

14

Health

213-1204

Swiss Health Survey 2012

Overview



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
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Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Statistical Office FSO

Neuchâtel, 2013

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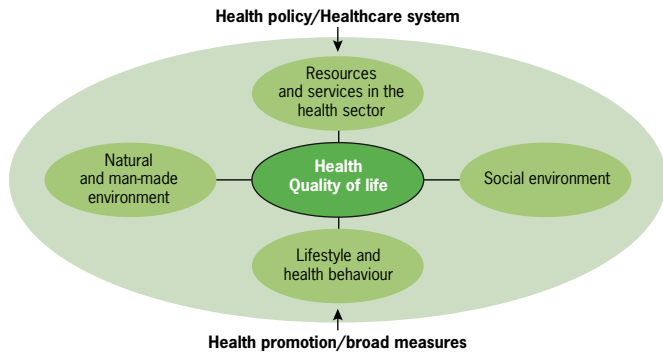
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Introduction

Health is one of the most important assets for each individual. This is often neglected in the hecticness of everyday life. The importance of health is especially recognised when health problems appear.

This brochure provides an overview of the initial results of the Swiss Health Survey 2012 (SHS12). This survey has been carried out every five years since 1992 and is part of the data collection programme of the Swiss population census since 2010. It provides important information on the state of health of the population, health behaviour and the use of health services. Due to its regular implementation, developments can be observed over time. The data also serve as a basis to plan and evaluate health policy strategies and measures in the area of prevention and health promotion.

The Swiss Health Survey is based on a holistic and dynamic health model (G1). Pursuant to the definition of the World Health Organisation (WHO), health is not understood as the mere absence of illness but is referred to as the state of complete physical, mental and social well-being. A person's health therefore depends not only on his or her individual predispositions but also considerably on his or her (ecological, social and cultural) environment, lifestyle, behaviour and on the services of the healthcare system.



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General state of health

83% of the population (84% of men and 81% of women) perceived their general state of health as good or very good (G2). The self-assessment of health is considered to be a valid indicator of general health, both at individual and population level. The percentage of people who consider their health to be (very) good steadily drops with age. This proportion is also lower among people whose level of education does not exceed compulsory schooling than among people with tertiary level education (62% compared to 90%).¹ The WHO speaks of a social gradient in order to characterise this relationship between the social position (which is measured here by educational level) and the state of health. The percentage of people who rated themselves as being in (very) good health has decreased within five years (2007: 87%; 2012: 83%). This decline is valid for all age groups but is particularly pronounced for men aged between 55 and 74.

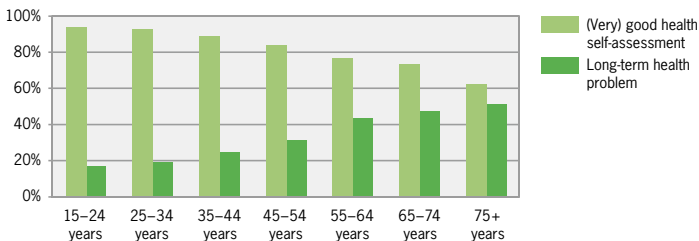
One third of the population state that they suffered from long-term health problems (30% of men and 34% of women). The proportion of people who assessed themselves as having a chronic health problem increases with age and is highest among those with obligatory schooling (39% compared to 30% of people with tertiary level education).

A quarter of the population were limited in their routine daily activities due to health problems for at least six months (G3), where a greater proportion of women were affected than men (27% compared to 21%). Once again, people with a compulsory schooling educational level are more affected by these limitations due to health problems than those who have completed tertiary level education (38% compared to 18%).

¹ The analysis according to level of education only considers people aged 25 years and older in this brochure.

Self rated health and long-term health problems, 2012

G 2

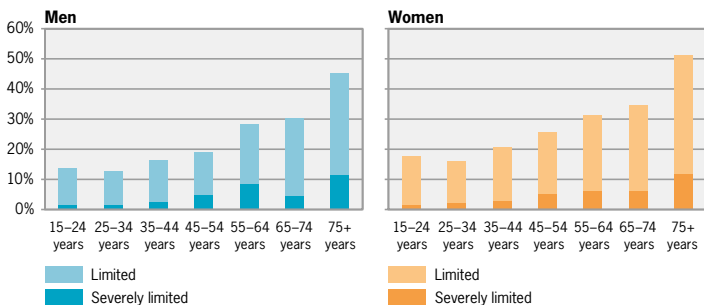


Source: SHS

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Limitations in activities for at least six months, 2012

