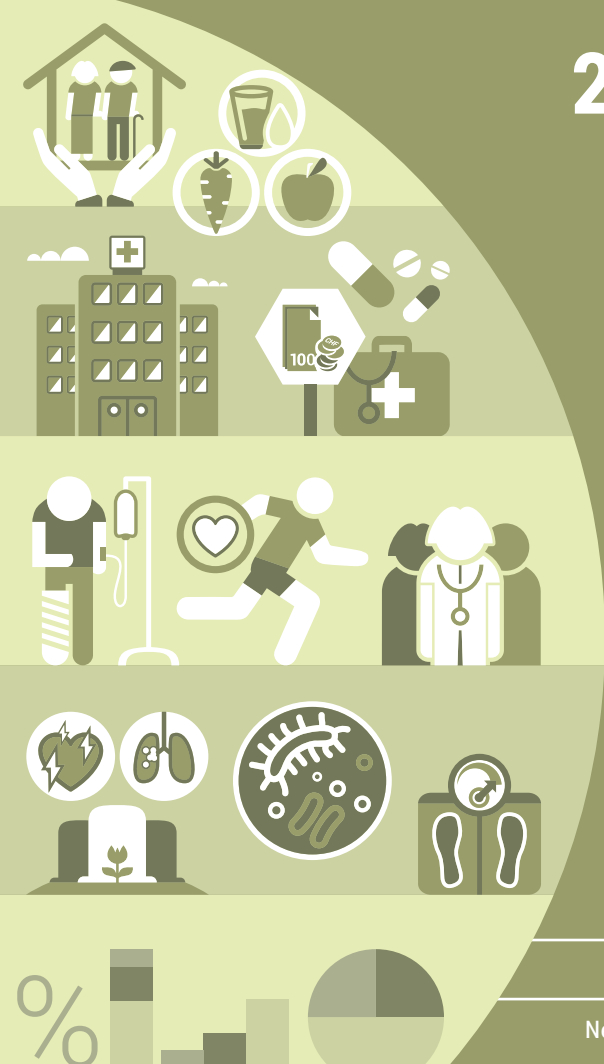


# 2018



14

Health

Neuchâtel 2019

## Health

Pocket Statistics 2018



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## 1 Introduction

This pocket statistics offers an overview of the statistical data available in the area of health. It is published 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:

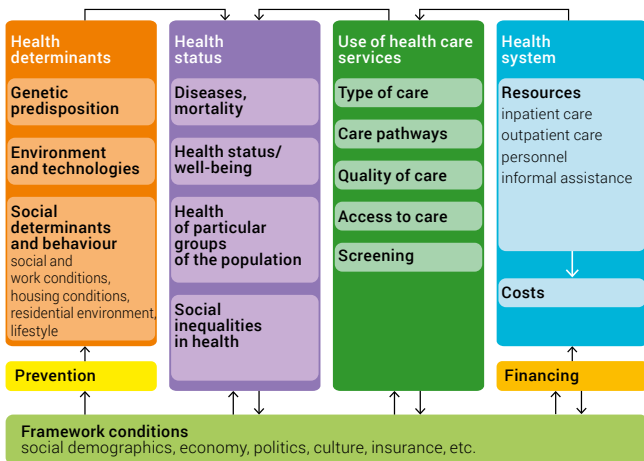
- health determinants, particularly social environments and health-influencing behaviour,
- the population's health and its various aspects,
- the health system and take-up of the various types of treatment it offers,
- the costs and funding of the health system overall.

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 December 2018. 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

G1



## 2 Health determinants

### 2.1 Social situation and employment

	Men	Women
(very) good self-perceived health by educational level <sup>1</sup> (2017)		
compulsory education	69.9%	64.4%
tertiary level	90.5%	91.0%
deprivation of really needed care for financial reasons <sup>2</sup> (2016)		
	3.5%	3.6%
at work <sup>3</sup> (2017)		
at least 3 physical risks	48.3%	42.2%
feeling stressed (most of the time, always)	20.9%	21.7%
worried about losing their job	15.8%	15.9%

<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

Sources: FSO – SHS, SILC

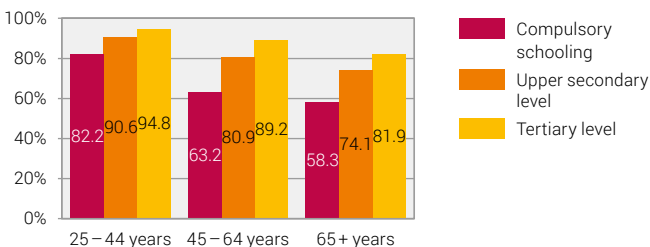
© FSO 2019

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. 4% of the population are deprived of really needed medical care for financial reasons, especially dental care. Among persons at-risk-of-poverty this share increases to 8%.

### (Very) good self-perceived health according to educational level, 2017

Population aged 25 or over living in a private household

G2



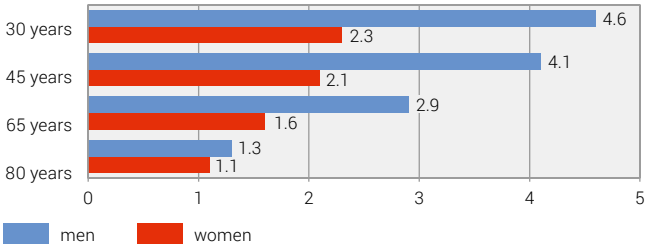
Source: FSO – Swiss Health Survey (SHS)

© FSO 2019

## 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)

G3



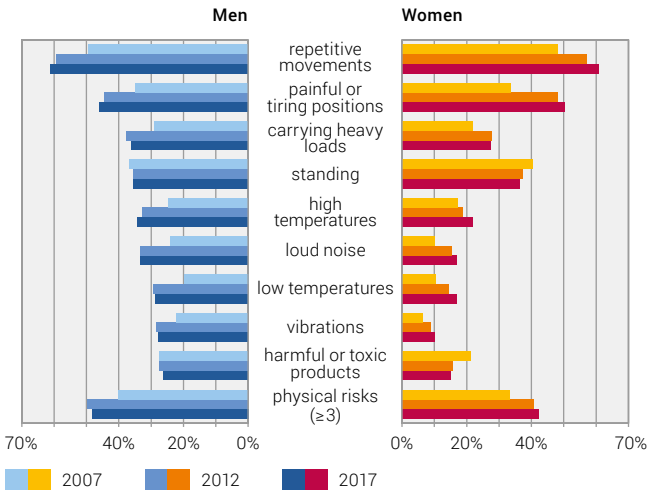
Source: Swiss National Cohort (SNC)

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## Physical risks at work

Employed population aged 15 to 64 years

G4



exposed to risk for at least one quarter of working time (standing: 3/4)

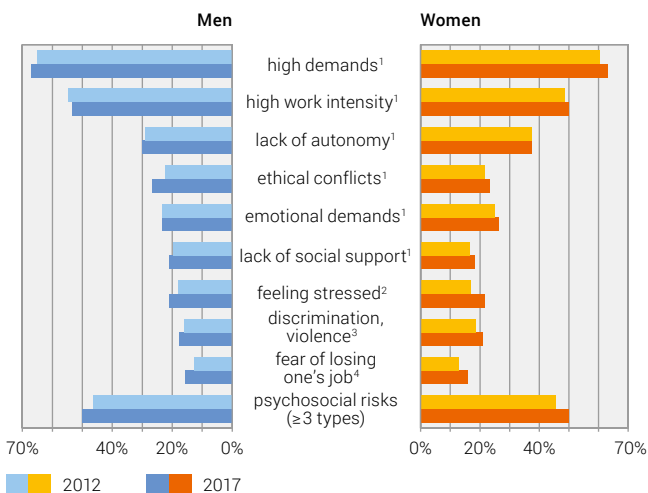
Source: FSO – Swiss Health Survey (SHS)

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## Psychosocial risks at work

Employed population aged 15 to 64

G5



<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)

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Poor working conditions are a health risk. 45% of employed persons are exposed to at least three cumulated physical risks in their work such as carrying loads, loud noises or toxic products. This percentage has remained stable since 2012 but shows an increase when compared with 2007. Men are more often concerned than women. Psychosocial risks are linked to work organisation. 21% of economically active persons are stressed most of the time or always and 16% are worried about losing their job. These percentages are higher than they were in 2007. Women encounter a lack of autonomy in their work more often than men.

