

Health equity

Facts and figures for Switzerland



Schweizerische Eidgenossenschaft
Confédération suisse
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Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH

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Focus on equality of opportunity

By drawing on selected examples this brochure depicts the complex nature of equity in health. Particular emphasis is placed on the determinants of migrant background, income and education.* The scope is set by the National Strategy for the Prevention of Non-communicable Diseases (NCD-Strategy).

* see p.18

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Equality of Opportunity

Living healthily

Health equity is of great importance. The National Strategy for the Prevention of Non-communicable Diseases (NCD-Strategy) and the National Strategy on Addiction and Mental Health focus on this topic in 2018. The question then arises: **But what is the situation regarding health equity in Switzerland?**

In all stages of life there are risks that may have a negative impact on health. Scientific studies show that health resources are not distributed equally. "Being poor makes you sick" and "being sick makes you poor" briefly describe the often unfavourable interplay between social determinants of health on the one hand and health behaviour and state of health on the other. Besides the traditional social determinants - such as education, job and income - other factors, such as gender, marital status, migration background and psychosocial stress in an individual's professional and personal life can also impact health.

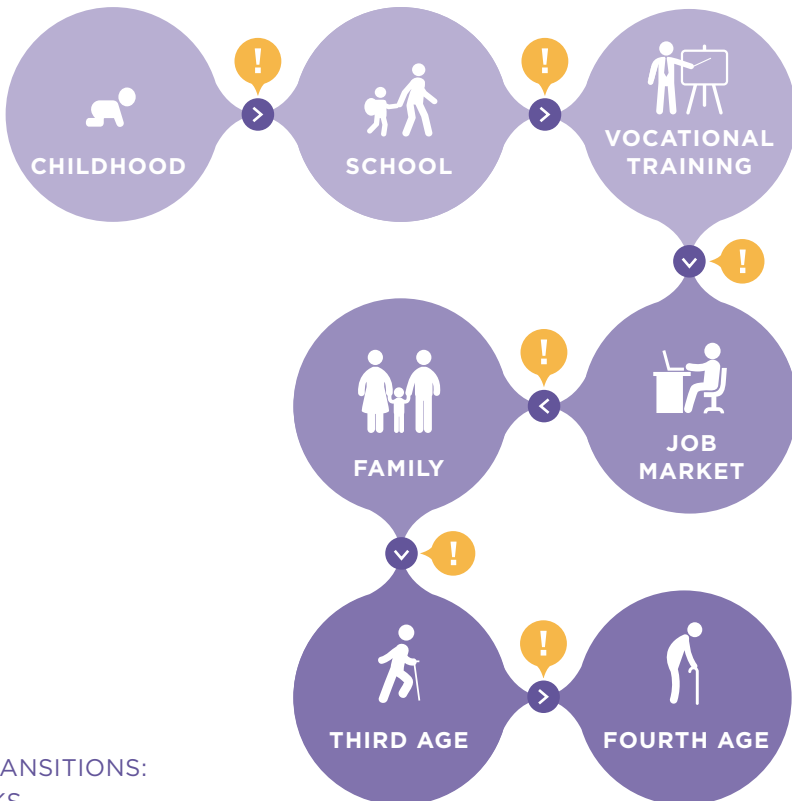
The aim of this brochure is to raise awareness and, together with the numerous stakeholders in the municipalities, cantons and at the federal level, to help reduce inequalities in the access to health promotion, prevention and treatment. This would offer much fairer chances for everyone to enjoy good health.



Life stages

Critical life transitions can pose a health risk

Transitions and special events, such as entering the world of work, becoming a parent, divorce, death, retirement, and migration are part of people's lives. These kinds of transitions increase the risk of physical and mental health problems. For example, being made redundant may trigger a crisis in some people.



