

### 8.3. 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 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 (DeSalvo, 2005; Bond et al., 2006). However, cross-country differences in perceived health status may be difficult to interpret as 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 in 12 of the 34 OECD countries (Figure 8.3.1). New Zealand, Canada and the United States have the highest percentage of older people assessing their health to be good, with at least three out of four people reporting to be in good health. However, 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” below).

In Finland, France, Germany, Greece and Spain, only between 35% and 40% of people aged 65 years and over rate their health to be good. And in Portugal, Hungary, Poland, Estonia, the Slovak Republic, Turkey, Japan and the Czech Republic, less than 20% of people aged 65 and over report being in good health. In nearly all countries, men over 65 were more likely than women to rate their health to be good, the exception being Australia. On average across OECD countries, 45.6% of men aged over 65 rated their health to be good, while 39.5% of women did so.

The percentage of the population aged 65 years and over who rate their health as being good has remained fairly stable over the past 30 years in most countries where long time series are available. There has been significant improvement however in the United States, where the share has increased from just over 60% in 1982 to 75% in 2011.

Measures of disability are not yet standardised across countries, limiting the possibility for comparisons across all OECD countries. In Europe, based on the EU Statistics on Income and Living Conditions survey (EU-SILC), 42% of people aged between 65 and 74 years reported that they were limited in their usual daily activities because of a health problem in 2011. The proportion rises to almost 60% for people aged 75 and over (Figure 8.3.2). While a large proportion of the population reported only moderate activity limitation, about 14% aged 65-74 years, and 25% aged 75 years and over reported being severely limited, on average among a group of 25 European OECD countries. Severe activity lim-

itations 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 is in the Slovak Republic, followed by Estonia.