G 3



Source: SHS

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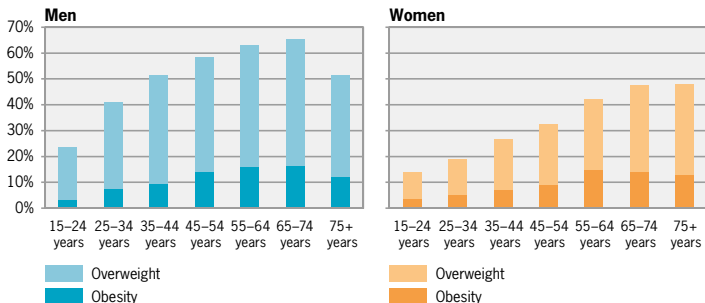
Overweight

41% of the population are overweight or obese; 51% of men and 32% of women (G4). The difference between men and women is far less pronounced if only obesity is taken into consideration (11% compared to 9%). The percentage of overweight or obese people increases with age whereas half of all men aged 35 years and older are affected. Men with a level of education corresponding to compulsory schooling are almost more than twice as likely to be obese as men with a completed tertiary level education (19% compared to 9%). This risk is threefold for women with compulsory schooling, (19% compared to 5% with a tertiary level education). Nonetheless, almost one out of two obese men (43%) is satisfied with his weight as opposed to one out of three obese women.

The percentage of overweight or obese people almost stabilised between 2002 and 2007. Since then, it has increased again (G5). The percentage of obese people has almost doubled within 20 years, increasing from 6% to 11% among men and from 5% to 9% among women. People aged 15–24 are particularly concerned by this development.

Overweight and obesity, 2012

G 4



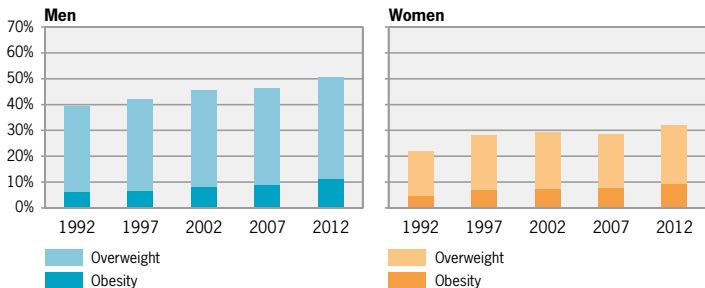
These figures are based on the body mass index (BMI) which is calculated by dividing the bodyweight (in kilogrammes) by the squared body height (in metres). According to the WHO limits, a BMI of 25 and above is considered as overweight and a BMI of 30 and above as obese.

Source: SHS

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Overweight and obesity, 1992–2012

G 5



Source: SHS

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Hypertension and cholesterol

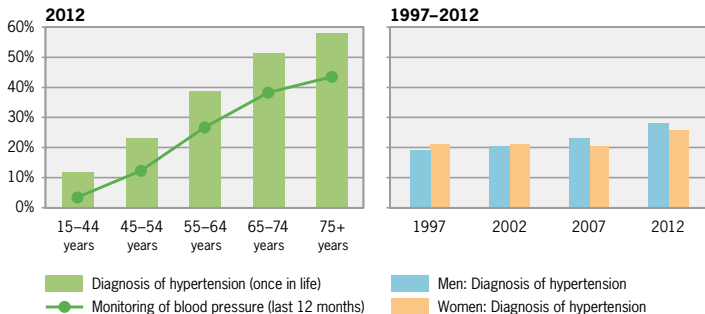
27% of people have already been diagnosed with hypertension by a doctor once in their lifetime, with men suffering more often than women (28% compared to 26%). This percentage increases with age (G6) and varies according to the level of education. Persons with tertiary level education are less affected by hypertension than those with a level of education corresponding to compulsory schooling (25% compared to 38%). Hypertension is closely linked to lifestyle choices such as exercise or diet and may be considerably influenced by adjusting habits and medical treatments. 16% of the population have had to pay attention to their blood pressure over the last 12 months.

The percentage of people already diagnosed with hypertension once during their lifetime has increased by seven percentage points within the last 15 years (G6). This increase is particularly noticeable among men and in general among persons aged 75 years and older.

17% of the population are already diagnosed with a high level of cholesterol by a doctor once in their lifetime, with men suffering more than women (19% compared to 16%). This percentage increases with age (G7). The percentage of people with medically diagnosed high levels of cholesterol has increased by six percentage points since 1997. 10% of the population have had to pay attention to their cholesterol level over the last 12 months (G7).

