of cases (2014)	7,313	6,865
Hypertension <sup>1</sup> (2012)	18.5%	17.3%
Excessively high levels of cholesterol <sup>1</sup> (2012)	12.1%	9.7%
Diabetes <sup>1</sup> (2012)	5.5%	3.9%

<sup>1</sup> Population aged 15 or over living in a private household

Cardiovascular diseases are the first most common cause of death and the third most common cause of hospitalisation. Since 2002, the number of hospitalisations for cardiovascular diseases has increased by 20% mainly as a result of increasing population numbers and an ageing population. Over the same period, the number of deaths caused by these illnesses however has fallen by 12%. In 2014, 14,196 people (two thirds of whom were men) suffered an acute myocardial infarction and 2176 people died from this. The respective numbers for strokes are 14,178 (slightly over half of which are men) and 2715.

#### Deaths and persons hospitalised due to cardiovascular diseases

G 18



Source: FSO – Cause of Death Statistics (CoD) and Hospital Medical Statistics (MS)

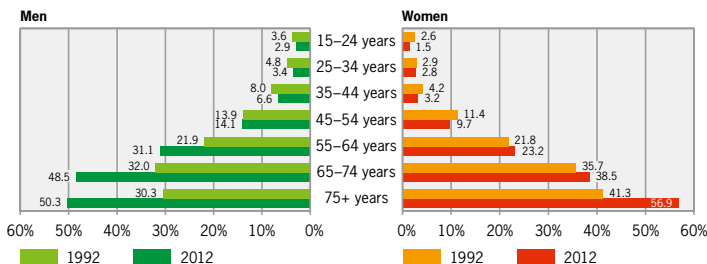
© FSO, Neuchâtel 2016



## Persons with hypertension

Population aged 15 or over living in a private household

G 19



Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

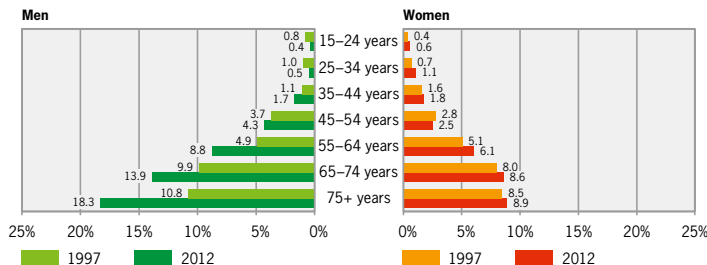
The share of persons suffering from hypertension increased from 13% to 18% between 1992 and 2012. The share of persons with excessively high levels of cholesterol increased from 7% in 2002 to 11% in 2012.

In 2012, 6% of men and 4% of women suffered from diabetes compared with just over 3% in 1997 for both sexes. Persons with a low level of educational attainment are twice as likely to suffer from diabetes as those with a tertiary level education (10% compared with 4%).

## Persons with diabetes

Population aged 15 or over living in a private household

G 20



Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

### 3.3 Cancer

2009–2013 <sup>1</sup>	Men		Women	
	New cases	Deaths	New cases	Deaths
All cancers	21,203	9,061	18,048	7,332
Lung, bronchi, trachea	2,525	1,986	1,570	1,125
Breast			5,861	1,384
Prostate	6,182	1,340		
Colon-rectum	2,349	931	1,839	746
Melanoma	1,313	187	1,209	128
Cancer among children <sup>2</sup> (all types)	110	16	86	12

<sup>1</sup> Annual average for the period

<sup>2</sup> 0–14 years

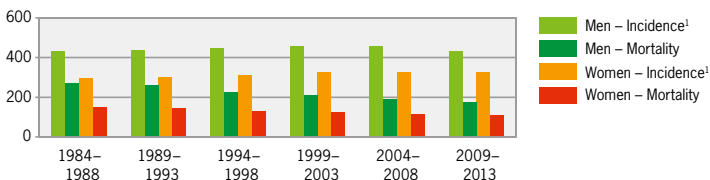
More than 39,000 new cases of cancer are diagnosed every year. Almost one in two men and two in five women develop a cancer in their lifetime. The number of new cases has slightly increased since the start of the 1980s, while mortality from cancer has decreased. Prostate cancer is the most common cancer among men while breast cancer is the most common cancer among women.

Every year, about 195 children aged 14 and under get cancer and about 28 die from this disease. Leukaemia (36%) and tumours of the central nervous system (22%) are the most common types of cancer in children.

#### Cancers (total)

Rate per 100,000 inhabitants, European standard

**G 21**



<sup>1</sup> New cases estimated on the basis of cancer registry data

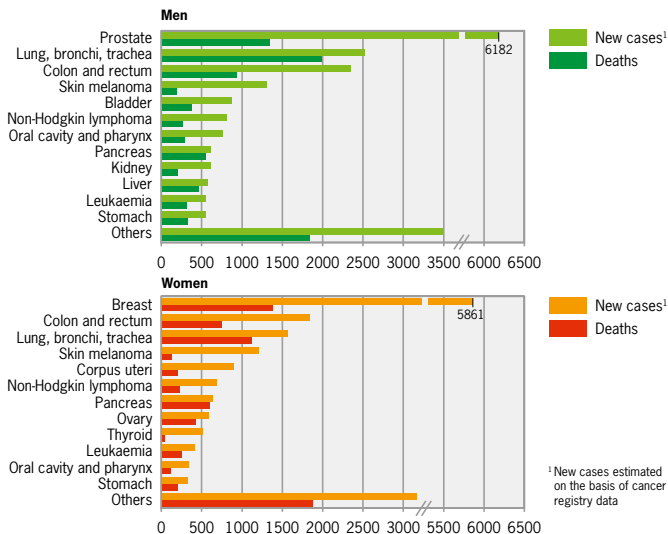
Source: FSO, NICER, CCR – National Cancer Statistics

