

## Health<sup>1</sup>

The analysis of the indicators of the health domain shows that in 2019, on the eve of the pandemic, most of the indicators (12 indicators out of 15) were at better levels than a decade earlier, with the only exceptions of the indicator monitoring mortality due to dementia and diseases of the nervous system for the elderly, which has been rising almost constantly since 2015, and the daily consumption of at least 4 portions of fruit and/or vegetables, which, although with a fluctuating trend, showed better values in 2010. The mental health indicator was stable<sup>2</sup>.

The excess mortality linked to the spread of the pandemic has led to a reduction in life expectancy at birth of over 1 year in 2020, which only partially recovered in 2021 and 2022 (82.5 and 82.6 years of life expectancy compared to 83.2 years in 2019).

Despite the decline in expected life years, the healthy life expectancy at birth has improved in 2020 compared to 2019, due to an increase in the share of people who assessed their health more positively in the context of the pandemic in the face of overall distress.

In 2021, this improvement has been partially counterbalanced and the data for 2022 show an unchanged situation compared to 2021, however healthy life expectancy is still higher than before the COVID-19 pandemic.

The analysis of the mental health indicator, although showing relative stability on average for the population, highlights the sharp decline in psychological well-being experienced in the last two years by young people, especially girls.

The trend in some mortality indicators by cause<sup>3</sup> shows a further worsening in 2020 of the indicator on mortality due to dementia and diseases of the nervous system in the elderly population, as well as the stop in the steady improvement recorded until 2019 of the indicator on avoidable mortality. The latter is likely to be the effect of the pandemic crisis, which in 2020 led to an increase in the total number of deaths from various causes, many of which are included among the avoidable ones.

Road accident mortality among 15-34-year-olds has decreased in 2020 due to the reduced mobility resulting from travel restrictions to contain the spread of the pandemic. A reduction, although more limited, was also confirmed in 2021 when the mobility situation, although normalising, had not yet fully returned to pre-pandemic levels.

As far as population's lifestyles are concerned, after a general improvement observed up to 2019, significant fluctuations are evident from 2020 onwards for almost all indicators and, in most cases, the level in 2022 is worse compared to 2019. In particular, the sedentariness indicator, which has improved in 2020 and 2021 due to a greater prevalence of unstructured physical activity outside gyms and swimming pools, worsens in 2022 and returns to even more critical levels than in 2019.

Overweight and obesity among the adult population, after increasing in 2020, realign to pre-pandemic levels in 2021 and 2022, although the obesity component of the indicator is increasing over the long period.

1 This chapter was edited by Emanuela Bologna, with contributions from Silvia Bruzzone, Lidia Gargiulo, Simone Navarra, Marilena Pappagallo, Silvia Simeoni, Alessandra Tinto.

2 For this indicator, the long-term comparison was made taking 2016 as the starting year, as no such data was available before then.

3 For these indicators, the latest available data is 2020.

Smoking has been on a constant downward trend in recent years, while the share of people with risky alcohol consumption, after a fluctuating trend, has returned to the pre-pandemic level. The negative trend for the indicator on adequate nutrition persists in 2022, with lower levels comparing to 2019.

Table 1. Health domain indicators: value for the latest available year and percentage changes for different periods

Indicators	Starting year	Latest available year	Latest available year value	Percentage changes			
				2019 compared with starting year	2021 compared with 2019	2022 compared with 2021	2022 compared with 2019
Life expectancy at birth (in years)* (a)	2010	2022	82.6	●	●	●	●
Healthy life expectancy at birth (in years) (a)	2010	2022	60.1	●	●	●	●
Mental health index (SF36) (average scores)	2016	2022	69.0	●	●	●	●
Avoidable mortality (age 0-74) (per 10,000 residents) (b)	2010	2020	16.6	●	●	-	-
Infant mortality rate (per 10,000 residents) (b)	2010	2020	2.5	●	●	-	-
Road accidents mortality rate (15-34 years old) (per 10,000 residents)	2010	2021	0.6	●	●	-	-
Cancer mortality rate (20-64 years old) (per 10,000 residents) (b)	2010	2020	8.0	●	●	-	-
Mortality rate for dementia and nervous system diseases (65 years and over) (per 10,000 residents) (b)	2010	2020	35.7	●	●	-	-
Multimorbidity and severe limitations (75 years and over) (%)	2010	2022	49.0	●	●	●	●
Life expectancy without activity limitations at 65 years of age (in years) (a)	2010	2022	10.0	●	●	●	●
Overweight or obesity (standardised rates)	2010	2022	44.5	●	●	●	●
Smoking (standardised rates)	2010	2022	20.2	●	●	●	●
Alcohol consumption (standardised rates)	2010	2022	15.5	●	●	●	●
Sedentariness (standardised rates)	2010	2022	36.3	●	●	●	●
Adequate nutrition (standardised rates)	2010	2022	16.8	●	●	●	●

● Better    ● Worse    ● Stable    - Not available

\* For this indicator, the difference in points is taken into account in the calculation of the change.  
(a) 2022 data is provisional.  
(b) 2021 and 2022 data are not available, change calculated between 2019 and 2020.  
Note: If the relative change between the two years exceeds 1% it is considered positive (green), if it is less than -1% it is considered negative (red). In the range -1 and +1% the variation is considered stable (yellow). The polarity of the indicator has been taken into account in the calculation of the variations, to consider the improvement or worsening in terms of well-being.

## In 2022, life expectancy at birth remains below the pre-pandemic level

The excess mortality linked to the spread of the pandemic led in 2020 to a reduction in life expectancy at birth of more than a year (82.1 years compared to 83.2 in 2019), only partially recovered in 2021 (82.5 years) and in 2022 (82.6).

In the European context, our country has regained in 2021 in only one year the positions lost in 2020 due to the considerable excess of mortality determined by the pandemic shock: in 2021, Italy is again in third place in the ranking of EU countries in terms of average life expectancy, after Spain and Sweden (Figure 1).

The territorial analysis highlights how, in 2022, no region has returned to the average life expectancy levels of 2019; only a few regions have largely recovered the years of life lost during the two-year pandemic period. Overall, the variations recorded between 2020 and 2022 bring little change in the geography of life expectancy, consolidating the well-known territorial inequalities that see Campania with the lowest life expectancy at birth (80.9 years), almost three years less than Trento (84.0 years) (Figure 2).

