

Swiss Health Survey 2007

First findings



Schweizerische Eidgenossenschaft
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Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Statistical Office FSO

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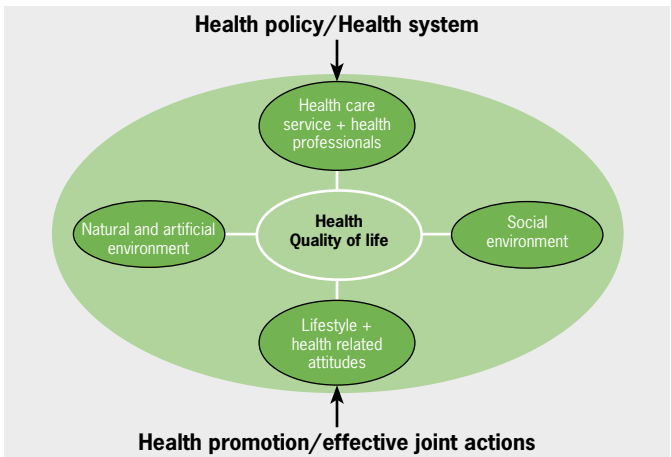
A positive and holistic health model

What is health?

What is health? This question is often answered by 'I'm healthy when I'm not ill'. To define health simply and clearly is a demanding task. For a long time the prevailing interpretation of health was a negative one, more precisely lack of health. Health was synonymous with absence of illness. In the meantime, the definition of health has increasingly changed into a more positive and dynamic concept. Nowadays one talks of health resources, health promotion and health maintenance and not only about the treatment of illnesses.

According to the widely accepted World Health Organisation (WHO) definition, health is a state of **physical, mental** and **social** well-being.

The Swiss Health Survey is based on a holistic and dynamic health model, which regards health as the result of the adjustment processes between the individual and his (ecological, social and cultural) environment, the organisation of health system services and his lifestyle and behaviour.



The Swiss Health Survey is not confined to collecting data on illnesses or disabilities. Attitudes towards health, life in general as well as towards oneself, behaviour and habits, region of residence, working conditions, age, sex, education and income are equally important factors which influence the state of a population's health.

Some of the above-mentioned associated factors are documented in the following pages using figures specific to the Swiss population.

The Swiss Health Survey could not reach its objectives without the indispensable cooperation of the randomly selected participants. We would like to thank them for their participation.

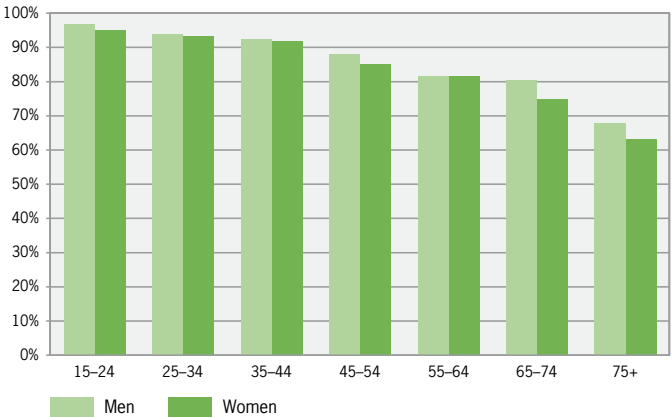
The health of the Swiss population at a glance

Health has several dimensions – physical, mental and social – and therefore cannot be easily ‘measured’ or described in a few words. However, scientific studies show that people are able to realistically assess their general state of health.

As a result, data on one’s own perception of health (question: how is your health in general?) give a reliable picture of the general state of health of the population.

87% of the population, 85% of women and 88% of men feel that their state of health is good or very good.

Self-perception as good to very good state of health by age group and gender



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Further findings in brief:

Overweight is a health problem which concerns mainly middle and old age. Since the survey of 2002 the situation has remained stable (p. 12).

Approximately 20% of men and 10% of women consume alcohol daily. Compared to the previous survey, women in particular are less likely to be teetotal (p. 13).

A quarter of men and women aged 65 and above has had at least one fall in the previous year (p. 7).

The proportion of 15 to 24 year olds who have consumed illegal drugs has slightly increased since 2002 (p. 8).

More than a quarter of active smokers have made a serious attempt to stop smoking during the previous year (p.10).