© FSO, Neuchâtel 2016

## Cancers by site, 2009–2013

Average number per year

G 22



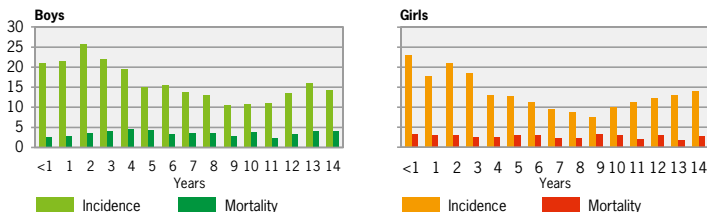
Source: FSO, NICER, CCR – National Cancer Statistics

© FSO, Neuchâtel 2016

## Cancers among children, 1984–2013

Rate per 100,000 children

G 23



Source: FSO, SCCR – National Cancer Statistics

© FSO, Neuchâtel 2016

### 3.4 Musculoskeletal disorders

2015 <sup>p</sup>	Men	Women
Persons hospitalised for musculoskeletal disorders	71,123	86,337
Hip replacement	10,873	13,367
Knee prosthesis	7,539	11,557

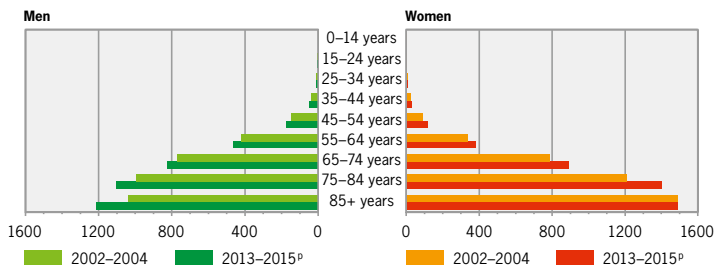
<sup>p</sup> Provisional

Musculoskeletal disorders are the most common cause for hospitalisation. Disorders of the limb joints (osteoarthritis, arthritis) and back problems are the reasons for 55% and 23% of hospitalisations for musculoskeletal disorders. The use of prostheses is sometimes necessary. In 2015, 24,240 persons were hospitalised for hip replacements. This is 50% more than in 2002. Knee prostheses are less common (19,096).

#### Persons hospitalised for hip replacements

Rate per 100,000 habitants

G 24



<sup>p</sup> Provisional data

Source: FSO – Hospital Medical Statistics (MS)

© FSO, Neuchâtel 2016

### 3.5 Infectious diseases

	2015
New diagnoses of HIV	538
Rates of new HIV diagnoses per 100,000 inhabitants	6.5
New cases of tuberculosis	565
Rates of new cases of tuberculosis per 100,000 inhabitants	6.8

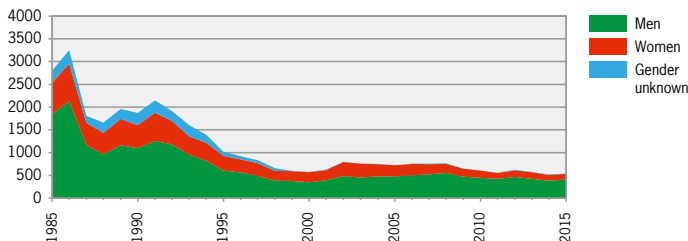
The number of new diagnoses with the HIV virus has fallen since 2008. It had already fallen considerably during the 1990s. 45% of new diagnoses in 2015 concerned men who had sexual relations with men.

Since the 1980s, the number of new cases of tuberculosis has been divided by 2.5. However, it has not decreased since 2005. Three quarters of cases are found among persons of foreign origin.

#### HIV diagnoses

Laboratory reports

G 25



Data as at June 2016

Source: FOPH – Reporting System for Notifiable Infectious Diseases

© FSO, Neuchâtel 2016

### 3.6 Mental health

	Men	Women
Medium or high psychological distress <sup>1</sup> (2012)	15.1%	20.7%
Major depression <sup>1</sup> (2012)	5.8%	7.1%
Treatment for psychological problems <sup>1</sup> (2012)	4.2%	6.6%
Suicides, excluding assisted suicide (2014)	754	274

<sup>1</sup> Population aged 15 or over living in a private household

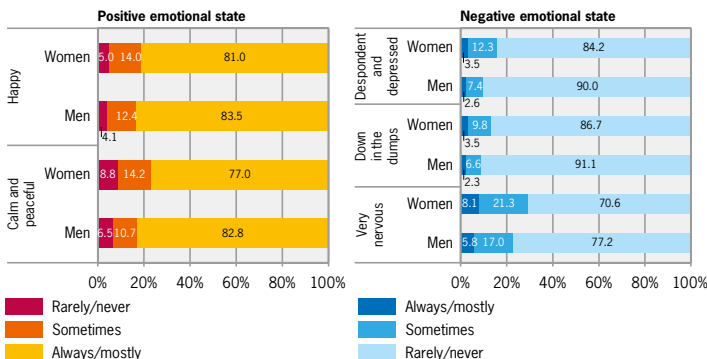
The vast majority of the population experience positive emotions far more often than negative emotions. 18% of the population, however, show signs of medium (13.4%) or high psychological distress (4.6%). Depression is the most common mental disorder. 6% of men and 7% of women suffered from major depression in 2012. The share of persons affected tends to decrease with age.

