

CONVEGNO

**Le disuguaglianze di salute in Toscana:  
*determinanti e conseguenze***

Firenze, 13 aprile 2017



Regione Toscana



“Una parte dei nostri mali dipende dal fatto  
che troppi uomini sono oltraggiosamente  
ricchi, o disperatamente poveri”

Le memorie di Adriano, M.Yourcenar

## Socioeconomic status and the 25 × 25 risk factors as determinants of premature mortality: a multicohort study and meta-analysis of 1.7 million men and women



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### Research in context

#### Evidence before this study

Low socioeconomic status is one of the strongest predictors of morbidity and premature mortality worldwide. However, global health strategies do not consider poor socioeconomic circumstances as modifiable risk factors. The WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases, for example, targets seven major health risk factors, including insufficient physical activity, current tobacco use, and raised blood pressure, for reducing premature mortality from non-communicable diseases by 25% by 2025. Low socioeconomic status is not included among the 25 × 25 risk factors.

#### Added value of this study

We used data from more than 1.7 million individuals in 48 independent cohort studies from seven countries, and found that the independent association between socioeconomic status and mortality is comparable in strength

and consistency to those of six 25 × 25 risk factors (tobacco use, alcohol consumption, insufficient physical activity, raised blood pressure, obesity, diabetes). Our study is one of the largest studies to date to examine the association between socioeconomic status and premature mortality and the first large-scale investigation to directly compare the importance of socioeconomic circumstances as determinants of health with six major risk factors targeted in global health strategies for the reduction of premature mortality.

#### Implications of all the available evidence

By showing comparable health impact of low socioeconomic status to that of major risk factors, our study suggests that socioeconomic adversity should be included as a modifiable risk factor in local and global health strategies, policies, and health-risk surveillance.

“ Promuovere la salutogenesi, ovvero le condizioni del benessere, passa non solo dalla riorganizzazione dei percorsi di cura, individuali e collettivi, dalle voci di spesa che individui e società sono disposti a pagare per stare bene, ma dal miglioramento concreto della qualità della vita di ogni singolo individuo. La personalizzazione qualitativa che è l’obiettivo ambizioso della medicina sistema italiana”

Alberto De Toni

# Misure per mitigare l'impatto della crisi

- continuare ed estendere la copertura dei gruppi vulnerabili
- ridurre le cure ospedaliere evitabili
- Trattenere e motivare la forza lavoro del mondo socio sanitario
- Fare efficienza nei processi ed economizzare sui costi operativi
- Guardare a nuove fonti di finanziamento
- Promuovere servizi a più alto valore
- Essere bravi ad individuare le priorità

**Access to healthcare in times of crisis**

**European Foundation for the Improvement of Living and Working Conditions**

**Dalla “medicina di precisione”  
alla “assistenza di precisione”**