Figure 1. Life expectancy at birth in EU27 countries. Years 2019-2021. In years

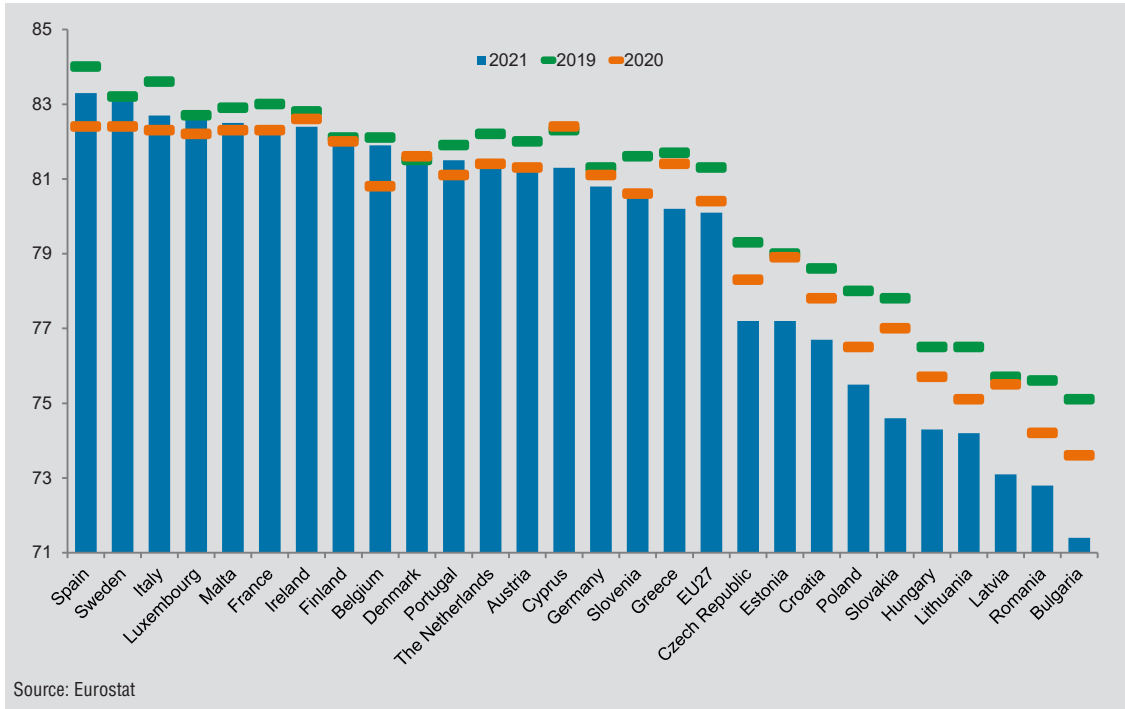
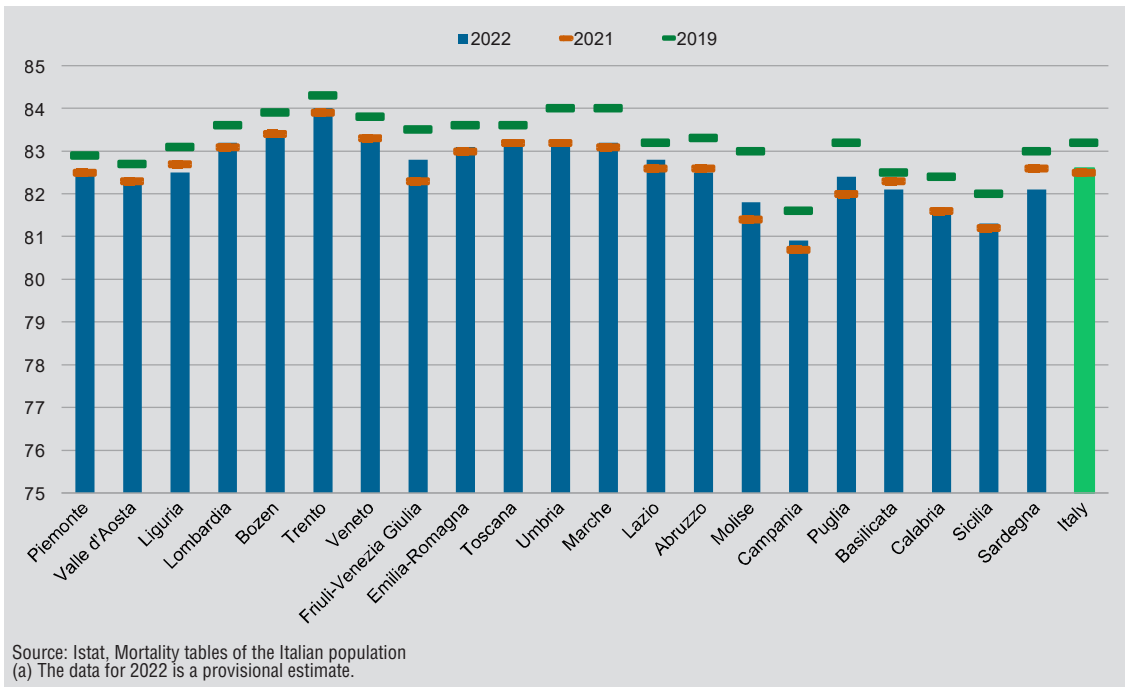


Figure 2. Life expectancy at birth by region. Years 2019, 2021 and 2022 (a). In years



**In 2022 the gender gap in life expectancy at birth narrows down to its lowest level ever, as in 2019**

The analysis by gender shows that the excess mortality in the two pandemic years affected men more than women, but the overall loss of life years compared to 2019 is estimated at 0.6 years

for both genders. In 2022, the gender gap in life expectancy at birth returns to the low peak of 4.3 years, first observed in 2019, after a slight increase in 2020 (4.7 years) and 2021 (4.5). On the territory, the effects of the two pandemic years differ with respect to gender. In the comparison with 2019, men experienced greater losses than women in the South (-0.8 years, vs -0.7 of women), in the North-east (-0.6 vs -0.5 of women) and in the Centre (-0.5 vs -0.4), while they were greater for women in the Islands (-0.7 vs -0.6 of men) and in the North-west (-0.5 vs -0.4) (Figure 3).

Figure 3. Life expectancy at birth by geographic area and gender. Differences 2022-2019 (a). In years