Hypertension

G 6

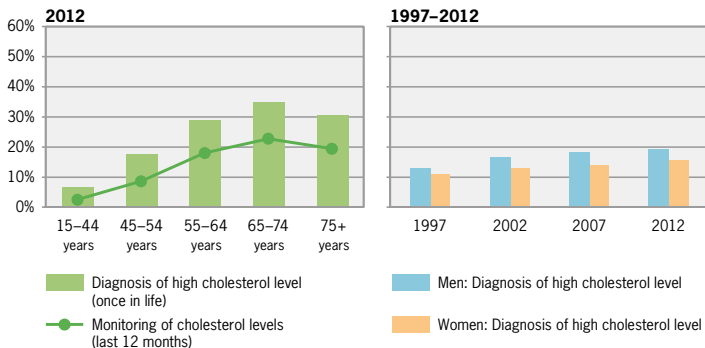


Source: SHS

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High level of cholesterol

G 7



Source: SHS

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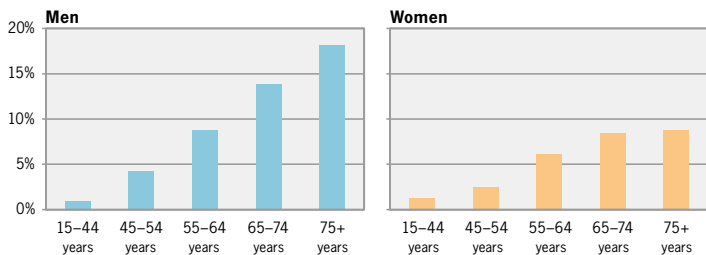
Diabetes

5% of the population have already been diagnosed by a doctor once in their lifetime with diabetes (G8). This percentage is higher among men than among women (6% compared to 4%). There are two types of diabetes: type I diabetes which is due to insufficient production of insulin and occurs from childhood and type II diabetes which is a lot more common and results from resistance to insulin. The percentage of people with diabetes has increased since 1997, more strongly and more regularly among men than women (G9).

People who are obese or overweight suffer from diabetes more often than people of normal weight (16% and 6% compared to 2%). Similarly, people who are physically inactive are twice as likely to develop diabetes as people who are sufficiently active (9% compared to 4%).

Diabetes, 2012

G 8

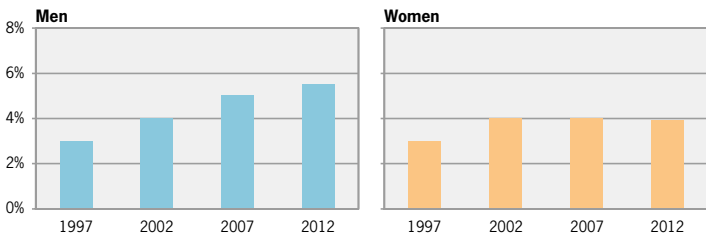


Source: SHS

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Diabetes, 1997-2012

G 9



Source: SHS

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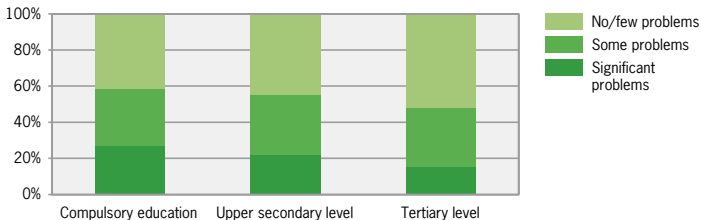
Physical problems

21% of the population show severe physical problems, where women are twice as likely to be affected as men (28% compared to 14%). People with tertiary level education suffer far more rarely from such physical problems than those with compulsory schooling (15% compared to 27%) (G 10). Physical problems can considerably reduce the well-being of people and are one of the main reasons people resort to medical treatments.

A feeling of general weakness, fatigue or lack of energy (41%) and back pain (40%) are the most frequent physical problems (G 11). Shoulder, neck and arm pain affects 36% of the population. For almost six out of ten of these people, their back, shoulder, neck and arm pain is related to their current or previous job. Back pain and insomnia increase among those aged 50 years and older, while headaches tend to decrease.

