



BUNDESMINISTERIUM  
FÜR GESUNDHEIT

# The Austrian Health Care System

## Key Facts





# Preface

Good health is an invaluable asset. Illness and impairment due to disease may reduce people's quality of life to a considerable extent – especially if they have no access to adequate medical care.

Austria has had a health care system based on solidarity for a long time. It ensures high-quality medical care for all citizens, independent of their social status or income. Building such a health care system has not been easy: it is the result of a long, hard road; many people have fought for it. We should never forget this when we talk about our health care system, which is often praised at international level.



A handwritten signature in black ink, which appears to read 'Alois Stöger'.

Alois Stöger  
Federal Minister of Health

# Facts & figures

## Key information

**Austria is a democratic republic situated in central Europe. It covers a territory of about 84 000 square kilometres. Austria has nine provinces including Vienna as its capital.**



Since 1955 Austria has been a member of the United Nations. Austria joined the European Union in 1995 and adopted the euro (EUR) as its currency in 2002.

## Economy

With a **gross domestic product (GDP) of EUR 33 090 per capita (2009)** Austria is one of the richest countries in the world. Between 1980 and 2009 average growth of GDP was 3.9%. **In 2009 total GDP amounted to EUR 276.89 billion.**

Between 2008 and 2009 Austria faced a nominal decline in GDP of 1.8% (in real terms: -3.6%). For 2010 a growth of about 2.0% is expected. Austria ranked 14th in the UN **Human Development Index** of 2007, which reflects a high standard of living.

## Demography

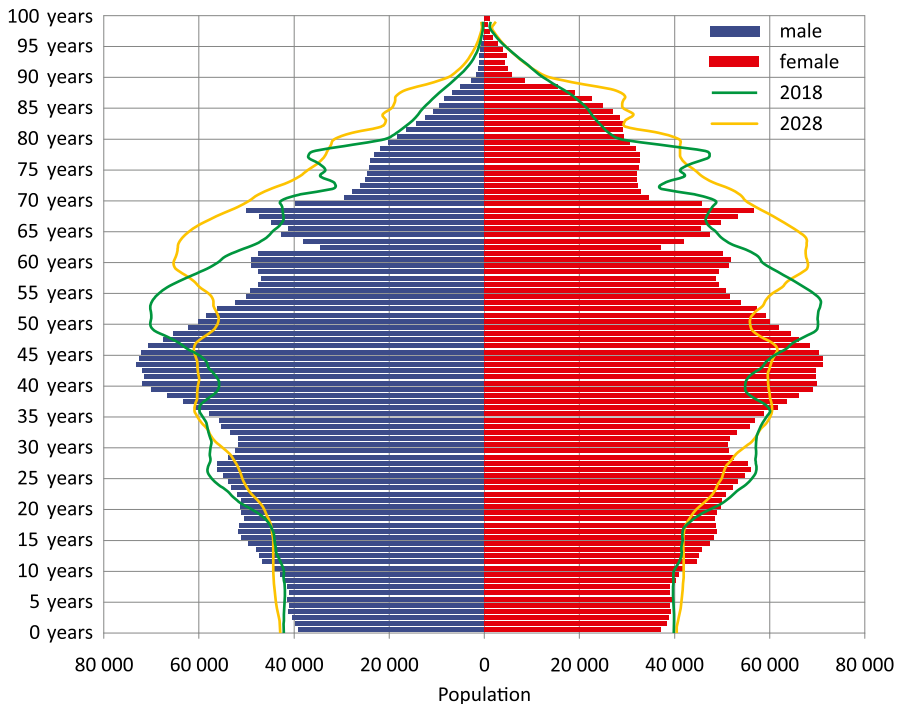
**In 2009 Austria had 8.36 million inhabitants.** Demographic forecasts predict that the population will grow to more than nine million by 2030.

The chances for a long and healthy life in Austria have never been as good as today. **In 2009 a newborn girl had a life expectancy of 82.9 years and a newborn boy of 77.4 years.** Over the past 30 years life expectancy has increased by more than eight years whereas infant mortality has decreased by more than 75%. The infant mortality rate corresponded to 3.8 deaths per 1 000 live births in 2009. In 2008 a 60-year-

old man had a remaining life expectancy of 21.3 years, and in the same year a woman aged 60 could expect to live for an additional 25.1 years.

Like the majority of the industrialised countries Austria faces the challenge of an aging population. On the one hand, life expectancy is increasing, and on the other, the **fertility rate** is falling. In 2009 the number of children per women was 1.39. In the same year women's average age at first birth was 28.0 years.

Age structure diagram, 2008



Source: Statistics Austria 2010

Austria has one of the most **generous systems of social security services** for children and families within Europe. In 2007 expenditure for these services amounted to 2.8% of GDP.

Families living in Austria have the opportunity to choose among five models of childcare allowance: one income-related model and four models offering different amounts of fixed monthly allowances. Combined with other benefits such as family allowance, maternity allowance and hardship relief for families, these federal measures help reconcile job and childcare duties.