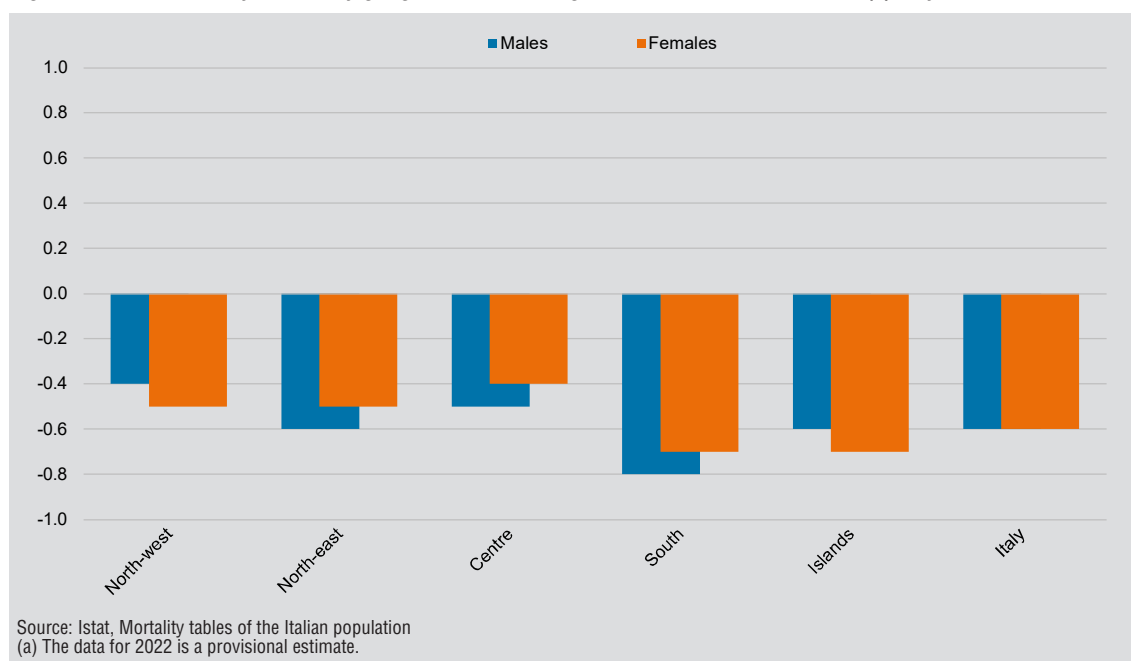
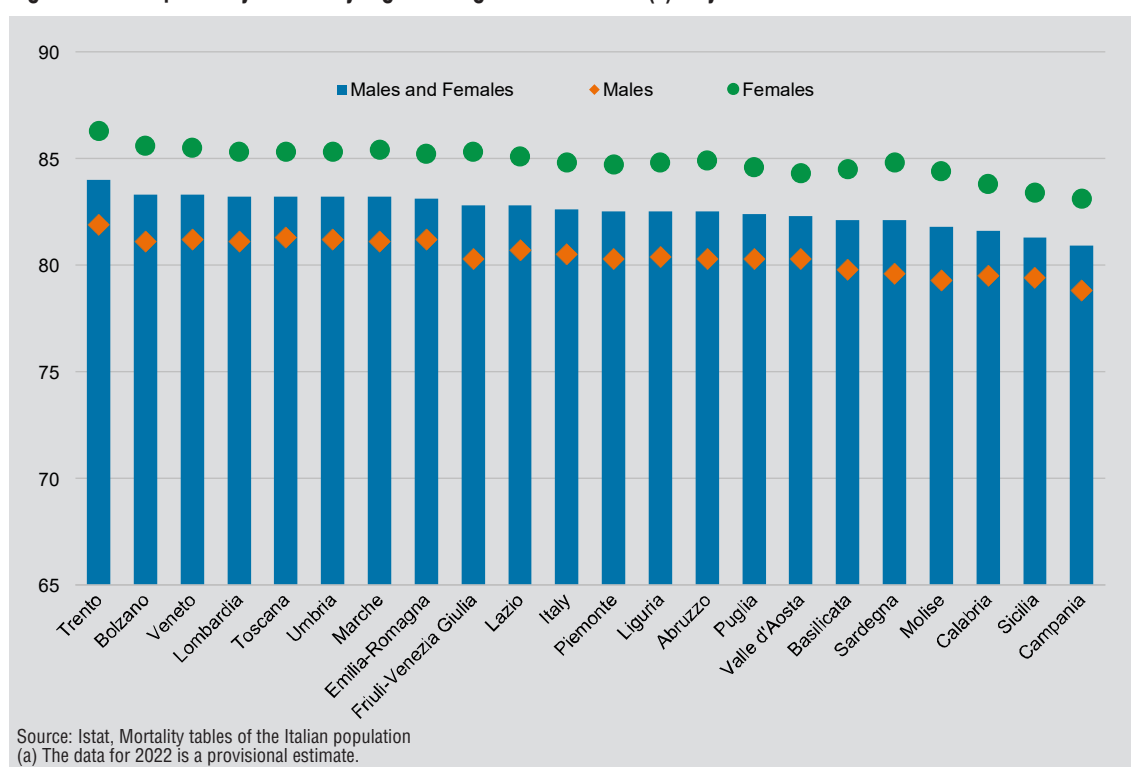


Figure 4. Life expectancy at birth by region and gender. Year 2022 (a). In years



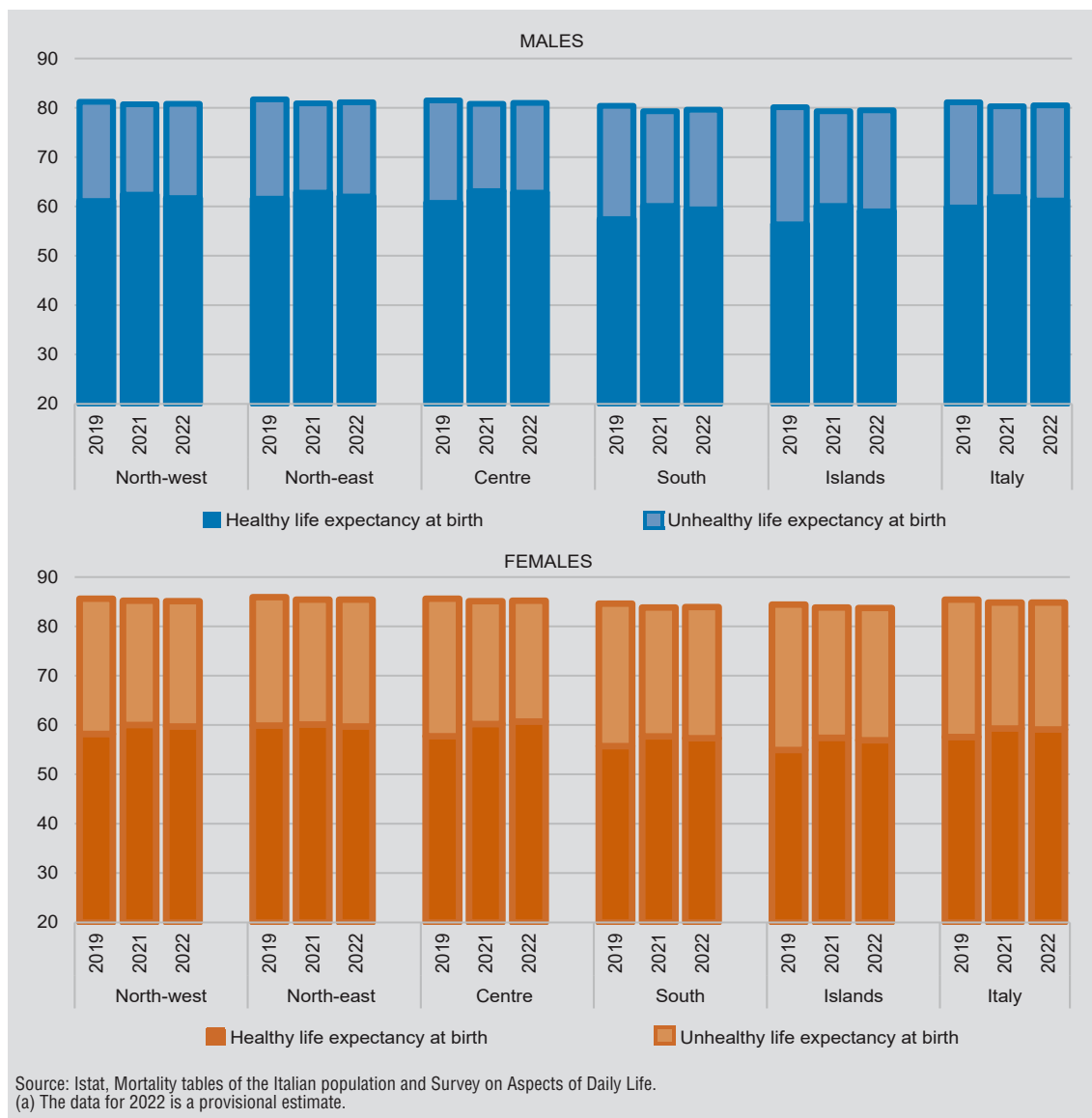
### Healthy life expectancy in 2022 is equal to 60.1 years

