

Speranza di vita in buona salute nella popolazione occupata torinese

TERESA SPADEA, D. QUARTA, M. DEMARIA*, CHIARA MARINACCI, G. COSTA**

Servizio regionale di Epidemiologia, ASL 5, Grugliasco (TO)

* Centro regionale per l'epidemiologia e la salute ambientale, ARPA Piemonte, Grugliasco (TO)

** Dipartimento di sanità pubblica e microbiologia, Università di Torino

KEY WORDS

Health expectancy; chronic disease; disability; occupation; Turin

SUMMARY

«Healthy life expectancy in the occupied segment of the Turin population». Background: The indicators of healthy life expectancy measure differences in health among various population subgroups more sensitively than do indicators of mortality. Objectives: The aim of the study was to analyze some of the above indicators to evaluate the differences among occupational categories in Turin. Methods: Mortality tables by occupation were calculated on Turin residents, aged 18-64 years in 1991, using the Turin Longitudinal Study which combines personal, census, and health information for the residents of the city. Longitudinal assessments of health expectancy were obtained by means of record-linkage with the Cancer Registry, the Diabetes Registry, and hospital discharge records. In addition, prevalence estimates of good health, disability, and chronic illness, obtained from ISTAT (Central Statistics Institute) investigations in 1999-2000 were combined with mortality data using Sullivan's algorithm. Results: Among men there was a systematic disadvantage in almost all indicators of health expectancy for some manual occupations, while jobs requiring more qualifications were more advantaged. The health profile for women was more controversial, with an overall disadvantage among women who were professional consultants, although this group showed substantial variability: the legal professions had the lowest life and health expectancies, with approximately 3 years of life less than the health professions, which were among the most advantaged. Discussion: The various indicators gave results which were at times conflicting, especially because the information obtained from the available sources had major limitations. The development of indicators needs to aim for greater homogeneity between mortality and health data to ensure maximum comparability.