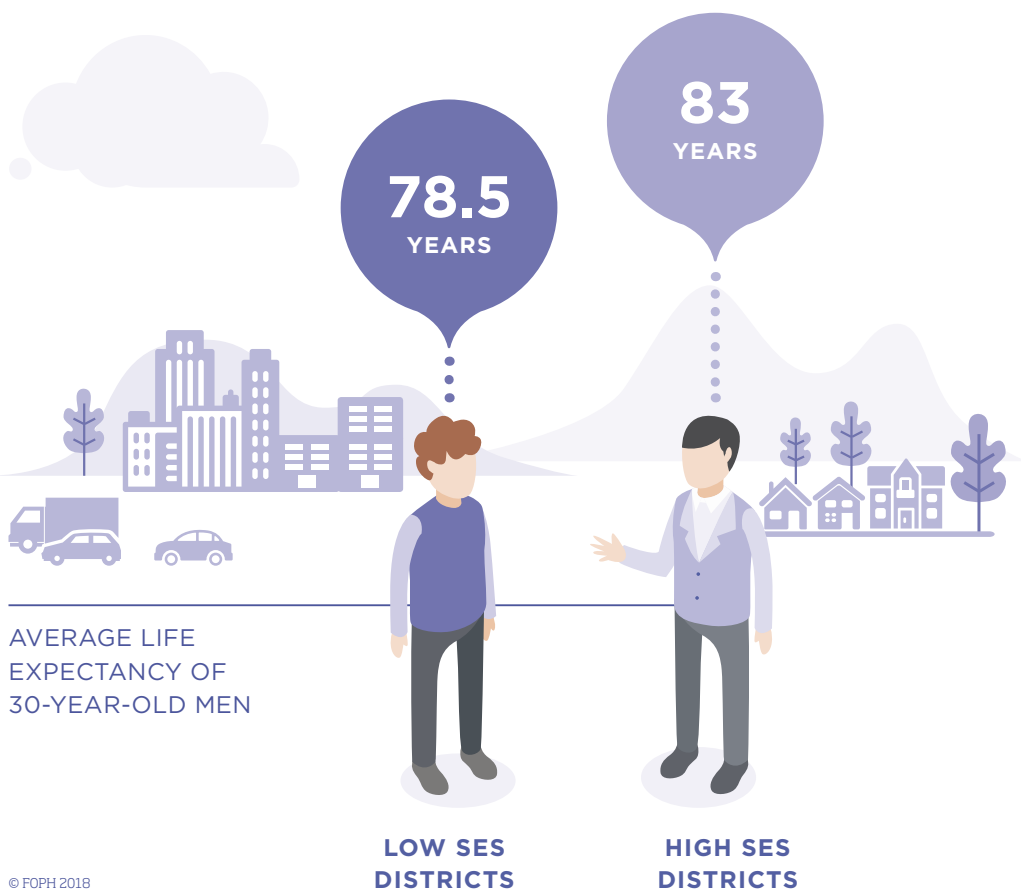
CRITICAL TRANSITIONS:
HEALTH RISKS



Life expectancy

Life expectancy varies by place of residence

Although life expectancy is high in Switzerland, it can vary significantly. The lower the socioeconomic status (SES) of a commune or district, the lower the life expectancy. For example, between 78 and 83 for 30-year-old men and between 83.5 and 87 for 30-year-old women. In Bern and Lausanne, for example, in districts with a low SES, men die 4.5 years earlier on average and women 2.5 years earlier than in high SES districts.

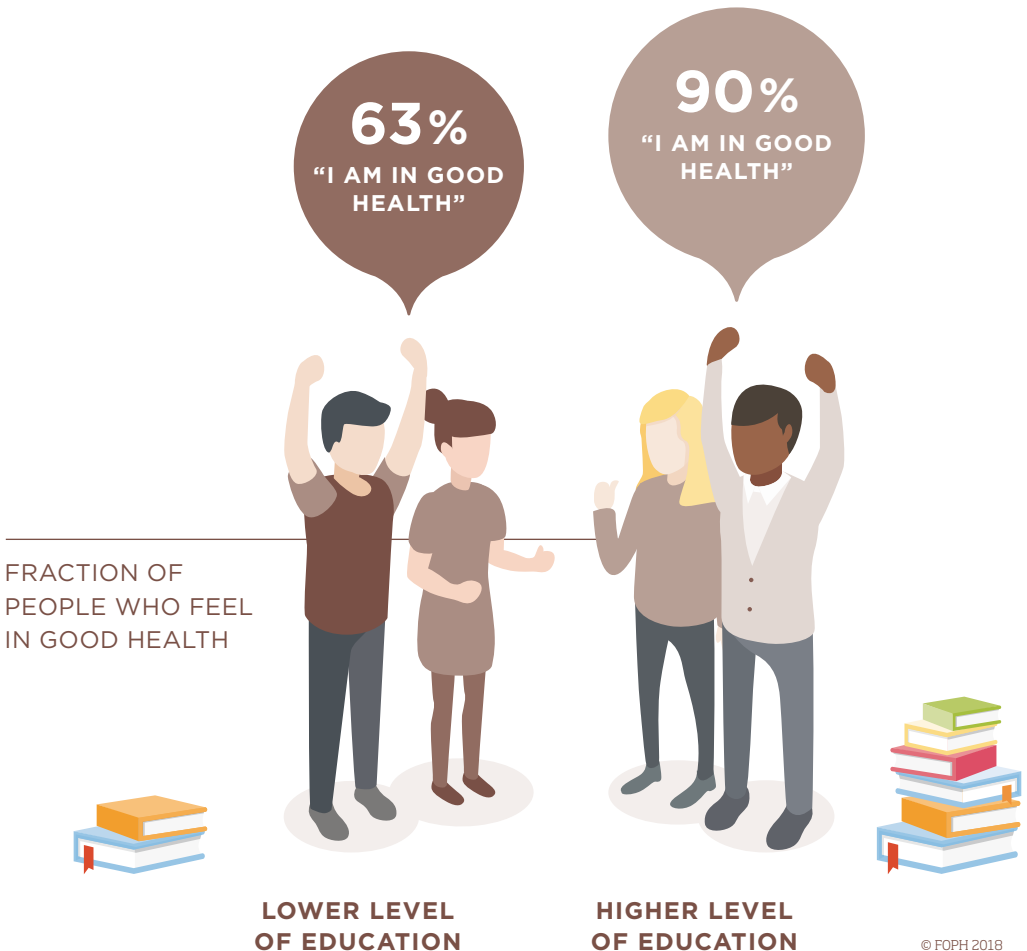




State of health

Self-perceived state of health and level of education are connected

People with a higher level of education are more likely to describe their state of health as good or very good than those with a lower level of education. Half of people who consider their state of health to be poor display at least two risk behaviours, in particular smoking and lack of physical activity.

