

# **Health Is Not Equal for All: Geographies of Older Adults' Well-being in Italy**

## **A Multidimensional Analysis of Life Satisfaction, Health Conditions, and Socio-Health Performance Across Italian Territories**

*Giuseppe Venere*

### **Long Abstract**

#### **Introduction**

In an increasingly ageing European society, understanding the factors that shape quality of life in later years has become a central challenge for demographic, social, and public health research. The structural ageing of Western populations raises questions that cannot be answered solely by observing the extension of life expectancy. Longer lives do not necessarily correspond to better lives, especially when old age unfolds within unequal social, economic, relational, and territorial conditions. In Italy, this issue is particularly relevant, since one of the oldest population structures in Europe coexists with persistent territorial disparities in healthcare provision, service accessibility, and opportunities for social participation.

Within this framework, the study investigates subjective well-being among Italians aged 65 and over by focusing on two complementary dimensions: life satisfaction and self-rated health. These dimensions allow the analysis to move beyond a purely biomedical understanding of ageing and to consider how older people evaluate both their overall life condition and their perceived physical and functional status. The underlying assumption is that well-being in later life is not the result of a single favourable condition, but rather the outcome of a multidimensional configuration in which health, economic security, social relationships, emotional conditions, territorial context, and healthcare performance interact.

#### **Theoretical Background**

The literature has consistently shown that the quality of social relationships represents a crucial dimension of well-being in old age. Family, friendship, and community ties provide not only practical support, but also recognition, belonging, emotional continuity, and protection against loneliness and social isolation. In later life, when retirement, widowhood, reduced mobility, or the loss of peers may progressively restrict opportunities for interaction, the availability of meaningful relationships becomes especially important. Friendship ties, in particular, retain an elective and reciprocal character that may help sustain life satisfaction and mitigate experiences of marginality and isolation.

Economic security constitutes a second key dimension. In older age, material resources are not only related to purchasing power, but also to autonomy, perceived control, the ability to cope with unexpected needs, and protection from dependency. The subjective perception of economic stability is therefore especially relevant, since it may influence both self-rated health and overall quality of life.

A further dimension concerns territory. Older adults' well-being is deeply embedded in the characteristics of the places in which they live. Accessible environments, proximity services, neighbourhood cohesion, and age-friendly settings may support autonomy and participation, whereas infrastructural weakness, geographical isolation, or poor service provision may increase exposure to vulnerability. In Italy, territorial inequalities are particularly salient because the regionalisation of the

National Health Service has produced differentiated capacities to guarantee care, prevention, continuity of assistance, and effective responses to population needs. For older people, who are more dependent on proximity, continuity, and quality of care, these inequalities may become especially consequential.

Main references: Alidoust & Bosman, 2015; Amati et al., 2018; Betti & Maino, 2025; Betti et al., 2023; Börsch-Supan et al., 2019; Cialani & Mortazavi, 2020; Courtin & Knapp, 2017; de Jong Gierveld & Broese van Groenou, 2016; Fitzgerald & Caro, 2014; Kim et al., 2020; Malkowski et al., 2023; Matranga & Maniscalco, 2022; Melchiorre et al., 2013; Palmer, 2019; Phillipson, 2025; Ricciardi & Tarricone, 2021; Smith & Victor, 2019.

## Research Questions

The study is guided by two research questions. First, to what extent are relational, economic, emotional, territorial, and health-related dimensions associated with life satisfaction among older Italians? Second, which individual and territorial factors are most clearly associated with self-rated health? Rather than merely confirming that social, economic, and healthcare-related factors matter for ageing, the study seeks to understand whether these dimensions are associated with the two outcomes in similar or differentiated ways, and whether regional healthcare performance retains a specific role once individual characteristics are considered simultaneously.

## Data and Method

The analysis combines two complementary data sources. The first is the 2023 wave of the Italian National Institute of Statistics survey *Aspects of Daily Life*, from which a sample of 10,709 individuals aged 65 and over was selected. The survey provides information on life satisfaction, self-rated health, social relationships, perceived economic conditions, satisfaction with family and friendship ties, satisfaction with time use and territory of residence, and emotional vulnerability. The second source is the 2025 LEA Report of the Italian Ministry of Health, used to construct a synthetic regional indicator of healthcare performance through Principal Component Analysis. The LEA index summarises regional performance in the main areas of the Essential Levels of Care: collective prevention and public health, district care, and hospital care.