Demographic figures, 1999 and 2009		
	1999	2009
Population*	7 992 323	8 363 040
Women	4 130 143	4 290 174
Men	3 862 180	4 072 866
Life expectancy at birth	77.9	80.2
Women	80.9	82.9
Men	74.8	77.4
Population older than 65 years*	1 231 690	1 464 173
Population younger than 20 years*	1 859 988	1 754 082
Fertility rate	1.34	1.39
* Annual average		

Source: Statistics Austria 2010

As a consequence of the growing share of elderly people the percentage of those in need of long-term care has increased. This is also reflected in the number of persons receiving long-term care benefits. Between 1998 and 2008 this share went up by about 31%, thus amounting to 358 545 persons at the end of 2008.

## Health care resources

The Austrian health care system is characterised by a high density of **easily accessible health care facilities**. In 2008 a total of 267 hospitals with about 64 300 beds were available for in-patient care. At that point in time about 21 000 physicians and more than 80 000 other health care professionals were employed in Austrian hospitals. 75% of the 80 000 other health care professionals worked in nursing care.

The **density of physicians** in Austria is above the European average and amounted to 5 physicians (including dentists) per 1 000 inhabitants in 2008. In the same year the total amount of practising physicians was 41 830, thereof 12 200 were general practitioners and about 18 200 worked as specialists. In addition, about 6 700 physicians were in training. Some overlap may exist between the different aforementioned groups due to physicians having multiple training. By the end of 2008 about 18 900 physicians (general practitioners and specialists) were self-employed physicians working in their own practices. Together with more than 900 out-patient clinics they ensure highlevel out-patient health care.



More than 75% of the Austrian population older than 15 say that their general state of health is either very good (37.3%) or good (38.4%).

## Morbidity and mortality

The most common discharge diagnosis in Austria are malignant neoplasms (80% cancer) for women and diseases of the circulatory system in the case of men. The latter is also the **most frequent cause of death** in Austria, followed by cancer and respiratory diseases.

### Most frequent diagnoses at hospital discharge, 2008

Malignant neoplasms	386 101
Diseases of the circulatory system	312 941
Diseases of the musculoskeletal system and connective tissue	272 619
Injury, poisoning and certain other consequences of external cause	268 474
Diseases of the digestive system	241 925
Diseases of the genitourinary system	159 069
Diseases of the respiratory system	145 650
Mental and behavioural disorders	136 051
Diseases of the eye and adnexa	133 910
Pregnancy, childbirth and childbed	118 888

Source: Statistics Austria 2010

# Organisation

## A joint undertaking at national and regional levels

**Health care in Austria is characterised by the cooperation of a large number of actors. Competencies in the health care sector are generally regulated by law.**

The **main actors with regard to health at federal level** are the Austrian Parliament (which consists of the National Council and the Federal Council), the Federal Ministry of Health (BMG), the Federal Ministry of Labour, Social Affairs and Consumer Protection (BMASK), the social security institutions and advocacy groups (social partners: employers' and employees' representatives, as well as professional associations).

As far as **legislation and its enforcement** are concerned, the Federal Government plays a central role; however, many competencies are delegated to the provinces or to the social security institutions. The **Federal Ministry of Health** prepares laws, is responsible for the protection of the public health as well as overall health policy and functions as facilitator between the different players in the health care system, and also as decision maker and supervisory authority.

The Federal Government is in charge of defining the legislation for outpatient care (physicians in individual practices). Responsibility for inpatient care (provided in hospitals) is shared between the federal and the provincial level: the Federal Government lays down the legislative framework whilst the provinces are in charge of defining legislation on enforcement as well as ensuring implementation. All regulations regarding pharmaceuticals, pharmacies and medical devices as well health professions (for example education of physicians) and structural policy are the responsibility of the Federal Government.

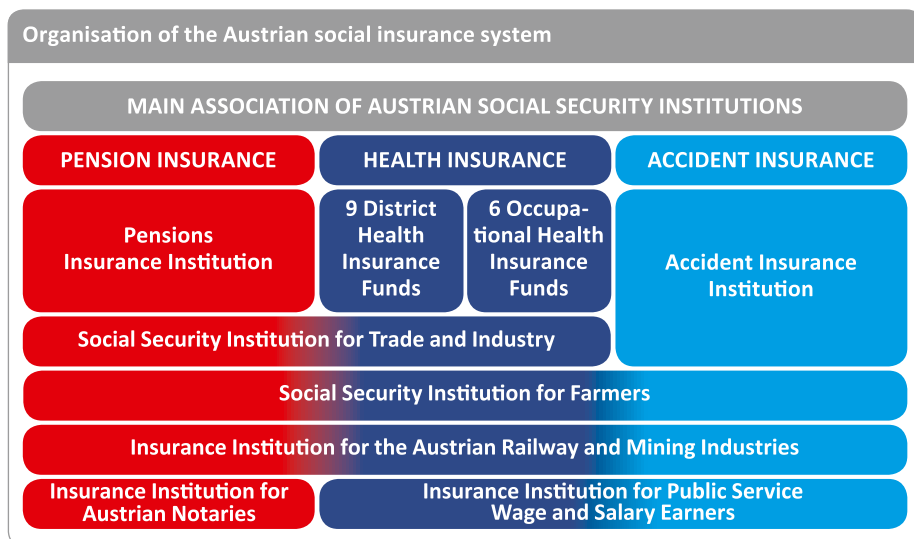
**Public health services and administration** are jointly provided by federal, provincial and local authorities. In addition, the provinces are in charge of ensuring hospital care for their inhabitants as well as offering health pro-



motion and prevention services. The local governments are in charge of social welfare benefits and services.

