



Trend socio sanitari e salute di genere

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Salute di genere: i motivi

La salute genera valore economico e supporta la condizione femminile

Health is a value in itself.⁴ It is also a precondition for economic prosperity. People's health influences economic outcomes in terms of productivity, labour supply, human capital and public spending.

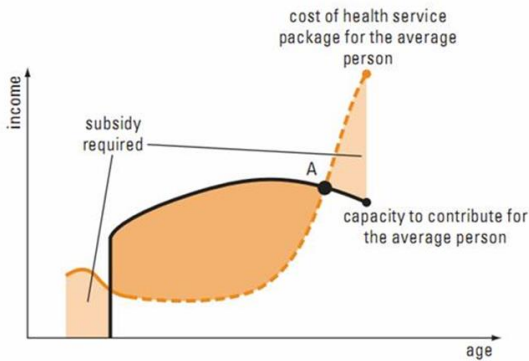
Health expenditure is recognised as growth-friendly expenditure. Cost-effective and efficient health expenditure can increase the quantity and the productivity of labour by increasing healthy life expectancy.⁵ However, the relatively large share of healthcare spending in total government expenditure, combined with the need for budgetary consolidation across the EU, requires more efficiency and cost-effectiveness to ensure the sustainability of current health system models. Evidence suggests there is considerable potential for efficiency gains in the healthcare sector.

INVESTING
IN HEALTH

*Commission Staff Working Document
Social Investment Package
February 2013*

Salute di genere: i motivi

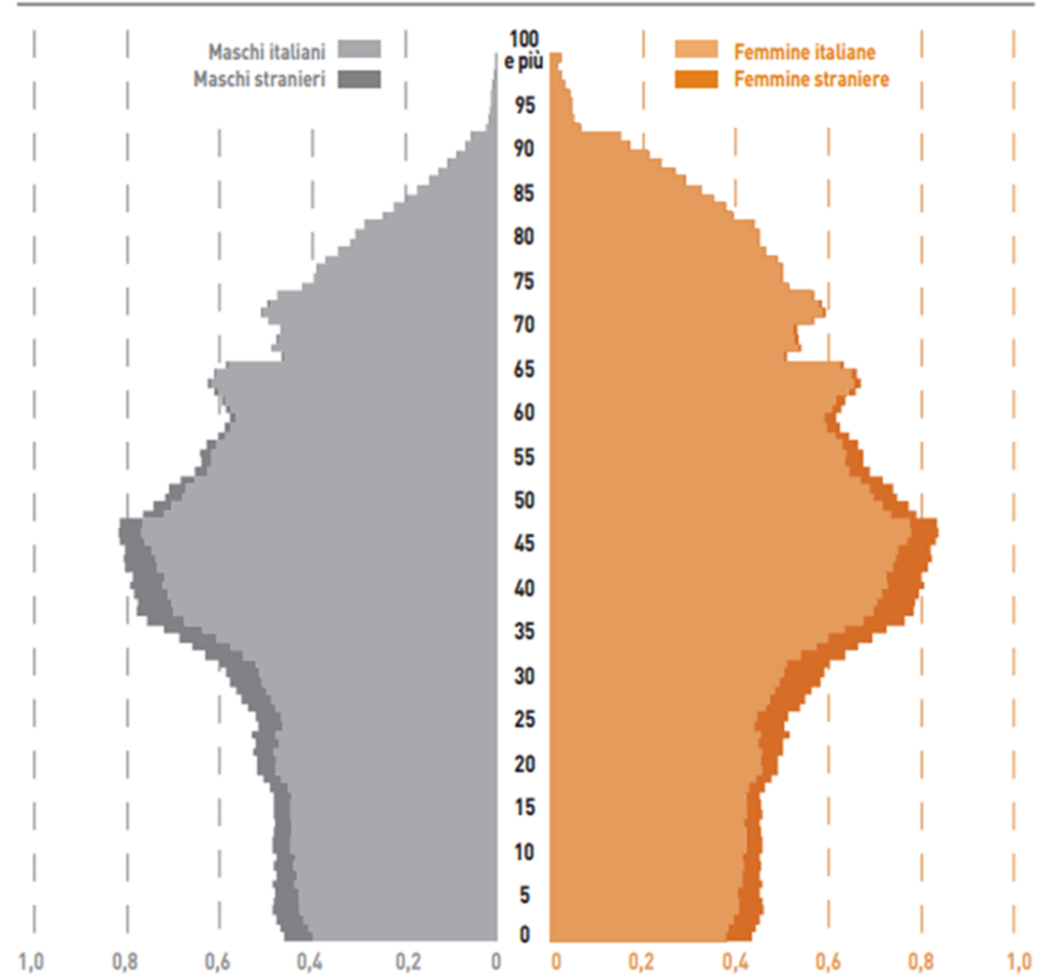
FIGURE 2.3 Cost of health services, capacity to pay, and need for subsidies over the lifetime of a typical individual