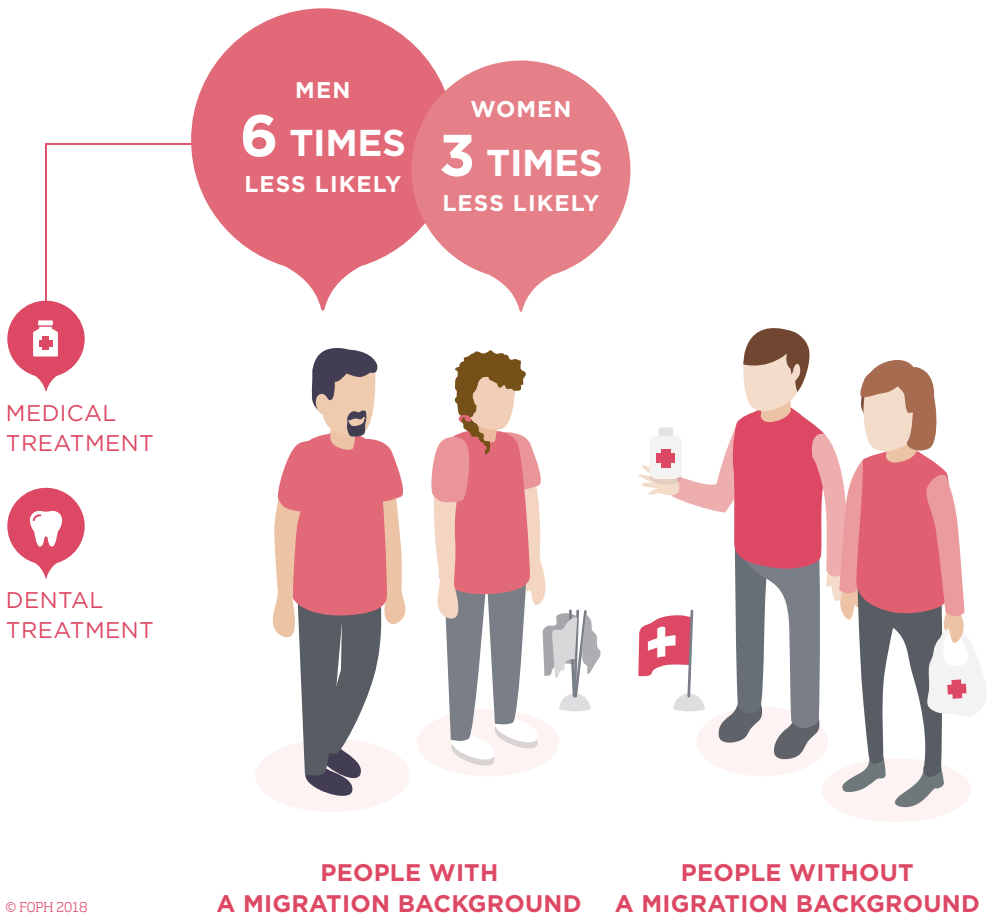


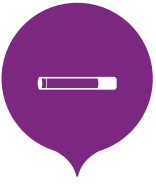


Forgoing medical treatment

People with a migration background are less likely to seek medical treatment

Men with a migration background are six times less likely to seek medical treatment and three times less likely to seek dental treatment than men without a migration background. Similarly, women with a migration background are around three times less likely to seek medical and dental treatment than women without a migration background.

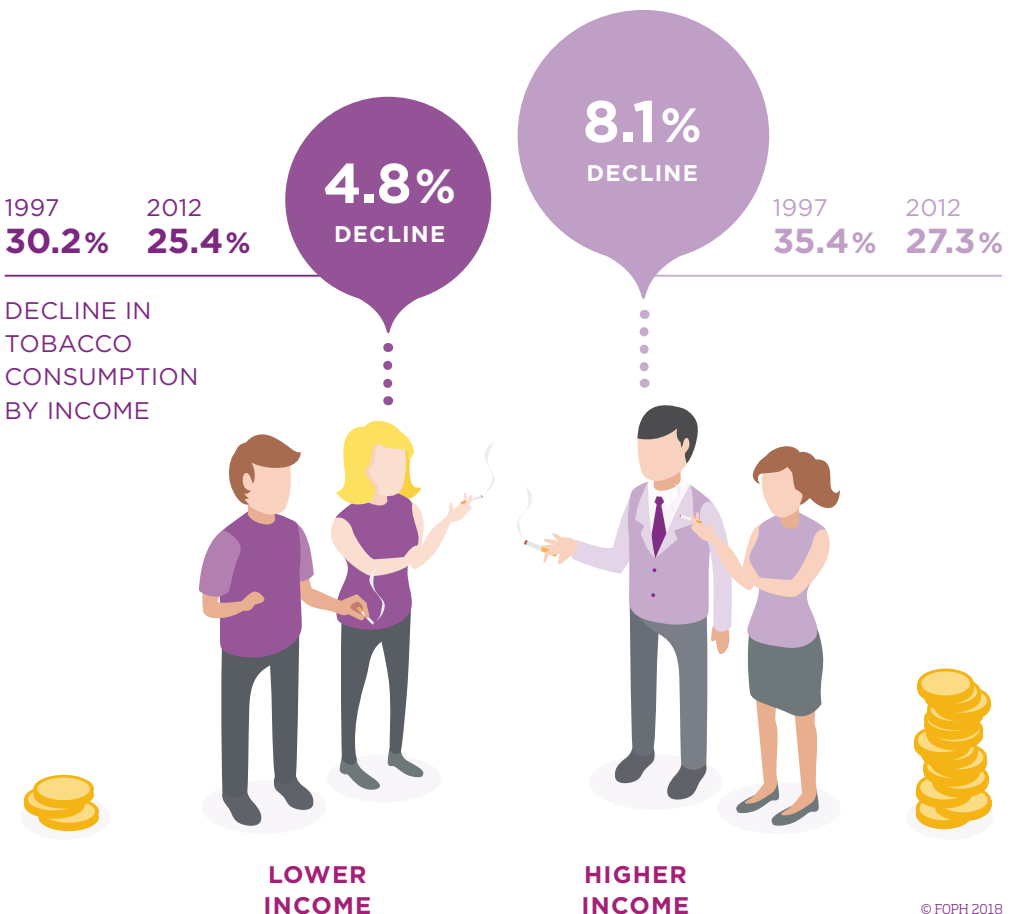




Tobacco consumption

The decline in tobacco consumption differs depending on income

Between 1997 and 2012 the percentage of smokers in Switzerland decreased from 34% to 28%. The largest decline was in the population group with the highest income. Tobacco consumption is responsible for 90% of all lung cancer cases. The population group with the lowest income saw the smallest decrease in its consumption.