In 2022, healthy life expectancy is estimated at 60.1 years. The trend of this indicator showed a breaking point after the pandemic due to the opposite trends of the two components of the indicator (life expectancy and prevalence of perceived good health), registering higher values in both 2020 and 2021 than in 2019 (it was 58.6 years). The trend is due to the peak increase in the share of people who has assessed their health positively in the context of the pandemic. The gender gap in favour of men remains, with more than two years difference (61.2 and 59.1 for men and women, respectively).

### Stable gender differences in healthy life expectancy

Compared to 2019, for both genders, the period left to live with no good health decreases by about 2 years. Comparing the different geographic areas, Figure 5 shows the greatest gains in terms of average life expectancy years in good health for both men and women living in

Figure 5. Life expectancy at birth and healthy life expectancy at birth by geographic area and gender. Years 2019, 2021 and 2022 (a) In years



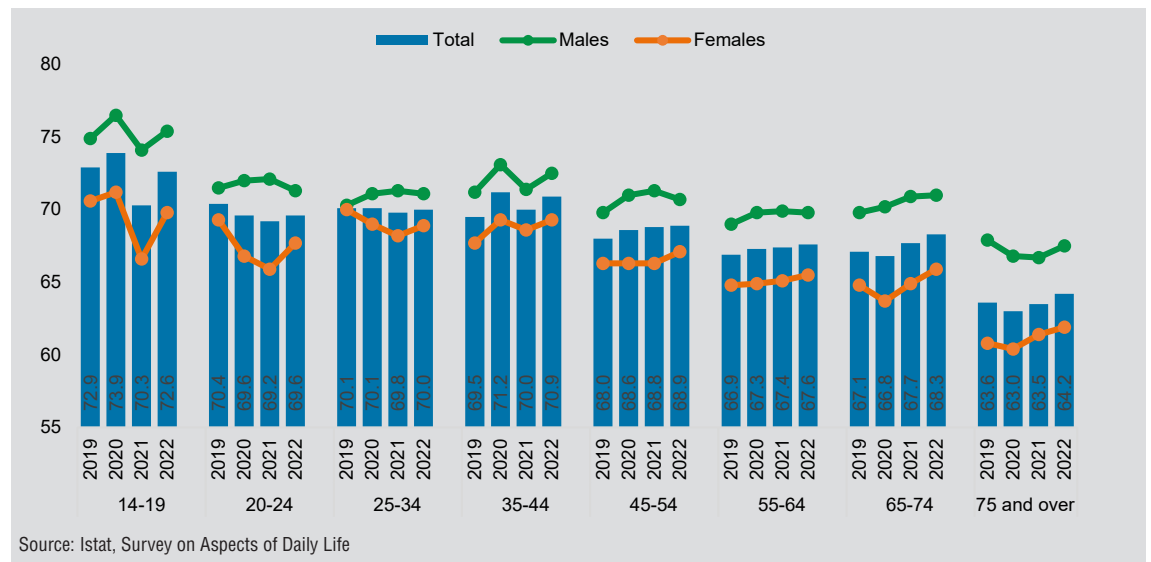
Source: Istat, Mortality tables of the Italian population and Survey on Aspects of Daily Life. (a) The data for 2022 is a provisional estimate.

the Centre and the South, at the expense of those remaining to live with no good health. In the Centre, for example, women gain as many as 3 years in good health compared to 2019 and men 2.1, so that for the latter as many as 77.5% of the expected average life years will be lived in good health (the largest share estimated in 2022) (Figure 5).

### Psychological well-being improves but critical issues remain among younger people

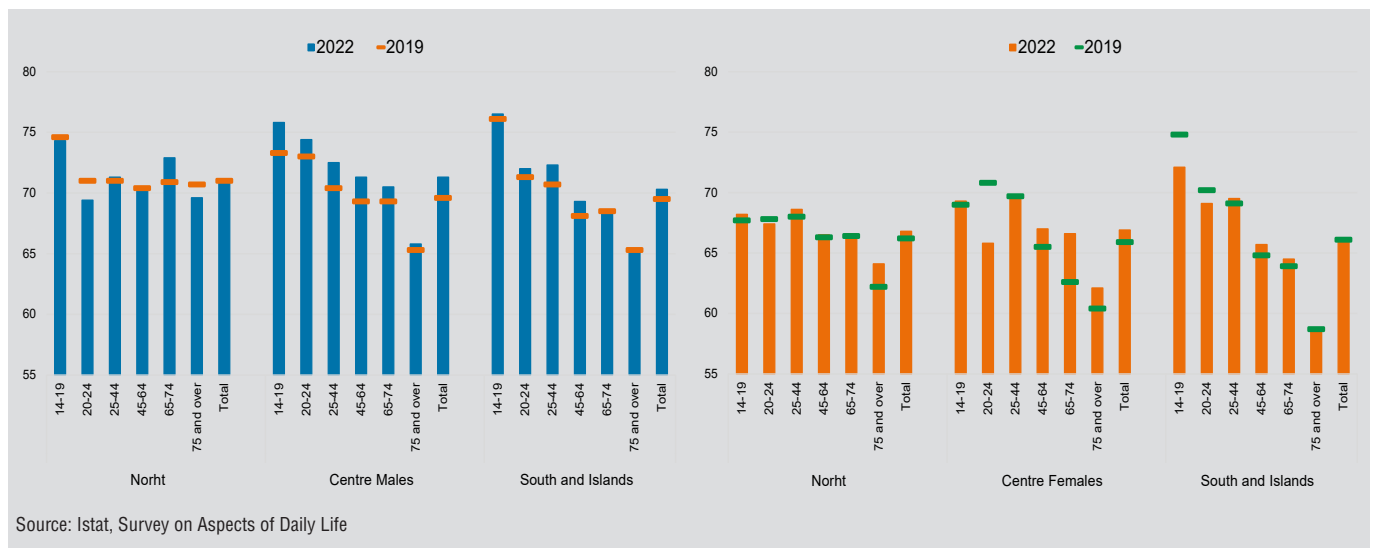
In 2022, the mental health index was 69.0, a slight improvement on both 2021 and 2019 (it was 68.4 in both years). The analysis by age highlights, however, the strong contraction in terms of psychological well-being observed in the last two years among the youngest, especially girls, among whom the indicator remains at worse values than in the pre-COVID period, both in the 14-19 age group and, even more critically, in the 20-24 age group (Figure 6).

