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Italian network of multi-Metropolitan Longitudinal Studies (MLSs)

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In Italy, systems of integrated population data have been broadly used by Metropolitan Longitudinal Studies (MLSs) in order to monitor social determinants of health and health services access. At the municipal level is indeed possible to integrate the whole inhabitant's vital-status records with Census and health Services registries. This approach is spreading in some country towns; it allows a retrospective view to study social dynamics of health disparities (i.e. mortality or hospitalization relative risks by socio-demographic levels).

The first of those MLSs is Turin's one, which starts from 1971 Census. The following ones are: Tuscan Study (including Florence, Livorno and Prato, from 1981) and Reggio Emilia LS (from 1991). Recently it has been constituted a national network of Metropolitan Longitudinal Studies including Emilia LS (Bologna and Modena, with Reggio Emilia), and LSs of Venice, Rome and Sicily (Palermo and Catania). Lasts MLSc cohorts recruitment starts from 2001's Census, when the Study population represents about 10% of the Italians (thousands of inhabitants at 2001 Census: 865 – Turin LS, 689 – Emilia, 271 – Venice, 685 - Tuscany, 2,547 – Rome, 1,000 - Sicily).

The MLSs afforded to develop Socio-Economic Status indicators for the Italian context and to proceed to study its Correlation with robust and most historical health outcomes (starting from mortality and hospital admission). For example disparities between education levels in infarction incidence can be monitored, tanks to high statistical power (i.e. in Turin during 1997-2002 years women's relative risks, in comparison with more-educated, were: medium educated RR=1.46, 95%CI 1.24-1.72; low-educated RR=1.77, 95%CI: 1.51-2.08). Other comparable results regard mortality gaps in Turin, Tuscany, Reggio Emilia and Venice. Environmental exposure effect in Rome constitutes a recent development. Immigrant status along with other health (i.e. deliveries, specialist and emergency visits, drugs consumption, etc.) and social data (family income) will enter into the Studies.