#### Emotional state, 2012

Over a 4 week period

Population aged 15 or over living in a private household

G 26

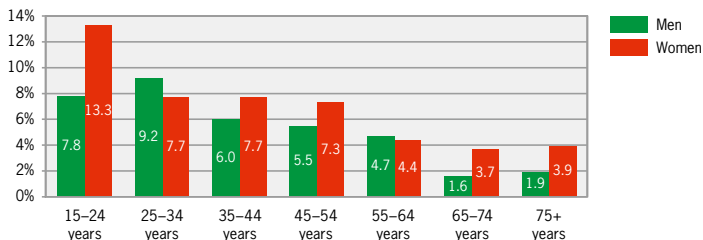


Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

## Major depression, 2012

Persons suffering from moderate to serious depression  
Population aged 15 or over living in a private household

**G 27**


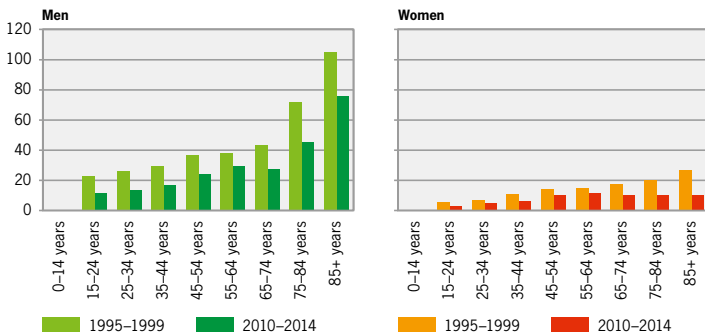
Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

1028 people (73% of whom men) committed suicide in 2014, excluding cases of assisted suicide. The standardised suicide rate has fallen by two fifths since 1995. The suicide rate increases considerably with age among men. If a concomitant disease is indicated when suicide is announced, depression is involved 6 times out of 10.

## Suicide by age and sex (excluding assisted suicide)

Rate per 100,000 inhabitants

**G 28**


Source: FSO – Cause of death statistics (CoD)

© FSO, Neuchâtel 2016

### 3.7 Disabilities

	%	Persons
Eyesight: considerable or full impairment <sup>1</sup> (2012)	1.5	103,000
Hearing: considerable or full impairment <sup>1</sup> (2012)	0.9	62,000
Locomotion: cannot walk or can only walk a few steps <sup>1</sup> (2012)	1.0	68,000
Speech: considerable or full impairment <sup>1</sup> (2012)	0.3	21,000
Persons with disabilities <sup>2</sup> (2014)	23.6	1,586,000
severely limited	4.7	319,000
Recipients of disability pensions (AI) (31.12.2015)		223,161
Clients (accommodated or external) of establishments for disabled persons (2015) <sup>p</sup>		46,720

<sup>1</sup> Population aged 15 or over in a private household

<sup>2</sup> Population aged 16 or over in a private household

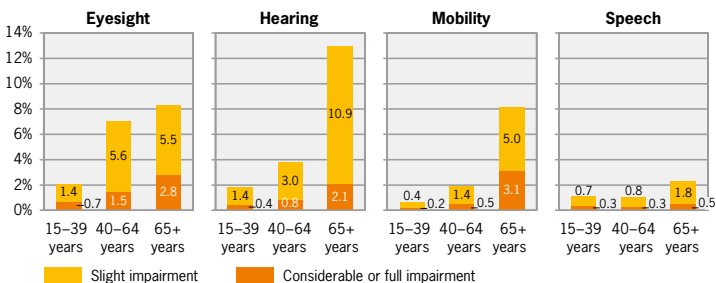
<sup>p</sup> Provisional

Functional limitations increase considerably with age. Visual impairments are the most common and affect some 100,000 persons, 40,000 of whom are aged 65 or over. Around 1,590,000 persons are considered to be disabled under the law on equality for persons with disabilities and 46,720 persons are accommodated in establishments for disabled persons or attend these establishments as external users.

#### Functional limitations, 2012

Population aged 15 or over living in a private household

G 29





### 3.8 Accidents

	Men	Women
Accidents at home, in the garden, during sport and games <sup>1</sup> (2012)	16,8%	12,2%
Accidents at work <sup>2</sup> (2012)	7,2%	2,8%
Road accidents <sup>1</sup> (2012)	1,8%	1,7%
Deaths in road accidents (2015)	188	65

<sup>1</sup> Population aged 15 or over living in a private household

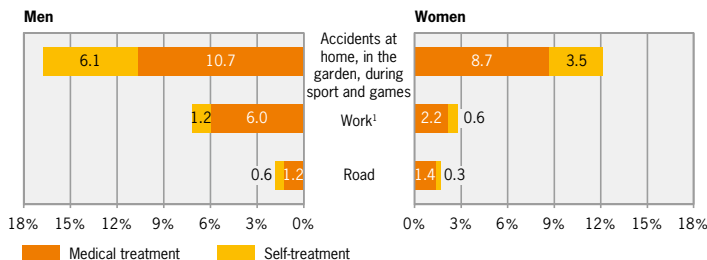
<sup>2</sup> Economically active persons aged 15 and over

Accidents are one of the main causes of premature mortality and the second most common cause of hospitalisation. People most commonly experience accidents (often falls) at home, in the garden and during sports or games. Employed men are twice as likely as women to have accidents at work (7% compared with 3%). Almost 2% of the population have been involved in road accidents. In 2015, road accidents were responsible for 253 deaths, three quarters of these were men.

#### Accident victims by type of accident and treatment, 2012

Population aged 15 or over living in a private household

G 30



<sup>1</sup> Only employed persons

Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

### 3.9 Births and health of newborns

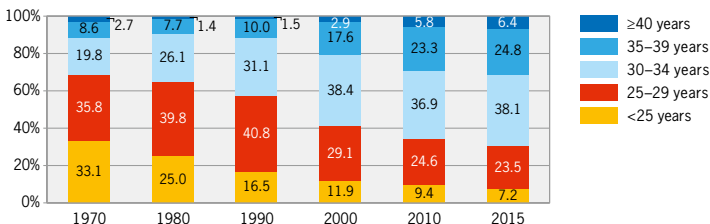
	2015
Live births	86,559
Average age at maternity	31.8
Rate of caesareans	33.3%
Premature births (<37 weeks of pregnancy)	7.1%
Low birth weight births (<2000g)	2.3%
Stillbirths	4.1‰
Infant mortality	3.9‰

The average age of mothers at maternity has continued to increase since the 1970s. In 2015, the share of women under the age of 30 among those who had given birth was less than a third compared with two thirds in 1970. The increase in age at maternity may lead to a decrease in fertility and an increase in certain risks such as spontaneous twin pregnancies or chromosomal abnormalities.