Physical problems, 2012

G 10



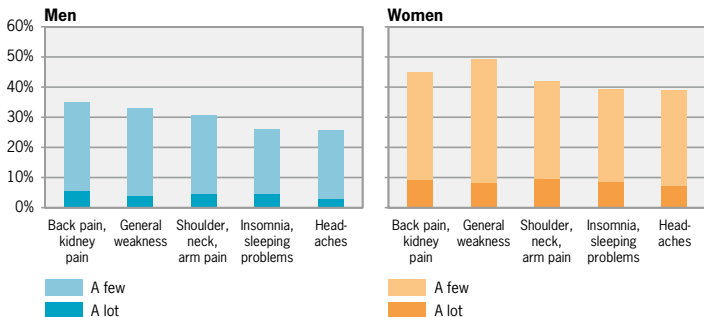
Significant physical problems: having suffered "a lot" from at least four out of eight troubles within the last four weeks. The analysis according to level of education only considers people aged 25 years and older.

Source: SHS

© Federal Statistical Office (FSO)

Main physical problems, 2012

G 11



Source: SHS

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Mental health

92% of the population rate their quality of life to be (very) good and 82% usually or always feel happy. 77% are energetic and full of life, which is more often the case for men than women and more often for older (up to 74 years) than younger people (G12)².

18% of the population suffer from psychological distress³. 5% consider that they suffer from considerable distress and an additional 13% from medium psychological distress. Women are affected more often than men. The pressure of psychological distress decreases with increased education (G13). Persons with lower vitality levels tend to suffer more from psychological distress.

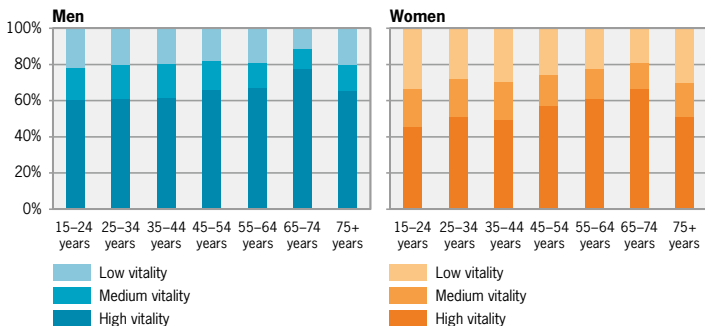
Psychological health is also associated with physical health. Persons experiencing severe physical problems and health related limitations rate their vitality lower or suffer more often from psychological distress.

² The indicator "vitality and energy" describes the subjective feeling of inner strength and sprightliness in coping with everyday life.

³ The indicator "psychological distress" provides information about demanding psychological problems. In the case of medium degree problems, psychological distress is probable; in the case of serious problems it is highly probable. This indicator does not correspond to a diagnosis.

Vitality and energy, 2012

G 12

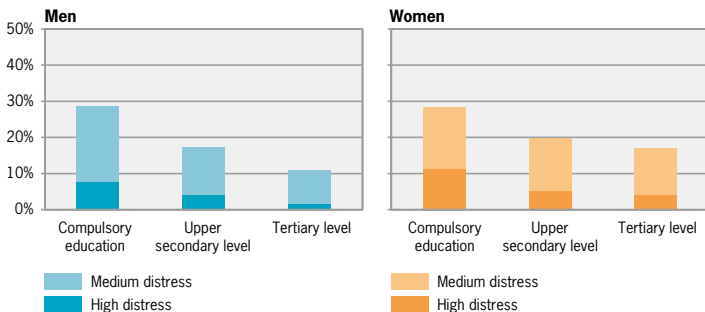


Source: SHS

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Psychological distress, 2012

G 13



The analysis according to level of education only considers people aged 25 years and older.

Source: SHS

© Federal Statistical Office (FSO)

Physical activity

72% of the population (76% of men and 69% of women) meet the new recommendations concerning physical activity during leisure time. Furthermore, 56% of the population do gymnastics, fitness or sports; 51% several times a week and 30% about once a week. The percentage of people fulfilling the recommendations increased from 62% to 72% within 10 years (G14). This increase applies to all age groups.

Physically sufficiently active people are often less obese than inactive people (9% compared to 16%) and suffer twice as few from back pains (6% compared to 15%). They are also more likely to assess their health as (very) good (87% compared to 62%) and are less prone to hypertension (25% compared to 35%).

Diet

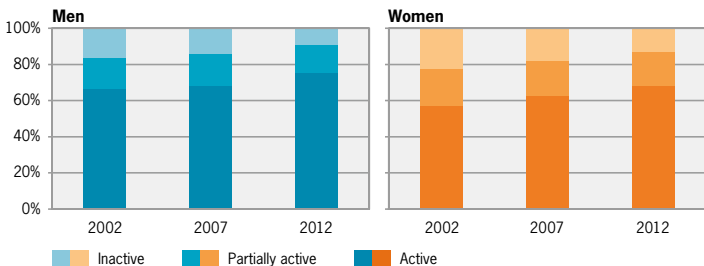
It is recommended eating five portions of fruit and vegetables a day. 19% of the population meet this recommendation. 62% of women and 42% of men eat at least three portions of fruit and vegetables at least five days a week (G15). Young men (15 to 34 years) eat the least fruit and vegetables. People with a tertiary level education are more likely to fulfil the recommendations than those with a level of education corresponding to compulsory schooling (22% compared to 15%).

