

**Mortality by Education in French and German Speaking Switzerland
1990 - 1997:
*Analysis of the Swiss National Cohort***

Background

In a first study based on the Swiss National Cohort (SNC) Bopp and Minder (2003) found mortality differentials by education for German speaking Switzerland.

This study provides a first cross-cultural comparison of differentials in mortality by education between the French (Romandie) and the German speaking region.

Hypotheses

Economic and cultural regional differences led us expect two hypotheses:

1. A higher overall mortality in the Romandie compared to the German speaking region.
2. A less pronounced educational gradient in mortality in the Romandie compared to the German speaking region.

Methods

Analyses were based on the SNC, a longitudinal database covering Swiss nationals aged 25+ years (Bopp and Gutzwiller 2000). We compared between both regions overall mortality rates, age-standardized mortality rate ratios according to four educational levels in two age groups (25-64; 65-99+) and educational gradients in mortality for five age groups.

Results

Hypothesis 1

We could not confirm our first hypothesis. However, we found a remarkable inversion in overall mortality with significantly higher mortalities in age <60 for women

($p < 0.0001$) and in age < 75 for men ($p < 0.0001$) and significantly lower mortalities after those ages (women > 60 years $p < 0.0001$; men > 75 years $p < 0.0002$) in the Romandie.

Hypothesis 2

Educational gradients in mortality were less pronounced for both genders in the Romandie but significantly so only in men < 74 years. Mortality rate ratios differ in younger age groups with higher education, where higher mortalities are found in the Romandie. Conversely, older age groups with lower education showed lower mortalities in the Romandie compared to the German speaking region.

Conclusions

Regional differences in mortality and differences in mortality inequality by education exist in Switzerland. The most plausible explanation is that these are influenced by economic and cultural regional differences. These findings illustrate the importance of contextual information in the investigation of socio-economic health differences.