97% of births take place at the hospital and a third of deliveries are by caesarean. The rate of caesareans can vary by twofold depending on the region.

340 infants under the age of one died in 2015. This corresponds to a rate of 3.9 deaths per thousand live births. More than half of these deaths occurred 24 hours following the birth. Above all infant deaths affect children with a very low birth weight or those born very prematurely. The same year 357 stillbirths were registered.

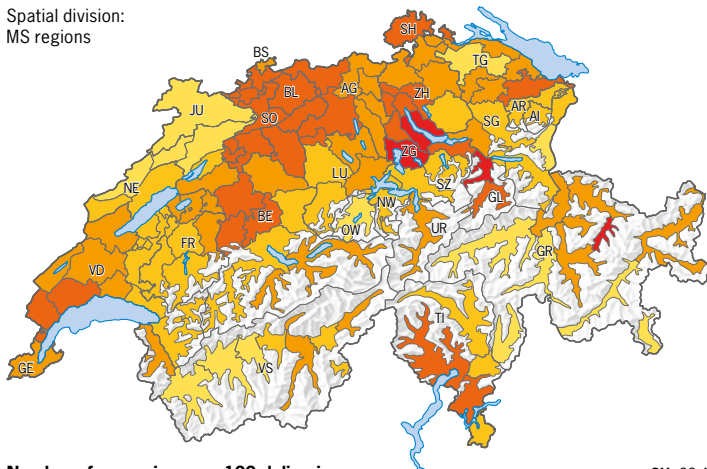
#### Live births by age of mother

**G 31**


## Caesarian delivery rate, 2011–2015

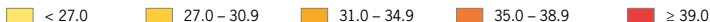
M 1

Spatial division:  
MS regions



Number of caesarians per 100 deliveries

CH: 33.4



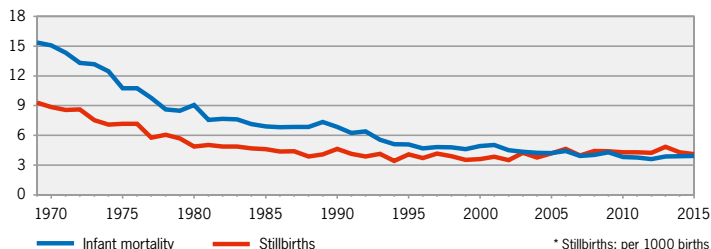
Source: FSO – Hospital medical statistics (MS)

© FSO, ThemaKart, Neuchâtel 2016

## Stillbirths and infant mortality

Rate per 1000 live births\*

G 32



\* Stillbirths: per 1000 births

Source: FSO – Vital statistics (BEVNAT)

© FSO, Neuchâtel 2016

### 4.1 Hospitals

	2015 <sup>p</sup>
Hospitals	288
Beds	37,805
Personnel (full-time equivalents)	156,943
Hospitalisation cases	1,429,604
Hospitalisation rate (for 1000 inhabitants)	121.7
Average length of stay in acute care (in days)	5.6
Average daily cost of acute care (CHF)	2,151.6

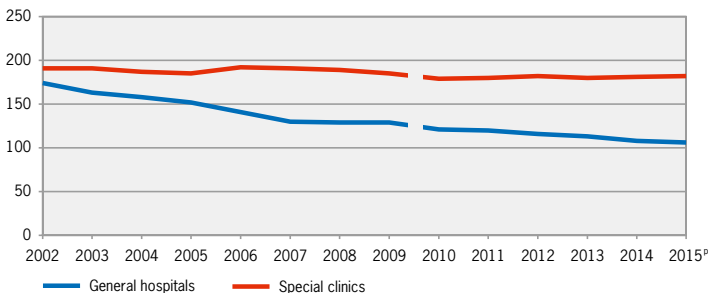
<sup>p</sup> Provisional

In 2015, 288 hospitals carried out their activities over 569 sites. Since 2002, the number of general hospitals has fallen by nearly 40% whereas the number of special clinics has remained almost stable (–5%). However, in special clinics the number of beds has fallen the most over the same period (–19%) whereas the decline has been more limited in general hospitals (–8%).

### General hospitals and special clinics

Number of hospitals

**G 33**



Break in series as of 2010: revision of survey

<sup>p</sup> Provisional data

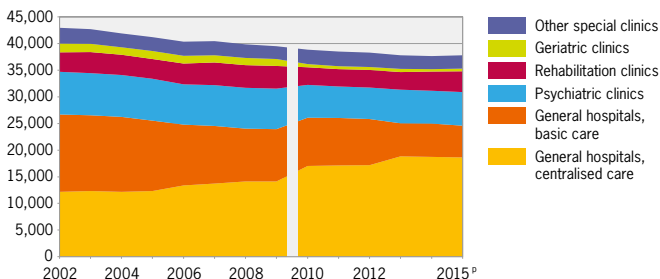
Source: FSO – Hospital Statistics (KS)

© FSO, Neuchâtel 2016

## Hospital beds by type of establishment

Number of beds

G 34



Break in series as of 2010: revision of survey

<sup>P</sup> Provisional data

Source: FSO – Hospital Statistics (KS)

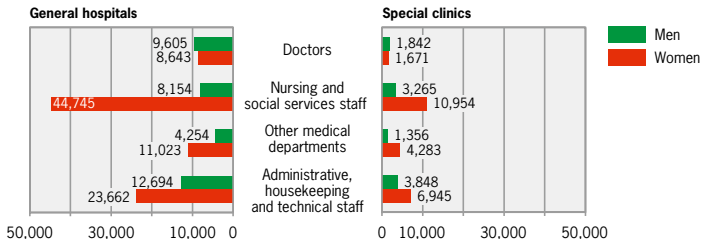
© FSO, Neuchâtel 2016

In 2015, hospital personnel accounted for 156,943 full-time equivalent jobs. This is 31% more than in 2002. Eight in ten jobs are in general hospitals. 71% of jobs are held by women, yet women are still in the minority among doctors (47%). Nursing and social services staff make up 43% of full-time equivalent jobs and doctors make up 14% of full-time equivalent jobs.