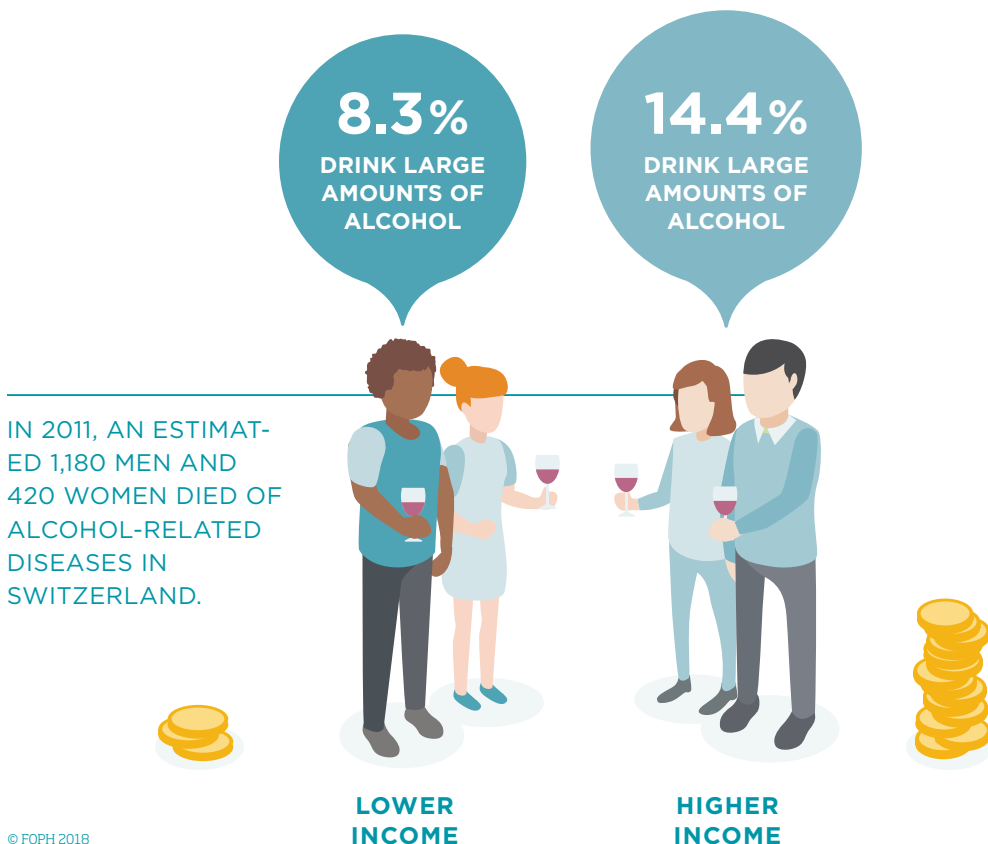




Alcohol consumption

The relationship between alcohol consumption and health equity is complex

In Switzerland, people with higher income consume large amounts of alcohol more often than those with lower income. On the other hand, unemployment is linked to chronic alcohol consumption. The risk of dying from alcohol-related diseases and injuries appears to be particularly high among people with lower income and lower level of education.

