

EXECUTIVE SUMMARY

Demographic Developments

The years 2002 to 2004 saw some rather significant changes in Vienna's demographic development in several areas: an increase in net migration (migration balance 2004 +14 percent), a significant increase in births (increase in the total fertility rate since 2002 and a further increase in births resulting from the population growth due to net migration), and a marked reduction in deaths in 2004. In 2004, 16,856 live births were recorded in Vienna, resulting in the first **positive balance of births** since 1941 (+873).

After remaining relatively unchanged for some years, **life expectancy** increased in 2004 by approximately 0.75 years compared to 2003, to 81.3 years for women and 75.7 years for men. The further life expectancy at age 60 is 24.2 years for Viennese women and 20.3 years for men.

Main Causes of Death

Cardiovascular diseases remain the main cause of death by far (especially in the older age groups), although they have decreased markedly over the last years. In 2004, nearly half (46 percent) of the approximately 16,000 deaths in Vienna were due to cardiovascular diseases (in particular ischemic heart diseases, and of these especially myocardial infarction).

A major **risk factor** for cardiovascular diseases – in addition to genetic and unmodifiable risk factors such as age, heredity and sex – is the **life style** in the industrialised countries, especially smoking, excessive alcohol consumption, hypertension (for coronary heart disease and strokes), high cholesterol, diabetes and overweight (in summary, dietary habits). Other risk factors are psychosocial stress and sedentary behaviour.

The mortality figures show **malignant neoplasms** as the second most frequent cause of death – more than one in four deaths (27 percent) is due to cancer. Malignant neoplasms of the digestive organs (in particular intestinal cancer) are the most frequent cancer-related cause of death by far for both men and women, with approximately one third of cancer cases. The second most frequent cancer-related cause of death for women is cancer of the

mammary gland (19 percent), while for men it is malignant neoplasms of the respiratory organs (in particular lung cancer).

Other frequent causes of death are diseases of the **digestive system** and the **respiratory system, nutritional and metabolic diseases, and injuries and poisoning** (including **accidents**). The consequences of the generally unhealthy lifestyle of the population (smoking, high alcohol consumption, unhealthy and unbalanced nutrition) are visible in nearly all these types of diseases.

In view of all these figures, prevention programmes such as **“Ein Herz für Wien“** (“**A Heart for Vienna**”), a project that has been running since 2001 and which aims at the reduction of risk factors for cardiovascular diseases by promoting a change of life style, will be continued over the following years.

Cancer Incidence

In 2002, a total of 3,406 women and 3,320 men in Vienna were diagnosed with cancer (one in 244 Viennese women and one in 226 men).

The most frequent type of cancer are malignant neoplasms of the **digestive organs**, in particular intestinal cancer (27 percent of all cancer cases in both men and women), closely followed by **breast cancer** for women (26 percent of all cancer cases) and **cancer of the prostate** for men (21 percent). Malignant neoplasms of the respiratory organs (mainly **lung cancer**) are the third most frequent cancer type (20 percent) for men and has already become the fourth most frequent for women (10 percent).

Both intestinal and lung cancer are closely linked to life style (dietary behaviour, smoking). This shows how important prevention measures are.

Life Style Factors

With the decrease in infectious diseases, work-related accidents and environmental risks, life style gains weight as a health determinant. Some of the most important life style factors today are **smoking, alcohol consumption, nutrition and physical activity**. Life style factors, ho-

wever, are strongly determined by the social background (i.e. income and in particular education) and factors such as sex and age. Targeted **primary prevention** measures with the goal of influencing individual behaviour in a positive way are of particular importance.

The results of the **preventive screenings** conducted at the health offices of the Municipal Department 15 - Public Health and Social Welfare in 2002 show that lifestyle-dependent disorders, such as elevated blood lipids (leading to a higher risk of arteriosclerosis), overweight, hepatocyte damage, and pathological pulmonary function, are still the most frequent diagnoses. More than a quarter of the Viennese men and women examined had a Body Mass Index (BMI) above 27. Men have more weight problems than women, and this holds true across all age groups and levels of education.

Health Risks – Social Disadvantage

The correlation between social inequalities and health has been demonstrated repeatedly in international literature. For Vienna it is quite visible that persons with a lower social status tend to have a lower state of health as well. For example, **economically disadvantaged persons** more frequently have living conditions that are detrimental to health. Their work more frequently involves heavy physical labour and they have fewer recreational possibilities. A lack of health-relevant behaviour and of nutritional awareness, a higher smoking prevalence and higher alcohol consumption create additional health risks.

In addition to a low average level of income, education, and social status, **immigrants** face additional health risks that are directly related to their status as immigrants. They fall ill more frequently than Austrians with an equally low socioeconomic status, and an even higher percentage of them have living and working conditions that are detrimental to health. It is striking, however, that the health situation of immigrants improves the longer they live in Austria.