## Hospital personnel by function and sex, 2015

in full-time equivalents

G 35



Provisional data

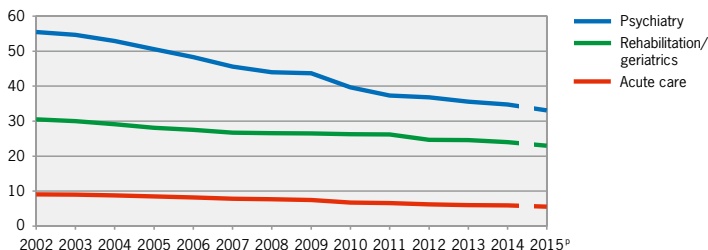
Source: FSO – Hospital Statistics (KS)

© FSO, Neuchâtel 2016

## Average length of stay in hospitals

In days

G 36



Break in series as of 2015: new definition and new data source

<sup>P</sup> Provisional data

Source: FSO – Hospital Statistics (KS), Hospital Medical Statistics (MS) from 2015

© FSO, Neuchâtel 2016

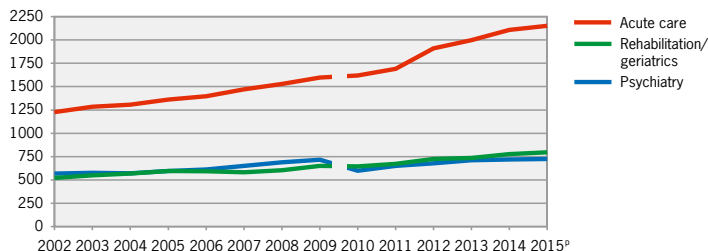
In 2015, the average length of stay in acute care was 5.6 days. The average length of stay in psychiatric services was six times longer (33.1 days). Since 2002, the average stay has continued to decrease.

The average cost of a day's hospitalisation increased during the same period. There has been a 75% increase in the cost of acute care. A day's hospitalisation in acute care cost CHF 2152 on average in 2015.

## Average hospitalisation costs

In CHF per day and patient

G 37



Break in series as of 2010: revision of survey

<sup>P</sup> Provisional data

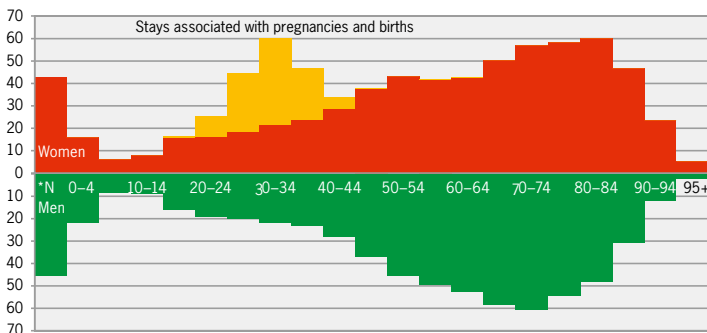
Source: FSO – Hospital Statistics (KS)

© FSO, Neuchâtel 2016

## Hospitalisation cases by age, 2015

Number of cases (thousands)

G 38



\*N Newborns

Provisional data

Source: FSO – Hospital Medical Statistics (MS)

© FSO, Neuchâtel 2016

In 2015, the number of hospitalisations rose to 663,597 for men and 766,007 for women. Excluding stays associated with pregnancies and births, the number of hospitalisations by men and women is very close. Up to the age of 74, the number of hospitalisations is generally greater among men than it is among women. After this age, this trend is reversed.

## 4.2 Nursing homes

	2015 <sup>p</sup>
Nursing homes	1,577
Personnel, full-time equivalents	90,493
Residents as at 31.12	90,743
Men	25,445
Women	65,298
Accommodation rate in nursing homes among persons aged $\geq 80$ years as at 31.12	16.2%
Average length of stay (in days)	911
Average daily cost (CHF)	292

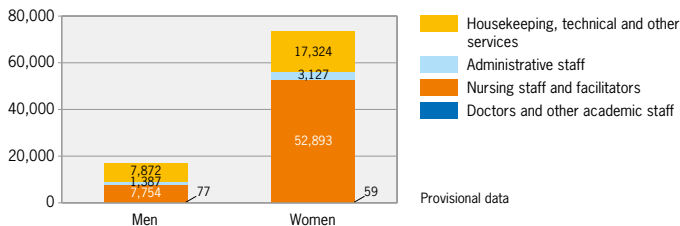
<sup>p</sup> Provisional

The 1577 nursing homes for older people employed personnel equating to 90,493 full-time equivalent jobs in 2015. Nursing staff and facilitators make up 67% of this figure. In excess of eight in ten full-time equivalents (FTE) are filled by women. Persons aged 80 and over (women in 70% of cases) represent 76% of residents who stayed in nursing homes in 2015.