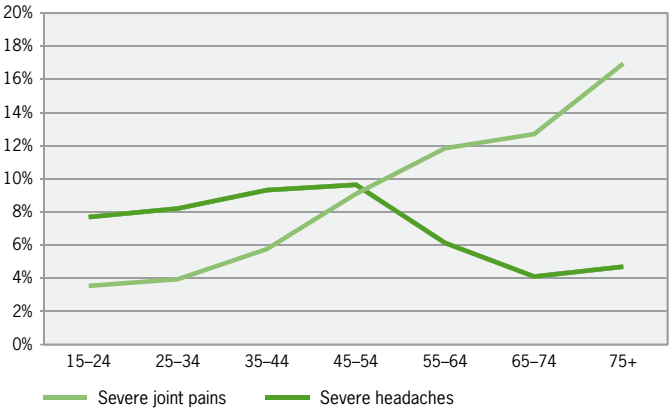
Compared to 2002, a considerably smaller number of non-smokers are exposed to at least one hour of passive smoking a day (p.13).

Four out of five men and women visited a doctor at least once in the previous 12 months (p. 14).

Health during lifetime

Over the course of a lifetime, not only health changes but also what health and being healthy means to people. Some aspects become more important, others less. Each stage of life has its particular health problems. Pain in the joints and limbs can be expected to increase with age. Headaches become less frequent in the second half of life.

Occurrence of severe joint pains and headaches according to age group



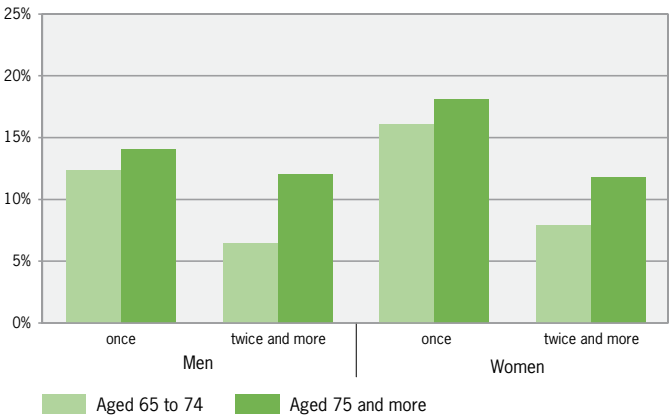
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Health in old age ...

Elderly people tend to have a worse impression of their general state of health than young people. There is an increase in long-standing health problems. 42% of 65 to 74 year olds (women: 44%, men: 38%) and 48% of people aged 75 and above (women: 49%, men: 47%) report a chronic health impairment.

Falls are a particular problem in old age. This is not only because of the usually high cost of treatment, but also because the result is often a severe reduction in the quality of life for those concerned. Awareness of this problem and adequate prevention can help to avoid such accidents and improve the quality of life in old age.

Frequency of falls in the last 12 months according to age group and gender



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... and in younger years

Young people are going through the transition from childhood into the adult world. This is a phase of uncertainty and experimentation: first sexual contacts, looking for meaning, identity and independence. For this reason, young people are more likely to suffer from problems of a psychological or psychosocial nature than from physical health problems.

At this time habits such as alcohol consumption or smoking are attractive, as they symbolise the adult world. Consciousness-changing drugs are often experimented with during this phase of life.

Consumption of psychoactive substances

Consumption of psychoactive substances among young adults aged between 15 and 24 according to gender, 2002 and 2007 (in percent)

	Men		Women	
	2002	2007	2002	2007
Tobacco				
Smoker	39,9	36,6	34,7	30,5
Former smoker	4,3	3,7	5,4	5,1
Non-smoker (never)	55,8	59,8	59,9	64,4
Alcohol				
At least once a day	3,2	2,8	0,6	0,7
Several times a week	7,6	6,9	2,2	1,9
Once or twice a week	47,2	47,0	30,7	31,8
Seldom	19,8	25,5	35,3	41,6
Never (teetotal)	22,2	17,7	31,1	23,9
Illegal drugs				
Have already used cannabis	36,1	37,2	24,4	22,3
Using cannabis now	16,3	11,5	7,7	5,1
Experience with hard drugs	3,8	4,8	2,7	2,8
Experience with ecstasy	3,2	3,1	1,4	1,4