## Social insurance in Austria

The Austrian social insurance system is based on the principles of statutory insurance, solidarity and self-governance and is primarily funded through insurance contributions. It includes the branches of health, accident and pension insurance and consists of 22 social security institutions with the Main Association of Austrian Social Security Institutions (HVB) as their umbrella organisation.



Source: Austrian Museum for Social and Economic Affairs on behalf of HVB 2008

**Statutory social insurance** means that insurance is compulsory and based on legislation. Insurance is usually linked to gainful employment and thus begins automatically; some groups (self-employed and voluntarily insured people) have to apply for insurance, however. The amount of **insurance contributions to be paid** is independent of the personal risk of the insured. Due to the large number of insured individuals the risk is **spread effectively**.

**The principle of solidarity** means that there is a compensating system for balancing out differences between persons with a higher need of protection and those in less need of protection for example between low and high income earners, employed and unemployed people, etc. In many cases, dependants may be insured free of charge. Usually half of the contributions are paid by the employer and half by the employee. The contribution rate is 7.65% in the majority of cases.

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Health insurance is compulsory in Austria; affiliation to a certain health insurance fund depends on the profession of the insured person. In addition, it may also be linked to their place of work or the place of residence. Most dependants are insured free of charge.

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Apart from a few exceptions, it is not possible for an insured person to choose their social security institution. There is no competition between these institutions.

## **Intensified cooperation in the health care sector**

There are a number of **instruments and approaches** aimed at improving the cooperation among individual actors in the health care system and also between the different levels of health care provision. Cooperation between out-patient care and in-patient care is promoted by means of a coordination and sanctioning mechanism, defined in the Agreement according to Article 15a of the Federal Constitutional Act, concluded by the Federal Government and the provinces every four years.

The **Austrian Health Care Structure Plan (ÖSG)** and the **Regional Health Care Structure Plans (RSG)** are key planning instruments in the health care sector. These plans include planning of resources across all levels of service provision. The **staffing plan for physicians who are in a contractual relationship with health insurance funds** is another planning instrument.

At federal level the Federal Health Agency with the Federal Health Commission as its executive body – and at regional level the Regional Health

Funds – with the Regional Health Platforms as their executive bodies – were created to promote joint trans-sectoral planning, steering and uniform funding in the health care sector. In this context one of the tasks of the **Federal Health Agency** is to monitor developments taking place in the Austrian health care system and to take an active part in planning and steering by defining principles for work in this area.

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Coordination activities between health care actors are aimed at ensuring a high level of service quality as well as the most efficient use of available resources.

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The Federal Health Agency is composed of representatives of the Federal Government, the provinces, the social security institutions, representations of the municipalities and the local governments, the Austrian Medical Chamber, church-owned hospitals, patient representatives as well as several other appointed representatives. The Federal Health Agency is managed by the Federal Ministry of Health.

At provincial level the **Regional Health Funds** are responsible for implementing instructions and principles communicated by the Federal Health Agency and for distributing funds to public, private and non-profit hospitals. The **Regional Health Platforms** are composed of representatives of the respective province, the social security institutions, the Federal Government, the Main Association of Austrian Social Security Institutions (without voting rights), the Austrian Medical Chamber, representations of local governments as well as hospital organisations.

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Patients are directly represented in numerous bodies. Patient advocacy groups play an important role in decision making.

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**Further relevant actors** in the health care system include a number of providers of health care services, health care institutions, other ministries, public authorities (for example the Austrian Agency for Health and Food Safety, AGES), patient representatives (see **The Austrian health care system**), charities, research institutions such as Gesundheit Österreich GmbH (GÖG) and a large number of private actors.

# The Austrian health care system

## Easily accessible, affordable and equitable

**The main principles of the Austrian health care system are solidarity, affordability and universality.**

In Austria, health care is based on a social insurance model that guarantees all inhabitants equitable access to high quality health services – irrespective of their age, sex, origin, social status or income.

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**Comprehensive social health insurance coverage is a major feature of the Austrian health care system: 99% of the population is protected.**

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The Austrian health care system is based on statutory **social insurance**. Access to services is regulated by law, the most important legislative basis being the General Social Insurance Act (ASVG). All insured people have a legal right to a large number of benefits.

Patients have access to a variety of services:

- primary health care services provided by contract physicians of the Austrian social health insurance funds
- specialised in-patient and out-patient care
- emergency care
- maternity services
- psychotherapy
- health technology such as X-ray and laboratory tests
- physiotherapy, ergotherapy, speech therapy, curative massage and similar therapies provided by health professionals other than physicians
- dental services
- prescription medicines
- medical devices such as walking aids, wheelchairs or blood glucose strips
- ambulance services

- mobile care and home care
- preventive and health promotion services including vaccinations or screening examinations
- rehabilitation and long-term care services
- care for people with disabilities.