Unemployed persons also have significantly higher health risks than employed persons. Due to the frequent psychosocial pressure, both short and long term unemployment place a significant strain on the individuals. The frequency of diseases increases particularly with long term unemployment. Unemployed persons are much less content with their lives than others. Problems are fre-

quent particularly within the family and with finding satisfactory leisure activities. Unemployed persons also face psychological and mental crises more frequently. Their eating habits are much unhealthier, they have a more sedentary lifestyle, smoke more and consume significantly more alcohol.

Prevention programmes must therefore be targeted and should focus particularly on socially disadvantaged groups. The project **“Gesunde Leopoldstadt”** (**“Healthy Leopoldstadt”**) tries to meet these requirements by seeking to improve health-related information, health awareness, and health-relevant behaviour of people living and working in Vienna’s 2nd district, thus working towards improving their quality of life.

Health Risks – Smoking

Smoking is not only the **leading health risk factor** today and the cause of a large number of different diseases – in addition to cardiovascular and pulmonary diseases, the incidence of different forms of cancer is causally related to smoking -, it is also the **largest avoidable cause of death**.

Smoking is not only a risk for smokers themselves, but also for those who are often involuntarily exposed to tobacco smoke (passive or **second-hand smoke**).

Every day, 38 people in Austria die as a consequence of their tobacco addiction, and 4 people die because of other people’s smoking habit

Smoking also generates enormous **consequential costs for the state and the economy**, for example approximately € 2 billion in health expenditure per year (that is about 10 percent of total health expenditure or 20 percent of the health expenditure of the all health insurance carriers), more frequent and longer sick leaves, more early retirements due to occupational disability, and premature mortality, usually still during the economically active years of life.

Internationally, Austria has the reputation of being a country with a very weak tobacco policy where the protection of non-smokers is not taken very seriously. The Austrian (and especially Viennese) restaurants and bars are so dense with smoke that this is even mentioned in tourist guides. In Austria, Vienna has the highest rate of smokers, in particular for women and adolescents. Not surprisingly,

Vienna also has the highest lung cancer mortality rates in Austria for men and women. The few initiatives that have been undertaken to reduce tobacco consumption in both adults and children and adolescents and to protect the non-smoking population can be justly called ineffective.

All the more reason to promote measures at the **provincial level**. Awareness-building measures and initiatives that fall within the competencies of the federal provinces can help reduce tobacco consumption and raise awareness about non-smoker protection. They can particularly serve as best practice models for the other Austrian federal provinces and thus lead to a change of the national tobacco policy.

Health Risks – Alcohol

The drinking habits of the Viennese population have hardly changed between 1993 and 2001. There are some indications that total consumption has decreased despite drinking frequency remaining the same.

However, gender-specific changes can be observed towards a levelling of the drinking habits of women and men: while the percentage of men who drink “nearly every day” is decreasing, that of women is growing. Viennese men and women in the age group 40 to 60 drink most frequently.

Overall, however, alcohol consumption in Vienna is high.

Health Risks – Nutrition

The dietary behaviour of the Viennese population overall leaves much to be desired from a medical point of view. Surveys have shown that Viennese men and women tend to consume an excess of protein, fat and cholesterol. Conversely, the intake of carbohydrates and fibres is below the recommended amounts. They usually consume too little vitamins and mineral nutrients.

Approximately half of women and nearly 44 percent of men living in Vienna said they try to eat healthily. Persons with a higher level of education consider healthy nutrition more important than persons with a lower level of education. The share of persons trying to lose weight by observing a special diet is only slightly higher among overweight persons than among persons with normal weight.

Health Risks – Physical Activity

In 1999, 46 percent of Viennese men and 41 percent of Viennese women engaged in physical activity to reduce health risks. This means that more than half of the Viennese population was not physically active.

The rate of physically active persons in the 15 to 29 age group decreased significantly over the 1990s. Persons with a low level of education engage in sports far less frequently than others, but their work often involves more physical labour. The most frequent physical activity by far is walking long distances.

Prevention

It is clearly visible that the majority of the most common diseases today (cardiovascular diseases, cancer, diseases of the respiratory and digestive systems, nutritional and metabolic disorders) and of disorders that constitute health risks (such as elevated blood lipids, overweight, hepatocyte damage, and pathological pulmonary function) can to a large extent be attributed to **individual behaviour**.

Primary prevention measures that aim at changing individual behaviour in a positive way and the promotion of medical checkups for early detection of illnesses would therefore appear the most effective solutions. Existing efforts must be continued and intensified. In order for prevention measures to yield the desired results, they must be planned for the long term, planned with a view to the specific target groups, and targeted especially at socially disadvantaged parts of the population. It is important to define goals, find appropriate measures, and to constantly review the efficiency of these measures.

Concerning the leading risk factor, smoking, it would also be necessary to change the environment and social framework conditions.

The current or recently completed prevention programmes initiated or supported by the City of Vienna therefore focus mainly on the reduction of cardiovascular diseases, on early detection of breast cancer, on smoking and alcohol consumption during pregnancy, and prevention of accidents in elderly people.

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GESUNDHEITS-
BERICHTERSTATTUNG –
AUFGABEN UND ZIELE**

***HEALTH
REPORTING –
TASKS AND AIMS***

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