Amongst other things this table reveals the following:

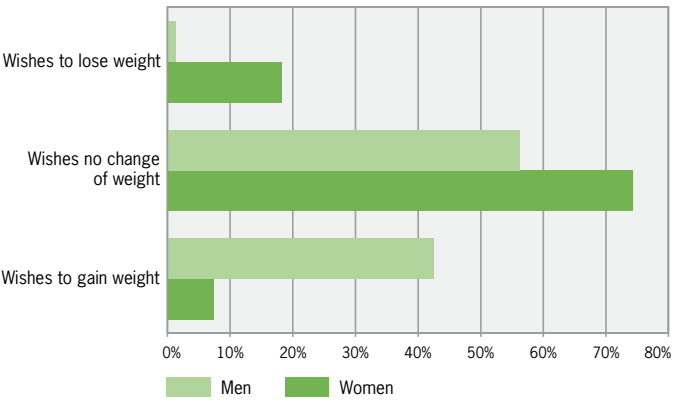
- A large decrease in the number of young men and women who have never consumed alcohol. At the same time an increase in seldom to weekly consumption of alcoholic beverages. This means that in comparison to 2002 more people aged between 15 to 24 have tried alcohol at least once, but the proportion of those who seldom or never drink, remains the same.
- A slight increase in the number of young people with experience of hard drugs.

Overall, young men have more experience with drugs, consume more alcohol and smoke more tobacco than young women.

Weight problems

Anorexia is an important health problem particularly among young women. 39% of young women aged 15 to 24 have the tendency to be lightweight or underweight (BMI < 20 kg/m²). Among men of the same age, 19% are underweight. The majority of underweight persons interviewed are satisfied with their weight. 42% of underweight men would like to put on weight. In contrast 18% of women would like to lose more weight.

Wish to change weight among light-/underweight 15 to 24 years old according to gender



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Doing something for one's health ...

Health promoting habits help to increase one's health and well-being and to reduce the effects of illness. A balanced diet, regular physical exercise, time for leisure and relaxation as well as satisfying human relations, play an important part in contributing to health.

Diet

71% of the Swiss population say that they pay attention to what they eat, women more (77%) than men (63%). Awareness of the importance of diet increases with age.

Sport

68% (65% of women, 72% of men) exercise physically at least once a week enough to break sweat.

54% of the population – women as often as men – practise sport (in the narrow sense) every week.

44% (49% of women, 39% of men) walk or cycle for more than 30 minutes every day.

Smoking

72% of the population do not smoke. 29% of smokers have seriously tried to stop smoking in the last 12 months and stopped smoking for at least 2 weeks. Of the smokers who did not try to stop smoking, 46% would like to.

Preventive medical examinations

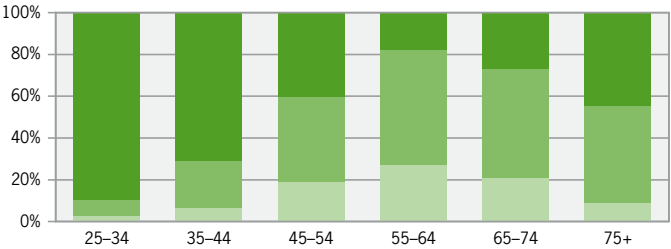
Early recognition of health risks and problems increases the chances of their successful treatment and thus of maintaining or restoring health.

Preventive medical examinations in the past 12 months (in percent)

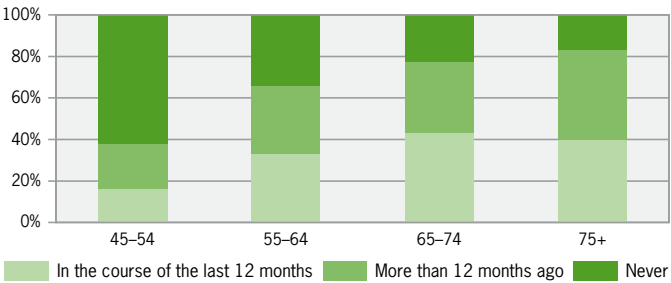
	Men	Women
Blood pressure	70,2	81,0
Cholesterol	44,6	47,5
Blood glucose	47,4	54,3
Skin and moles	10,3	10,3
Cervical smear ¹	–	42,7
Mammogram ¹	–	13,9
Prostate ²	29,8	–
HIV test ³	4,2	4,2