Almost the whole population eats meat on a regular basis. 19% consume meat up to 2 days a week and 54% consume it on 3 to 5 days. A quarter of the population eats meat more often than five times a week (32% of men and 16% of women).

68% of the population indicate that they pay attention to what they eat, with women paying more attention than men (75% compared to 61%). The percentage of people who pay attention to their diet slightly increased between 1992 and 2007 (from 68% to 71%), but has fallen in 2012 again to the level of 1992.

Physical activity, 2002–2012

G 14



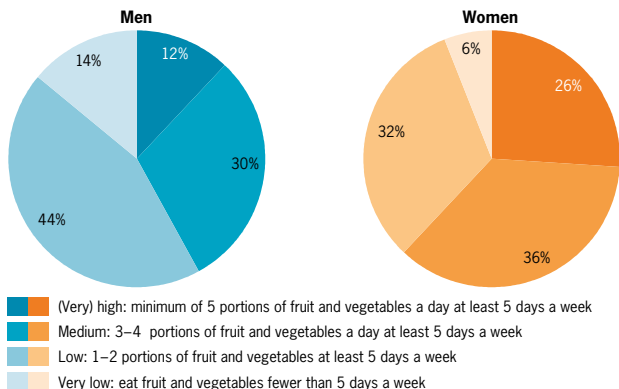
Inactive: <30 minutes of moderate physical activity per week and intensive activity less than once a week
 Partially active: 30-149 minutes of moderate physical activity per week or intensive activity once a week
 Active: ≥150 minutes of moderate physical activity per week or intensive activity at least twice a week

Source: SHS

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Consumption of fruit and vegetables, 2012

G 15



Source: SHS

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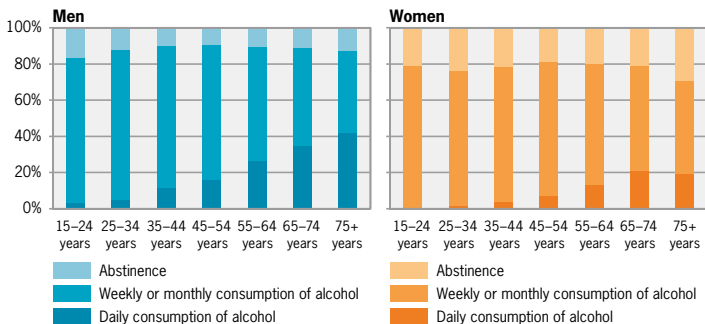
Alcohol consumption

89% of men and 78% of women consume alcohol; 17% of men and 9% of women consume alcohol on a daily basis. The frequency of alcohol consumption increases with age (G 16): 38% of men and 20% of women aged 65 years and older consume alcohol on a daily basis. The percentage of daily consumers among men has fallen from 31% to 17% since 1992 (G 17). However, the percentage remains constant among the group of people aged 65 years and older.

Two types of alcohol consumption pose a health risk: on the one hand, a person can frequently drink too much alcohol (hazardous drinking), or on the other hand, too much may be consumed at once (binge drinking). A total of 14% of the population demonstrate risky consumer behaviour (G 18). 5% are hazardous alcohol consumers who regularly drink amounts of alcohol that pose a health risk. A total of 11% of the population binge drink at least once a month. Binge drinking is mainly a male phenomenon, with 15% of men binge drink on a monthly and 2% on a weekly basis (compared to 5% and 1% of women). Increased binge drinking is particularly widespread among young people and adults: 7% of men aged 15 to 24 binge drink weekly and 28% monthly.