## 2.2 Health behaviour

2017 <sup>1</sup>	Men	Women
physically active	77.8%	73.6%
pays attention to diet	62.8%	73.4%
overweight or obese	51.0%	33.0%
smoker	31.0%	23.3%
consumes alcohol daily	14.9%	7.1%

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

Source: FSO – Swiss Health Survey (SHS)

© FSO 2019

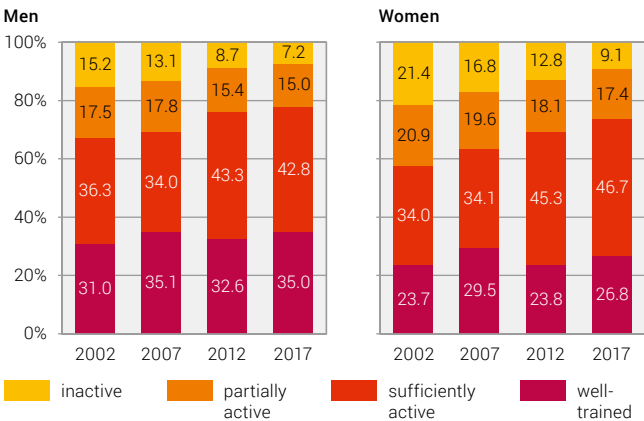
76% of the population were physically active in 2017, i.e. 14 percentage points more than in 2002. Persons with compulsory schooling are less often physically active than those with tertiary level education (61% compared with 79%).

63% of men and 73% of women say that they pay attention to what they eat. This share has not changed in the overall population since 1992. The share of women who eat at least 5 portions of fruit and vegetables per day is twice that of men (28% compared with 15%).

### Physical activity

Population aged 15 or over living in a private household

G6



Source: FSO – Swiss Health Survey (SHS)

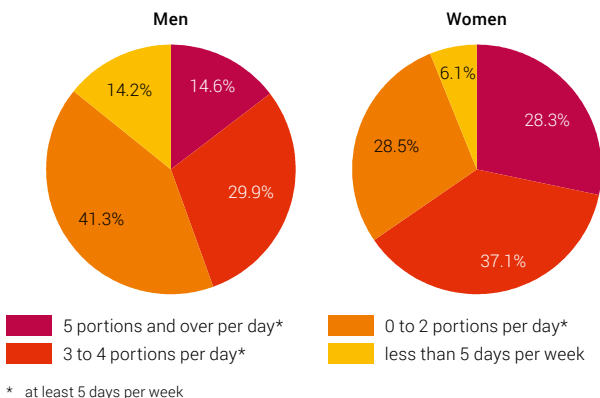
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## Consumption of fruit and vegetables, 2017

Population aged 15 or over living in a private household

G7



Source: FSO – Swiss Health Survey (SHS)

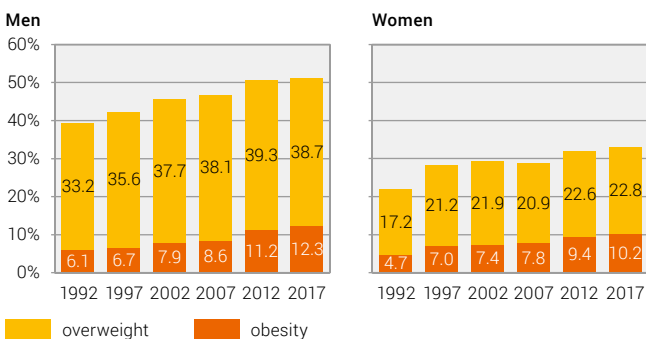
© FSO 2019

11% of the population were obese in 2017. 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 (20% compared with 10%); the difference is even greater among women (21% compared with 6%).

## Overweight and obesity

Population aged 15 or over living in a private household

G8



Source: FSO – Swiss Health Survey (SHS)

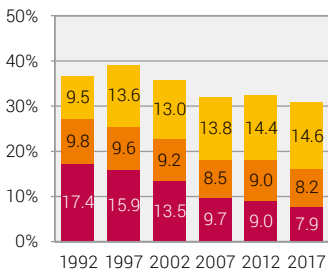
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## Smokers by number of cigarettes per day

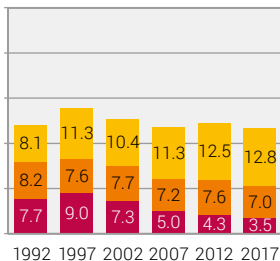
Population aged 15 or over living in a private household

G9

### Men



### Women



■ ≤ 9 cigarettes   
 ■ 10 to 19 cigarettes   
 ■ ≥ 20 cigarettes

Source: FSO – Swiss Health Survey (SHS)

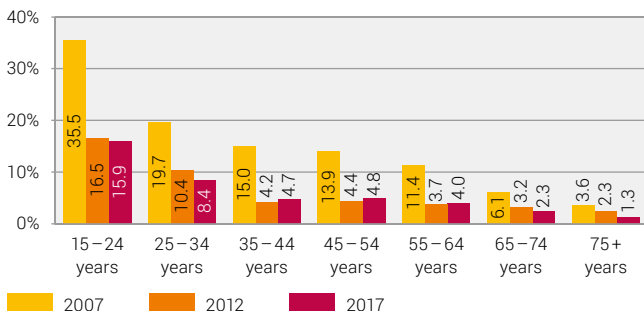
© FSO 2019

Between 1992 and 2017, the percentage of smokers fell from 37% to 31% among men and remained stable among women (23%). Smoking is most common among men aged between 25 and 34 (42%) and women between 15 and 34 (30%). 61% 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 2017 from 16% to 6%.

## Passive smoking

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

G10



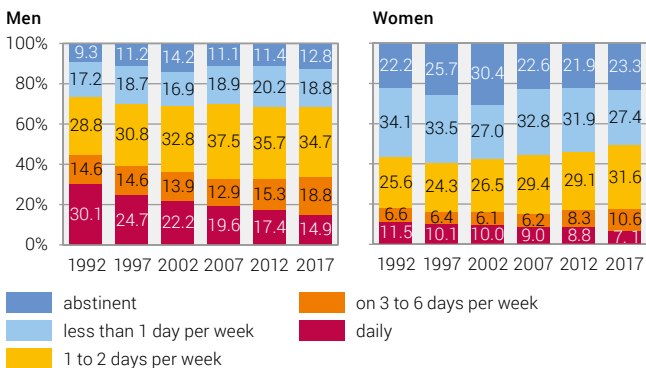
Source: FSO – Swiss Health Survey (SHS)

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## Alcohol consumption

Population aged 15 or over living in a private household

G11



Source: FSO – Swiss Health Survey (SHS)

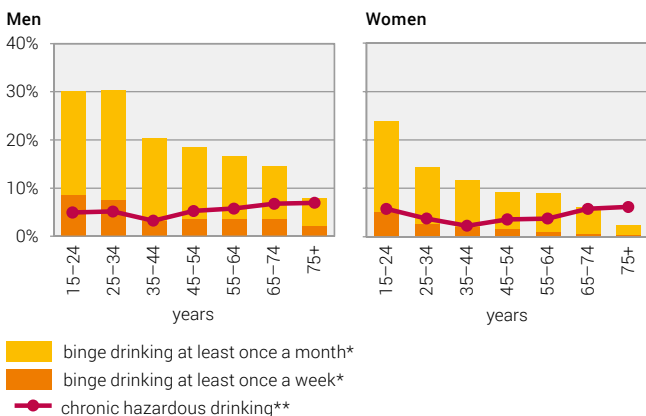
© FSO 2019

Since 1992, the share of daily consumers of alcohol has fallen from 30% to 15% among men and from 11% to 7% among women. Frequency of consumption increases with age. In 2017, chronic hazardous drinking was observed among 5% of the population and 16% got drunk at least once a month. Young men are most affected by binge drinking.

## Hazardous drinking, 2017

Population aged 15 or over living in a private household

G12



\* binge drinking: standard-sized glasses of alcohol on one occasion: M:  $\geq 5$ , W:  $\geq 4$

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

Source: FSO – Swiss Health Survey (SHS)

© FSO 2019

## 3 Population's health

### 3.1 General health and mortality

	Men	Women
life expectancy at birth in years (2017)	81.4	85.4
healthy life expectancy at birth in years (2017)	69.8	70.8
(very) good self-perceived health <sup>1</sup> (2017)	85.9%	83.5%
long-standing health problem <sup>1</sup> (2017)	30.5%	34.7%
total deaths (2016)	31 283	33 681
cardiovascular diseases	9 357	11 355
cancer	9 371	7 830
dementia	1 789	3 975
accidents	1 329	1 223

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

Sources: FSO – SHS, BEVNAT, STATPOP, CoD

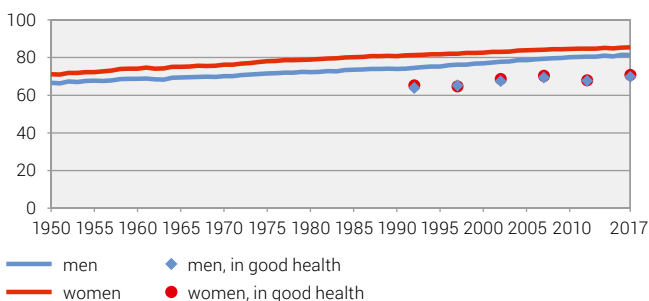
© FSO 2019

Since 1990, life expectancy at birth has increased by 7.4 years among men and by 4.6 years among women. It is among the highest world-wide. Healthy life expectancy is around 70 years. It takes into account self-perceived health and the difference between men and women is slight.