Figure 6. Mental health index for persons aged 14 and over by gender and age group. Years 2019 - 2022. Average scores



Source: Istat, Survey on Aspects of Daily Life

Figure 7. Mental health index for persons aged 14 and over by geographic area, gender and age group. Years 2019 and 2022. Average scores

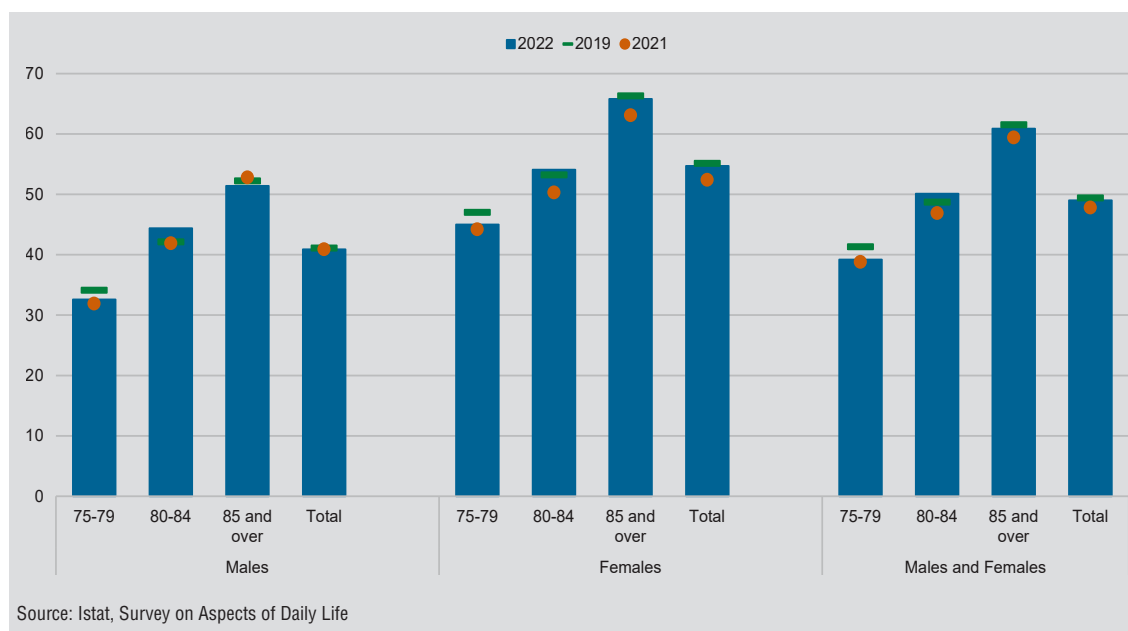


Source: Istat, Survey on Aspects of Daily Life

## Almost half of the elderly aged 75 and over are in bad health, with a higher proportion of women

The analysis of the condition of multicronicity and severe limitations highlights that in 2022, 49% of the population aged 75 and over suffers from three or more chronic diseases or has severe limitations in performing the activities that people usually perform (Figure 8). The proportion of the elderly in a more fragile health condition is higher among women (54.7% compared to 40.9% of men) and increases progressively as age increases, reaching 60.9% among people aged 85 and over (compared to 39.2% among people aged 75-79).

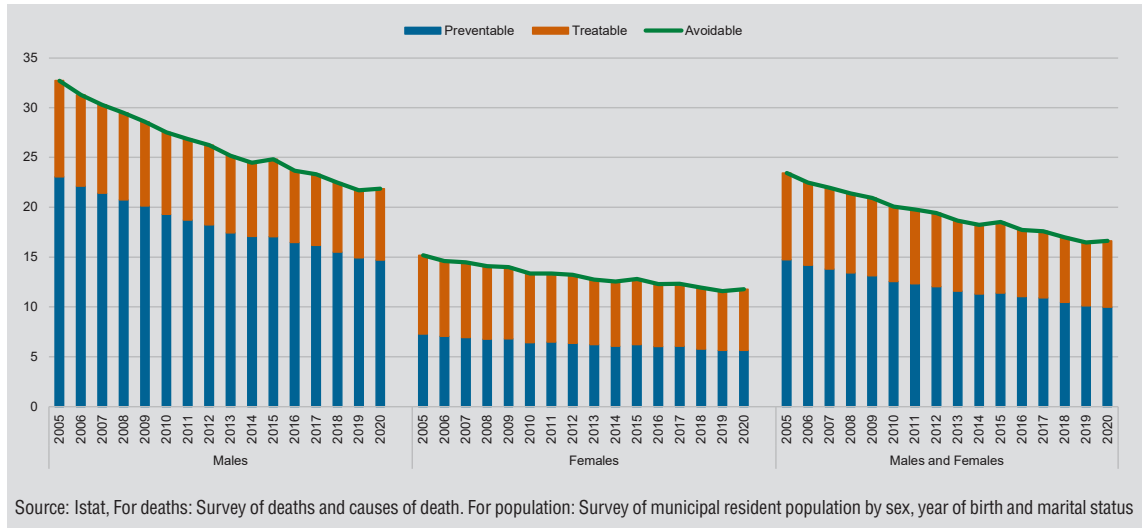
**Figure 8. Persons aged 75 and over with three or more chronic conditions and/or severe limitations that last for at least six months in carrying out the activities that people usually do, by gender and age groups. Years 2019, 2021 and 2022. Percentage values**