Patients can choose their family physician and have **free access** to most other forms of medical care. Family physicians usually have a contract with the social health insurance funds. In contrast to many other countries, there is no obligation in Austria to enrol with a specific physician or to consult them prior to accessing specialised (in-patient) treatment, that means physicians have no gate-keeping function. It is also possible to consult out-patient departments of hospitals without prior consent of the family physician or one's health insurance fund.



Apart from the main public payer, i.e. the Austrian social health insurance funds, major funders of the aforementioned benefits include the Federal Government and the provinces, other social security institutions or local governments, which also provide social welfare services.

Take-up of selected health care services may be linked to special conditions or prerequisites such as age or type of illness or may also involve co-payments. These may be fixed rates (e.g., a prescription fee for medicines, in 2010: EUR 5.0) or percentages (e.g., a 20% co-payment for persons insured with certain health insurance funds).

Patients will also be faced with out-of pocket payments when using health services which are not included in the benefits catalogue of their social health insurance fund. These include, for instance, payments for OTC medicines, daily allowances for in-patient care, expenditure for certain dental services or for the services of physicians who have no contract with the social health insurance fund in question. Payments made for the latter may partially be refunded to the insured person by their social health insurance fund.



For persons with special needs or persons who are chronically ill a wide range of exemptions from co-payments exist. About a quarter of the insured population is exempt from paying the prescription fee for medicines.

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**Equitable health care for all patients** is of great importance for Austria: therefore individuals whose income is below a defined monthly threshold (2010: EUR 784.0 for single persons; when suffering from a chronic illness EUR 901.6) are exempt from paying the prescription fee for medicines and from paying the daily allowance that is charged for in-patient treatment. In addition, exemptions exist for individuals with certain notifiable infectious diseases such as tuberculosis. The same applies to individuals fulfilling alternative military service and their dependants as well as asylum seekers under government care.

Another group of persons exempt from the prescription fee for medicines are those whose payments exceed a defined yearly limit (a person's annual expenditure for prescription medicines is limited to 2% of the annual income).

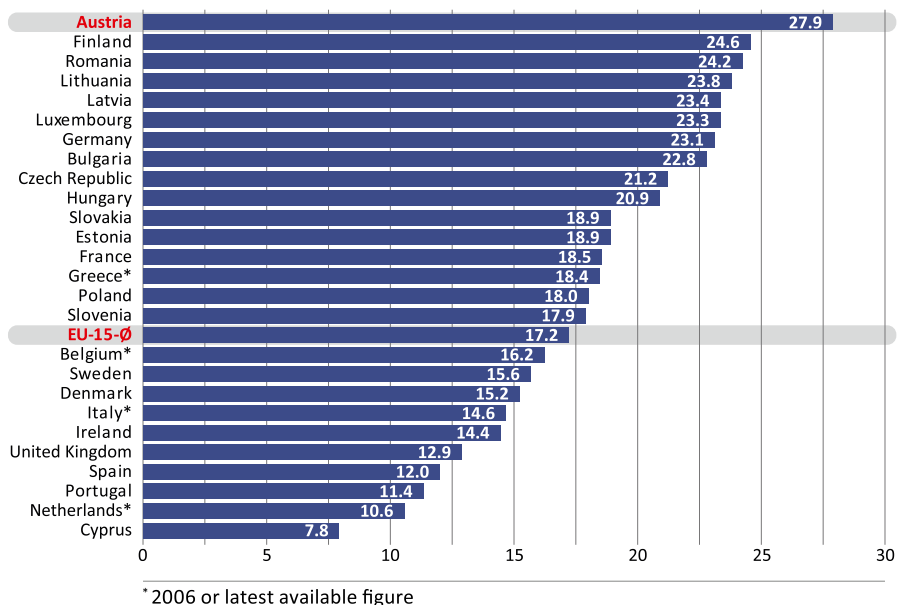
For further information on financing see [Financing and expenditure](#).

## In-patient care

Health care in Austria traditionally shows a strong emphasis on hospital care. In 2007 about 2.7 million in-patient stays (including in-patient stays for one day or less) were registered.

With regard to the number of **in-patient stays** Austria ranks first in Europe: 28 in-patient stays per 100 inhabitants were registered in 2007. The average length of stay is 5.7 days with the European Union-average being 6.1 days.

**In-patient stays per 100 inhabitants in Europe, 2007**  
Admissions per 100 inhabitants



Source: WHO 2009

In 2009 about **64 300 hospital beds** in **267 hospitals** (132 of these are public and non-profit hospitals) were available for in-patient care. 52 200 of these beds were assigned to acute care. The **density of**

**acute care beds** per 1 000 inhabitants was around 6.3. Austria also provides about 7 900 places for **rehabilitation** and more than 66 000 places in residential facilities and **nursing homes**.



In 2008, Austria had 267 hospitals including psychiatric institutions, about 800 out-patient clinics, 55 rehabilitation centres, 817 nursing homes as well as 29 geriatric day centres and 9 hospices.