¹ Women over 25; ² men over 45; ³ Aged 16 to 74

Date of last mammography according to age group among women



Date of last prostate examination according to age group among men



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... and avoiding risks

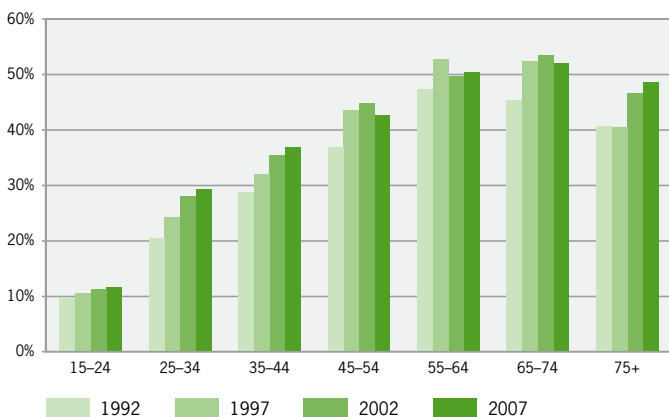
Factors that we are able to influence, such as environmental conditions or lifestyle, are important for the promotion of health and the prevention of illnesses.

Certain eating or drinking habits can result in overweight and present a risk for a series of illnesses with an associated loss of well-being and quality of life.

Overweight

Overweight is a health problem ($BMI > 25 \text{ kg/m}^2$). A life style acquired in younger years can result in problems years later at the onset of middle age. The proportion of overweight people has increased since 1992 in all age groups.

Proportion of overweight people according to age group 1992, 1997, 2002 and 2007



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Alcohol consumption

Compared with alcohol consumption figures for 2002, there is a decrease in the number of teetotallers and an increase in occasional consumption (once or twice a week or less) particularly among women. More regular consumption (daily or several times a week) remains to a large extent the same.

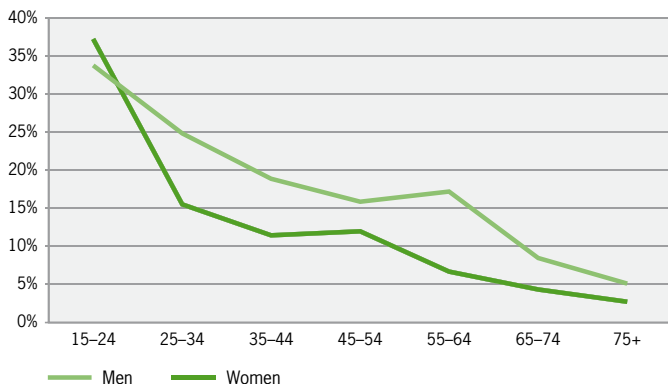
Frequency of alcohol consumption 2002 and 2007 (in percent)

	Men		Women	
	2002	2007	2002	2007
Alcohol				
At least once a day	22,2	19,6	10,0	9,0
Several times a week	13,9	12,9	6,1	6,2
Once or twice a week	32,8	37,5	26,5	29,4
Seldom	16,9	18,9	27,0	32,8
Never (teetotal)	14,2	11,1	30,4	22,6

Passive smoking

16% of non-smokers are exposed to the smoke of others for at least one hour a day, 13% for one to three hours and 3% for longer than three hours. Young people and young adults are most exposed. Overall, considerably fewer people are exposed than in 2002 (27%).

Non-smokers who are exposed to the smoke of others for at least one hour a day according to age group and gender



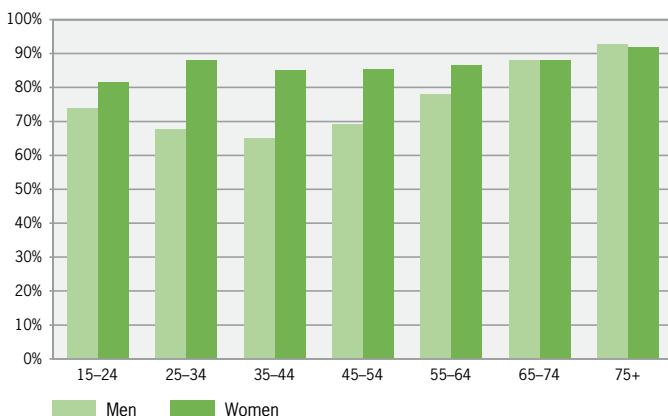
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Use of health system services

Switzerland spends a large part (2006: 10.8%) of its gross national product (GNP) on health. Worldwide, Switzerland comes together with France second after the United States of America. Care of out- and inpatients is highly developed.

