DATI ALLA MANO
I PODCAST

Istat
Istituto Nazionale di Statistica

A HUNDRED YEARS OF HEALTH

Italy is one of the countries where people live the longest. Life expectancy at birth is 81.7 years for males and 85.7 for females. But it has not always been this way.

I am Cristiana Conti, and this is Dati alla mano (Data at Hand), a podcast by Istat, the Italian National Institute of Statistics, where I work in the Directorate for Communication, Information and Services to Citizens and Users. This initiative is part of a public communication project.

In this episode, we will trace – through data – the history of health in Italy, a country that started at the end of the nineteenth century at a disadvantage compared to others in Europe, but which has become, today, one of the longest-living in the world.
Data Stories, I remind our listeners, can be found on our institutional website and are a way to celebrate an important birthday for Istat, which turns one hundred in 2026.
So, to tell the story of Italians' health we will start precisely from 1926, that is, from when the Central Institute of Statistics was founded – that was its name at that time - but we will also go further back in time and continue up to the present day.

So, in 1926 in Italy, more than 120 children out of every thousand live births died within their first year of life. Diseases such as malaria, brucellosis, and typhoid fever were still widespread and subject to mandatory reporting. The median age at death was 43 and a half years. That is to say, 43 and a half years was the age that divided deaths exactly into two halves. So, half of the people who died in 1926 were less than 43 and a half years old. As a humanist who has ventured into statistics, at this point I cannot help but make a brief digression on the term 'health': it comes from Latin, *salus*, which had a broader meaning than our current one. It represented integrity, well-being, but also the salvation of a person, for example in war. Salus was even a goddess in ancient Rome. But let's get back to us, because I have a health data expert with me, **Luisa Frova**, welcome.
Luisa. Thank you, thank you.
Cristiana. I immediately have a pressing question for you because the infant mortality rate in 1926 truly impressed me: over 120 out of every thousand live births died within their first year of life. How has this indicator evolved?
L. If the 1926 figure impresses you, the one from the day after Italy's unification will terrify you… one in four children died within their first year of life.
C. How dreadful…
L. However, since then – fortunately – infant mortality has consistently decreased, with the only exceptions being the two wars and the period when the Spanish flu spread in 1918-19. Looking

back, we can see incredible progress; today, infant mortality in Italy is among the lowest in the world (2.7 per thousand live births) whereas in the second post-war period we still had levels comparable to those we found in 2023 in South Sudan and Somalia (around 70 per thousand).
C. Good heavens!!
L. But consider that even for general mortality, we have made virtuous progress. At the end of the nineteenth century, we started at a disadvantage in Europe, and today we are among the countries where people live the longest.
C. But what cause or causes led to these achievements?
L. As you've guessed, there are multiple causes: better conditions of hygiene, improved nutrition, advances in medicine, economic development, and then in more recent years, the universal health system, vaccines…
C. But in the late nineteenth century, what were the most widespread diseases, those from which people died?
L. 30% of deaths were due to infectious and parasitic diseases – namely tuberculosis, malaria, typhoid fever, just to name a few important ones – today infectious diseases cause 1% of deaths.
C. Quite a difference.
L. Certainly, although it is worth remembering that in 2020, during the COVID-19 pandemic, deaths from infectious diseases reached 12%. But let's go back in time: think how many nineteenth-century or early twentieth-century literary works talk about tuberculosis – also known as phthisis or consumption. This is because it was so widespread in Europe…it was a real plague.
C. Right! I'm thinking of Dumas fils' The Lady of the Camellias, which later inspired Verdi's La Traviata; Thomas Mann's The Magic Mountain takes place in a sanatorium… and Mimì from Puccini's La Bohème also dies of consumption.
L. Indeed, Koch discovered the bacterium that causes tuberculosis in 1882, but for the cure, we had to wait for the discovery of streptomycin in 1943.
C. And before the drug was widely available, years passed, I imagine
L. Oh yes. Going back to the nineteenth century, another 30% of deaths were due to digestive system diseases and respiratory diseases; think, for example, how dangerous pneumonia was when there were no antibiotics yet…
C. True, Fleming only discovered penicillin in 1928, and from discovery to widespread use of the drug, we've understood that years pass…
L. Over time, overall mortality has reduced significantly, and at the same time, the structure of the causes of death has changed just as much. Today, the most frequent causes are **tumours and cardiovascular diseases,** which in fact account for over 60% of deaths.
C. I understand, but I wanted to ask you: if Istat was founded in 1926, how do we have data from before that?
L. Because the statistical function was pre-existing. Then, with the establishment of Istat, it became centralised and coordinated. Mortality data, in particular, comes from civil status registers, a pillar of information in the healthcare sector, and incidentally, a common pillar in Europe because almost all countries had a registration system. Then, in the years following this administrative data, others were added, up until the 1950s when sample surveys on families

began, which collect information directly from citizens and also allow for capturing the subjective aspects of health.

C. Surveys that another expert will tell us about, **Roberta Crialesi,** who heads health statistics at Istat**.** Meanwhile, thank you very much, Luisa, for being with us

L. Thank you

C. Welcome Roberta, tell us about these sample surveys.

Roberta. Well, the sample surveys arrived at the end of the 1950s and started as specific modules linked to another survey, that on the Labour Force. Aspects of Italians' living conditions began to be captured, for example, the spread of hygiene standards, smoking habits... but then in subsequent decades there was a setback.