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## Out-patient care

Out-patient care for the Austrian population is mostly provided by self-employed physicians running their own-practices. About a third of them have signed a contract with social health insurance. These contract physicians provide the majority of out-patient care services: in the year 2008, insured **individuals consulted contract physicians about 6.8 times a year on average**.

In addition to contract physicians about **800 out-patient clinics** exist in Austria, which are run either by the social health insurance funds or by private owners. To a certain extent, out-patient care is also provided by the out-patient departments of hospitals, which however, are regarded as part of the in-patient sector, both financially and as far as their organisational structure is concerned. Out-patient services are also provided by other health care professionals such as psychotherapists or physiotherapists.

**The density of physicians** is subject to regional variation. Whereas the province of Burgenland had 3.6 physicians per 1 000 inhabitants in 2008, Vienna had twice as many, namely 7.3 physicians per 1 000 inhabitants.

To improve out-patient care and to grant more patient-friendly opening hours as well as reducing waiting times, the introduction of **group practices** for physicians of the same or different medical specialties was decided in 2010.



Health care resources	
Health workforce in hospitals per 31 December 2008	
Health care professionals in hospitals (without physicians)	81 261
Higher-level services for health care and nursing	52 924
Nursing assistants	9 733
Higher-level and special medical and technical workers	13 278
Auxiliary medical care staff	4 053
Midwives	1 273
Physicians per 31 December 2008*	
All practicing physicians	41 830
General practitioners	12 220
Specialists (without dentists)	18 176
Dentists	5 006
Employed physicians**	26 610
Physicians in training	6 662
In-patient care per 31 December 2008	
Hospital beds	64 267
Acute care beds	52 160
Places in residential facilities and nursing homes	66 146
Number of medicines for human use (including homeopathic products) per 31 December 2009	13 168
Dispensaries for prescription-only medicines per 31 December 2009	
Public pharmacies	1 252
Hospital pharmacies	46
Dispensing doctors	950
Medical technology per 31 December 2008	
ECT/Gamma cameras	99
Computed tomography scanners	249
Magnetic resonance imaging units	150
Positron emission tomography scanners	19
* Due to multiple specialisations some overlap exists between groups of physicians. Employed physicians may also work on a self-employed basis in their own practice.	
** Employed in hospitals, ambulatory clinics, schools and other institutions	

Source: GÖG/ÖBIG 2010b; Statistics Austria 2010; ÖÄK 2010, ÖZK 2010

## Health care personnel

Health care services in Austria are provided by **about 200 000 people working in the health and social care sector, two thirds of whom are women**. A little more than 20% of the work force are physicians, including those currently undergoing training.



Comprehensive protection by social health insurance as well as free choice of physician and a large variety of affordable high-quality therapies.

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In 2009, Austrian hospitals employed about 21 000 physicians, 53 000 nurses, 13 800 nursing assistants and auxiliary medical care staff, 13 300 higher-level and special medical and technical workers such as radiological staff or physiotherapists as well as 1 270 midwives.

Easy access to health services is ensured by a nation-wide **patient transport and emergency ambulance service** with 2 500 ambulance cars and about 35 helicopters.

## Provision of medicines

Production, sales, marketing, pricing and reimbursement as well as dispensing of **medicines** is subject to specific legal regulations which are characterised by an orientation towards health policy and consumer protection. Austrian legislation is based on European Union-framework regulations.

The **Austrian Medicines Agency, AGES PharmMed**, is in charge of marketing authorisation and post-marketing surveillance of medicines and medical devices as well as the approval of clinical studies. AGES PharmMed reports to the Federal Ministry of Health ([www.basg.at](http://www.basg.at)).

Only pharmacists with a management permit are entitled to open and run a **pharmacy** in Austria. The Pharmacy Act regulates the material preconditions for opening a pharmacy. Neither vertical nor horizontal

integration is allowed. All pharmacies are privately owned and serve as community pharmacies. Drugstores or supermarkets are not permitted to dispense medicines including OTC (over-the-counter) medicines. To guarantee quick access to medicines also in rural areas around 1 000 family physicians are allowed to dispense prescription medicines and OTC medicines to their patients.

The provision of the comprehensive range of health services across regions is ensured by various mechanisms:

- central and regional health care planning
- a high degree of protection through statutory social health insurance for all
- provision of selected health care services for people who have no social health insurance
- access to first-rate medical care for all inhabitants
- free choice of physician and therapy
- a comprehensive range of health promotion services and preventive services
- a high density of hospitals and physicians holding contracts with social health insurance funds
- social insurance contributions which are independent of the individual risk of the insured person.

# Financing and expenditure

## Fair funding based on solidarity

**Equal access to health care services for all Austrian inhabitants, independent of their income, age, sex or origin, is guaranteed by the solidarity-based funding principle of the Austrian health care system.**

The Austrian health care system is primarily financed through a combination of income-based social insurance contributions, public income generated through taxes and private payments in the form of direct and indirect co-payments.