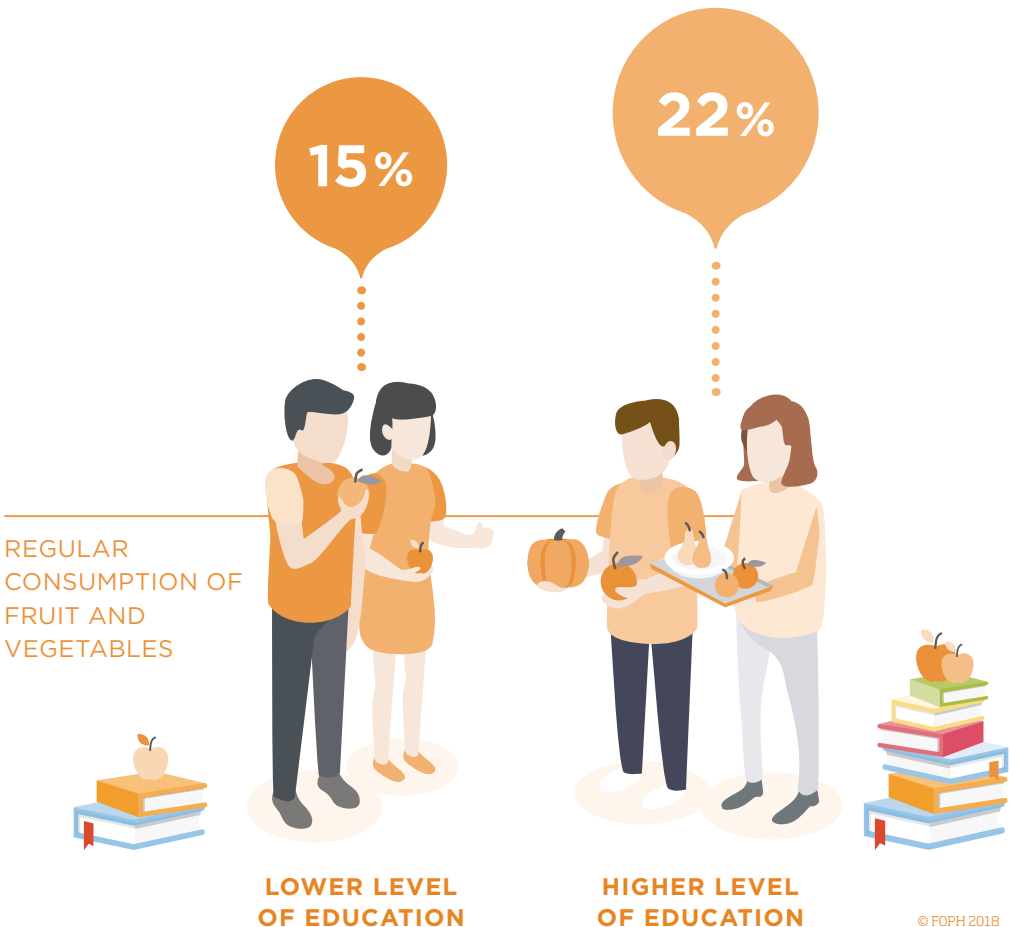




Diet

People with a lower level of education eat less fruit and vegetables

Regular consumption of fruit and vegetables plays a key role in maintaining a healthy body weight. People with a higher level of education are more likely to follow the “5 a day” guideline. Since 1997, awareness of healthy eating has grown among higher income groups and fallen among groups with lower income.

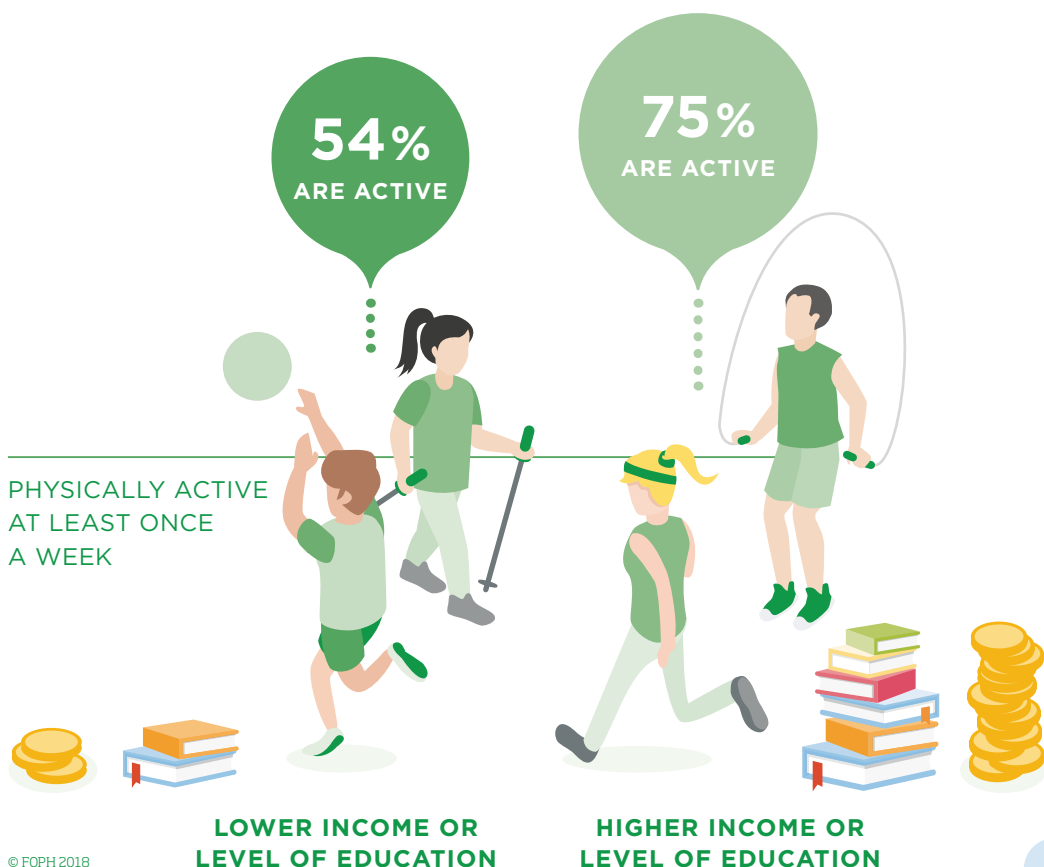




Physical activity

People with higher income or level of education take more exercise

More than two thirds of the Swiss population exercise at least once a week. People with higher income or level of education are more physically active than those with lower income or level of education. Regular exercise prevents many health problems, such as overweight and high blood pressure.