### Life expectancy and healthy life expectancy at birth

In years

G13



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

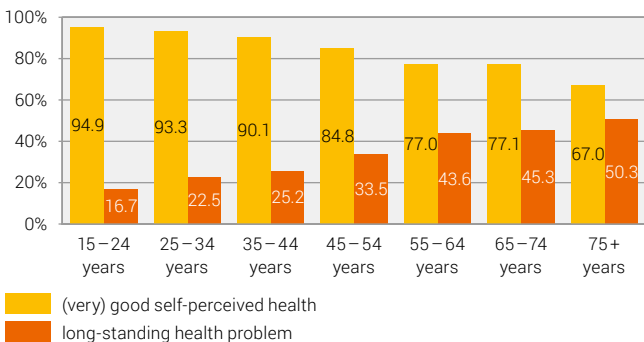
Sources: FSO – BEVNAT, ESPOP, STATPOP and SHS

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## Self-perceived health and long-standing problems, 2017

Population aged 15 or over living in a private household

G14



Source: FSO – Swiss Health Survey (SHS)

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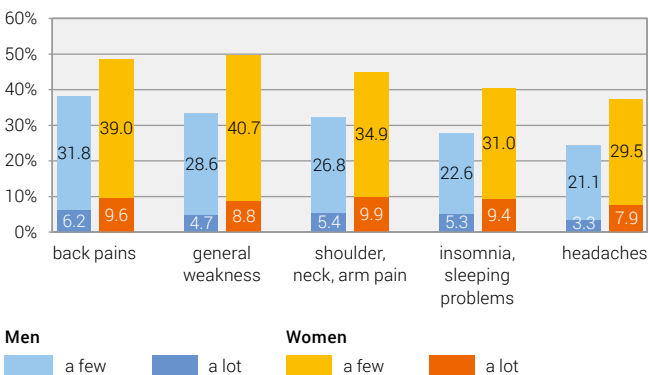
86% of men and 84% of women assessed their state of health as good or very good. The share of persons suffering from chronic health problems increases threefold between the youngest age class and the oldest.

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, 2017

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

G15



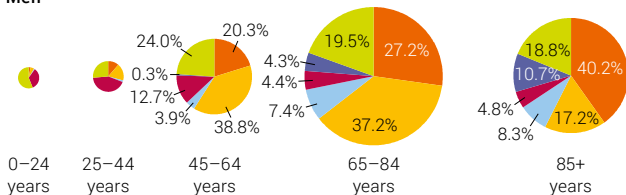
Source: FSO – Swiss Health Survey (SHS)

© FSO 2019

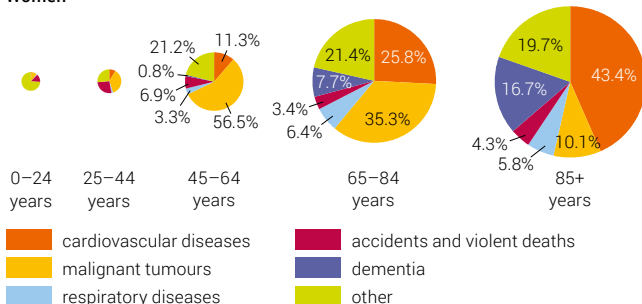
## Leading causes of death by age group, 2016

G16

### Men



### Women



Areas are proportional to the absolute number of deaths.

Source: FSO – Cause of Death Statistics (CoD)

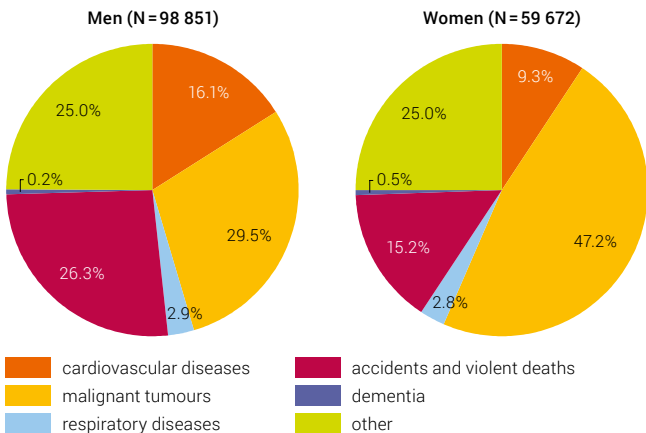
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The graph shows the respective importance of causes of death by age group. Congenital diseases are the main cause of death until the age of 2. Between 2 and 15 years, the very rare cases of death are spread between a number of causes. Accidents and suicides predominate among adolescents and young people aged 16 and over. Cancer is the main cause of death among women aged over 30 and among men over 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 30% of potential years of life lost (PYLL) among men and 47% 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 tenths for cardiovascular diseases and by almost two fifths for cancer.

## Potential years of life lost, 2016

G17



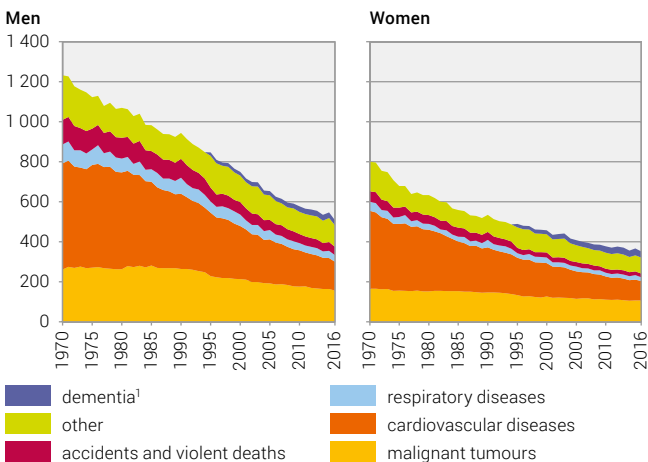
Source: FSO – Cause of Death Statistics (CoD)

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## Standardised mortality rates

Per 100 000 inhabitants

G18

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

Source: FSO – Cause of Death Statistics (CoD)

© FSO 2019

## 3.2 Cardiovascular diseases and diabetes

	Men	Women
number of hospitalisations for cardiovascular diseases (2016)	64 278	49 934
number of deaths due to cardiovascular diseases (2016)	9 357	11 355
acute myocardial infarction, number of cases (2016)	9 757	5 035
stroke, number of cases (2016)	7 873	7 381
hypertension <sup>1</sup> (2017)	19.2%	16.0%
excessively high levels of cholesterol <sup>1</sup> (2017)	14.3%	10.8%
diabetes <sup>1</sup> (2017)	5.4%	3.5%

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

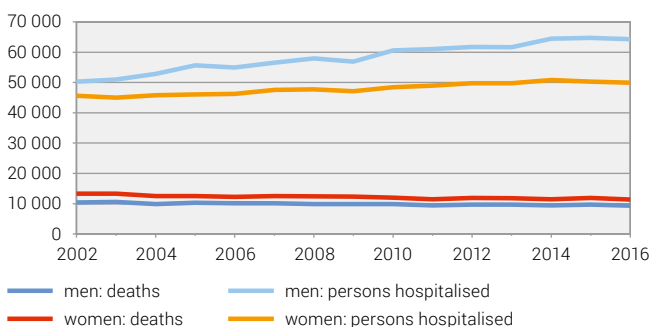
Sources: FSO – MS, CoD, SHS

© FSO 2019

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 19% 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 13%. In 2016, 14 792 people (two thirds of whom were men) suffered an acute myocardial infarction and 2166 people died from this. The respective numbers for strokes are 15 254 (slightly over half of which are men) and 2771.