Alcohol consumption, 2012

G 16

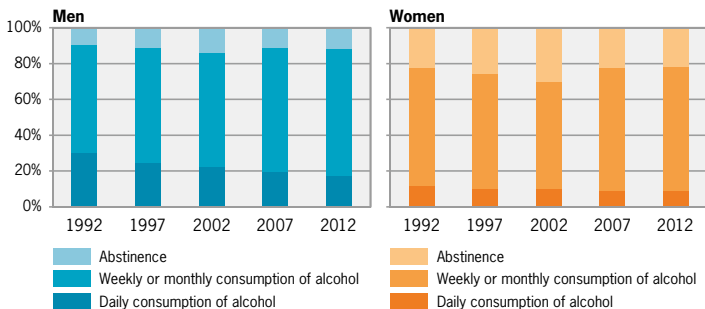


Source: SHS

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Alcohol consumption, 1992–2012

G 17

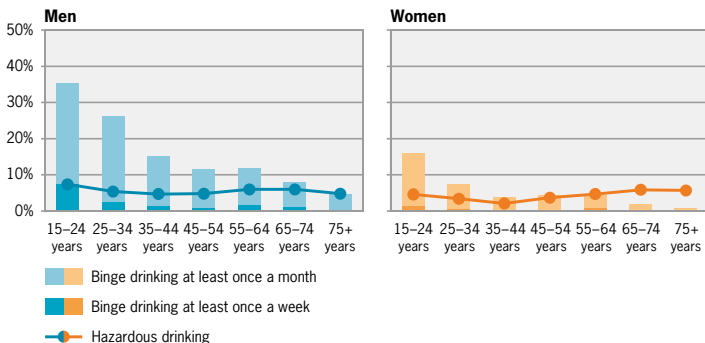


Source: SHS

© Federal Statistical Office (FSO)

Harmful alcohol consumption, 2012

G 18



Binge drinking: consumption of at least 6 glasses of a standard alcoholic drink on one occasion, no distinction for gender.
 Hazardous drinking: daily consumption of at least 4 glasses of a standard alcoholic drink (e.g. a small glass of beer) for men and 2 glasses for women.

Source: SHS

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Tobacco consumption

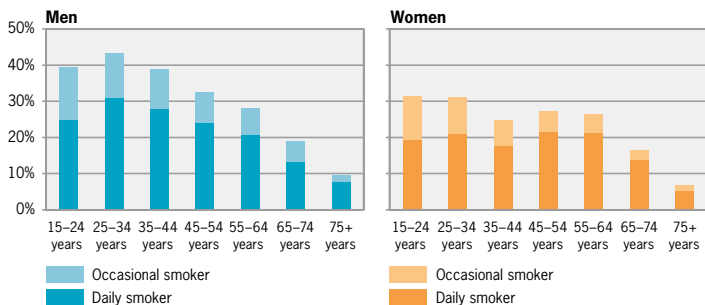
28% of the Swiss population smoke; 32% of men and 24% of women (G 19). The largest proportion of smokers among men are between 25 and 34 years (43%) and among women between 15 and 24 years (32%).

While compared to 1992 the percentage of male smokers fell from 37% to 32% in 2012, this percentage remained stable among females (G 20). The percentage of persons smoking at least 20 cigarettes per day has halved over the last 20 years. This trend is particularly evident for young people and adults (15 to 24 years) among whom there are more people smoking not more than 9 cigarettes per day. However, the percentage of smokers among younger people has remained stable or has even slightly increased.

Following the enforcement of the law on passive smoking in Switzerland (2010), the burden of passive smoking has further decreased (G 21). In 2002, 26% of non-smokers were exposed to passive smoking for at least one hour a day. This percentage fell to 16% in 2007 and ultimately to 6% in 2012. The burden of passive smoking has fallen most considerably among persons aged 35 to 64.

Tobacco consumption, 2012

G 19



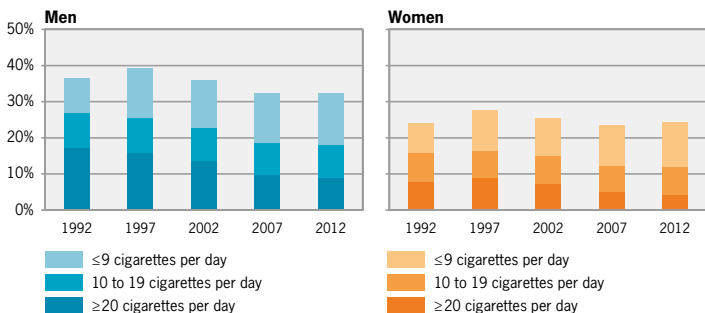
Source: SHS

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Young people and young adults are still particularly affected by passive smoking.