Before model estimation, Spearman's rank correlations and Variance Inflation Factors were used to assess association and multicollinearity among the covariates. The results did not indicate problematic overlap among predictors. The empirical strategy is based on two Generalized Ordered Logit models estimated through *gologit2* with the *autofit* option. This approach is appropriate for ordinal outcomes because it relaxes the proportional odds assumption only where required by the data, while preserving a more parsimonious specification for variables satisfying the parallel-lines assumption.

To improve substantive interpretation, the analysis also reports Average Marginal Effects for the lowest and highest categories of each dependent variable. This choice makes it possible to distinguish between factors associated with protection from vulnerability and factors associated with the most favourable outcomes. AMEs are particularly useful because they express the average change in the probability of belonging to a given outcome category associated with a one-unit increase in each predictor, net of the other covariates.

## Results

The first model, focused on life satisfaction, shows that the association between predictors and outcome is not uniform across thresholds. Satisfaction with health emerges as the most consistent and relevant dimension. It is positively associated with life satisfaction across the distribution and

shows the largest AMEs both for reducing the probability of very low life satisfaction and for increasing the probability of the highest level of life satisfaction. Specifically, health satisfaction is associated with a decrease in the probability of low life satisfaction and with a marked increase in the probability of reporting high life satisfaction.

Family relationships display a particularly strong association with the highest category of life satisfaction. This suggests that strong family ties are especially relevant not only in preventing dissatisfaction, but in supporting the most favourable forms of subjective well-being. Economic satisfaction and friendships appear comparatively more important in reducing the probability of the lowest life satisfaction category, while satisfaction with time use and with the territory of residence also contributes positively to high life satisfaction. These findings indicate that later-life well-being is not shaped by a single factor, but by a combination of perceived health, relational quality, material security, emotional conditions, and everyday territorial embeddedness.

The second model, focused on self-rated health, reveals a partly different configuration. Economic resources and the LEA regional healthcare performance index show the strongest negative AMEs for the probability of poor self-rated health. This means that better perceived economic resources and higher regional healthcare performance are associated with a lower probability of reporting poor health. However, when the analysis shifts to the most favourable category, the LEA index emerges as the clearest positive correlate of excellent self-rated health. By contrast, the association of economic resources with excellent health becomes weaker and statistically non-significant.

*Table I Average Marginal Effects for Low and High Life Satisfaction*

<b>Variables</b>	<b>Low life satisfaction Pr(Y=1)</b>	<b>High life satisfaction Pr(Y=5)</b>
Discouraged / sad	-0.0046***	0.0264***
Economic satisfaction	-0.0059***	0.0188***
Health satisfaction (s-salute)	-0.0136***	0.0606***
Satisfaction with family relationships	-0.0039**	0.0574***
Satisfaction with friendships	-0.0058***	0.0236***
Satisfaction with time use	-0.0048***	0.0446***
Satisfaction with territory of residence	-0.0040***	0.0368***
Observations	10,709	10,709

*Table II Average Marginal Effects for Poor and Excellent Self-Rated Health*

<b>Variables</b>	<b>Poor health Pr(Y=1)</b>	<b>Excellent health Pr(Y=5)</b>
LEA regional healthcare performance index (LEA)	-0.0105***	0.0152***
Family component	-0.0013**	0.0019**
Friends	-0.0063***	0.0014
Neighbours	-0.0022***	0.0033***
Economic resources	-0.0125***	0.0044
Observations	10,709	10,709

Neighbourhood ties and, to a lesser extent, family composition is also positively associated with excellent self-rated health, whereas friendships appear more relevant in reducing poor health than in producing the highest level of perceived health. This distinction is important because it shows that the determinants of avoiding disadvantage are not necessarily the same as those associated with highly favourable outcomes. Material resources seem especially relevant in protecting older adults from poor health perceptions, while regional healthcare performance appears more closely linked to the probability of reporting excellent health.

## **Conclusions**

The study confirms that older adults' subjective well-being in Italy is multidimensional, territorially embedded, and unevenly associated with different levels of life satisfaction and health perception. Health satisfaction is the central dimension of life satisfaction, but family relationships become particularly important at the highest levels of well-being. Economic resources and friendships are more clearly associated with protection from low satisfaction and poor health, while the LEA index highlights the importance of regional healthcare performance in shaping the most favourable health perceptions.

These results should be interpreted as conditional associations rather than causal effects, given the cross-sectional nature of the data and the subjective character of several measures. Nevertheless, the findings provide evidence that ageing well depends on the interaction between personal resources and contextual opportunities. From a policy perspective, the study points to the need to reduce territorial inequalities in healthcare performance, strengthen proximity-based care, and support relational and social conditions that allow longevity to translate into dignified, healthy, and satisfying later lives.