### Deaths and persons hospitalised due to cardiovascular diseases

G19



Sources: FSO – Cause of Death Statistics (CoD), Hospital Medical Statistics (MS)

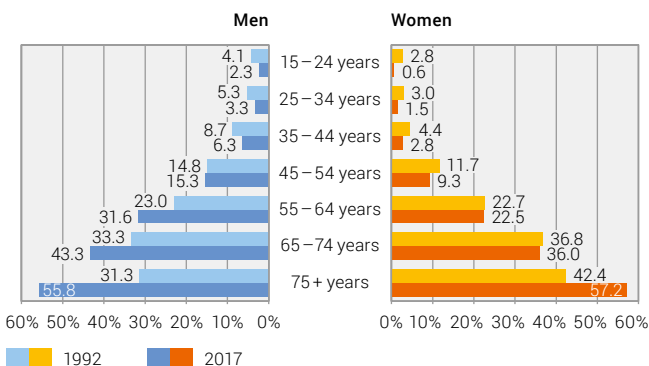
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## Persons with hypertension

Population aged 15 or over living in a private household

G20



Source: FSO – Swiss Health Survey (SHS)

© FSO 2019

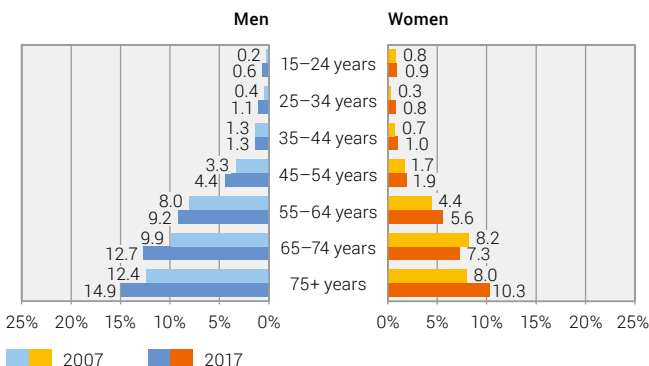
The share of persons suffering from hypertension increased from 14% to 18% between 1992 and 2017. The share of persons with excessively high levels of cholesterol increased from 9% in 2002 to 13% in 2017.

In 2017, 5% of men suffered from diabetes compared with just over 4% in 2007. Among women, the percentage has not changed in 10 years (3%). Persons with a low level of educational attainment are twice as likely to suffer from diabetes as those with a tertiary level education (8% compared with 4%).

## Persons with diabetes

Population aged 15 or over living in a private household

G21



Source: FSO – Swiss Health Survey (SHS)

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### 3.3 Cancer

2011–2015 <sup>1</sup>	Men		Women	
	New cases	Deaths	New cases	Deaths
all cancers	21 813	9 259	18 711	7 471
lung, bronchi, trachea	2 589	2 003	1 663	1 174
breast			5 994	1 366
prostate	6 069	1 337		
colon-rectum	2 405	935	1 892	757
melanoma	1 429	197	1 275	131
cancer among children <sup>2</sup> (all types)	117	16	93	10

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

<sup>2</sup> 0–14 years

Source: FSO, NICER, CCR, SCCR – National Cancer Statistics

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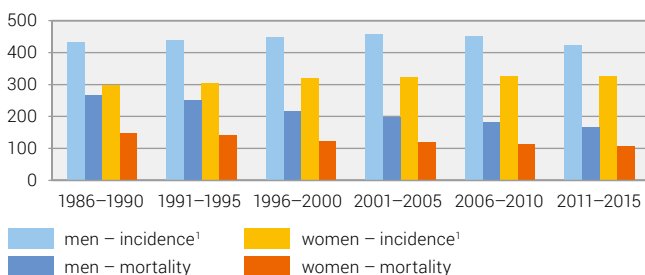
More than 40 000 new cases of cancer are diagnosed every year. More than one in five will develop a cancer before the age of 70. The rate of new cases has remained relatively stable among women since the mid-1990s. After increasing among men, it has fallen since the penultimate period. Mortality is declining. Prostate cancer is the most common cancer among men while breast cancer is the most common cancer among women.

Every year, about 210 children aged 14 and under get cancer and about 26 die from this disease. Leukaemia (32%) and tumours of the central nervous system (23%) are the most common types of cancer in children.

#### Cancers (total)

Rate per 100 000 inhabitants, European standard

G22



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

Source: FSO, NICER, CCR – National Cancer Statistics

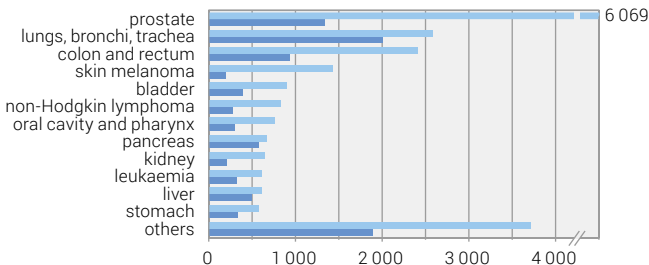
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## Cancers by site, 2011–2015

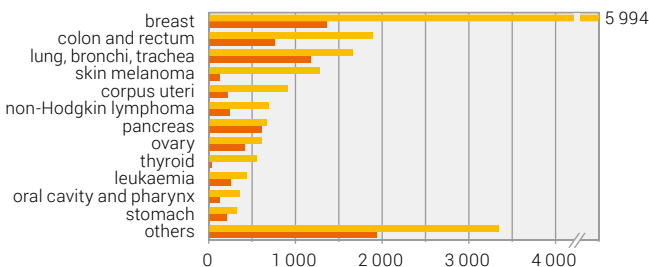
Average number per year

G23

### Men



### Women



new cases<sup>1</sup> death

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

Source: FSO, NICER, CCR – National Cancer Statistics

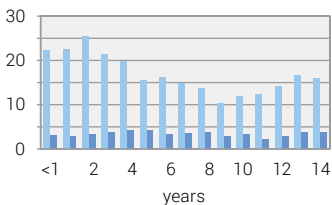
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## Cancers among children, 1986–2015

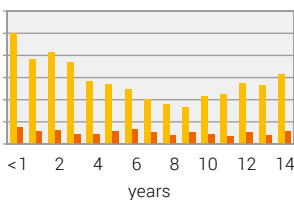
Rate per 100 000 children

G24

### Boys



### Girls



incidence mortality

Source: FSO, SCCR – National Cancer Statistics

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### 3.4 Musculoskeletal disorders

2017	Men	Women
persons hospitalised for musculoskeletal disorders	69 931	84 706
hip replacement	11 160	13 777
knee prosthesis	8 270	12 139

Source: FSO – Hospital Medical Statistics (MS)

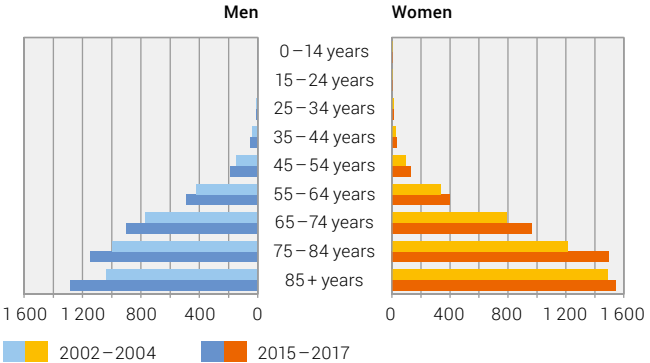
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Musculoskeletal disorders are the second most common cause for hospitalisation, after accidents. Disorders of the limb joints (osteoarthritis, arthritis) and back problems are the reasons for 55% and 22% of hospitalisations for musculoskeletal disorders. The use of prostheses is sometimes necessary. In 2017, 24 937 persons were hospitalised for hip replacements. This is 63% more than in 2002. Knee prostheses are less common (20 409).

#### Persons hospitalised for hip replacements

Rate per 100 000 inhabitants

G25



Source: FSO – Hospital Medical Statistics (MS)

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### 3.5 Infectious diseases

	2017
new diagnoses of HIV	445
rates of new HIV diagnoses per 100 000 inhabitants	5.3
new cases of tuberculosis	554
rates of new cases of tuberculosis per 100 000 inhabitants	6.6

Source: FOPH – Reporting System for Notifiable Infectious Diseases

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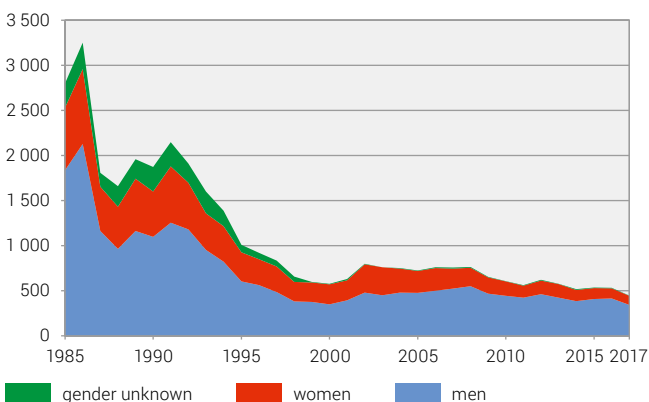
The number of new diagnoses with the HIV virus has fallen since 2009. It had already fallen considerably during the 1990s. 42% of new diagnoses in 2017 concerned men who had sexual relations with men.