**Social insurance** is the most important source of health care funding, contributing around EUR 13.2 billion in 2007 (2009: EUR 14.1 billion - preliminary figures), which corresponds to about 50% of total health expenditure. Whereas out-patient care is almost entirely financed by social health insurance funds, expenditure for in-patient care is shared between the public sector and social insurance. Long-term care services are mostly funded through taxes (see **Facts & figures**).



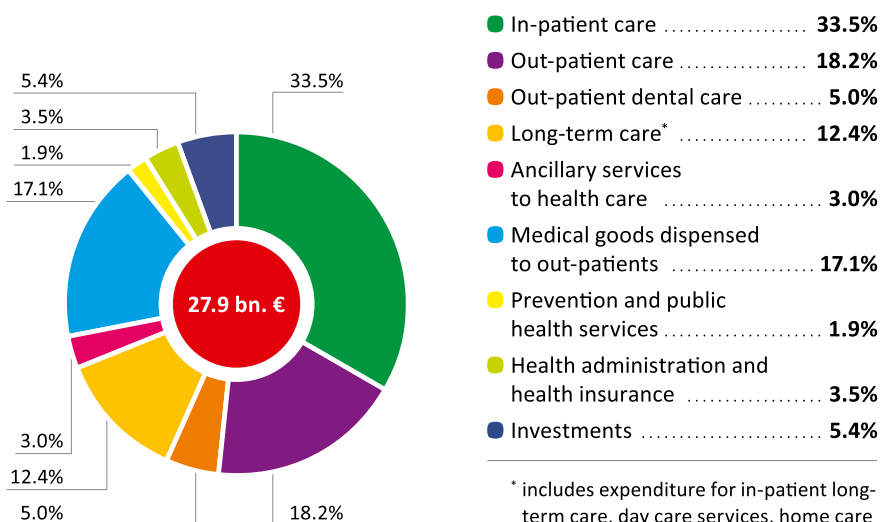
**In 2007, 10.3% of gross domestic product was spent on health. This corresponds to about EUR 27.9 billion or EUR 3 360 per capita.**

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In 2007, about 76% of total health expenditure was generated from public sources. This includes expenditure by social health insurance funds as well as by the Federal Government, the provincial and the local governments. The remaining 24% is accounted for by private health expenditure: out-of-pocket payments by households, expenditure for private health insurance companies and other private non-profit organisations as well as expenditure by companies for services provided by occupational health physicians.

The largest share of health expenditure is spent for in-patient care, followed by out-patient care. The figure below shows the **distribution of total health expenditure** across its individual service areas in 2007.

## Total Expenditure on Health by Function, 2007



\* includes expenditure for in-patient long-term care, day care services, home care services; includes financial long-term care benefits provided by the federal and the provincial governments; long-term care expenditure is mainly based on estimates.

Source: OECD 2010

Like the majority of the industrialised countries Austria has faced increases in health expenditure. Between 1997 and 2007 total health expenditure per capita rose by an average of 2.7% in real terms, meaning that Austria ranks below the European Union-15 average rate of 3.8%.

In 2007, total health care expenditure in Austria amounted to around EUR 27.9 billion, which is 10.3% of gross domestic product, which positions Austria third among all European Union Member States.

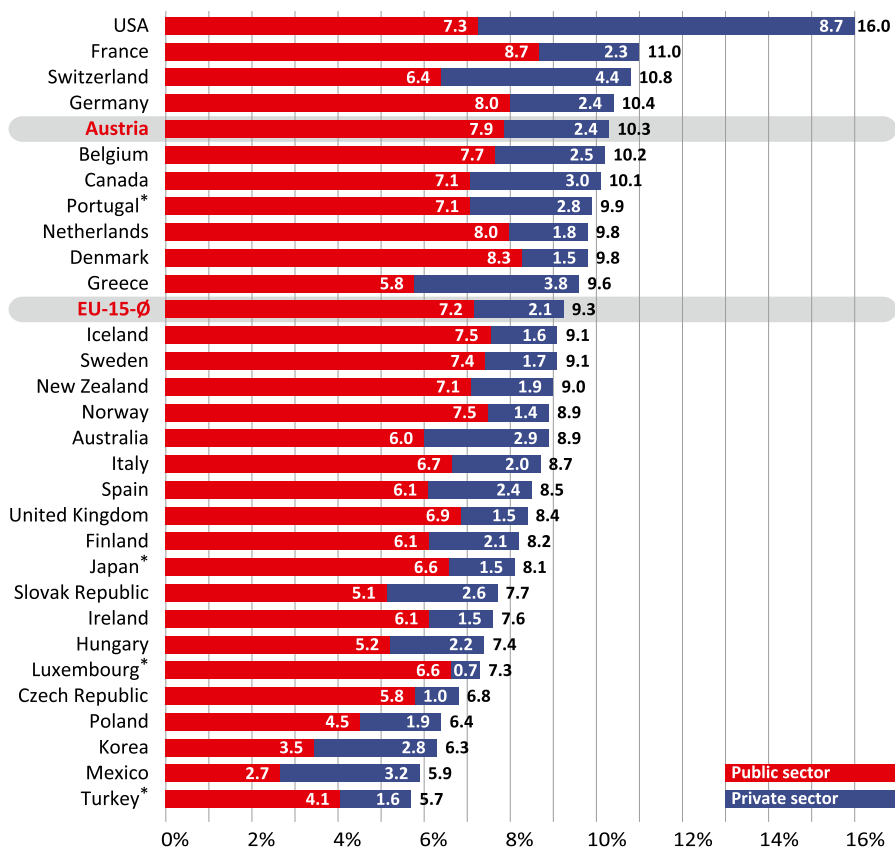
Distribution of health expenditure in million euro, 2007			
	Public expenditure	Private expenditure	Total
In-patient care	8 219	1 146	9 367
Out-patient care	3 992	1 093	5 085
Out-patient dental care	803	597	1 400
Long-term care*	2 829	626	3 455
Ancillary services to health care**	575	264	839
Medical goods dispensed to out-patients	2 966	1 806	4 771
Prevention and public health services	456	77	532
Health administration	632	339	971
Current expenditure on health	20 472	5 948	26 420
Investments	859	645	1 504
Total expenditure on health	21 331	6 593	27 924
<p>* includes expenditure for in-patient long-term care, day care services, home care services; includes financial long-term care benefits provided by the the federal and the provincial governments; long-term care expenditure is mainly based on estimates.</p> <p>** includes expenditure for services such as clinical laboratory tests, imaging procedures, X-raying, patient transport and emergency rescue.</p>			

