

Most European countries conduct regular health surveys which allow respondents to report on different aspects of their health. A commonly-asked question relates to self-perceived health status, of the type: “How is your health in general?”. Despite the subjective nature of this question, indicators of perceived general health have been found to be a good predictor of people’s future health care use and mortality (DeSalvo et al., 2005; Bond et al., 2006).

For the purpose of international comparisons however, cross-country differences in perceived health status are difficult to interpret because responses may be affected by social and cultural factors. Since they rely on the subjective views of the respondents, self-reported health status may reflect cultural biases or other influences. Also, since the elderly report poor health more often than younger people, countries with a larger proportion of aged persons will also have a lower proportion of people reporting good or very good health. In addition, the institutionalised population, which has poorer health than the rest of the population, is often not surveyed.

With these limitations in mind, in almost all European countries a majority of the adult population rate their health as good or very good (Figure 1.10.1). In Ireland and Sweden, as well as Switzerland, more than eight out of ten people report good or very good health. Across the European Union, two-thirds (67%) of all adults rated their health as good or better, with France, Germany and Italy close to this average. Adults in central European countries, along with Portugal, report the lowest rates of good or very good health. In Croatia, Estonia, Hungary, Latvia, Lithuania, Poland and Portugal, less than 60% of all adults consider themselves to be in good health. These differences, however, do not necessarily mean that the general health of people in Ireland or Sweden is objectively better than that of citizens in Latvia or Portugal (Baert and de Norre, 2009).

In all European countries, men are more likely than women to rate their health as good or better, with the largest differences in Portugal and Bulgaria. Unsurprisingly, people’s rating of their own health tends to decline with age. In many countries there is a particularly marked decline in a positive rating of one’s own health after age 45 and a further decline after age 65. People who are unemployed, retired or inactive more often report bad or very bad health (Baert and de Norre, 2009). People with a lower level of education or income do not rate their health as positively as people with higher levels (OECD, 2012a; Mackenbach et al., 2008).

Another common health interview survey question asks whether respondents had any long-standing illnesses or health problems. Three-in-ten adults in EU member states reported having illnesses or health problems

(Figure 1.10.1). Adults in Finland and Estonia were more likely to report having illnesses or health problems, while these conditions were less commonly reported in Romania and Bulgaria. Women reported long-standing illnesses or health problems more often than men (an average of 33% vs. 28% across EU member states), with the gender divide greatest in Finland and Latvia. Reporting increased with age, from an average of 7% of young people aged 16-24 years, to 73% of older persons aged 85 years or more. There is a moderate negative association between adults reporting good/very good health, and reporting a long-standing illness or health problem ( $R^2 = -0.28$ ).

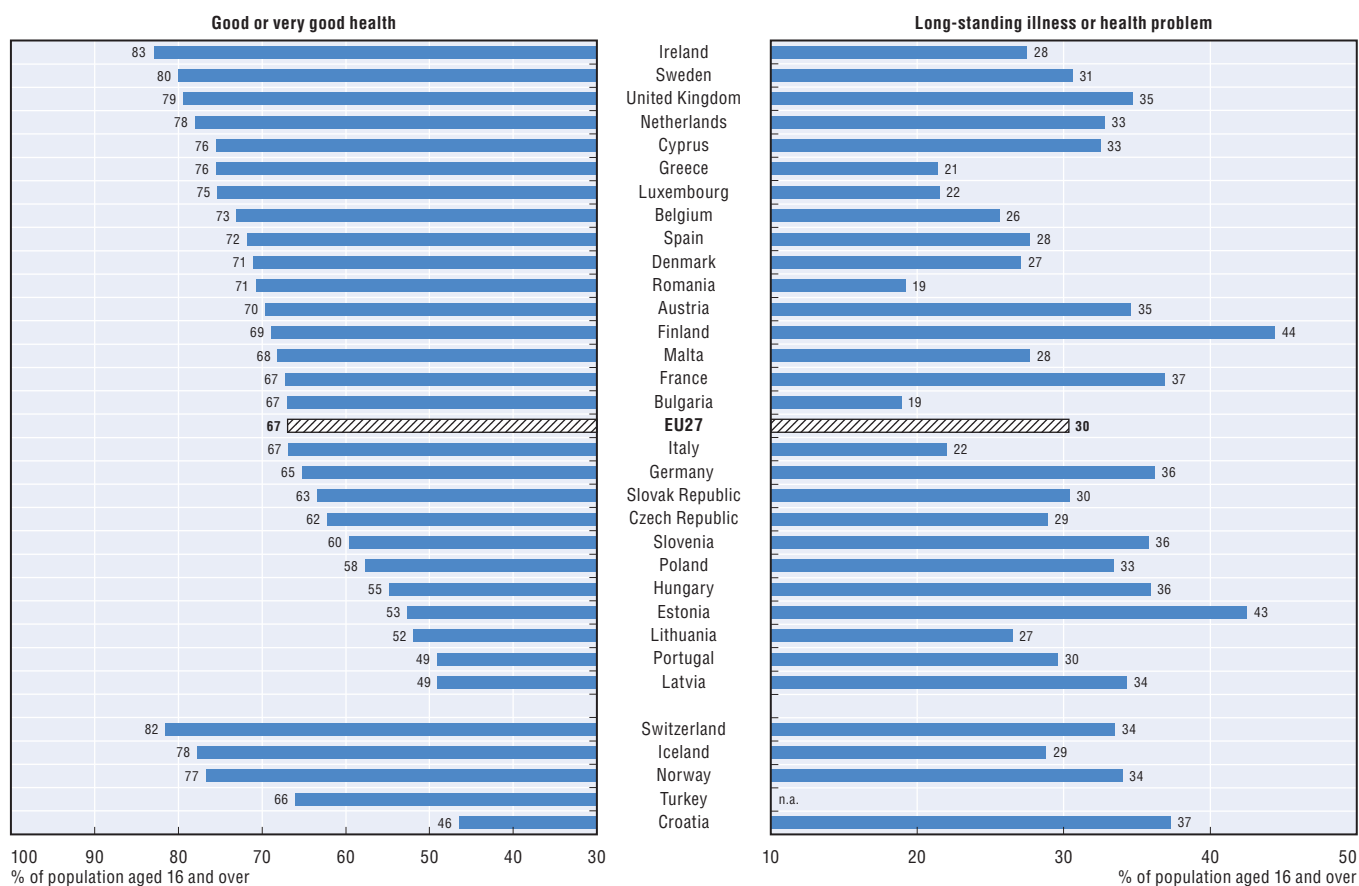
When adults were asked whether they had been limited in their usual daily activities because of a health problem – which is one definition of disability – 24% answered that they had, with 8% of respondents “strongly limited” and 17% “limited to some extent” (Figure 1.10.2). Adults most commonly reported activity limitation in Estonia, Finland, Germany, Latvia, Portugal, Slovenia and the Slovak Republic, as well as Croatia (30% or more of respondents), and less so in Malta and Sweden (less than 15%). Severe activity limitation was more prevalent in Germany, Slovenia and the Slovak Republic, as well as Croatia (10% or more of respondents), and less so in Bulgaria and Malta (less than 5%). Adults with activity limitations were also less likely to report good or very good health ( $R^2 = 0.53$ ).