Since the 1980s, the number of new cases of tuberculosis has been divided by 2.5. However, it has not decreased since 2005 and now fluctuates between 500 and 600 cases per year. Seven in ten cases are found among persons of foreign origin.

#### HIV diagnoses

Laboratory reports

G26



data as at October 2018

Source: FOPH – Reporting System for Notifiable Infectious Diseases

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### 3.6 Mental health

	Men	Women
medium or high psychological distress <sup>1</sup> (2017)	11.7%	18.3%
major depression <sup>1</sup> (2017)	7.8%	9.5%
treatment for psychological problems <sup>1</sup> (2017)	4.4%	7.7%
suicides, excluding assisted suicide (2016)	759	257

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

Sources: FSO – SHS, CoD

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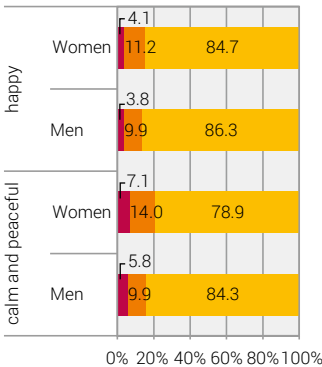
The vast majority of the population experience positive emotions far more often than negative emotions. 15% of the population, however, show signs of medium (11%) or high psychological distress (4%). Depression is the most common mental disorder. 8% of men and 10% of women suffered from major depression in 2017. The share of persons affected tends to decrease with age.

#### Emotional state, 2017

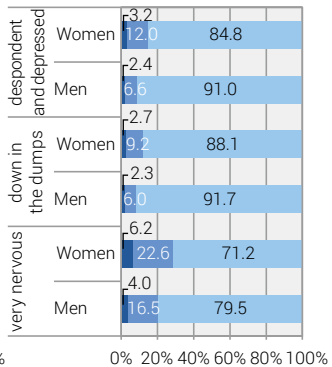
Over a 4 week period. Population aged 15 or over living in a private household

G27

##### Positive emotional state



##### Negative emotional state



■ rarely/never  
■ sometimes  
■ always/mostly

■ always/mostly  
■ sometimes  
■ rarely/never

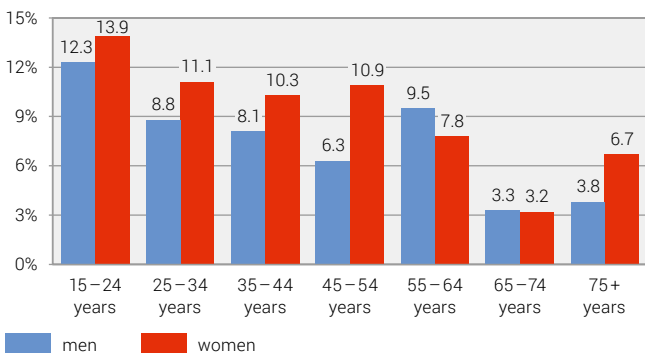
Source: FSO – Swiss Health Survey (SHS)

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## Major depression, 2017

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

G28



Source: FSO – Swiss Health Survey (SHS)

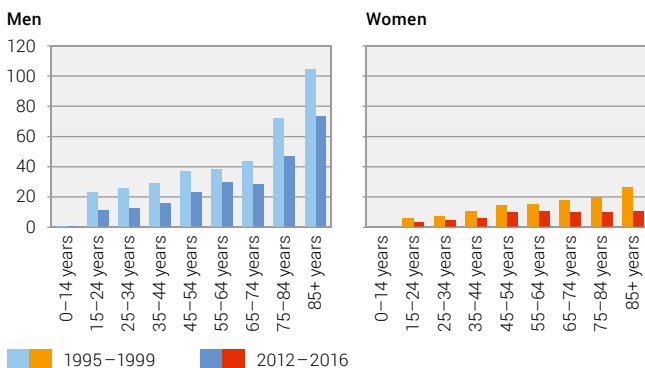
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1016 people (75% of whom men) committed suicide in 2016, excluding cases of assisted suicide. The standardised suicide rate has fallen by two fifths since 1995. The suicide rate increases considerably with age among men. If a concomitant disease is 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

G29



Source: FSO – Cause of Death Statistics (CoD)

© FSO 2019

## 3.7 Disabilities

	%	Persons
eyesight: considerable or full impairment <sup>1</sup> (2017)	1.1	77 000
hearing: considerable or full impairment <sup>1</sup> (2017)	1.1	78 000
locomotion: cannot walk or can only walk a few steps <sup>1</sup> (2017)	1.0	67 000
speech: considerable or full impairment <sup>1</sup> (2017)	0.4	28 000
persons with disabilities <sup>1</sup> (2017)	18.0	1 264 000
severely limited	4.1	285 000
recipients of disability pensions (AI) (31.12.2017)		218 700

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

Sources: FSO – SHS; FSIO – AI Statistics

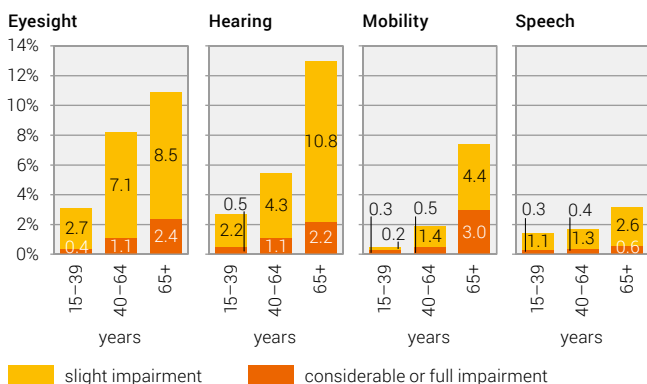
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Functional limitations increase considerably with age. Visual impairments affect some 77 000 persons, 35 000 of whom are aged 65 or over. Around 1 300 000 persons are considered to be disabled under the Disability Discrimination Act, of whom 300 000 are severely limited in activities people usually do.

### Functional limitations, 2017

Population aged 15 or over living in a private household

G30



Source: FSO – Swiss Health Survey (SHS)

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### 3.8 Accidents

	Men	Women
accidents at home, in the garden, during sport and games <sup>1</sup> (2017)	19.0%	14.5%
accidents at work <sup>2</sup> (2017)	7.2%	3.8%
road accidents <sup>1</sup> (2017)	2.2%	1.5%
deaths in road accidents (2017)	163	67

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

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

Sources: FSO – SHS, SVU

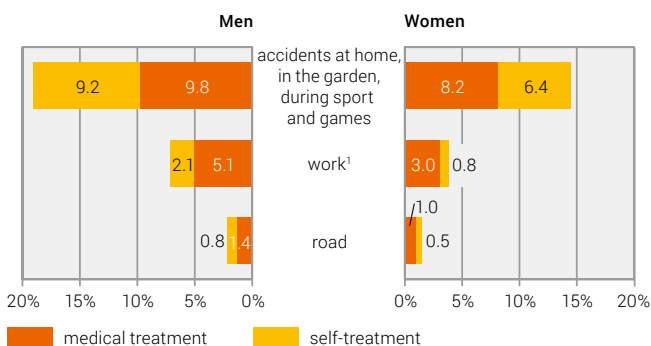
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Accidents are one of the main causes of premature mortality and the first most common cause of hospitalisation. People most commonly experience accidents (often falls) at home, in the garden and during sports or games. Employed men are almost twice as likely as women to have accidents at work (7% compared with 4%). Almost 2% of the population have been involved in road accidents. In 2017, road accidents were responsible for 230 deaths, two thirds of these were men.