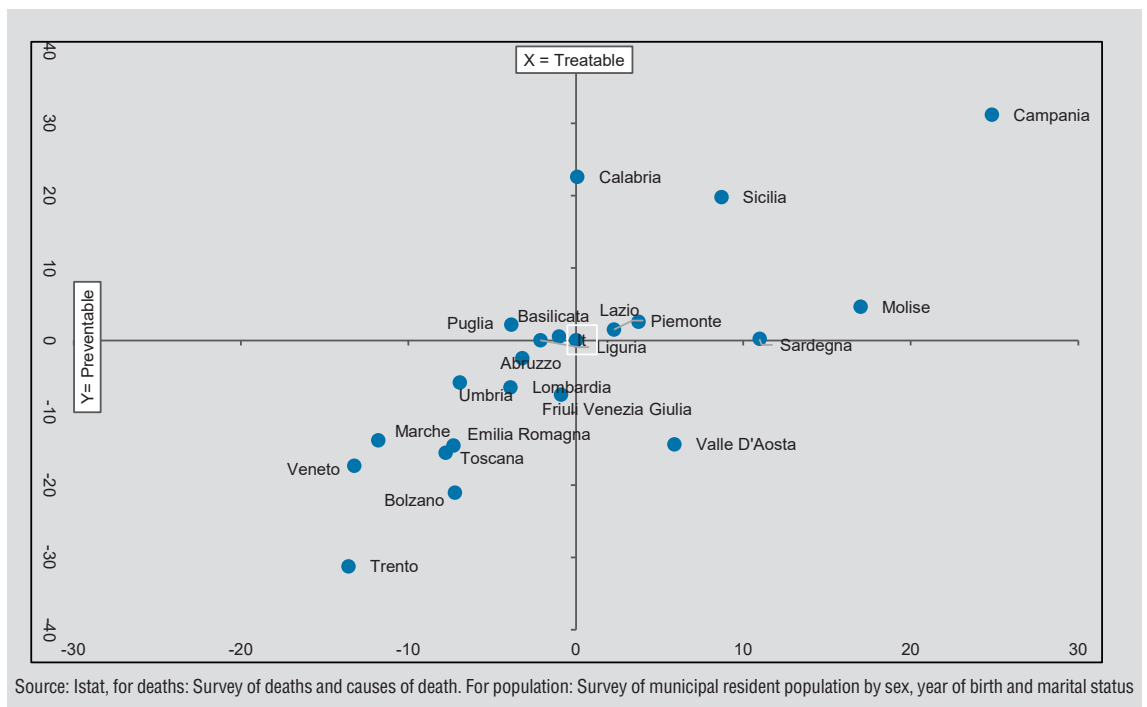
## Increasing mortality from dementia and diseases of the nervous system

Among the indicators of mortality by cause, in 2020 mortality from dementia and diseases of the nervous system in the elderly population has increased (from 34.0 per 10,000 inhabitants in 2019 to 35.7 in 2020), confirming the negative trend already recorded in previous years. There is also a halt to the progressive improvement observed up to 2019 in the avoidable mortality indicator (it was 15.5 per 10 thousand residents in 2019 and stands at 16.5 in 2020) (Figure 9).

**Figure 9. Standardised rates of avoidable mortality (preventable and treatable) of persons aged 0-74 years by gender. Years 2005-2020. Per 10,000 residents**



**Figure 10. Standardised rates of avoidable mortality (preventable and treatable) of persons aged 0-74 years by region. Year 20020. Percentage changes compared to national average scores**



**In 2021, the mortality rate for road traffic accidents among 15-34-year-olds is confirmed to decrease compared to 2019**

The reduction in death from road accidents among 15-34-year-olds, already experienced in 2020 (0.5) due to the travel restrictions to contain the spread of the pandemic, is confirmed in 2021 (with the indicator at 0.6 per 10,000 residents, compared to 0.7 per 10,000 residents in 2013-2019).



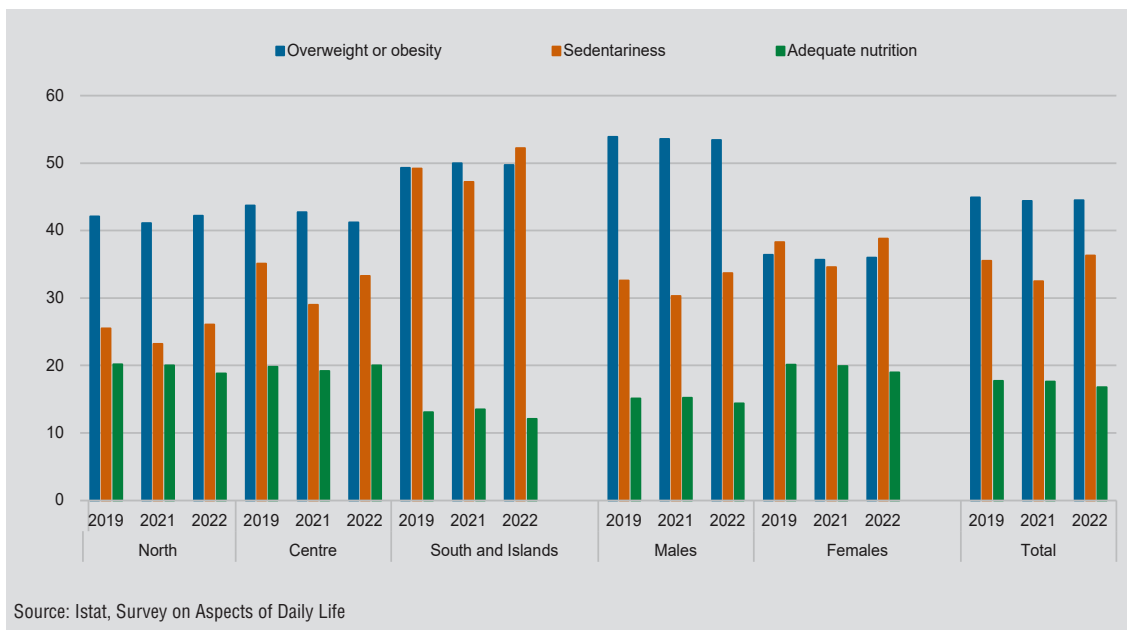
### Sedentary lifestyle increases, excess body weight is stable, adequate consumption of fruit and vegetables decreases

In 2022, the proportion of sedentary people, i.e. those who say they do not engage in sport or physical activity in their free time, is 36.3%. This indicator shows a significant worsening compared to 2021 (when it was 32.5%) and is in line with the levels recorded in the pre-pandemic two-year period 2018-2019.

The overweight or obesity rate among the adult population, which increased in 2020 (when it was 45.9%), realigns in both 2021 and 2022 to pre-pandemic levels (with values of 44.4 and 44.5%, respectively). However, the obesity component of the indicator remains on the rise over the long term.

In 2022, the share of the population aged three years and over who consumed at least four portions of fruit and/or vegetables daily is 16.8%, steadily decreasing in recent years (it was close to 20% in 2015-2018).