Source: ILO/STEP 2002.

PIRAMIDE DELLA POPOLAZIONE RESIDENTE PER SESSO E CITTADINANZA

Censimento 2011, valori percentuali



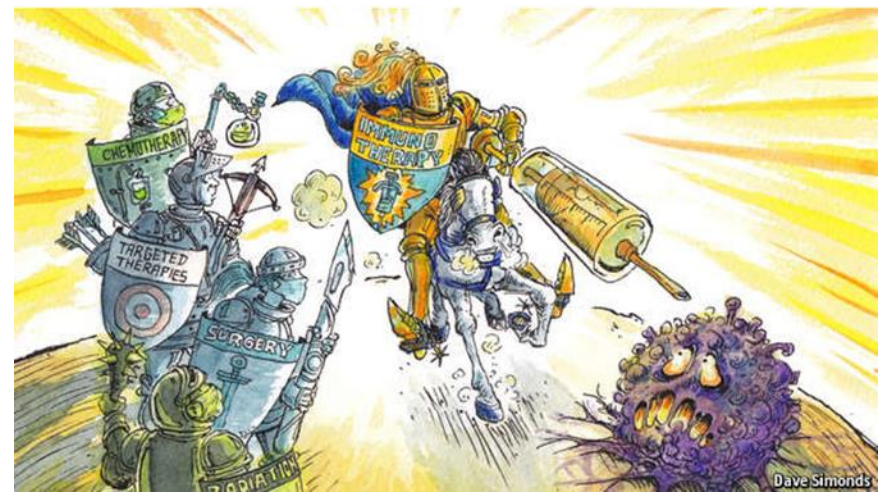
Females

	Risk of developing		Risk of dying from	
	%	1 in	%	1 in
All invasive sites	37.58	3	19.13	5
Bladder (includes in situ)	1.14	88	0.34	294
Brain and nervous system	0.54	185	0.40	250
Breast	12.52	8	2.69	37
Cervix	0.84	118	0.23	435
Colon and rectum	4.35	23	1.81	55
Esophagus	0.22	455	0.21	476
Hodgkin disease	0.20	500	0.03	3,333
Kidney and renal pelvis	1.20	83	0.34	294
Larynx (voice box)	0.13	769	0.05	2,000
Leukemia	1.22	82	0.72	139
Liver and bile duct	0.54	185	0.49	204
Lung and bronchus	8.04	12	4.89	20
Melanoma of the skin	1.83	54	0.21	476
Multiple myeloma	0.84	118	0.39	256
Non-Hodgkin lymphoma	1.89	53	0.88	147
Oral cavity and pharynx	0.87	140	0.18	556
Ovary	1.31	76	0.97	103
Pancreas	1.50	67	1.34	75
Stomach	0.88	112	0.32	313
Thyroid	1.72	58	0.07	1,429
Uterine corpus	2.78	36	0.58	172