### Accident victims by type of accident and treatment, 2017

Population aged 15 or over living in a private household

G31



<sup>1</sup> only employed persons

Source: FSO – Swiss Health Survey (SHS)

© FSO 2019

### 3.9 Births and health of newborns

	2017
live births	87 381
average age at maternity	31.9
rate of caesareans	32.3%
premature births (<37 completed weeks of pregnancy)	7.0%
low birth weight births (<2 000 g)	2.2%
stillbirths	4.1‰
infant mortality	3.5‰

Sources: FSO – BEVNAT, MS, CoD

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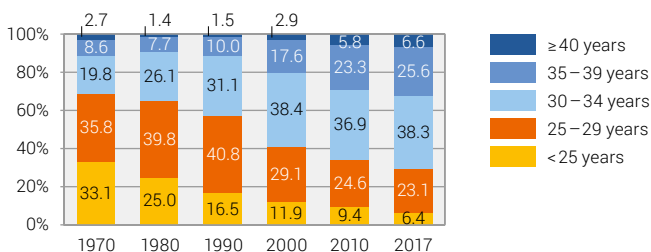
The average age of mothers at maternity has continued to increase since the 1970s. In 2017, the share of women under the age of 30 among those who had given birth was less than 30% compared with almost 70% in 1970. The increase in age at maternity may lead to a decrease in fertility and an increase in certain risks such as spontaneous twin pregnancies or chromosomal abnormalities.

96% 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.

310 infants under the age of one died in 2017. This corresponds to a rate of 3.5 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 362 stillbirths were registered.

#### Live births by age of mother

G32



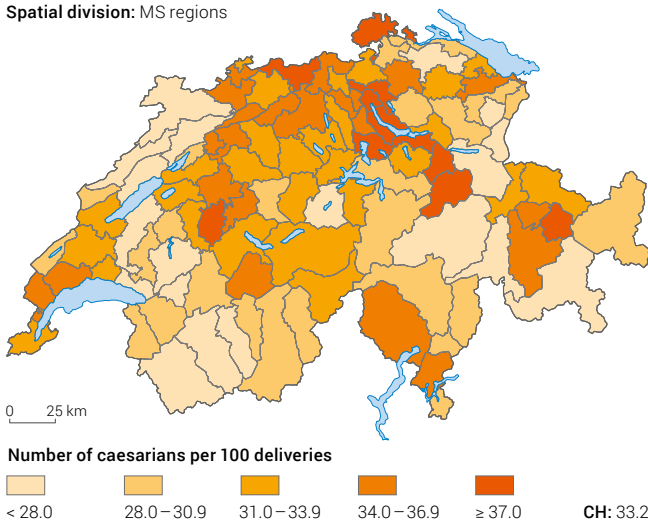
Source: FSO – Vital Statistics (BEVNAT)

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## Caesarian delivery rate, 2013–2017

G 33

Spatial division: MS regions



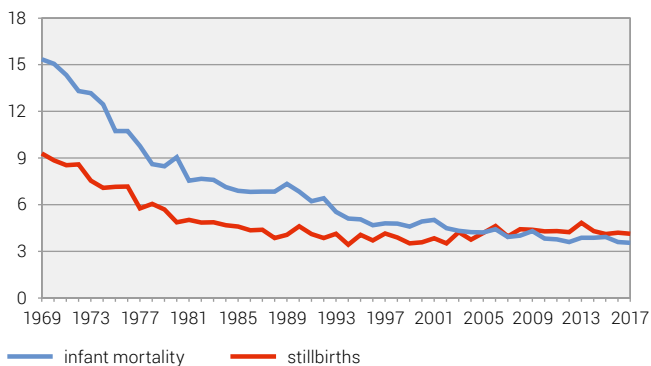
Source: FSO – Hospital medical statistics (MS)

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## Stillbirths and infant mortality

Rate per 1000 live births\*

G 34



\* stillbirths: per 1000 births

Source: FSO – Vital statistics (BEVNAT)

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## 4 Health system

### 4.1 Hospitals

	2017
hospitals	281
beds	38 157
personnel (full-time equivalents)	164 964
hospitalisation cases	1 442 398
hospitalisation rate (for 1000 inhabitants)	119.3
average length of stay in acute care (in days)	5.3
average daily cost of acute care (CHF)	2 235

Sources: FSO – KS, MS

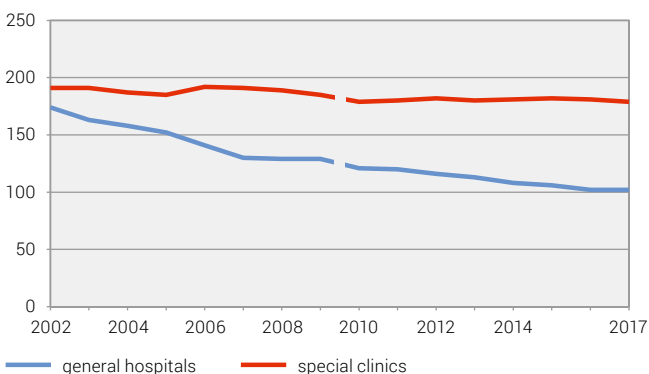
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In 2017, 281 hospitals carried out their activities over 572 sites. Since 2002, the number of general hospitals has fallen by 41% whereas the number of special clinics has remained almost stable (–6%). However, in special clinics the number of beds has fallen the most over the same period (–18%) whereas the decline has been more limited in general hospitals (–11%).

### General hospitals and special clinics

Number of hospitals

G35



break in series as of 2010: revision of survey

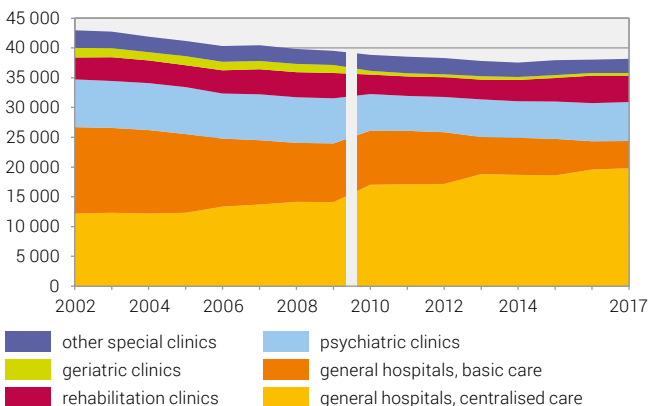
Source: FSO – Hospital Statistics (KS)

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## Hospital beds by type of establishment

Number of beds

G36



break in series as of 2010: revision of survey

Source: FSO – Hospital Statistics (KS)

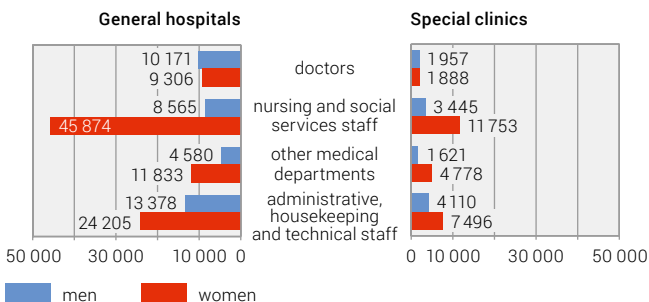
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In 2017, hospital personnel accounted for 164 964 full-time equivalent jobs. This is 38% more than in 2002. Eight in ten jobs are in general hospitals. 71% of jobs are held by women, yet women are still in the minority among doctors (48%). Nursing and social services staff make up 42% of full-time equivalent jobs and doctors make up 14% of full-time equivalent jobs.

## Hospital personnel by function and sex, 2017

In full-time equivalents

G37



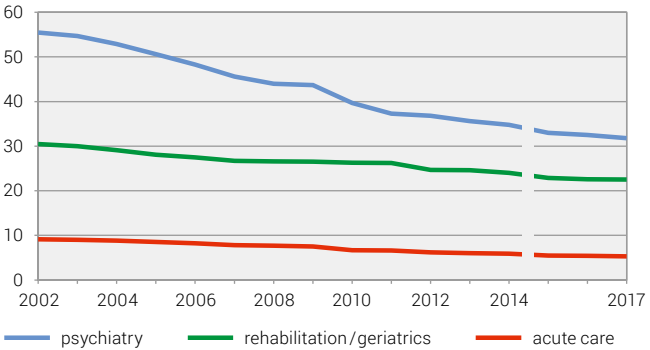
Source: FSO – Hospital Statistics (KS)

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## Average length of stay in hospitals

In days

G38



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

Sources: FSO – Hospital Statistics (KS), Hospital Medical Statistics (MS) from 2015 © FSO 2019

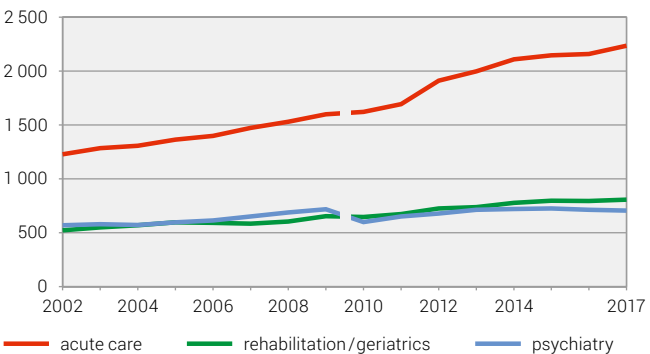
In 2017, the average length of stay in acute care was 5.3 days. The average length of stay in psychiatric services was six times longer (31.8 days). Since 2002, the average stay has continued to decrease.