80% of the population – women with 86% considerably more often than men (73%) – have visited a doctor at least once during the past 12 months. After 65 years of age the difference between genders disappears.

Visits to doctor in the previous 12 months according to age group and gender



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Use of health system services according to gender (in percent)

previous 12 months	Men	Women
Visit to the doctor		
General practitioner	64,8	68,0
Gynaecology	–	52,9
Other specialist	32,8	33,2
Hospital services		
Hospital stay (at least one night)	10,7	12,2
Emergency treatment in hospital	13,2	12,0
Home visit nursing	1,4	3,6

Swiss Health Survey

What is its purpose?	Periodic repetition of the survey every five years since 1992 allows observation of the development of the state of health of the Swiss population and the main influencing factors as well as construction of a national data-bank.
Main topics of the survey	<ul style="list-style-type: none">• Physical, psychological and social well-being, health problems and illnesses, accidents, handicaps.• Living conditions important to health, e.g. income, working conditions, social relations, housing conditions, physical environment.• Health resources in the frame of social support, autonomy and scope for development, positive life experiences and coping skills for life.• Life style characteristics and habits, e.g. physical activity, dietary habits, smoking, alcohol and drug consumption, use of medication.• Health insurance situation, e.g. complementary insurances, patient's contribution.• Use of available health services.
Who participated in the survey?	<p>The 2007 survey was carried out on a representative, randomly selected sample from the whole of Switzerland of about 30,000 private households possessing a telephone connection. One person aged 15 or above was randomly chosen from each household.</p> <p>Overall, 10,336 women and 8,424 men were questioned. 16,322 of them were Swiss citizens and 2,428 foreigners resident in Switzerland. 66% of the chosen households participated in the survey.</p>
How was the survey carried out?	The main survey was composed of a telephone interview followed by a written questionnaire. People over 75 could choose between an interview over the telephone or face-to-face. In the case of people who were unable to reply themselves, due to illness, handicap, long absence or language problems, a close person was interviewed instead. The survey was carried out in German, French and Italian.
Who carried out the interviews and when?	The survey, mandated by the Swiss Federal Statistical Office, was carried out by the M.I.S.-Trend SA Institute in Lausanne and Gümligen. The survey took place from January to December 2007.
Data protection	Data protection is ensured by the Federal Statistical Act and the Data Protection Act. All data are treated in strictest confidence and analysed anonymously. They are only used for statistical purposes.

What is the Swiss Health Survey used for?

- The Swiss Health Survey is an important instrument for a health policy based on facts and also for the observation of health developments in Switzerland. It allows a detailed and differentiated description of health problems and risks of the Swiss population as far as living conditions, habits and other determinants are concerned and also with regard to the use of health system services.
- Periodic repetitions every five years allow effects and effectiveness of political and preventive health measures to be reviewed.
- Furthermore the Swiss Health Survey enables measurement of progress in the realisation of the European WHO programme 'Health 21 – Health for all in the 21st century' in which Switzerland is taking part.

Enquiries

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Publications

Health and lifestyle related health determinants in Switzerland 1992–2002 (available in German (# 213-0206), French (# 213-0207) and Italian (# 213-0208) price CHF 14.00)

Swiss Health Survey 2002 – First findings (in German, French and Italian, only available as PDF)

Health and lifestyle related health determinants in Switzerland 1997 (in German (# 213-9701), French (# 213-9702) and Italian (# 213-9703) price CHF 19.00)

Health and lifestyle related health determinants in Switzerland 1992 (in German (# 213-9303) and French (# 213-9304), price CHF 19.00)

Order number

213-0709

Orders

Tel.: +41 32 713 60 60

Standard tables 2007

These tables represent a summary of the main findings of the Swiss Health Survey 2007. They are available on CD-ROM (end of December 2008, subject to a charge; in German, French and Italian)

Internet

<http://www.statistik.admin.ch>