### Nursing home personnel, by occupational group and gender, 2015

In full-time equivalents

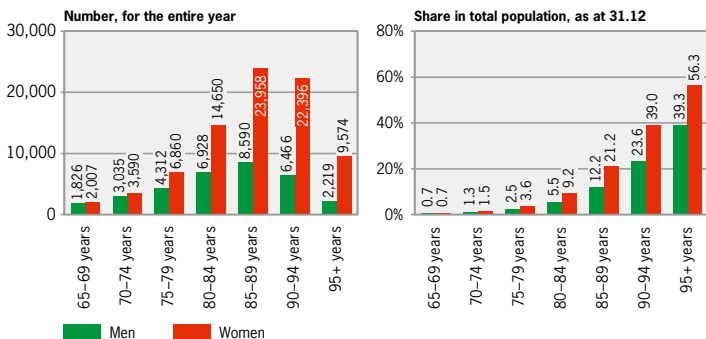
G 39





## Persons living in a nursing home, 2015

G 40



Provisional data

Source: FSO – Statistics on Medico-Social Institutions (SOMED),  
Population and Household Statistics (STATPOP)

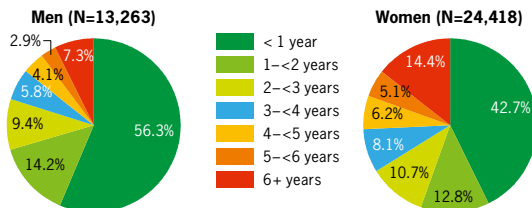
© FSO, Neuchâtel 2016

48% of older people in nursing homes stay there for less than one year. The proportion of older people staying in nursing homes for 5 years or more is 16%. The average length of a stay is two and a half years (911 days). The per-day cost was CHF 292 on average.

## Length of stay in nursing homes, 2015

Persons discharged from nursing homes, 2015

G 41



Provisional data

Source: FSO – Statistics on Medico-Social Institutions (SOMED)

© FSO, Neuchâtel 2016

### 4.3 Home care services

	2015
Personnel (full-time equivalents)	20,249
Clients	309,098
Men	112,119
Women	196,979
Rate of recourse to home care among persons aged $\geq 80$ years	27.5%
Average annual cost per client (CHF)	6,997

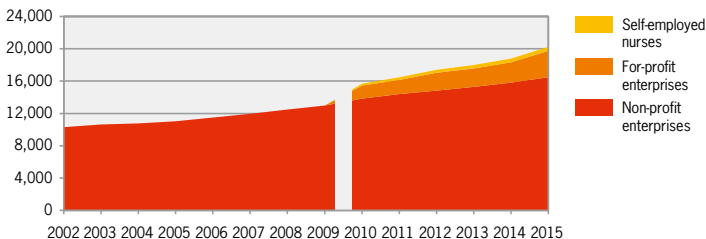
In 2015, 81% of personnel in full-time equivalents in home care services were employed by non-profit enterprises. Jobs in home care services have increased by 97% since 2002.

Almost half (46%) of the persons who benefit from home care services are aged 80 years or over. Women – who have a longer life expectancy than men – are overrepresented in the older population. Within couples it is also more common that women assist their life partner than the other way round. These factors explain why women make use of home care services more often than men.

#### Jobs in home care services

In full-time equivalents

G 42



Survey modified in 2010 to include for-profit enterprises and self-employed nurses

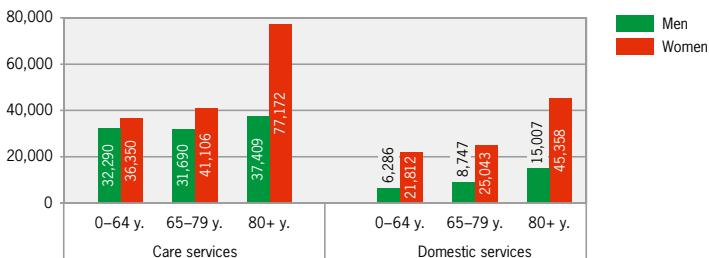
Source: FSO – Statistics on Home Care Services (SPITEX)

© FSO, Neuchâtel 2016

## Clients using home care services, 2015

Number by service type and age

G 43



Source: FSO – Statistics on Home Care Services (SPITEX)

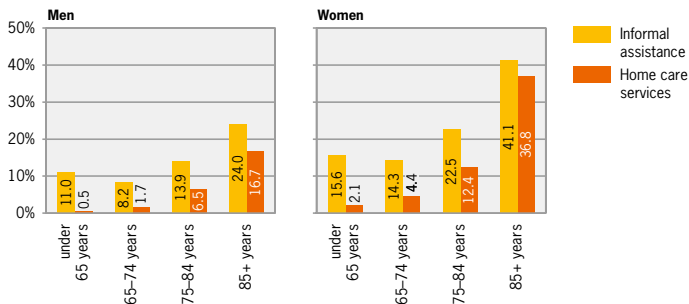
© FSO, Neuchâtel 2016

The share of persons receiving informal care from relatives for care or daily tasks is greater than that of persons making use of home care services. Furthermore, 63% of persons who make use of home care services are also helped by relatives.

## Recourse to informal assistance and home care services, 2012

Population aged 15 or over living in a private household, over a 1 year period

G 44



Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

## 4.4 Doctors and dentists

Doctors in the ambulatory sector (2015)	18,128
Doctors in the ambulatory sector per 100,000 inhabitants <sup>1</sup> (2015)	218
Medical consultations (at least one) <sup>1</sup> (2012)	78.4%
Dentists (2015)	4,200
Dentists per 100,000 inhabitants (2015)	50
Dental consultations, at least one <sup>1</sup> (2012)	62.9%

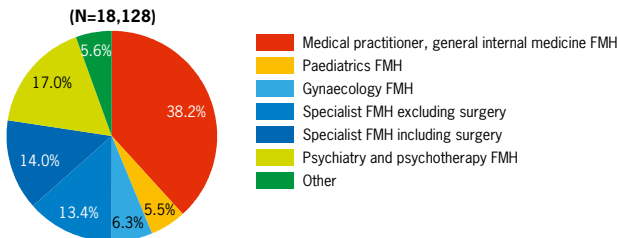
<sup>1</sup> Population aged 15 or over living in a private household

44% of doctors working in the ambulatory sector in 2015 were general practitioners or paediatricians. The number of doctors working in the ambulatory sector per 100,000 inhabitants increased from 196 in 2008 to 218 in 2015 (+11.2%). Over the same period, the number of dentists per 100,000 inhabitants remained stable.