The average cost of a day's hospitalisation increased during the same period. There has been a 82% increase in the cost of acute care. A day's hospitalisation in acute care cost CHF 2235 on average in 2017.

## Average hospitalisation costs

In CHF per day and patient

G39



break in series as of 2010: revision of survey

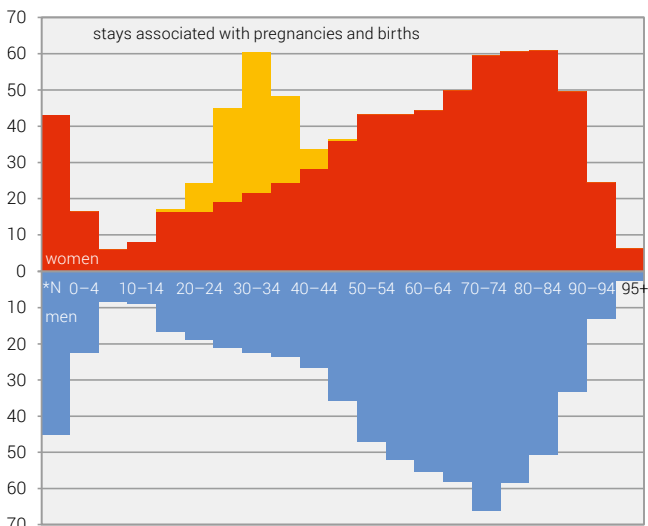
Source: FSO – Hospital Statistics (KS)

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## Hospitalisation cases by age, 2017

Number of cases (thousands)

G 40



\*N newborns

Source: FSO – Hospital Medical Statistics (MS)

© FSO 2019

In 2017, the number of hospitalisations rose to 687 670 for men and 780 574 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

	2017
nursing homes	1 561
personnel, full-time equivalents	94 457
residents as at 31.12.	91 877
men	26 366
women	65 511
accommodation rate in nursing homes among persons aged $\geq$ 80 years as at 31.12.	15.7%
average length of stay (in days)	891
average daily cost (CHF)	298

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

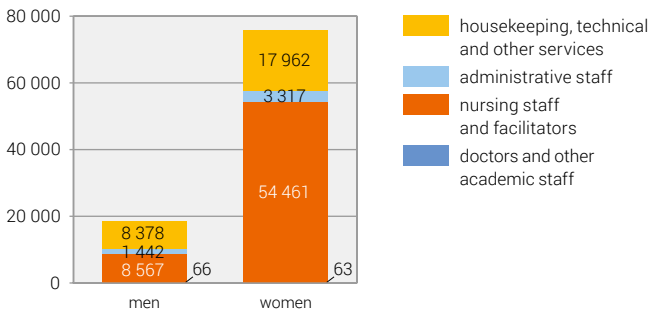
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The 1561 nursing homes for older people employed personnel equating to 94 457 full-time equivalent jobs in 2017. Nursing staff and facilitators make up 67% of this figure. In excess of eight in ten full-time equivalents (FTE) are filled by women. Persons aged 80 and over (women in 72% of cases) represent three quarters of residents who stayed in nursing homes in 2017.

### Nursing home personnel, by occupational group and gender, 2017

In full-time equivalents

G41



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

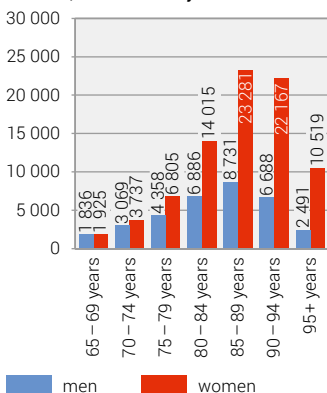
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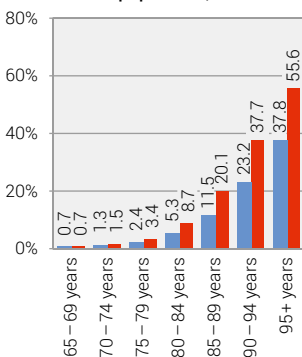
## Persons living in a nursing home, 2017

G 42

Number, for the entire year



Share in total population, as at 31.12.



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

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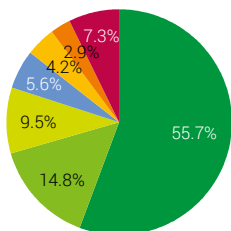
47% of older people in nursing homes stay there for less than one year. The proportion of older people staying in nursing homes for 5 years or more is 16%. The average length of a stay is almost two and a half years (891 days). The per-day cost was CHF 298 on average.

## Length of stay in nursing homes, 2017

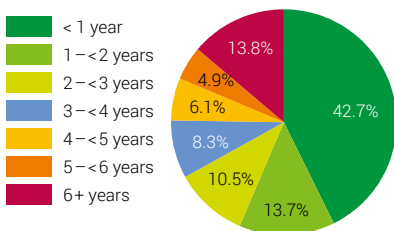
Persons discharged from nursing homes, 2017

G 43

Men (N=13 083)



Women (N=23 606)



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

© FSO 2019

### 4.3 Home care services

	2017
personnel (full-time equivalents)	22 660
clients	350 218
men	137 300
women	212 918
rate of recourse to home care among persons aged ≥80 years	28.1%
average annual cost per client (CHF)	7 011

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

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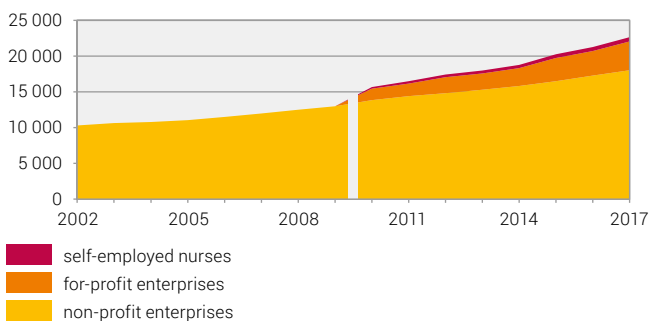
In 2017, 80% of personnel in full-time equivalents in home care services were employed by non-profit enterprises. Jobs in home care services have increased by 120% since 2002.

Almost half (44%) 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

G44



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

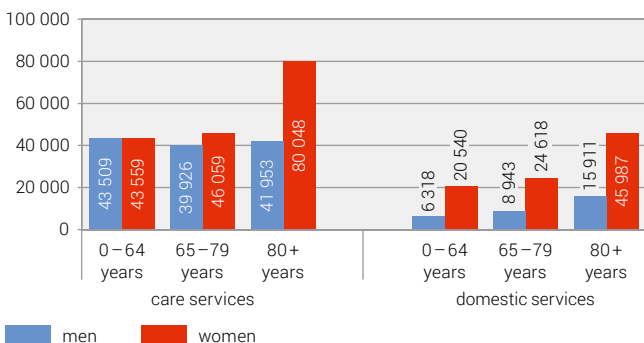
Source: FSO – Statistics on Home Care Services (SPITEX)

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## Clients using home care services, 2017

Number by service type and age

G45



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

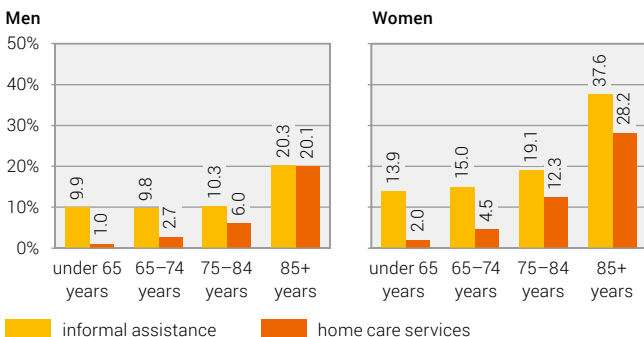
© FSO 2019

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, 59% of persons who make use of home care services are also helped by relatives.