La rilevanza del tema

**(ammalarsi Femmine 37,58%
morire 19,13%)**

Lifetime Risk of Developing or Dying From Cancer



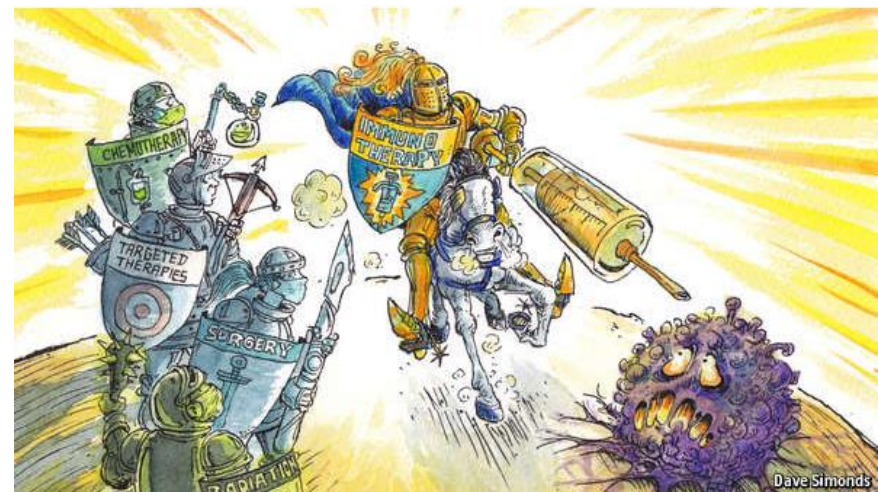
Males

	Risk of developing		Risk of dying from	
	%	1 in	%	1 in
All invasive sites	42.06	2	22.82	4
Bladder (includes in situ)	3.84	26	0.92	109
Brain and nervous system	0.69	145	0.51	196
Breast	0.13	769	0.03	3,333
Colon and rectum	4.69	21	1.99	50
Esophagus	0.80	125	0.79	127
Hodgkin disease	0.24	417	0.04	2,500
Kidney and renal pelvis	2.03	49	0.62	161
Larynx (voice box)	0.59	169	0.20	500
Leukemia	1.75	57	1.03	97
Liver and bile duct	1.31	76	0.94	106
Lung and bronchus	7.19	14	6.33	16
Melanoma of the skin	2.62	38	0.43	233
Multiple myeloma	0.65	118	0.47	213
Non-Hodgkin lymphoma	2.37	42	0.86	116
Oral cavity and pharynx	1.55	65	0.40	250
Pancreas	1.54	65	1.37	73
Prostate	13.97	7	2.58	39
Stomach	1.07	93	0.48	208
Testicles	0.38	263	0.02	5,000
Thyroid	0.59	169	0.06	1,667