Number of cigarettes smoked, 1992–2012

G 20

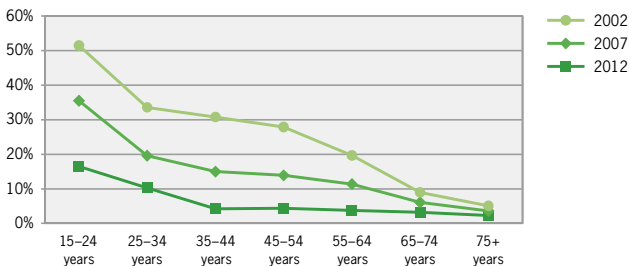


Source: SHS

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Passive smoking, 2002–2012

G 21



Source: SHS

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Cancer screening

The early detection of cancer should discover cancer at an early stage before symptoms emerge. It is recommended that women aged between 50 and 69 have a mammogram (x-ray examination of the chest) every two years. 80% of all women in this age group had already had a mammogram once in their life; 49% had a mammogram within the last two years (G22). Four out of five women had had a mammogram as a screening measure before suffering any symptoms or complaints. Mammograms are also used for younger women. 44% of women aged 40 to 49 had already had a mammogram and almost half of them had one within the last two years.

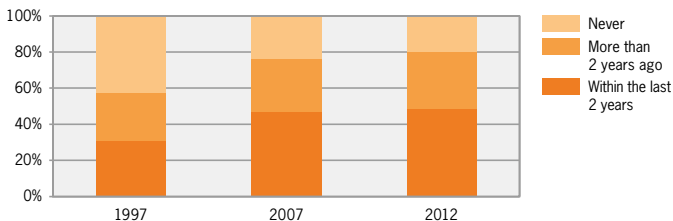
Breast cancer screening programmes have been in place in the French speaking cantons since 1999. They were also launched in the German speaking part of Switzerland since 2010. Cantons offering breast cancer screening programmes provide greater current mammogram coverage than cantons without a programme, with 68% compared to 37% of women aged between 50 and 69 having had a mammogram within the last two years.

The Pap smear test for cervical cancer screening is well-established in Switzerland and is carried out on a regular basis. It is particularly recommended for women aged between 20 and 64. 76% of women in this age group had a Pap smear test within the recommended period of three years; 8% were tested more than three years ago. Only 16% of women in this age group have never been screened.

Screening for cancer of the colon with an occult blood stool test is aimed at people aged between 50 and 74. This screening is not carried out on a routine basis. Instead, it is mainly carried out on risk groups. 11% of the people in this age group have been screened within the last two years and an additional 16% were tested at an earlier time (G23).

Mammography among women aged 50 to 69, 1997–2012

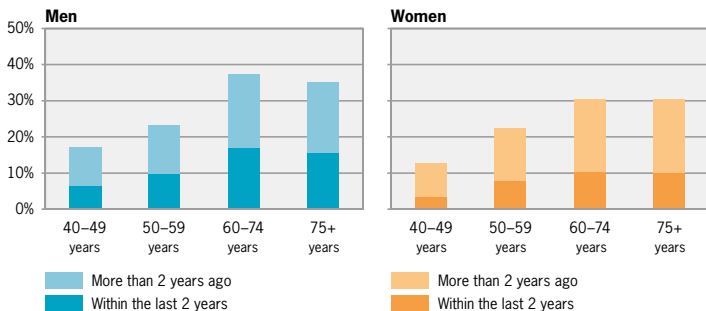
G 22



Source: SHS

© Federal Statistical Office (FSO)

Screening for cancer of the colon using the haemoccult test, 2012 G 23



Haemoccult test: stool screening for occult blood.

Source: SHS

© Federal Statistical Office (FSO)

Doctor's visits

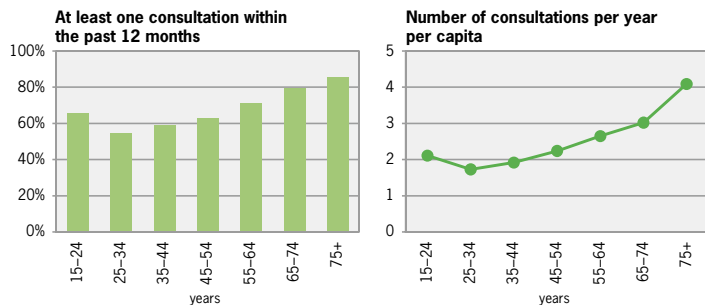
78% of the population visited a doctor in the last 12 months. In the case of health problems, people generally contact their family doctor or another general practitioner (GP). 67% of the population visited a GP at least once within the last year (G 24). Outpatient specialist consultations are also a major part of medical provision. 36% of the population had a consultation within the last 12 months (G 25). Only 6% went to a specialist without consulting a generalist. Doctor consultations are increasingly frequent with age when health problems increase.