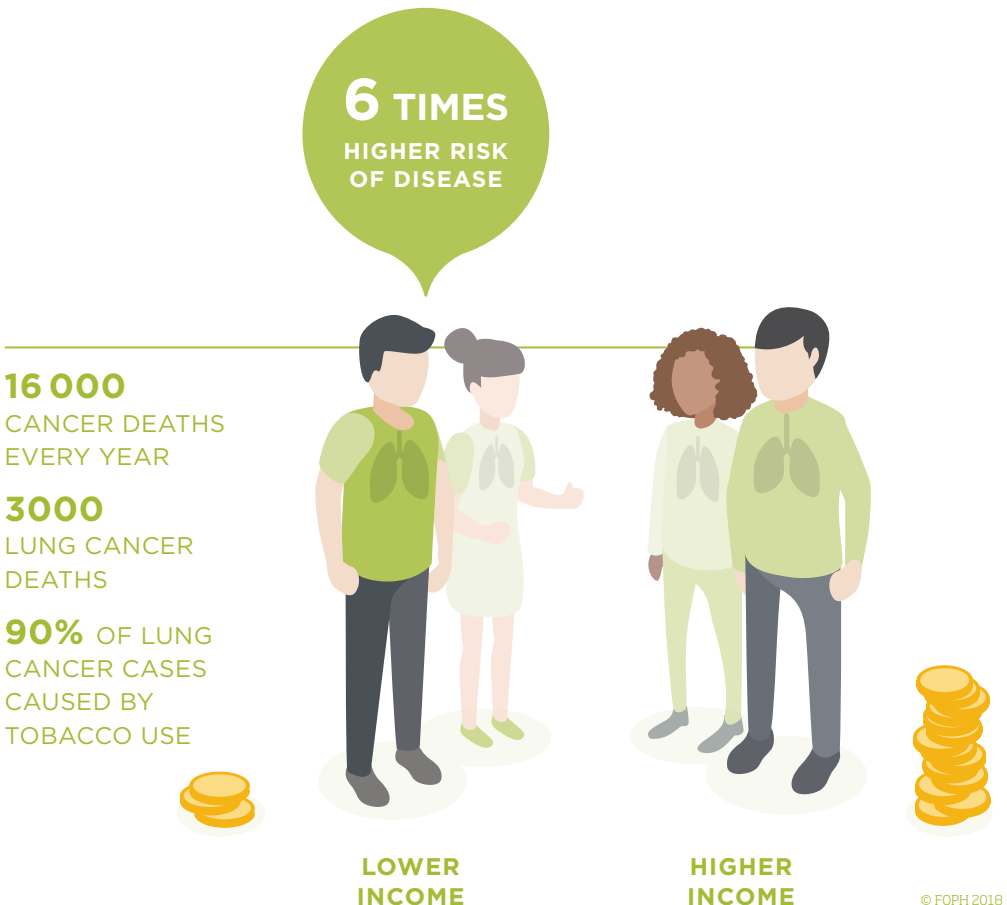




Cancer

People with a lower level of education have a greater risk of dying from lung cancer

Cancer is the second most common cause of death in Switzerland. Some 21 000 men and 17 000 women get cancer every year. Lung cancer is the most common cancer-related cause of death in Switzerland, killing 3 000 people a year. The risk of developing lung cancer is almost six times higher for people with lower income than for those with higher income.

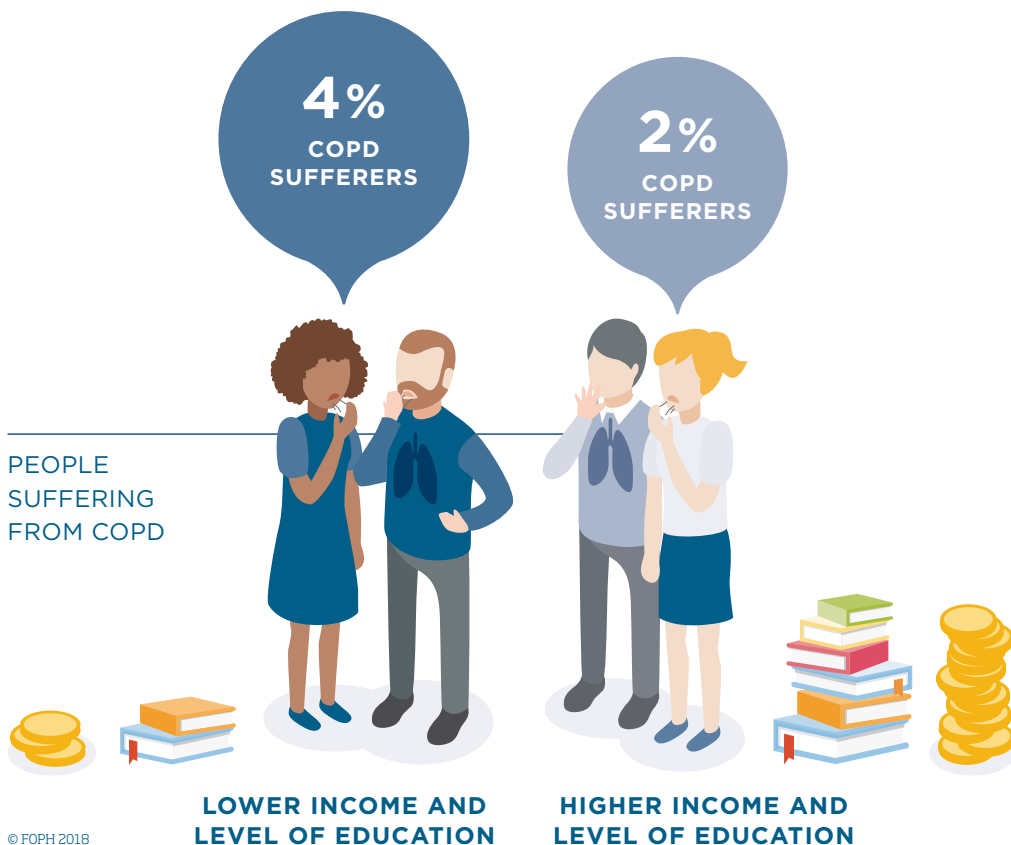




Respiratory diseases

People with a lower level of education and with lower income are more likely to suffer from respiratory diseases

Respiratory diseases, such as chronic obstructive pulmonary disorders (COPD) afflict about 400 000 people. People with a lower level of education and lower income are twice as likely to suffer from these diseases as people with a higher level of education and higher income. Long-term smokers are particularly affected by COPD.

