

# **Review of Current Datasets and Evidence on Disparities in Older Age and Policies to Address Them**

## **1. Introduction**

A growing body of research highlights persistent disparities in health outcomes among the elderly in Italy. Reports from the Italian National Statistical Institute (ISTAT) and other studies emphasize social, demographic, and geographical differences in life expectancy, morbidity, and healthy life expectancy. These disparities are strongly associated with socio-economic factors (e.g., gender, education level, and income) and behavioral determinants (e.g., risk factors). Despite efforts to reduce health inequalities, evidence suggests that they remain unchanged or are even widening. This review examines current datasets and research findings on these disparities and evaluates policies aimed at mitigating them.

## **2. Evidence of Disparities in Older Age**

### **2.1 Socioeconomic Disparities**

Studies consistently indicate that socio-economic status significantly influences health outcomes in older age. Petrelli et al. (2024) found a strong association between lower educational attainment and higher mortality rates due to preventable and treatable conditions. The mortality rate ratios (MRRs) were notably higher for males (2.39 for preventable causes and 1.93 for treatable conditions) and for females (1.65 and 1.45, respectively). Franzini and Giannoni (2010) and more recent studies by Andreella et al. (2023) and Pastore et al. (2023) reinforce the notion that lower socio-economic status correlates with poorer health outcomes.

### **2.2 Gender Disparities**

Gender disparities in aging health outcomes present a paradox: women tend to live longer than men but often in worse health conditions. Pongiglione et al. (2015) noted that elderly women exhibit higher disability burdens despite their longer life expectancy. Petrelli et al. (2024) confirmed higher mortality rates for men across all preventable causes, while Andreella et al. (2023) found that older women with higher education levels experienced a greater comorbidity burden.

### **2.3 Regional Disparities**

Significant regional disparities exist in health outcomes among the elderly in Italy. Petrelli et al. (2024) and Franzini and Giannoni (2010) identified worse health

conditions and higher mortality rates in Southern Italy and the Islands compared to the North. Similarly to the study of spatial and temporal trends in the US Behavioural Risk Factor Surveillance System data (Assaf et al., 2016), Andreella and Campostrini (2024) and Stival et. al (2024) analysed the Italian surveillance system data (PASSI) showing regional and even more local disparities in terms of comorbidities.

These regional variations underscore the importance of targeted interventions rather than uniform national policies.

## 2.4 Age and Cohorts

Social inequalities in mortality appear less pronounced among the oldest old, but the burden of comorbidities increases with age. Andreella et al. (2023) developed a comorbidity index based on PASSI data and Global Burden of Disease (GBD) disability weights, revealing that lower educational and economic status is linked to a higher comorbidity burden.

Pastore et al. (2023), and Stival et al. (2024) highlighted the changes over time in morbidity for people with the same age, partially due to changes in habits (Assaf and Campostrini, 2015). While a general compression of morbidity seems present, local variability and disease-specific differences emerge.

## 3. Datasets Used in Disparities Research

The analysis of health disparities in aging is supported by multiple datasets, including:

- *ISTAT Multipurpose Survey on Households (2004-2005)*: Provides demographic and socioeconomic data.
- *European Health Interview Survey (EHIS)*: focuses on the main aspects of the population's health conditions and use of health services.
- *PASSI Surveillance System* (active since 2008): Tracks health behaviors and risk factors.
- *BRFSS* (active since 1989): Tracks health behaviors and risk factors in US.
- *Global Burden of Disease (GBD) Weights*: Used to assess comorbidities and disease burden.
- *Health and Retirement Study (HRS)*, *English Longitudinal Study of Ageing (ELSA)*, *Survey on Health, Ageing and Retirement in Europe (SHARE)*: International comparisons of aging trends.
- *ISTAT Survival Data (2012-2019)*: Analyzed to examine mortality trends.
- *Population and Housing Census (2011)* linked to Mortality Register (IRCoD, 2012-2019): Provides longitudinal insights into aging-related health disparities.

- *New Aging Cohort Study (2024)*: A novel dataset currently being developed, with a pilot study involving 123 participants. As of June, 2024, more than 300 participants have been enrolled. This dataset aims to fill gaps in existing studies by integrating biological, health, lifestyle, and socioeconomic data. Passive follow-up protocols with hospitals and local health centers will enable long-term tracking of health trends.

These datasets provide a robust foundation for identifying health inequalities and developing targeted interventions.

## **4. Policies to Address Disparities**

### **4.1 National and Regional Aging Policies**

Barbabella et al. (2022) reviewed national and regional policies on active aging in Italy. While multiple regions have implemented legislative frameworks or general programs, the absence of a national policy hinders cohesive action. Key policy areas include labor market participation, lifelong learning, economic inequalities, health, and well-being.

### **4.2 Improving Living Conditions and Access to Healthcare**

Franzini and Giannoni (2010) emphasized the importance of improving socio-economic conditions and ensuring equitable access to quality healthcare. The persistence of treatment disparities, especially between those who can afford private healthcare and those who rely on public services, highlights a need for stronger policy intervention.

### **4.3 Targeted Regional and Local Interventions**

Stival et al. (2024) emphasized the importance of localized policies tailored to regional disparities. Petrelli et al. (2024) suggested that increased investments in disadvantaged areas could significantly reduce avoidable mortality.

### **4.4 Socioeconomic Mortality Inequalities and Prevention Strategies**

Petrelli et al. (2024) called for reassessment of priorities in addressing health inequalities. Their findings suggest that primary and secondary prevention policies should focus on addressing preventable mortality gaps, which are greater than gaps in treatable mortality.

### **4.5 Systematic and Coordinated Action Plans**

A coordinated national strategy is necessary to effectively address disparities. Petrelli et al. (2024) highlighted the need for better coordination among national, regional, and local policies to implement systematic action plans. Barbabella et al.

(2022) noted that active aging policies intersect with broader socio-economic challenges such as social rights and sustainability. Furthermore, as highlighted by Trappolini et al. (2024), attention should be paid toward the data collection, with self-rated health indicators presenting varying reliability levels across different population subgroups. Finally, Volpe (2024) discusses the role of solidarity in relationship to aging and society.

## 5. Conclusions

Despite growing awareness of health inequalities among the elderly, disparities in life expectancy, morbidity, and access to care persist in Italy. Socioeconomic, gender, and regional inequalities require targeted policies rather than generalized interventions. National and regional policies on active aging remain fragmented, necessitating a more coordinated approach. Future research, particularly the ongoing cohort study, will be essential in guiding effective policies to promote health equity in aging populations. Addressing social determinants of health and ensuring equitable healthcare access must be central to any strategy aimed at reducing disparities among older adults.

## 6. References

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