

EDITORIALE

Differenze nella salute tra le professioni: spunti epidemiologici per le politiche del lavoro e della previdenza

G. COSTA

Dipartimento di sanità pubblica e microbiologia, Università di Torino

KEY WORDS

Health inequalities; occupation; labour policies; social protection policies

SUMMARY

«Health inequalities among occupations: epidemiologic hints for labour and social protection policies». **Background:** *Based on existing information systems in Italy, a program can be created for monitoring and surveillance of occupational differences in health. In recent years, a number of proposals were made for defining wearing-out jobs and for reforming the retirement age and/or required number of years of contributions: on these occasions the need to create a programme for monitoring occupational health was stressed. To this end, ISPESL (the National Institute of Occupational Safety and Prevention), in cooperation with the Epidemiology Unit of the Piedmont Region of Italy, assessed the validity of epidemiological indicators from existing sources and their use in creating a surveillance system of wearing-out jobs.* **Objectives:** *The main results of the evaluations performed to date are presented herein. The results are discussed in relation to the information needs for developing both health policies and other types of policies addressing occupation.* **Materials and methods:** *Each of the articles in this issue deals with a specific model (based on information sources available in Italy in the 1990's) for studying the relationship between health [general and cause-specific mortality; accidents and accident proneness; the main causes of chronic morbidity (cancer, diabetes, and vascular and respiratory diseases); self-reported health: perceived health, chronic illnesses; absenteeism, lifestyles, stress, working conditions] and occupation (most recent occupation or the main lifetime occupation recorded by the specific information source, using a 55-item classification created especially for this research). Here, the statistically significant associations are compared with data in the literature and discussed in light of the information needs for developing health policies and other pertinent policies.* **Results:** *For men, the data on health indicators taken from the available information sources were adequate for identifying occupational differences in health. Certain occupations were consistently disadvantaged: masons and construction vehicle operators, transport-vehicle operators, miners, quarry workers, and agricultural workers. Foundry workers and forgers showed less consistent excesses. A greater risk for the majority of health indicators considered was also observed for those manual jobs that require fewer specialised skills: cleaning staff, refuse collectors, and waste-treatment workers; porters and*

unloaders; custodians and watchmen. Among women, the health indicators were much more dissociated: the gender differences seem to precede the occupational differences and require the planning of a more precise and sensitive system. The occupational differences in health represent the final outcome of exposure not only to occupational risk factors but also to psycho-social factors (e.g., nutritional, environmental, and relational problems in early childhood; lifestyles; difficult access to timely and effective healthcare), which must thus be taken into account when evaluating retirement age, to ensure that workers have equality of treatment. The synoptic and integrated use of diverse information sources was extremely complex. Whereas an occupation may show excess risk for health indicators derived from one source, the same occupation may not necessarily show the same excess when the indicators are derived from another source. This can be attributed to: the limited specificity of the classification system; low statistical power; the possibility that the presence of excesses (e.g., in mortality and morbidity) may simply be due to chance; the local or specific nature of the information source; the level of specificity or sensitivity of the health indicators to the risk factors.

Conclusions: *The studies described in this issue demonstrate that if the existing information sources in Italy are integrated through proper record-linkage, they can be used to follow health outcomes over time in relation to occupational history or income, providing useful information for developing or revising retirement policies. If it were possible to progress from this phase of evaluation of predictive validity of the informative sources examined, to the implementation of their routine use in conducting studies and surveillance of health inequalities between occupations, Italy would gain a place in the forefront in Europe in this field.*