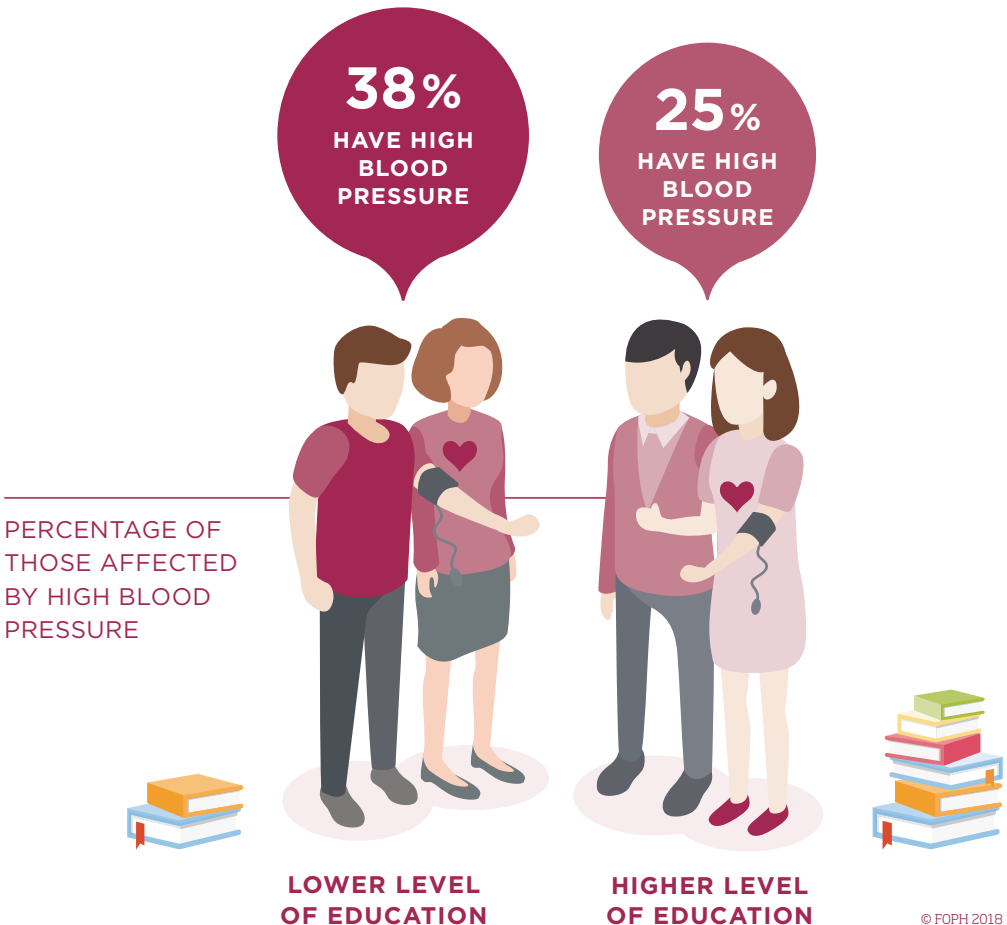




Cardiovascular diseases

People with a lower level of education are more likely to have high blood pressure

Cardiovascular diseases cause many lost years of good health or premature death. High blood pressure is a risk factor for cardiovascular diseases. People with a lower level of education are 1.7 times more likely to suffer from high blood pressure than those with a higher level of education.





Musculoskeletal disorders

People with a lower level of education are more likely to suffer from back pain

Some 1.5 million people in Switzerland suffer from back pain. People with a lower level of education have a 2.3 times greater risk of suffering from back pain than those with a higher level of education. Back pain is a common cause of incapacity for work in adults and generates significant costs to the economy.