On average, people visit a doctor 3.8 times a year: Women visit the doctor more often than men (4.4 compared to 3.2 consultations), which is mainly due to gynaecologist visits. The overall population did not consult more often a doctor in 2012 compared to 1997 and 2007. However, compared to 1997, outpatient consultations with specialists increased and outpatient consultations with GPs decreased.

People who do not rate their health to be good seek professional medical advice approximately three times as often as those in good health (8.8 compared to 2.8 times). The same was observed among people having significant physical problems (7.0 compared to 2.3 times).

GP visits within the past 12 months, 2012

G 24

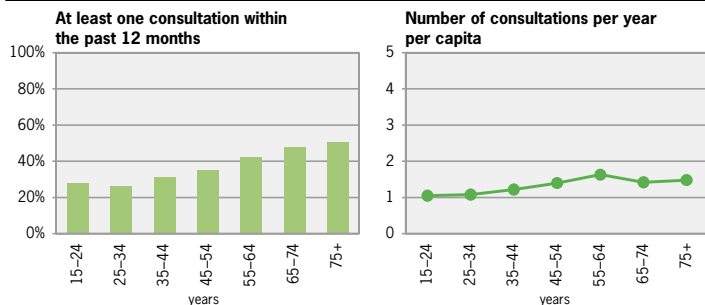


Source: SHS

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Specialist visits within the past 12 months, 2012

G 25



Source: SHS

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Informal care and home care services

15% of the population receive informal care from their relatives and/or benefit from home care services. 59% of the recipients of these services suffer from chronic illnesses and are (severely) limited in their daily activities. Women resort to informal care or home care services almost twice as often as men (18% compared to 11%). Recourse to help and assistance increases with age, particularly for home care services (G 26). Among people aged less than 65 years, recourse to informal care is not uncommon, however they hardly use home care services (13% compared to 1%).

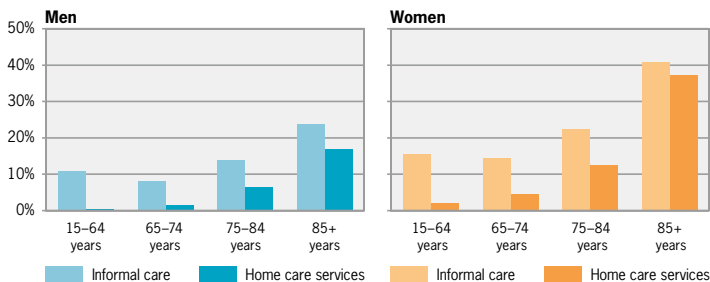
3% of the population use home care services. This percentage is 10% among those aged 75 to 84 and 30% among those aged 85 years and older. Two thirds of them receive assistance and care from their relatives or neighbours at the same time (63%). The percentage of people who use home care services has remained constant since 2002 (3%).

14% of people benefit from informal care of their relatives. This share increases to 35% of people aged 85 years and older.

Household assistance is the service most frequently provided by both relatives and home care services (61% respectively 58%). However, nursing care is more often provided by home care services than by relatives (49% compared to 24%).

Recourse to informal care and home care services, 2012

G 26



Source: SHS

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Survey

As of 1992, the Swiss Health Survey has been carried out once every five years by the Federal Statistical Office (FSO). The fifth survey took place in 2012 as part of the data collection programme of the Swiss population census. This is a sample survey using computer assisted telephone interviews (CATI) followed by a written questionnaire. The resident population in private households aged 15 or over was questioned. The survey was carried out in German, French and Italian. The survey was carried out throughout 2012 to counterbalance any seasonal variations.

Content of the survey

- Physical, psychological and social well-being, symptoms and illness, accidents, disabilities
- Living conditions that are crucial to health, e.g. income, working conditions, social relationships, living conditions, physical environment
- Health resources in terms of social support, independence and opportunities for development
- Lifestyle characteristics and behaviour, e.g. physical activity, nutritional habits, smoking, consumption of alcohol and drugs, use of medication
- Health insurance situation, e.g. complementary service, cost participation
- Utilisation of health services

Sample and response rate

The FSO took a sample of 41,008 persons from the sample frame for person and household surveys using random selection. 21,597 (54%) took part in the survey. Overall, 11,314 women and 10,283 men were questioned, 17,933 of whom held Swiss nationality and 3,664 of whom were foreign nationals living in Switzerland. In order to take account of the sample design and non-responses, the sample was weighted and calibrated.

Data protection is guaranteed by the Federal Statistics Act and the Data Protection Act. All data are treated with the strictest confidence and evaluated anonymously. They are used for statistical purposes only.

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