## Recourse to informal assistance and home care services, 2017

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

G46



Source: FSO – Swiss Health Survey (SHS)

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## 4.4 Doctors and dentists

	2017
doctors in the outpatient sector	18 858
doctors in the outpatient sector per 100 000 inhabitants	222
medical consultations (at least one) <sup>1</sup>	81.2%
dentists	4 361
dentists per 100 000 inhabitants	51
dental consultations, at least one <sup>1</sup>	59.6%

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

Sources: FSO – SHS; FMH, SSO

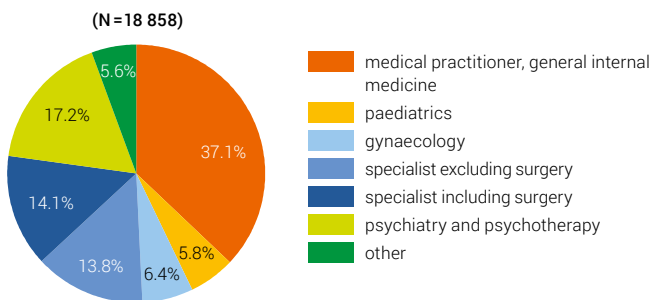
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43% of doctors working in the ambulatory sector in 2017 were general practitioners or paediatricians. The number of doctors working in the ambulatory sector per 100 000 inhabitants increased from 205 in 2010 to 222 in 2017 (+9%). Over the same period, the number of dentists per 100 000 inhabitants remained stable.

### Doctors working in the outpatient sector, 2017

By main discipline

G47



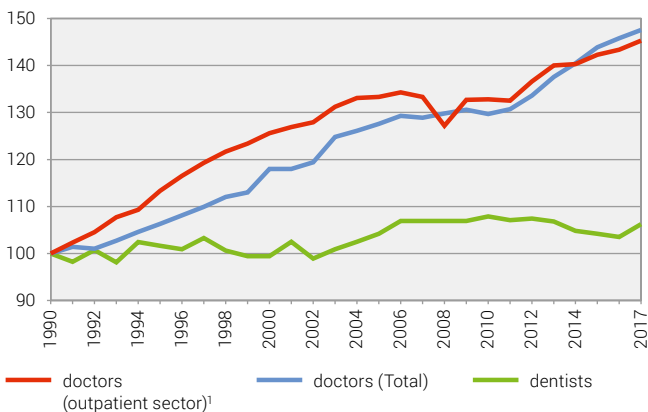
Source: FMH – Medical Statistics

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## Doctors and dentists

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

G48



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

Sources: FMH, SSO

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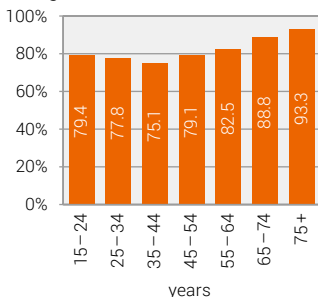
81% of the population visit a doctor at least once a year (all medical areas). Men aged between 25 and 44 years visit a doctor the most rarely (65%). 60% of the population go to the dentist at least once a year.

## Doctors' consultations, 2017

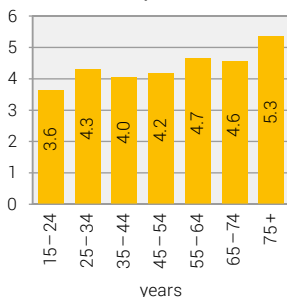
Population aged 15 or over living in a private household

G49

### At least 1 consultation during the last 12 months



### Annual average number of consultations per inhabitant



Source: FSO – Swiss Health Survey (SHS)

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## 5 Costs and funding

	2016
health expenditure (in CHF million)	80 499
of which for	
outpatient curative care	21 422
inpatient curative care	15 759
long-term care	15 646
medical goods	13 148
<hr/>	
health expenditure in relation to the gross domestic product (GDP)	12.2%

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

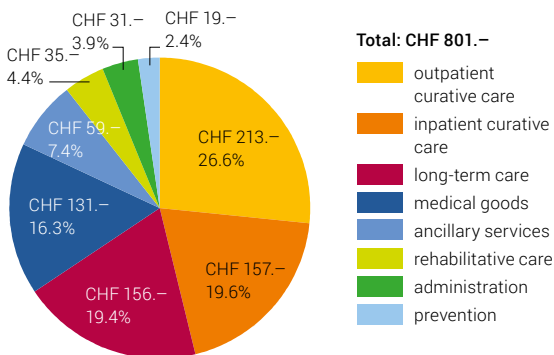
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Outpatient curative care including that provided in hospitals represents over one quarter of health expenditure costs. Long-term care includes care for older people in nursing homes and home care. Like inpatient curative care, it generates one fifth of health expenditure costs.

### Health expenditure per inhabitant, 2016

In CHF per month

G 50

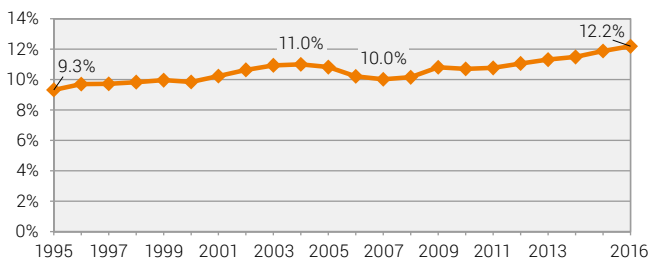


Source: FSO – Statistics on health care costs and funding (COU)

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## Health expenditure in relation to GDP

G51



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

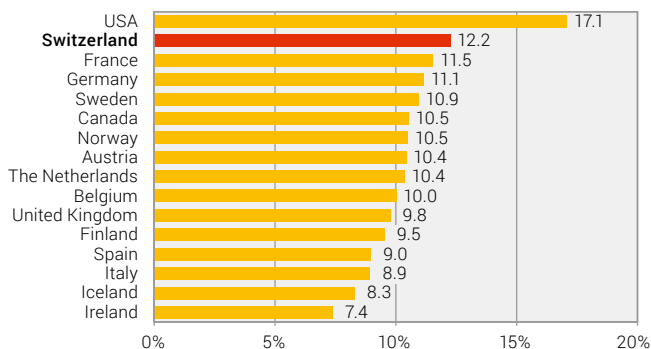
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The ratio between health expenditure and the gross domestic product (GDP) has increased by 2.9 percentage points since 1995, reaching 12.2% in 2016. This value places Switzerland in the group of European countries with the highest ratio.

## Health expenditure in OECD countries, 2016

Health expenditure in relation to GDP

G52

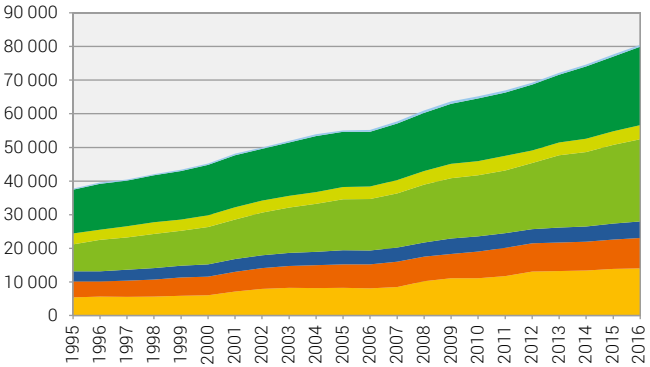
Sources: FSO – Statistics on health care costs and funding (COU);  
OECD – Health Statistics 2018

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## Health expenditure funding by source

In CHF million

G53



- private households: other funding
- private households, cost sharing compulsory and supplementary health insurance premiums and out-of-pocket payments
- private households, supplementary health insurance premiums
- private households, compulsory health insurance premiums
- enterprises, social security contributions
- state, payments for social security (including premium reductions, means-tested social benefits from 2008 onwards)
- state, payments for services

1995–2007: retropolation

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

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In 2016, households financed 65% of health expenditure. Mandatory health insurance premiums from households covered 30% of health expenditure. The government's contribution to health expenditure is 29%. 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.



## Glossary

### 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*:  $\geq 5$  standard-sized glasses on a single occasion for men;  $\geq 4$  standard-sized glasses on a single occasion for women.

### Deprivation of care for financial reasons

Persons who were deprived of 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 really 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*:  $\geq 3x$  an intense physical activity per week; *sufficiently active*:  $2x$  an intense physical activity per week or  $\geq 150$  minutes of moderate physical activity; *partially active*:  $1x$  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 completed 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 500 g 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)

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