Source: Statistics Austria 2010, based on the OECD System of Health Accounts

In addition to its societal and social relevance, the Austrian health care sector also represents a significant economic factor. According to a recent publication by the Institute for Advanced Studies (IHS) health care expenditure in 2006 resulted in a net product of EUR 22.5 billion, which corresponds to a share of about 9.7% of Austria's entire value added, or in other words 445 000 fulltime equivalents.

# Public and private health expenditure – international comparison, 2007

Expenditure on health in relation to gross domestic product



\* 2006 or latest available figures

Source: OECD 2010

# High-quality patient-centred care

## Core elements of optimum health care provision

**Quality, transparency and orientation towards patients play a very important role in the Austrian health care system.**



Patient rights are not only legally defined but can also be enforced by law. Specialised **patient advocacies** have been established in all provinces. They ensure patients' rights and represent their interests and mediate in conflicts. About 1 200 **support groups** help patients come to terms with disease and distress – in addition to the wide range of professional health care services that is available.

The Quality Strategy for the Austrian health care system will ensure a common framework for all quality initiatives existing in Austria. In addition to numerous projects in individual health care institutions this includes health technology assessment, quality registries, quality reports and the compilation of quality guidelines.

Integrating all relevant actors, coordination is taken over by the **Federal Institute for Quality in the Health Care System (BIQG)**, a business unit of Gesundheit Österreich GmbH. **These actors** include social security institutions, federal ministries, provinces, professional societies, chambers and professional representations, patient advocacies and patient support groups.



The Austrian Society of Medical Quality Assurance and Quality Management LLC (ÖQMED, [www.oeqmed.at](http://www.oeqmed.at)), which is fully owned by the Austrian Medical Chamber, periodically publishes a Medical Quality Report in which the results of its evaluation of physician's practices are given.

**E-health** has become an integral part of the health care system. In Austria any activities related to e-health are known under the term ELGA, which means electronic health file. The introduction in 2005 of an electronic health insurance card (e-card) for all persons insured with a social health insurance fund was a key prerequisite for ELGA. It made it easier and less bureaucratic for individuals to have access to health care services provided in the context of the social health insurance system.

ELGA permits a more efficient administration of health information and may – if patients agree – in future help prevent dangerous medication interactions.



The public health Internet portal **[www.gesundheit.gv.at](http://www.gesundheit.gv.at)** offers reliable and independent health care information as well as many other services, such as a search function for physicians or hospitals.

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**Information on how to lead a healthy lifestyle can be found on websites of public institutions in the health care sector** (for example [www.ages.at](http://www.ages.at) or [www.fgoe.org](http://www.fgoe.org)). This information is provided in line with the needs of the population.

The high degree of quality and patient orientation contributes to overall **satisfaction** among the population. According to a health survey performed in all European Union-Member States 95% of the Austrian population believes that the quality of the health care services provided in Austria is either very good or good – this is the second highest rating among European Union Member States, after Belgium (Eurobarometer 2010).

# Health promotion and lifestyle choices

## Towards a healthy future

**Public health, health promotion and prevention are significant matters for Austria.**

People living in Austria should not only have a **longer life expectancy** but should also spend these additional years in a **high subjective quality of life**. Apart from high-quality medical care, also preventive services and health promotion activities are thus gaining significance.



It is the responsibility of the Austrian state to provide the best possible health care services to all citizens, irrespective of their income or social status.

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## Health promotion

Health promotion in Austria has strongly been influenced by activities of the World Health Organization, WHO (Ottawa Charta for Health Promotion 1986). The **Health Promotion Act** of 1998 strengthened the role of the **Fund for a Healthy Austria** (FGÖ) and was an important step to boost health promotion in Austria.

The goal of health promotion is to address people in their individual living environments. Here the focus is placed on the following **settings**: workplaces, cities/communities, hospitals and schools.

