

The health in Italy: inequalities and disease risk factors

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The Report of National Observatory of Health, every year, documents the health regional systems, focusing on committed resources, health conditions and outcome obtained. The main purpose of analysis is to point out the differences of health and opportunities of cure in the several Italian regions.

Since 2000 up to 2008, the dynamic of public health expenditure increase of 6% year average, more than GDP which increases of 3,5%. During economic crisis, from 2009 to 2015, the public health expenditure is stable while the private expenditure increases of 2,2% year average. The trend observed in this last period shows a shift towards the families of the burden of health spending.

The monetary resources allocation shows evident inequalities, in 2015 the health expenditure per capita was on average 1.838 €, much higher in the Autonomous Province of Bolzano (2.255 €) and significantly lower in Southern Italy, especially in Calabria where it was 1.725 €. Moreover, the amount of resources are not related to need of cures, as demonstrated by prevalence of chronic diseases higher in South (15,9% suffers at the least one chronic diseases) than North areas (about 14%).

The effects of the ageing process continue to occur and this has an impact on the number of chronic patients and, in general, on the health care needs that request for assistance. The Report of National Observatory of Health in Italian Regions pointed out that, in 2016, 23,6 million persons, 39,1% of population, suffer at the least a chronic disease, 600 thousand more than 2013. Hypertension is the pathology with higher prevalence that grown in last four years up to 28,8%, and absorbs, every year, 67,4% of pharmaceutical prescriptions, 50,9% of medical consultations and 49,7% of diagnostic tests. The thyroid disturbance interests 14,3% of population, more than 2,6 percentage point on respect last four years, more than 7,5% suffers from diabetes, this percentage reaches 23% in elderly population. In general, it's increasing the amount of population that suffers more than a disease, in 2015 it reaches 23,7%, +2 percentage point respect 2011.

As for the causes of death, by the 2014 data, the most common is ischemic heart disease, responsible for 65,653 deaths (just over 11.6% of all deaths), followed by cerebrovascular diseases (57,230 deaths, 9.6% of the total) and other heart diseases (49,554 deaths, 8.3% of the total). The fourth most common cause is represented by malignant tumors of the trachea, bronchi and lungs, which cause 24,177 deaths in men (2nd cause of death) 9,209 in women (8° cause of death). The deaths due to hypertensive disease (30,690), as well as dementia and Alzheimer's disease (18,226 26,600), cause among women more than twice as many deaths observed among men.

The life expectancy at birth in 2015 was 80.1 years for men and 84.6 years for women. Overall, in the last years the difference in the average length of life of men and women continues to shrink (+4.5 years for women compared to +4.9 years in 2011), remaining, however, still higher in women. At the regional level, there are still strong differences. For both genders the lowest values of life expectancy are observed in Campania (78.3 for men and 82.8 for women), the highest in Trento AP (81.1 and 85.8 respectively).

Analyzing one of the indicators related to effectiveness of healthcare services, the under-70 mortality, it can be observed evident territorial disparities. In fact, in the Centre-North under-70 years old mortality rate is lower than national data, while in Southern Italy this rate is higher.

The incidence rates of some forms of cancer point out some critical issues and depict a worrying picture for the future in absence of effective policies. Between 2003 and 2013 there was a substantial increase in tumors related to preventable diseases. These evidences suggest the need to encourage the offer and adherence to primary prevention activities with the aim to improve healthy behaviors and contrast the risk factors. Indeed, in 2015, the proportion of smokers among population aged 14 and over amounted to 19.6%. The amount is slightly lower than the previous year, but is part of a trend characterized by a slow and steady decline in the percentage of smokers. The prevalence of alcohol consumers at risk amounted to 23% for men and 9% for women. Among young people (11-17 years) the prevalence of consumers at risk amounted to 19% (males 22.4%; females 15.6%). More than a on-third of the adult population (35.3%) are overweight, while one in ten is obese (9.8%); a total of 45.1% of subjects aged ≥ 18 years is overweight. The proportion of overweight children (6-18 years old, including overweight and obesity) is 24.9%. Most of these evidences are related to lack of physical activity, demonstrated by 23 million and 500 thousand (39.9%) inactive people.

Finally, the NHS has to face several challenges related to sustainability of expenditure, equalities of health and accessibility of cures. Strong territorial and socio-economic differences exist, this heterogeneity is due to different programming decisions, organizational and management that have led, in some Regions, problematic financial scenarios with consequences in the quality of services provided in the offer and equity of access to them. These situations are found mainly in the South, where some areas show most critical conditions. To tackle these problems, it's necessary to revise the criteria for the allocation of health resources, and increase the efforts to promote policies aimed to social and economic empowerment.