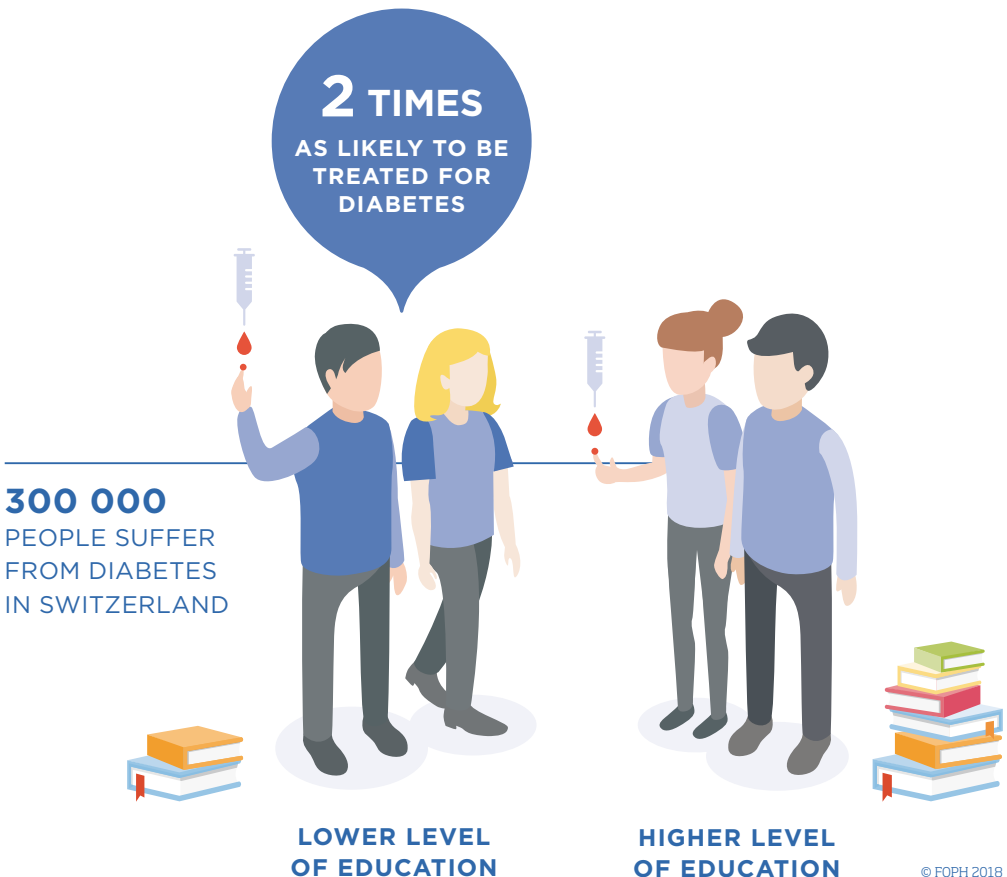




Diabetes

Diabetes often affects people with a lower level of education

There are an estimated 300 000 diabetes sufferers in Switzerland. People with a lower level of education are twice as likely to suffer from diabetes as those with a higher level of education. Men and older people are particularly afflicted. Diabetes is heavily dependent on lifestyle and is associated with overweight. The percentage of people who are overweight or obese rose from 30% to 41% between 1992 and 2012.

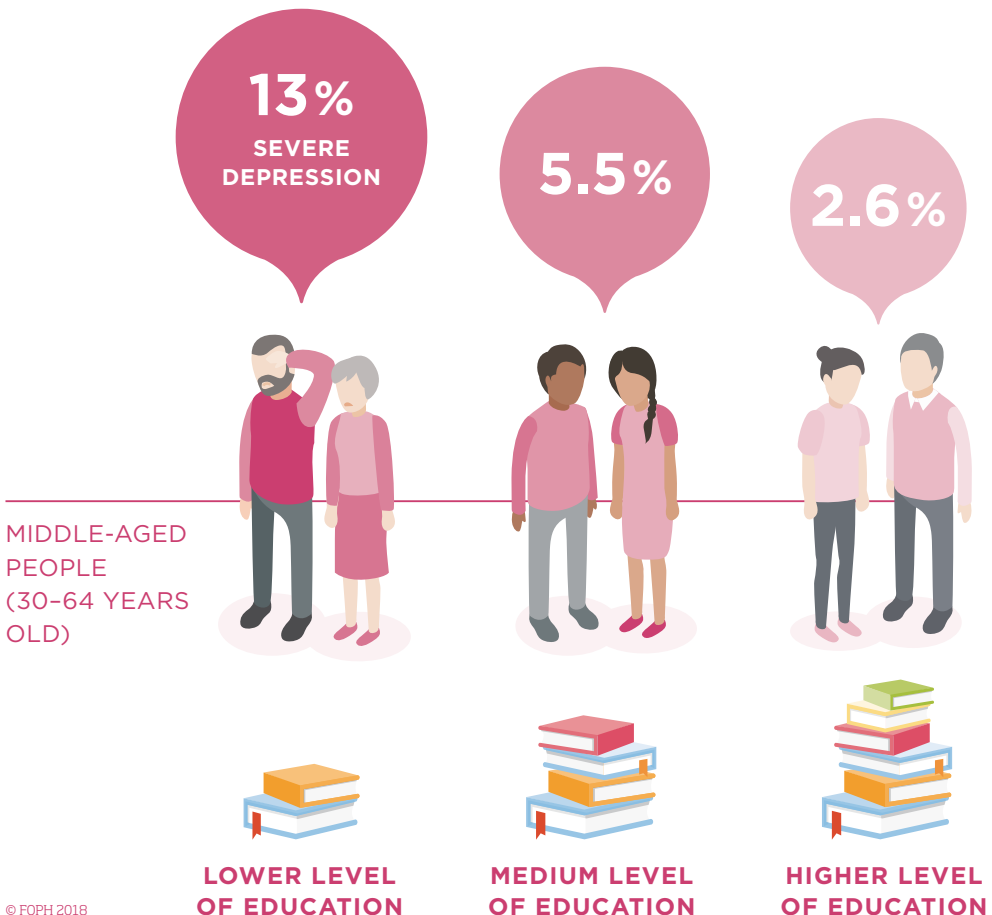




Mental health

A good level of education and sufficient income support mental health

23% of the population report mental health problems. With some 1.5 million sufferers, anxiety and depression are particularly widespread. Supportive social networks, a good level of education and sufficient financial resources are key protective factors that can prevent mental health problems.



Terminology

Health equity is characterised in the literature with differing determinants. The three determinants used in this brochure are defined as follows:

Migrant background

Migrant background is understood to mean that a person is either born abroad or has a mother or father born abroad. The migrant population in Switzerland is heterogeneous, both in regard to their origin as well as to their education and socioeconomic status.

“Lower income” and “Higher income”

The subset “quintile” is frequently used in studies to describe income distribution. In this brochure the 20% of the households with the lowest income (first quintile or “lowest income”) are compared to the 20% of households with the highest income (fifth quintile or “highest income”).

“Lower level of education” and “Higher level of education”

People with at most a completed compulsory education belong to the category “lower level of education”. People who have completed post-compulsory training and development, such as an apprenticeship, a high-school diploma or training at the tertiary level, belong to the category “higher level of education”.

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- Set of slides (PPT) with all graphics
- Background information

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