

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 (for instance, see Miilunpalo *et al.*, 1997). 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.

Keeping these limitations in mind, a majority of the adult population in almost all European countries rate their health to be good or very good (Figure 1.10.1). In Switzerland, Ireland, Iceland and the United Kingdom, 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 Germany, Finland and France close to this average. Adults in central and eastern European countries, along with Portugal, report the lowest rates of good or very good health. In Latvia, Lithuania and Portugal, less than half of all adults consider themselves to be in good health. These differences, however, do not necessarily mean that the general health of people in Switzerland or Ireland 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, Bulgaria and the Slovak Republic. 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 (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 countries reported having illnesses or health problems (Figure 1.10.1). Adults in Finland, Slovenia, Hungary and Estonia were more likely to report having illnesses or health problems, while these conditions were less commonly reported in Romania, Greece and Italy. Women reported long-standing

illnesses or health problems more often than men (an average of 32% versus 27% across EU countries), with the gender divide greatest in Latvia, Norway and the Slovak Republic. Reporting increased with age, from an average of 10% of young people aged 15-24 years, to 70% 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 ($R^2 = -0.38$).

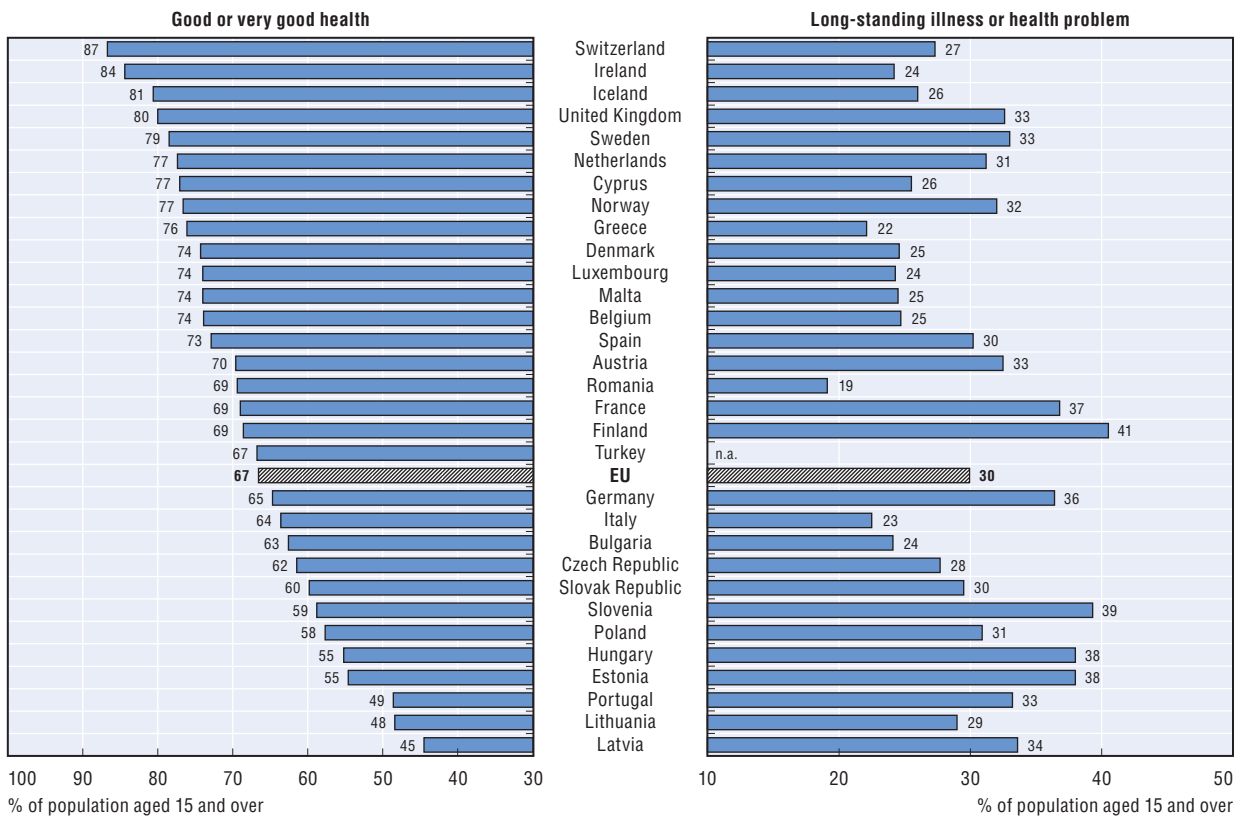
When adults were asked whether they had been limited in their usual daily activities because of a health problem – which is one definition of disability – 24% answered that they had, with 8% of respondents “strongly limited” and 15% “limited to some extent” (Figure 1.10.2). Adults most commonly reported activity limitation in the Slovak Republic, Germany, Latvia, Estonia and Portugal (30% or more of respondents), and less so in Malta, Iceland and Switzerland (less than 15%). Severe activity limitation was more prevalent in Portugal, the Slovak Republic, Austria and Germany (10% or more of respondents), and less so in Malta, Bulgaria and Switzerland (less than 5%). Adults with activity limitations were also less likely to report good or very good health ($R^2 = 0.60$).