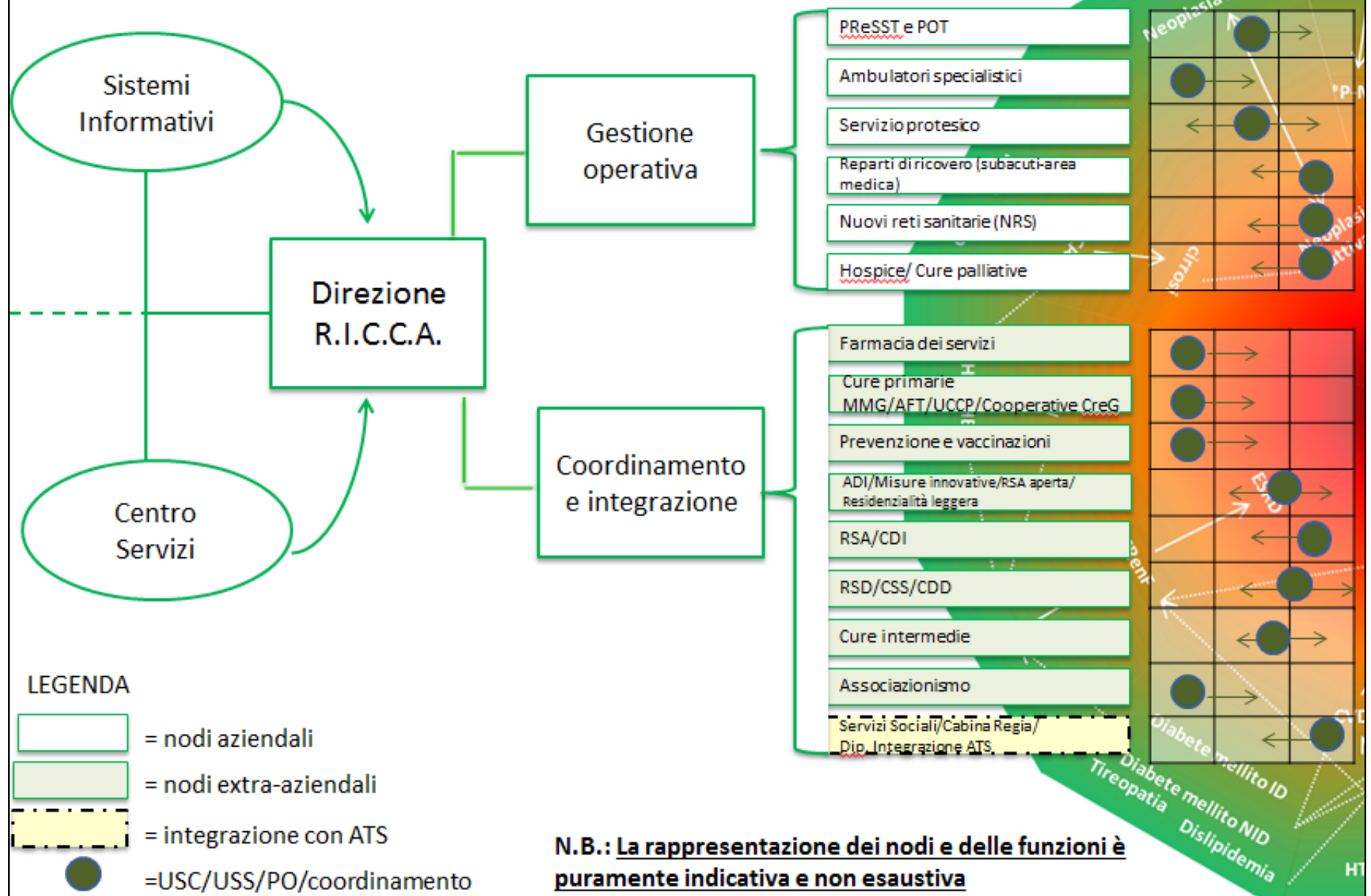
La rilevanza del tema

**(ammalarsi maschi 42,06%
morire 22,82%)**

Lifetime Risk of Developing or Dying From Cancer



Rete integrata di continuità clinico-assistenziale (R.I.C.C.A.)



Dimensione	LR 31/97	LR 23/15
Obiettivi principali	Efficienza, coinvolgimento erogatori privati, qualità delle prestazioni	Integrazione sanità-sociosanitario, presa in carico cronici e fragili
Focus su Utente	Acuto	Cronico
Dimensione da riformare	Sanitario	sociosanitario
Dimensione principale per provider	Ospedalocentrica, competizione (per qualche tempo)	territorio
Evoluzione	Controllo economico	?
Problematiche	Ruolo ASL, controllo fattori produttivi ASL	Concetto di evoluzione, senza costi aggiuntivi, operatori anziani

Grazie dell'attenzione

PREPARATI AL FUTURO

Health system manager

il percorso per i professionisti
dell'organizzazione e della gestione
dei processi complessi nel settore sanitario

Laurea magistrale della Scuola di Ingegneria industriale
della LIUC in partnership con
l'Ospedale San Raffaele di Milano.



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