C. Why is that?

R. Because surveys on economic aspects became predominant, but then in 1978 the national health system arrived and the perspective of health statistics also changed. In 1980, the first survey autonomous - so no longer linked to other surveys – an autonomous survey, I was saying, on health status and the use of health services. In short, a new era for health statistics began.

C. Interesting, tell us more!

R. The passing years brought new awareness. And since the launch of the national health system public statistics have been called upon to support health policies. So, articulated information tools are needed, capable of describing not only the final outcomes, that is, mortality or diseases, but also care pathways and the use of facilities. And it is also important to understand social conditions, territorial contexts, inequalities in access to services and in health protection.

C. A comprehensive vision

R. Exactly. Then in 1981 the World Health Organisation proposed the global strategy Health for all, a very broad vision. Health is understood as a state of complete physical, mental and social well-being, and this also leads to valuing citizens' perception of their own health.

C. Can I say that the new concept of health is closer to the meaning of the term *salus* in Latin?

R. Yes, let's say so. The perception of poor health – as evidence confirms – is predictive of hospitalisations and deaths, so it is important to detect it alongside information such as the presence of chronic diseases. Perceived health is now a dimension that is monitored in all developed countries.

C. And what do the data tell us? How has the perception of health for those living in Italy changed over time?

R. Over the last thirty years, the percentage of those who believe they are in poor or very poor health has significantly decreased, despite population ageing might suggest otherwise.

C. This is good news!

R. Yes, incidentally, it is the older age groups that have made the most significant progress.

C. Tell me more.

R. Between 1995 and 2025, the percentage of women aged at least 85 who reported being in poor or very poor health halved. Even their male peers– who started with better data – recorded further improvement. Today, one in four elderly people aged at least 85 reports poor health.

Q. Another question: we have seen that diseases that were very frightening a hundred years ago have drastically decreased or even been eradicated, but what are the most common pathologies today?

A. Chronic diseases. We have gained in longevity, but chronic-degenerative conditions such as cardiovascular diseases, cancers and diabetes – which are prevalent in older ages – are more widespread today. In particular, the co-occurrence of two or more pathologies has increased, and we estimate that multimorbidity – as this co-occurrence is called – affects approximately 13 million people.

Q. Indeed

A. Yes, this is the challenge for long-lived countries like ours; but we must say that multimorbidity appears later and later in life.

Q. And that is also good news.

A. Yes, but not everyone ages in the same way; an aspect to monitor is that of inequalities.

Q. What do you mean?

A. There are differences in mortality at the territorial level, and these are to the disadvantage of the South. But it is not just a geographical issue; social conditions also matter, for example, less educated people are more exposed.

C. I understand, and I also understand that the topic is important and that developments need to be monitored. Thank you very much, Roberta.

R. Bye, see you next time

C. I would like to address another important topic for health: lifestyles. For this, I have our third expert with me: **Lidia Gargiulo**, welcome.

Lidia. Hello everyone.

C. We were saying that lifestyles are important for health, isn't that right?

L. Certainly. Adopting healthy lifestyles is fundamental throughout life to prevent the chronic diseases we discussed earlier. And in any case, the context and conditions in which one lives remain relevant.

C. Explain it better to me

L. I'll give you an example. In 1959, Istat conducted a survey on the conditions of hygiene of families. We are still in the post-war era, economic transformations are just beginning, and hygiene is still poor. More than a third of homes did not have running water, just over a quarter had a bath or shower, 12% of families did not even use a single bar of soap in a month… these are all conditions that had a strong influence on health.

C. And it's clear why, later, once these conditions improved, we made so much progress in fighting diseases.

L. Exactly, well-being contributed, as did the increase in education levels.

C. And what about the evolution of eating habits, alcohol consumption, smoking… in short, lifestyles?

L. I'll take you back to the 1950s, to 1957 to be precise. And I'll tell you that back then, at least one smoker was present in 65% of households.

C. Very different numbers compared to today!

L. yes, today less than 23% of men aged at least 14 smoke, and less than 16% of their female peers.
C. So awareness of the health risks of smoking has spread,
L. For the most part, yes, even if we are far from the most virtuous countries in Europe, such as Finland and Denmark… and especially Sweden, where the percentage of smokers is below 9%. And then we must point out – especially among young people – the spread of electronic cigarettes and heated tobacco products, which often complement rather than replace traditional smoking, and also the phenomenon of binge drinking, which means consuming alcohol to get drunk.
C. I also read that the prevalence of obesity has increased in Italy, is that correct?
L. Yes, especially among men. Although we must say that ours is one of the European countries where obesity levels are more contained. At least regarding adults.
C. What about younger people?
L. In developmental ages, obesity and overweight are more widespread compared to other countries. And we now know that the World Health Organisation considers obesity a real disease, and Italy has classified it among chronic diseases.
C. Thank you, Lidia, for all this information.
L Thank you, and goodbye.

So, we have seen that over the last hundred years, Italy has made giant strides in health and longevity. The current challenge is to address chronic-degenerative diseases in older ages and ensure more and more years of good health in our lives. And we must not forget that the health we have achieved is a heritage to preserve and not to squander. Finally, we cannot fail to mention our Constitution, which in Article 32 defines health as a "fundamental right of the individual and as a collective interest".

I am Cristiana Conti and this was Dati alla mano, a podcast of the Italian National Institute of Statistics.

This episode was produced with the support of Storielibere.fm
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Are there any topics you would like to explore further? Write to me at datiallamano@istat.it
Roberta Crialesi, Luisa Frova, and Lidia Gargiulo collaborated on this episode.