### Definition and comparability

Self-reported health reflects people’s overall perceptions of their own health, including both physical and psychological dimensions. Typically ascertained through health interview surveys, respondents are asked a number of questions on their health and functioning. The three questions used in the EU-SILC survey, and some other national surveys are: i) “How is your health in general? Is it very good, good, fair, bad, very bad”; ii) “Do you have any longstanding illness or health problem which has lasted, or is expected to last for six months or more?”; and iii) “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. Caution is required in making cross-country comparisons of perceived general health, since people’s assessment of their health is subjective and can be affected by their social and cultural backgrounds.

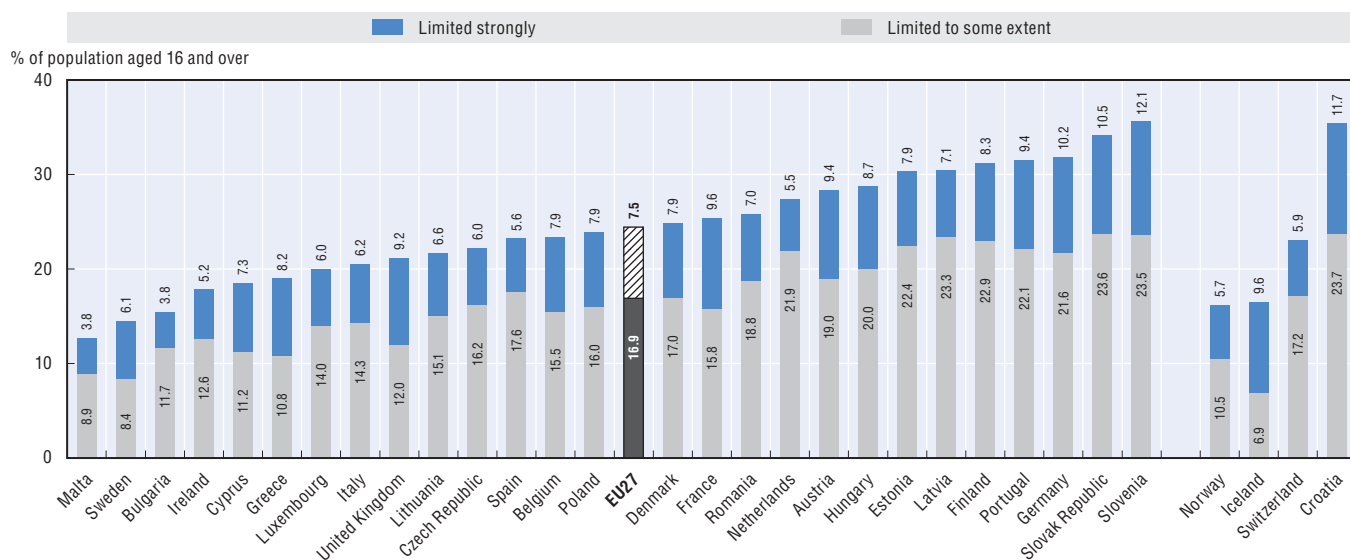
1.10.1. Adults' self-reported health status, 2010



Source: EU Statistics on Income and Living Conditions survey; OECD Health Data 2012.

StatLink <http://dx.doi.org/10.1787/888932703411>

1.10.2. Adults reporting a limitation in usual activities, 2010



Source: EU Statistics on Income and Living Conditions survey.

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