8.2. Self-reported health and disability at age 65

Most OECD countries conduct regular health surveys which allow respondents to report on different aspects of their health. A question that is often found among such surveys relates to self-perceived health status, and is usually similar to: "How is your health in general?". Although these questions are subjective, indicators of perceived general health have been found to be a good predictor of people's future health care use and mortality (see Miilunpalo *et al.*, 1997). However, cross-country differences in perceived health status may be difficult to interpret. This is because survey questions may differ slightly, and cultural factors can affect responses.

Keeping these limitations in mind, more than half of the population aged 65 years and over rate their health to be good or better in 12 of the 31 OECD countries for which data are available (Figure 8.2.1). New Zealand, the United States, Canada have the highest percentage of older people assessing their health to be good or better, with at least three out of four people reporting to be in good health. But the response categories offered to survey respondents in these three countries are different from those used in most other OECD countries, introducing an upward bias in the results (see box on "Definition and comparability").

In Israel and Spain, around 40% of persons aged 65 years and over rate their health as good. In Poland, Portugal and Estonia, the figure was less than 15%. In almost all countries, men over 65 were more likely than women to rate their health as good or better, the exceptions being Australia and Chile. On average across OECD countries, 49% of men aged over 65 rate their health to be good or better, while 42% of women do so.

The percentage of the population aged 65 years and over who rate their health as being good or better has remained fairly stable over the past 30 years in most countries where long time series are available. Some improvement is evident in the United States, where the share has increased from 70% in 1980 to 76% in 2009.

Measures of disability are not yet standardised across countries. In Europe, based on the EU Survey of Income and Living Conditions, 43% of people aged between 65 and 74 years reported that they were limited in their usual daily activities because of a health problem in 2009, this being one common definition of disability. The proportion rises to 60% for people aged 75 and over (Figure 8.2.2). While a large proportion of the population reported only moderate activity limitation, over 14% aged 65-74 years, and 25% aged 75 years and over reported being severely limited, on average among a group of 24 European OECD countries. Severe activity limitations are more likely to create needs for long-term care, whether formal or informal.

People in Nordic countries reported the lowest level of moderate or severe disability, with the exception of Finland, where self-reported disability rates are higher and close to the European average. The highest rate of self-reported disability rates are in the Slovak Republic, followed by Portugal and Estonia.

Definition and comparability

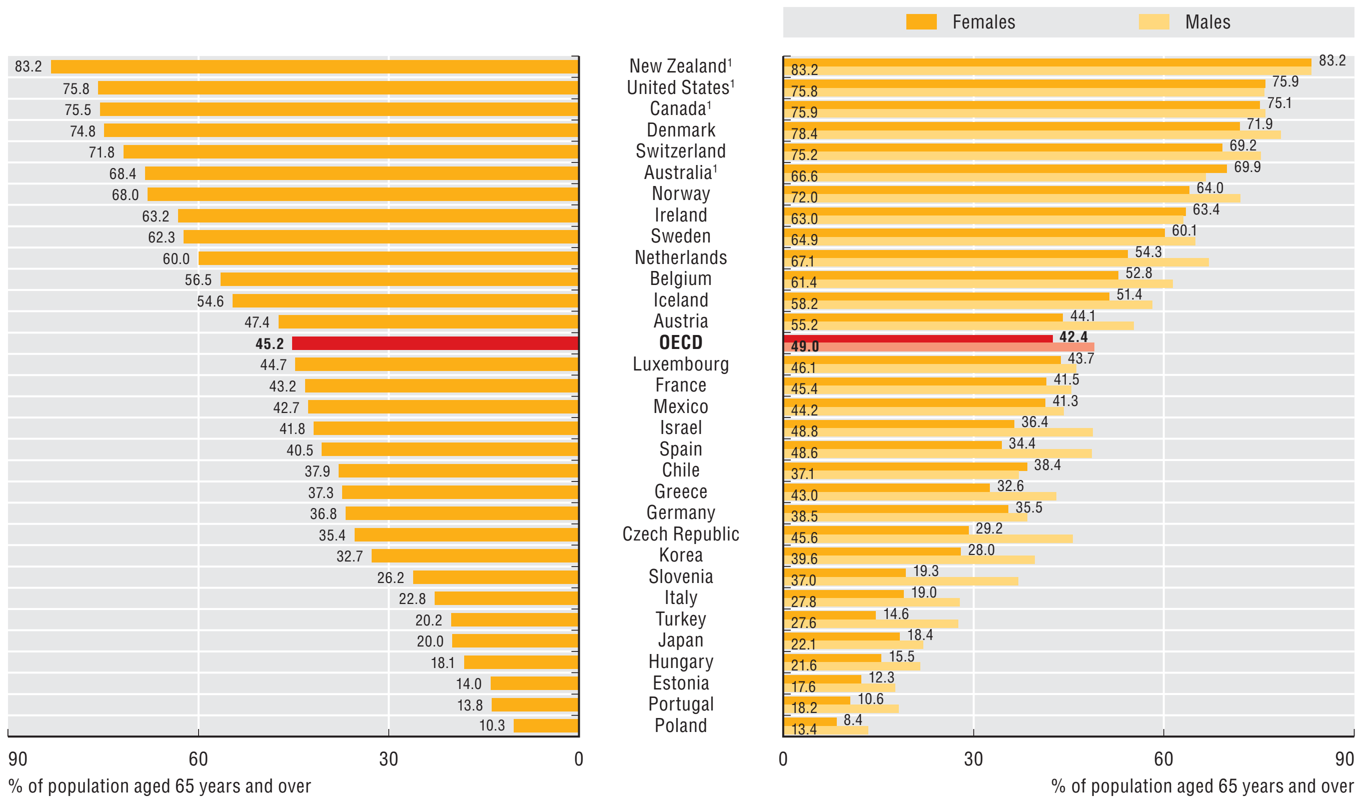
Self-reported health reflects people's overall perception of their own health, including both physical and psychological dimensions. Typically, survey respondents are asked a question such as: "How is your health in general? Very good, good, fair, poor, very poor". *OECD Health Data* provides figures related to the proportion of people rating their health to be "good/ very good" combined.