Moreover, initiatives which target specific **population groups** (the elderly, women, children and young people, people employed in small- and medium-sized enterprises and immigrants) as well activities which are orientated towards defined **themes** (diet, exercise, cardiovascular health and mental health) have been started.



Numerous Austrian towns and cities, hospitals, health care institutions, schools and companies are represented in a wide range of national and international health promotion networks.

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## Prevention

The Austrian population is offered a variety of preventive services. One of them is the **mother-child-pass examination programme**, which women living in Austria may join free of charge. This programme has existed since 1974 and assists mothers and their children during pregnancy and up to the 62nd month of the child's life.

In addition parents receive a **vaccination certificate** for their children. Since 1998 expenditure for defined vaccinations has been covered by the Federal Government, the provinces and social insurance, based on the **Austrian child vaccination programme**.

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In 2008, close to one million Austrians had a free preventive health check-up.

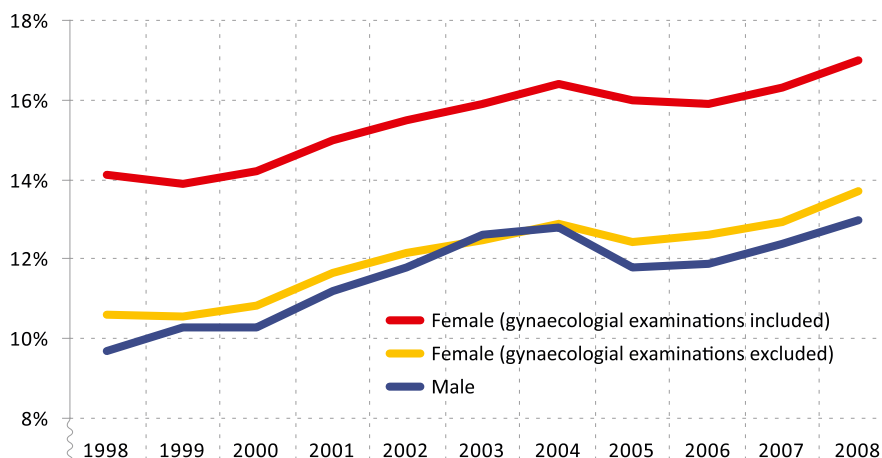
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Since 1974 social health insurance funds have offered annual preventive health check-ups to the Austrian adult population (18 years and older) free of charge, which focus on a detailed case history, early detection of illness as well as promoting a healthy lifestyle and providing individual counselling.

**Further preventive measures** include annual health examinations of students at schools, health examinations for Army recruits as well as caries prophylaxis and initiatives aimed at improving care for chronically ill persons.

### Uptake of the preventive health check-up men and women, 1998-2008

Percentage of population aged 19 years and older



Source: GÖG/ÖBIG 2010a, HVB 2010

## Lifestyle

Like many other European countries Austria faces a number of significant challenges when it comes to promoting a healthy lifestyle within its population. According to a European survey on tobacco in 2009 the share of **daily smokers** amounted to about 26% of the Austrian population. While the number of male smokers has continuously decreased in the last few decades, the shares of young and female smokers have shown an increase. In cooperation with the Austrian social security institutions and the provinces, the Federal Ministry of Health, besides other initiatives, established the Austrian Smoker's Phone Hotline to support those who want to quit smoking.

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Health policy is a cross-cutting issue. Planning and implementation processes need to involve all disciplines and sectors.

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About 16% of the Austrian population (men: 21%, women: 10%) show harmful levels of **alcohol use** or suffer from alcoholism (Uhl et al. 2009).

Here again the patterns of behaviour of young people indicate a worrying development. These trends have been identified and they are now being addressed by means of targeted measures.

In the context of the Austrian health survey 2006/07 49% of men and women older than 15 years reported that they exercised at least once a week. One third of all men and close to one quarter of all women exercise at least three times a week. Promoting physical activity is a key topic in Austria and is pursued in a variety of activities and projects.

Based on the Austrian Nutrition Report of 2008 **42% of the adult population is overweight** (11% of these are obese). Men are affected far more often than women.

The **typical diet** of the Austrian population contains too much fat, saturated fatty acids and salt. In addition, the consumption of complex carbohydrates and fibres as well as certain vitamins and minerals could be improved.

The **National Action Plan on Nutrition** (Nap.e), which was started in February 2010, should raise awareness of healthy diet in the population. By means of coordinated targeted measures, changes in behavioural patterns and settings should be brought about in order to make the healthier choice the easier choice. Nap.e is the first national strategy on nutrition. In addition, the nutrition report will become an integral part of health reporting and an important steering instrument for Austria's nutrition policy. It will be published every four years. The nutrition report of 2012 will be the first one to include comprehensive data on the dietary status of the Austrian population.

In the field of health promotion the **Federal Ministry of Health** undertakes great **endeavours** on the one hand to improve the living conditions of the population and on the other hand to increase public awareness of a healthy lifestyle. Health promotion and prevention are understood as public responsibilities which are aimed at improving the health and quality of life of the Austrian population.

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