Definition and deviations

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.

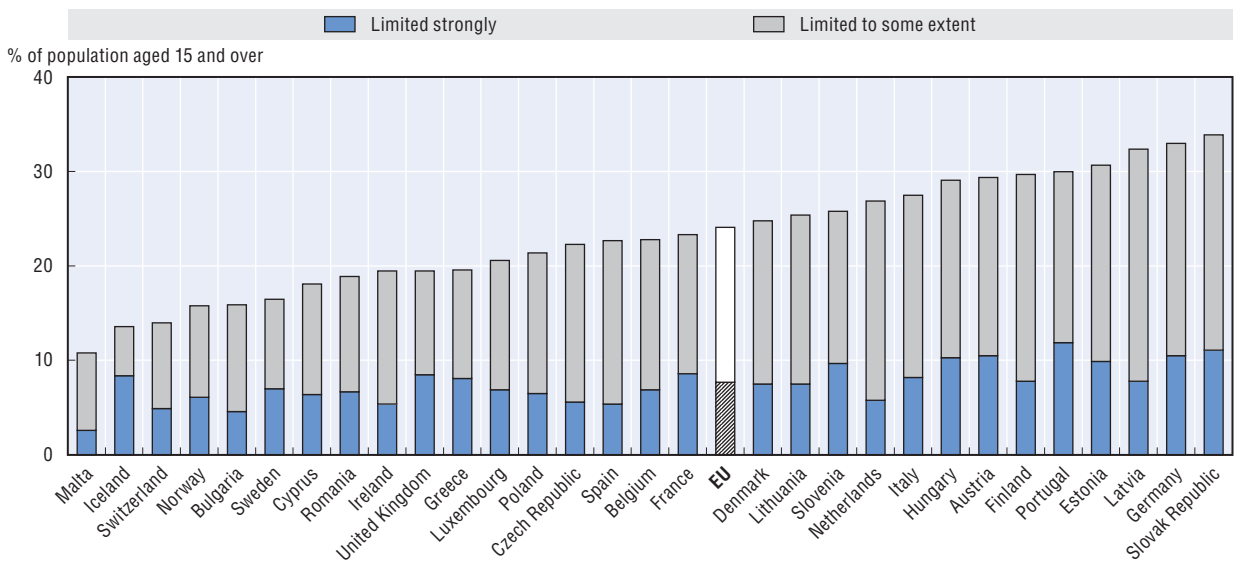
1.10.1. Adults' self-reported health status, 2008



Source: EU-Statistics on Income and Living Conditions survey; OECD Health Data 2010; Swiss Federal Statistics Office.

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1.10.2. Adults reporting a limitation in usual activities, 2008



Source: EU-Statistics on Income and Living Conditions survey; Swiss Federal Statistics Office.

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