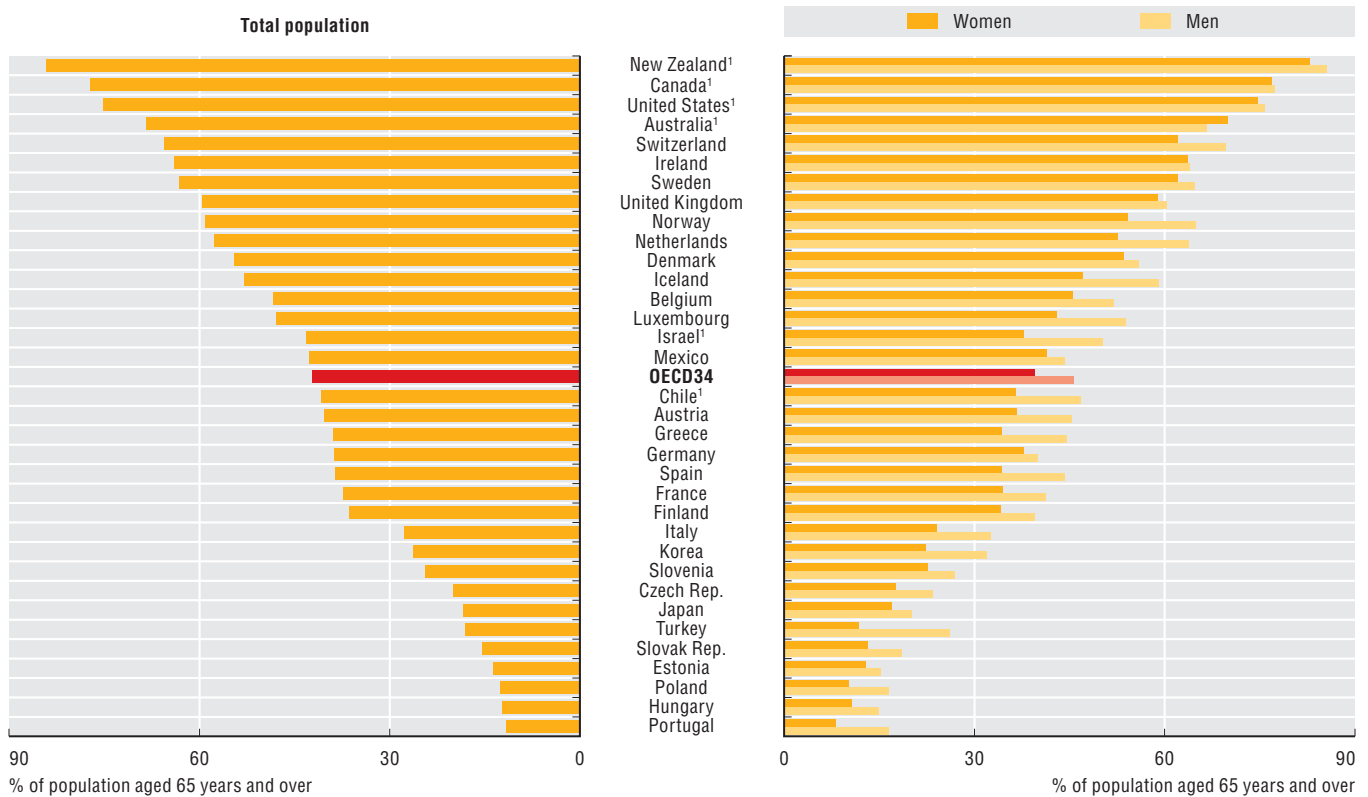
#### Definition and comparability

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 Statistics* 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 Statistics* 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.

## 8.3.1. Population aged 65 years and over reporting to be in good health, 2011 (or nearest year)

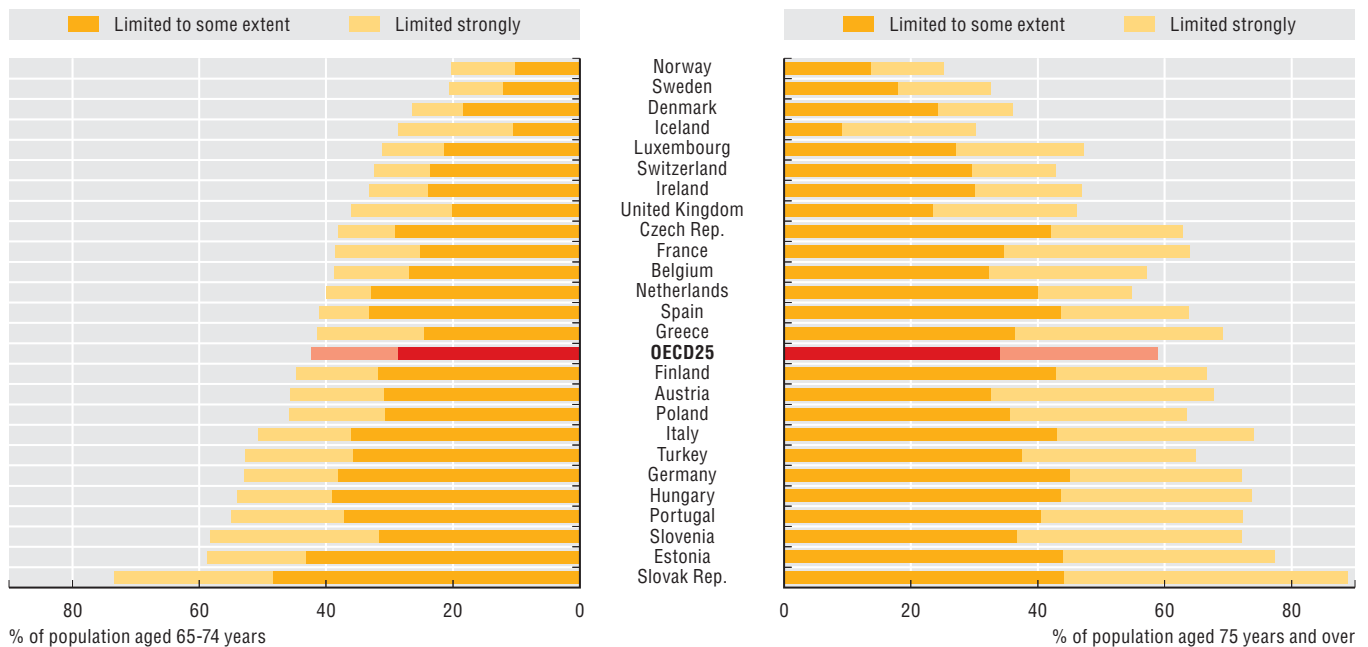


1. Results not directly comparable with other countries due to methodological differences (resulting in an upward bias).

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932919232>

## 8.3.2. Limitations in daily activities, population aged 65-74 and 75 years and over, European countries, 2011



Source: Eurostat Database 2013.

StatLink <http://dx.doi.org/10.1787/888932919251>



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