**Figure 11. Standardised proportion of sedentary people aged 14 years and over, standardised proportion of people aged 18 years and over who are overweight/obese, and standardised proportion of people aged 3 years and over who consume at least 4 portions of fruit and/or vegetables daily by geographic area and gender. Years 2019, 2021 and 2022. Percentage values**

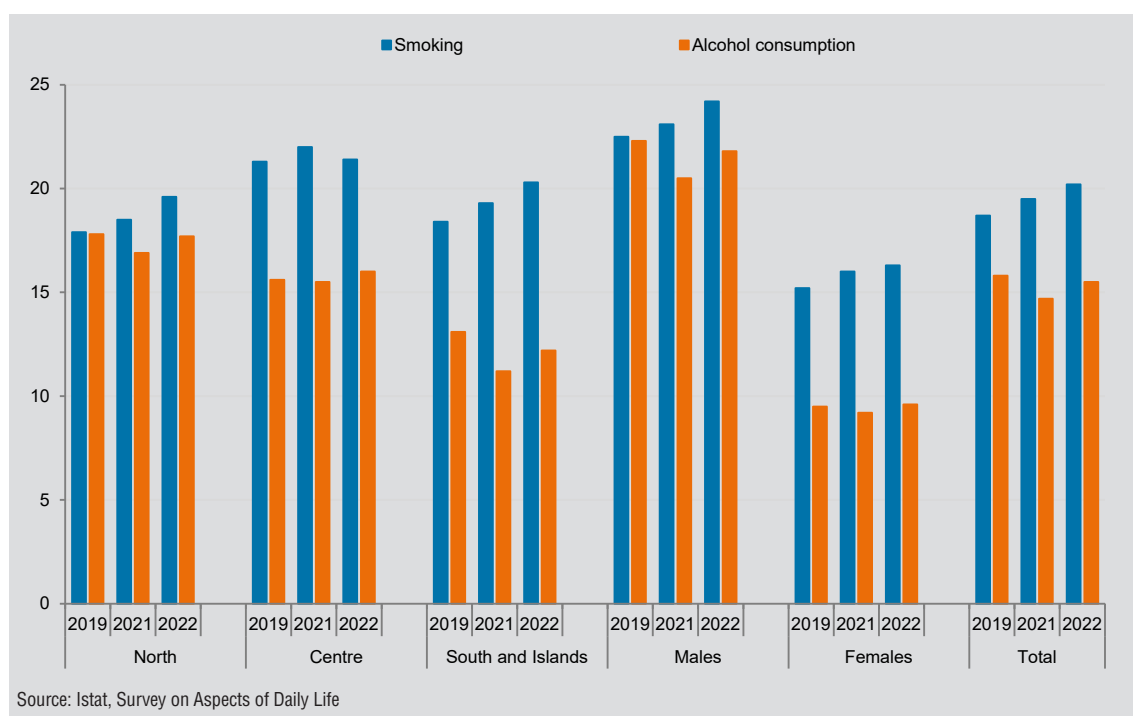


### Smoking habits and risky alcohol consumption on the rise

In 2022, the percentage of smokers aged 14 and over is 20.2%, increasing compared to 2019 (18.7%). Smoking is more widespread among men than women (24.2% vs. 16.3%). Over time, the increase in the number of women smokers has led to a reduction in this gap (it was 11.2 percentage points in 2010 and it reaches 7.9 percentage points in 2022). The increase observed between 2021 and 2022, however, mainly concerns men (+1.1 percentage points compared to +0.3 for women), thus widening the gender gap once again. In 2022, risky drinking affected 15.5% of the population aged 14 and over. It thus returns to

the level of 2019 (when it was 15.8%), following the increase of about 1 percentage point between 2019 and 2020 and the subsequent decrease in 2021 (-2 percentage points). The increase in the share of at-risk drinkers observed in 2022 relates exclusively to the increase in the binge-drinking habit, which grew mainly among young people and adults aged 14-44 (from 10.4 % in 2021 to 11.7 % in 2022).

**Figure 12. Standardised proportion of people aged 14 and over who report currently smoking and standardised proportion of people aged 14 and over who have at least one risk behaviour in alcohol consumption by geographic area and gender. Years 2019, 2021 and 2022. Percentage values**



## 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.  
Source: Istat - Life tables of Italian population.
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 ("good" or "very good") to the question on perceived health.  
Source: Istat - Life tables of Italian population and Survey on Aspects of daily life
3. **Mental health index (SF36):** The mental health index is a measure of psychological distress obtained from the synthesis of the scores obtained by each individual of 14 years and over to 5 questions from the SF36 questionnaire (36-Item Short Form Survey). It includes one or more items from each of the four major mental health dimensions (anxiety, depression, loss of behavioural or emotional control, and psychological well-being). The final score is a standardised measure, which varies between 0 and 100, with better psychological well-being corresponding to higher scores.  
Source: Istat - Survey on Aspects of daily life
4. **Avoidable mortality (age 0-74):** Deaths of persons aged 0-74, due to causes identified as treatable (in the light of medical knowledge and technology at the time of death, most deaths from that cause could be avoided through optimal quality health care) or preventable (in the light of understanding of the determinants of health at the time of death, most deaths from that cause could be avoided by public health interventions in the broadest sense). The definition of the lists of treatable and preventable causes of mortality is based on a joint OECD/Eurostat work, revised in November 2019. Standardised rates with European 2013 population aged 0-74, per 10,000 residents.  
Source: Istat - Vital register on deaths and causes of death
5. **Infant mortality rate:** Deaths during the first year of life per 10,000 born alive.  
Source: Istat - For deaths: Vital register on deaths and causes of death. For live births: Migration and calculation of yearly resident population
6. **Road accidents mortality rate (15-34 years old):** Mortality rate in road accidents by five year age groups for people aged 15-34 years, standardised by the European 2013 population of the same age groups.  
Source: Istat - For deaths: Survey on road accidents resulting in death or injury. For population: Survey on the municipal resident population by sex, year of birth and marital status
7. **Age-standardised cancer mortality rate (20-64 years old):** Mortality rate for cancer (initial cause) by five year age groups for people aged 20-64 years, standardised by the European 2013 population in the same age groups.  
Source: Istat - For deaths: Istat, Survey on deaths and causes of death. For population: Survey on the municipal resident population
8. **Age-standardised mortality rate for dementia and nervous system diseases (65 years and over):** Mortality rate for nervous system diseases and psychical and behavioral disorders (initial cause) by five year age groups for people aged 65 years and over, standardised by the European 2013 population in the same age groups.  
Source: Istat - For deaths: Istat, Vital register on deaths and causes of death. For population: Survey on the municipal resident population
9. **Multimorbidity and severe limitations (75 years and over):** Percentage of people aged 75 and over who declare to be affected by 3 or more chronic conditions and/or to be severely limited, for at least the past 6 months, because of a health problem in activities people usually do.  
Source: Istat - Survey on Aspects of daily life
10. **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 activities due to health problems. 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.  
Source: Istat - Life tables of Italian population and Survey on Aspects of daily life
11. **Overweight or obesity (standardised rates):** 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 standardised using the 2013 European standard population.  
Source: Istat - Survey on Aspects of daily life
12. **Smoking (standardised rates):** Proportion of people aged 14 and over who report current smoking. The indicator is standardised using the 2013 European standard population.  
Source: Istat - Survey on Aspects of daily life
13. **Alcohol consumption (standardised rates):** Proportion of people aged 14 and over who are at-risk consumers of alcohol. 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). The indicator is standardised using the 2013 European standard population.  
Source: Istat - Survey on Aspects of daily life
14. **Sedentariness (standardised rates):** 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. The indicator is standardised using the 2013 European standard population.  
Source: Istat - Survey on Aspects of daily life
15. **Adequate nutrition (standardised rates):** Percentage of people aged 3 years and over who say they take every day at least 4 portions of fruit and vegetables. The indicator is standardised using the 2013 European standard population.  
Source: Istat - Survey on Aspects of daily life