### Doctors working in the outpatient sector, 2015

By main discipline

G 45



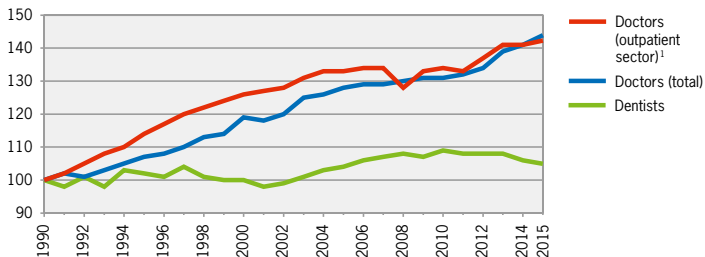
Source: FMH – Medical Statistics

© FSO, Neuchâtel 2016

## Doctors and dentists

Index for the number of doctors and dentists  
per 100,000 inhabitants, 1990=100

G 46



<sup>1</sup> Up to 2007, doctors in private practice

Source: FMH, SSO

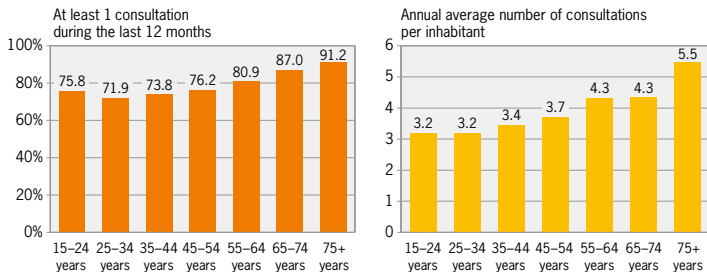
© FSO, Neuchâtel 2016

78% of the population visit a doctor at least once a year (all medical areas). Men aged between 25 and 34 years visit a doctor the most rarely (59%). 63% of the population go to the dentist at least once a year.

## Doctors' consultations, 2012

Population aged 15 or over living in a private household

G 47



Source: FSO – Swiss Health Survey (SHS)

© FSO, Neuchâtel 2016

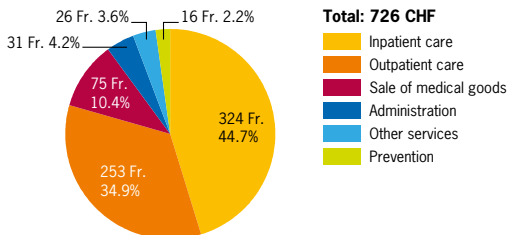
	2014
Health expenditure (in CHF million)	71,335
Of which for	
inpatient care	31,880
outpatient care	24,889
medical goods	7,407
Health expenditure in relation to the gross domestic product (GDP)	11.1%

Inpatient care which also includes care for older people in nursing homes accounts for 45% of health expenditure. Ambulatory care including that provided in hospitals generates a third of health expenditure costs.

### Health expenditure per inhabitant, 2014

In CHF per month

**G 48**

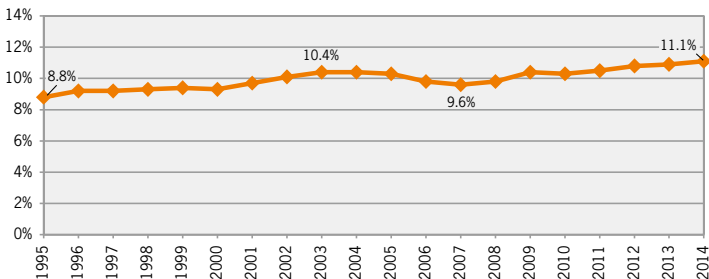


Source: FSO – Statistics on health care costs and funding (COU)

© FSO, Neuchâtel 2016

## Health expenditure in relation to GDP

G 49



Source: FSO – Statistics on Health Care Costs and Funding (COU)

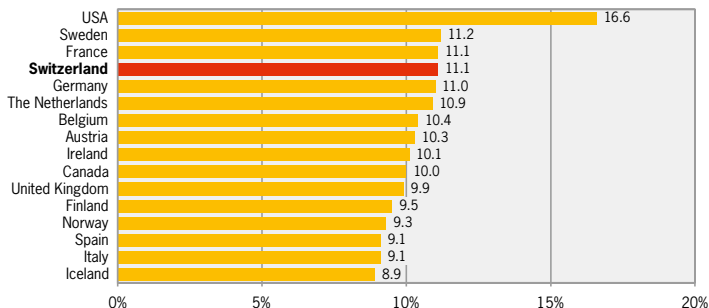
© FSO, Neuchâtel 2016

The ratio between health expenditure and the gross domestic product (GDP) has increased by 2.3 percentage points since 1995, reaching 11.1% in 2014. This value places Switzerland in the group of European countries with the highest ratio.