Caution is required in making cross-country comparisons of perceived health status, for at least two reasons. First, people's assessment of their health is subjective and can be affected by cultural factors. Second, there are variations in the question and answer categories used to measure perceived health across surveys/countries. In particular, the response scale used in Australia, Canada, New Zealand and the United States is asymmetric (skewed on the positive side), including the following response categories: "excellent, very good, good, fair, poor". The data reported in *OECD Health Data* refer to respondents answering one of the three positive responses ("excellent, very good or good"). By contrast, in most other OECD countries, the response scale is symmetric, with response categories being: "very good, good, fair, poor, very poor". The data reported from these countries refer only to the first two categories ("very good, good"). Such difference in response categories biases upward the results from those countries that are using an asymmetric scale.

Perceived general disability is measured in the EU-SILC survey through the question: "For at least the past six months, have you been hampered because of a health problem in activities people usually do? Yes, strongly limited/Yes, limited/No, not limited". Persons in institutions are not surveyed, resulting in an underestimation of disability prevalence. Again, the measure is subjective, and cultural factors may affect survey responses.

Information on data for Israel: *http://dx.doi.org/10.1787/888932315602*.

8.2.1 Population aged 65 years and over reporting to be in good health, 2009 (or nearest year)

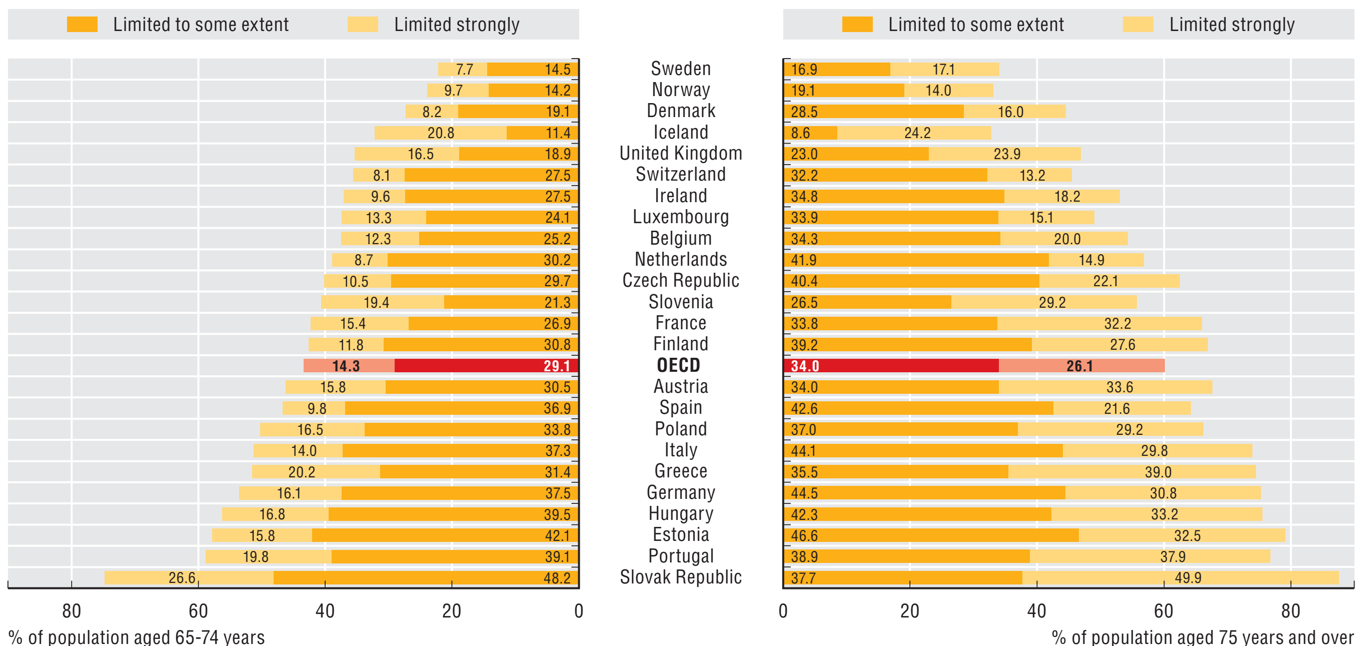


1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias.

Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932526407

8.2.2 Limitations in daily activities, population aged 65-74 years and 75 years and over, 2009



Source: European Union Statistics on Income and Living Conditions 2009.

StatLink http://dx.doi.org/10.1787/888932526426

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