## Indicators by region and geographic area

REGIONS GEOGRAPHIC AREAS	Life expectancy at birth (a)	Healthy life expectancy at birth (a)	Mental health index (SF36) (b)	Avoidable mortality (age 0-74) (c)	Infant mortality rate (d)	Road accidents mortality rate (15-34 years old) (e)	Age-standardised cancer mortality rate (20-64 years old) (f)
	2022 (*)	2022 (*)	2022	2020	2020	2021	2020
Piemonte	82.5	60.8	68.5	16.9	2.1	0.5	7.9
Valle d'Aosta/Vallée d'Aoste	82.3	60.9	68.0	16.3	-	-	6.2
Liguria	82.5	59.1	68.6	16.4	2.1	0.5	8.0
Lombardia	83.2	61.0	69.2	15.8	2.4	0.4	7.7
Trentino-Alto Adige/Südtirol	83.7	66.2	71.9	13.8	2.2	0.5	6.5
<i>Bolzano/Bozen</i>	<i>83.3</i>	<i>69.3</i>	<i>72.8</i>	<i>14.5</i>	<i>2.7</i>	<i>0.6</i>	<i>6.9</i>
<i>Trento</i>	<i>84.0</i>	<i>63.2</i>	<i>70.9</i>	<i>13.2</i>	<i>1.5</i>	<i>0.4</i>	<i>6.1</i>
Veneto	83.3	60.5	68.5	14.1	1.9	0.9	7.0
Friuli-Venezia Giulia	82.8	60.4	68.8	16.0	2.0	0.8	7.3
Emilia-Romagna	83.1	59.9	69.6	14.9	1.7	0.7	7.3
Toscana	83.2	62.5	68.5	14.8	1.8	0.5	7.7
Umbria	83.2	62.5	69.4	15.5	3.2	0.5	7.1
Marche	83.2	60.2	66.9	14.5	1.9	0.3	7.2
Lazio	82.8	61.4	70.6	17.2	2.6	0.7	8.1
Abruzzo	82.5	61.6	68.3	16.1	2.8	0.9	7.9
Molise	81.8	58.2	67.8	18.6	2.3	0.7	8.6
Campania	80.9	59.0	67.7	21.2	3.3	0.6	9.8
Puglia	82.4	58.6	68.4	16.4	3.1	0.8	8.3
Basilicata	82.1	57.9	67.8	16.6	2.3	1.0	8.5
Calabria	81.6	53.1	69.7	18.1	3.9	0.6	8.0
Sicilia	81.3	57.8	68.6	18.8	3.3	0.8	8.6
Sardegna	82.1	58.1	71.0	17.7	1.3	0.7	9.4
North	83.0	60.7	69.1	15.5	2.1	0.6	7.5
North-west	82.9	60.7	69.0	16.2	2.3	0.4	7.8
North-east	83.2	60.8	69.3	14.6	1.9	0.7	7.1
Centre	83.0	61.7	69.4	15.9	2.3	0.6	7.8
South and Islands	81.7	58.2	68.6	18.5	3.2	0.7	8.8
South	81.7	58.3	68.3	18.6	3.2	0.7	8.8
Islands	81.6	57.9	69.2	18.5	3.0	0.8	8.8
<b>Italy</b>	<b>82.6</b>	<b>60.1</b>	<b>69.0</b>	<b>16.6</b>	<b>2.5</b>	<b>0.6</b>	<b>8.0</b>

(a) Average number of years;

(b) Standardised mean values;

(c) Standardised rates per 10,000 residents;

(d) Standardised rates per 1,000 resident live births;

(e) Standardised rates per 10,000 residents aged 15-34;

(f) Standardised rates per 10,000 residents aged 20-64;

(g) Standardised rates per 10,000 residents aged 65 and over;

## 1. Health

Age-standardised mortality rate for dementia and nervous system diseases (65 years and over) (g)	Multimorbidity and severe limitations (75 years and over) (h)	Life expectancy without activity limitations at 65 years of age (a)	Overweight or obesity (i)	Smoking (l)	Alcohol consumption (l)	Sedentariness (l)	Adequate nutrition (m)
2020	2022	2022 (*)	2022	2022	2022	2022	2022
39.7	41.9	10.7	42.4	19.9	18.1	29.5	22.2
48.6	38.8	10.4	40.2	17.0	23.5	20.3	14.0
37.7	48.5	10.5	41.4	23.1	17.4	29.1	17.2
43.5	45.3	11.4	41.2	19.7	16.8	25.6	17.9
38.6	34.1	12.3	40.1	16.7	20.3	15.9	19.1
43.3	27.9	12.4	38.8	16.4	20.8	16.5	15.5
34.6	40.4	12.2	41.5	16.9	19.8	15.4	22.6
40.5	42.2	11.0	42.4	16.3	19.6	25.8	16.4
33.6	43.4	11.3	44.3	20.2	21.9	21.6	18.5
35.1	47.9	10.6	44.7	22.4	16.2	26.7	21.4
34.6	42.7	11.6	42.4	21.4	16.8	27.6	19.0
33.1	52.2	10.4	44.2	24.8	16.9	29.0	23.6
38.2	51.7	10.0	43.5	22.1	19.3	30.4	18.9
29.8	49.5	10.0	39.7	20.8	14.5	38.4	20.5
34.3	50.5	9.6	45.9	19.9	15.3	35.8	12.0
27.4	49.1	9.3	51.4	22.4	18.7	43.9	12.5
26.3	66.5	7.5	54.1	20.2	11.6	53.5	9.6
31.6	50.1	9.3	49.8	20.1	12.2	53.4	12.7
27.0	56.9	7.9	52.8	20.7	14.9	52.5	7.9
24.5	55.5	9.2	47.4	17.9	13.5	58.2	13.4
31.1	58.8	7.4	49.2	22.5	9.2	57.7	12.1
44.2	47.8	8.8	40.4	17.4	17.7	35.4	19.8
39.9	44.4	11.0	42.2	19.6	17.7	26.1	18.8
41.7	44.6	11.1	41.5	20.0	17.2	27.0	18.8
37.4	44.0	11.0	43.2	19.0	18.5	24.9	18.8
33.0	47.8	10.5	41.2	21.4	16.0	33.3	20.0
30.7	56.8	8.3	49.7	20.3	12.2	52.2	12.1
28.7	57.3	8.6	51.1	19.8	12.6	52.2	11.2
34.7	55.8	7.8	46.8	21.2	11.3	52.0	14.0
<b>35.7</b>	<b>49.0</b>	<b>10.0</b>	<b>44.5</b>	<b>20.2</b>	<b>15.5</b>	<b>36.3</b>	<b>16.8</b>

(h) Per 100 persons aged 75 years and over;

(i) Standardised rates per 100 persons aged 18 and over;

(l) Standardised rates per 100 persons aged 14 and over;

(m) Standardised rates per 100 persons aged 3 and over.

(\*) Provisional data.

