

HEALTH

1. Basic Concepts

Health is a central element in life and an essential condition for individual well-being and prosperity of populations, as documented at global level by the works of the WHO Commission on “Macroeconomics and Health (WHO 2001)” and recalled, at European level, by the Lisbon Strategy for Development and Employment launched by the European Commission in 2000 in response to the challenges of globalization and aging. Health outcomes have an impact on all dimensions of the individual life in all its different phases, modifying life conditions, behaviour, social relationships, opportunities and prospects of individuals and, often, of their families. While age increases, the role played by health conditions becomes increasingly important, and is nearly exclusive among the oldest old, when the risk of ill health is greater and the impact on quality of life of people can be very severe.

2. Dimensions considered to represent the domain

The set of indicators selected for this domain describes essential elements of the health profile of population, across the main dimensions: objective, functional and subjective health. Indicators describing potential risk factors for health are also proposed. Indicators are organized into three lists.

1. Global outcome indicators : which give information about the phenomenon;
2. Specific indicators for lifecycle phases: global information is enriched with in depth information related to risks which are specific for different phases of the lifecycle;
3. Indicators related to risk or health protection factors caused by lifestyles: useful for assessing the sustainability of current levels of population health and of their desirable improvement.

3. List of the best indicators

1. Life expectancy at birth: Life expectancy expresses the average number of years that a child born in a given calendar year can expect to live if exposed during his whole life to the risks of death observed in the same year at different ages.
2. Healthy life expectancy at birth: It expresses the average number of years that a child born in a given calendar year can expect to live in good health on the assumption that the risks of death and perceived health conditions remain constant. It is built using the prevalence of individuals who respond positively ("well" or "very well") to the question on perceived health.
3. Physical Component Summary (PCS): Summary of the scores of each individual answering the 12 questions on the questionnaire SF12 on physical state (Physical Component Summary).
4. Mental Component Summary (MCS): Summary of the scores of each individual answering the 12 questions on the questionnaire SF12 on psychological state (Mental Component Summary).
5. Infant mortality rate: Deaths during the first year of life per 10.000 born alive.

6. Traffic accidents (15-34 years old): Mortality rate for traffic accidents (initial cause) by five year age groups for people aged 15-34 years, standardized by the Italian 2001 Census population of the same age groups.
7. Age-standardised cancer mortality rate (19-64 years old): Mortality rate for cancer (initial cause) by five year age groups for people aged 19-64 years, standardized by the Italian 2001 Census population of the same age groups.
8. Age-standardised mortality rate for dementia and related illnesses (people aged 65 and over): Mortality rate for nervous system diseases and psychical and behavioural disorders (initial cause) by five year age groups for people aged 65 years and over, standardized by the Italian 2001 Census population of the same age groups.
9. Life expectancy without activity limitations at 65 years of age: It expresses the average number of years that a person aged 65 can expect to live without suffering limitations in daily activities due to health problems, assuming that the risks of death and disability remain constant over time and equal to those observed in a specific calendar year. It is based on the prevalence of individuals who answer to be limited, for at least the past 6 months, because of a health problem in activities people usually do.
10. Overweight or obesity - Standardized percentage of people aged 18 years and over who are overweight or obese: The indicator refers to the Body Mass Index (BMI), which classifies people as overweight ($25 \leq \text{BMI} < 30$) or obese ($\text{BMI} > 30$) as classified by the World Health Organization (WHO). The indicator is standardized using the Italian 2001 Census population as standard population.
11. Smoking - Standardized percentage of people aged 14 years and over declaring to smoke: Proportion of people aged 14 and over who report current smoking. The indicator is standardized using the Italian 2001 Census population as standard population.
12. Alcohol consumption - Standardized percentage of people aged 14 years and over with at least one risk behaviour in alcohol consumption: Taking into account the definitions adopted by the WHO and the recommendations from INRAN, in agreement with the National Institute of Health, are identified as "at-risk consumers" all those individuals who have at least one risk behaviour, exceeding the daily consumption of alcohol (according to specific thresholds for sex and age) or concentrating on a single occasion of consumption the intake of 6 or more units of any alcoholic drink (binge drinking).
13. Sedentariness - Standardized percentage of people aged 14 years and over who do not practice any physical activity: Proportion of people aged 14 and over referring not to play sports neither continuously nor intermittently during their spare time, and people aged 14 and over referring not to perform any physical activity, such as walking at least 2 km, cycling, swimming, etc.
14. Nutrition - Standardized percentage of people aged 3 years and over who consume at least 4 portions of fruit and vegetables a day: Percentage of people aged 3 years and over who say they take every day at least 4 portions of fruit and vegetables. According to the guidelines for a healthy diet published by INRAN the recommended daily servings would be at least 5, but since the definition of portion remains a difficult concept to be standardized for the Italian eating habits, although there are objective criteria of measurement, such as the weight of the food considered, it was considered appropriate to refer to the declared consumption of at least 4 portions. Very often, for example, a portion of vegetables taken as side dish is greater in quantity compared to the amount in grams recommended. The indicator is standardized using the Italian 2001 Census population as standard population.