## Health expenditure in OECD countries, 2014

Health expenditure in relation to GDP

G 50



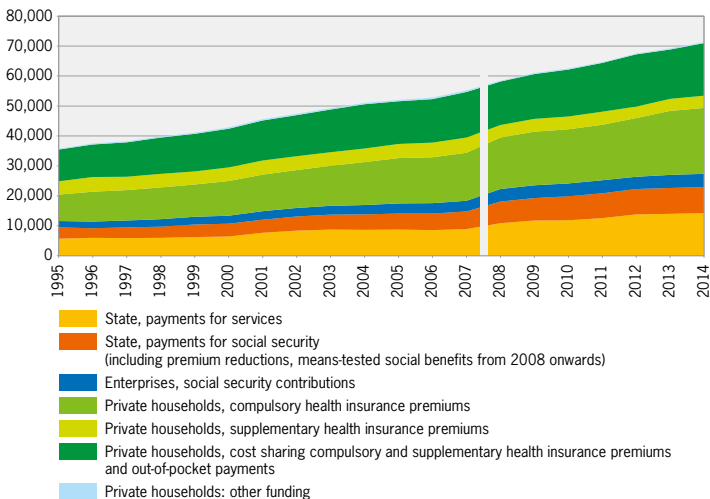
Source: FSO – Statistics on health care costs and funding (COU), OECD, Health Statistics 2016

© FSO, Neuchâtel 2016

## Health expenditure funding by source

In CHF million

G 51



Break in series as of 2008, partial revision concerning funding

Source: FSO – Statistics on Health Care Costs and Funding (COU)

© FSO, Neuchâtel 2016

In 2014, households financed 62% of health expenditure. Mandatory health insurance premiums from households covered 31% of health expenditure. The government's contribution to health expenditure is 32%. Over 6 in every 10 francs of this public funding correspond to payments from the cantons and communes to hospitals, nursing homes and home care services.



## Alcohol

*Chronic hazardous drinking*:  $\geq 4$  standard-sized glasses of an alcoholic drink (e.g. a beer) per day for men,  $\geq 2$  standard-sized glasses for women; *binge drinking*:  $\geq 6$  standard-sized glasses on a single occasion, regardless of sex.

## Care needs unmet for financial reasons

Persons who went without a dental check-up or treatment or who did not consult a doctor or follow a treatment in the course of the twelve months prior to the survey due to financial reasons despite having a need.

## Educational level

*Compulsory education*: primary and lower secondary level education; *upper secondary level*: vocational and professional education and training programmes leading to a diploma or a federal proficiency certificate, general education programmes: academic Matura, upper-secondary specialised school; *tertiary level*: universities and institutes of technology, universities of applied sciences, advanced professional education and training.

## Functional limitations

*Eyesight*: can read a book or a newspaper [or watch the TV], including with glasses; *hearing*: can follow a conversation involving at least two people, including with a hearing aid; *locomotion*: can walk alone unaided without stopping and without being in a lot of discomfort; *speech*: speaking. *Moderate limitation*: yes, without a lot of difficulty (for locomotion: more than a few steps but less than 200 metres); *considerable or full limitation*: yes, but with a great deal of difficulty, or no (just a few steps or cannot move).

## Healthy life expectancy

The number of years that a person can expect to live in good health (from birth). Good health is defined by the fact that the persons interviewed rate their «general state of health» as (very) good. This indicator, which combines information on mortality and morbidity, is very sensitive to methodological differences.

## Hospitalisation

Hospital stay of at least 24 hours for examinations, treatments and care. Stays of less than 24 hours during which a bed is filled at night and hospital stays in the event of a transfer to another hospital or death are also considered as hospitalisations.

## **Incidence**

Frequency of new cases of an illness in a defined population and during a given period.

## **Infant mortality**

Number of deaths of children aged less than one year per 1000 live births.

## **Jobs in full-time equivalents**

Jobs in full-time equivalents are calculated by converting the volume of work into full-time jobs. They are calculated by dividing the total number of hours worked by the annual average of hours worked in full-time jobs.

## **Obesity and the overweight**

*Overweight*: BMI index between 25 and 29.9; *obese*:  $BMI \geq 30$ . The BMI index is calculated by: weight (in kg)/body height squared (in m).

## **Persons with disabilities**

Persons with a long-standing health problem who say that they are limited (severely or slightly) in activities of daily living.

## **Physical activity**

*Trained*:  $\geq 3$  x an intense physical activity per week; *sufficiently active*: 2 x an intense physical activity per week or  $\geq 150$  minutes of moderate physical activity; *partially active*: 1 x an intense physical activity per week or 30 to 149 minutes of moderate physical activity; *inactive*: physical activity below these thresholds.

## **Potential years of life lost**

The premature mortality indicator refers to deaths before the age of 70. It is calculated by adding up the total difference between age at death and this theoretical age.

## **Premature births**

Before the 37th week of pregnancy.

## **Risk of poverty**

Persons considered at risk of poverty are those who live in a household whose financial resources (excluding capital stock) are considerably lower than the usual income level in the country considered ( $< 60\%$  of the median equivalised disposable income).

## Standardised rate

Recalculated rate assuming the population studied presents the age structure by population type. This enables comparison of mortality between populations and observation of its development over long periods, neutralising the differences due to age structure, for example, from the ageing of the population.

## Stillbirths

A child is referred to as stillborn if it does not show any sign of life at birth and it weighs at least 500g or if the gestation lasted at least 22 full weeks (24 weeks up to 31.12.2004).

## Further information:

[www.health-stat.admin.ch](http://www.health-stat.admin.ch)

(with file providing data from the graphs)

---

### Impressum

<b>Published by:</b>	Federal Statistical Office (FSO)
<b>Information:</b>	Tel. +41 (0)58 463 67 00, <a href="mailto:gesundheit@bfs.admin.ch">gesundheit@bfs.admin.ch</a>
<b>FSO number:</b>	1543-1600
<b>Obtainable from:</b>	Tel. +41 (0)58 463 60 60, <a href="mailto:order@bfs.admin.ch">order@bfs.admin.ch</a>
<b>Authors:</b>	Jean-François Marquis, Tania Andreani
<b>Map:</b>	ThemaKart, FSO
<b>Original text:</b>	French
<b>Translation:</b>	FSO language services
<b>Cover graphics:</b>	FSO; Concept: Netthoevel & Gaberthüel, Biel; Photograph: © Uwe Bumann – Fotolia.com
<b>Graphics/Layout:</b>	FSO, DIAM Section, Prepress/Print

© FSO, Neuchâtel 2016 – Reproduction is allowed for non-commercial purposes only, on condition that the source is mentioned.

