

The health module in the EU Statistics on Income and Living Conditions survey (EU-SILC) allows respondents to report on their general health status, whether they have a chronic illness and whether they are limited in usual activities because of a health problem. Despite the subjective nature of these questions, 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, cross-country differences in perceived health status can be difficult to interpret because responses may be affected by social and cultural factors. Since they rely on the subjective views of respondents, self-reported health status may reflect cultural biases or other influences. Also, since older people report poor health more often than younger people, countries with a larger proportion of elderly people will also have a lower proportion of people reporting good or very good health.

With these limitations in mind, adults in the European Union are generally rating their health quite positively: only 11% on average reported to be in bad or very bad health in 2012 (Figure 1.10.1). Ireland and Sweden, as well as Switzerland have the highest proportion of adults rating their health as good or very good, with more than 80% doing so. By contrast, less than 50% of adults in Lithuania, Croatia, Latvia and Portugal reported to be in good or very good health.

In all European countries, men are more likely than women to rate their health as good, with the largest gender gap in Portugal and the Slovak Republic. As expected, 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 with a lower level of education or income also do not rate their health as positively as people with higher levels (OECD, 2014).

EU-SILC also asks whether respondents had any long-standing illnesses or health problems. Three-in-ten adults in EU member states reported having such chronic illnesses or health problems in 2012 (Figure 1.10.2). Adults in Finland and Estonia were more likely to report having some long-standing illnesses or health problems, while these conditions were less commonly reported in Romania and Bulgaria. Women reported some long-standing illnesses or health problems more often than men (an average of 34% versus 29% across EU member states), with the gender gap greatest in Finland and Latvia. As expected, reporting of chronic illnesses also increases with age, from an average of 7% of young people aged 16-24 years, to 61% among people aged 65 years and over.

When adults were asked whether they were limited in usual daily activities because of a health problem – which is one definition of disability – one-quarter on average across EU member states answered that they were, with 7.6% of respondents reporting to be “severely limited” and 17.3% “limited to some extent” (Figure 1.10.3). Adults most

commonly reported such activity limitations in Finland, Germany, Slovenia, the Slovak Republic and Estonia (30% or more of respondents), and less so in Malta, Sweden and Norway (less than 16%).

Adults with activity limitations were more likely to report some long-standing illnesses ($R^2 = 0.28$). There was, however, a moderate association between adults reporting to be in bad health and those reporting activity limitations ($R^2 = 0.16$). Those countries with the lowest rates of adults reporting to be in bad health also had the lowest rates of adults reporting limitations in usual activities (e.g. Ireland, Sweden and Malta), while those reporting the highest rates of adults in bad health were not necessarily those reporting the highest rates of adults with activity limitations (e.g. Croatia and Lithuania).

Definition and comparability

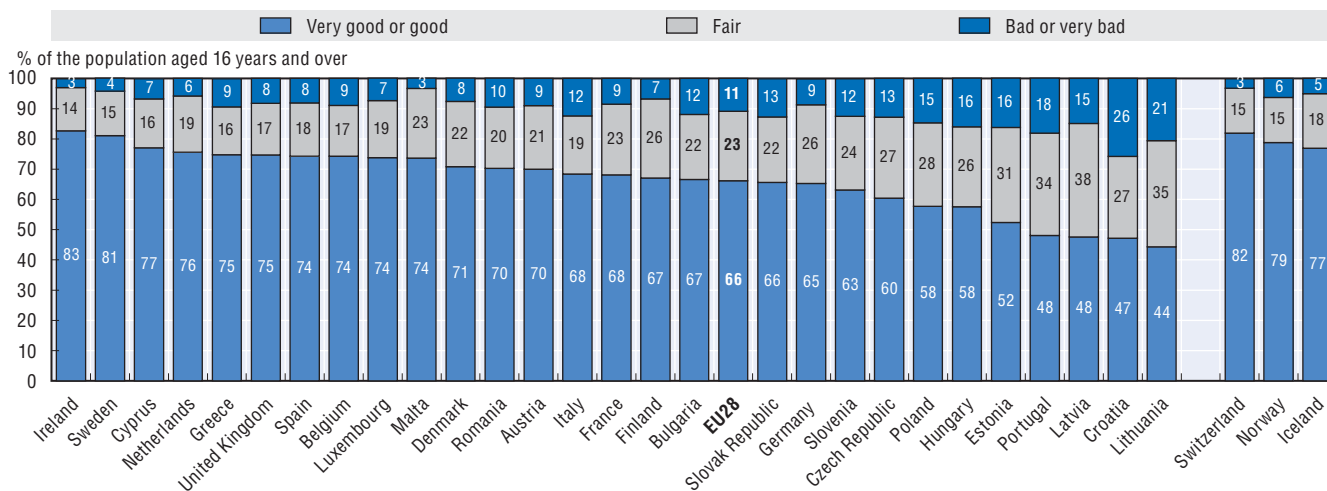
The three questions used in the EU-SILC survey to measure health and the prevalence of chronic illnesses and disability are: i) “How is your health in general? Is it very good, good, fair, bad, very bad”, ii) “Do you have any longstanding illness or health problem which has lasted, or is expected to last for 6 months or more?”, and iii) “For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? Would you say you have been severely limited, limited but not severely, or not limited at all?”.

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.

References

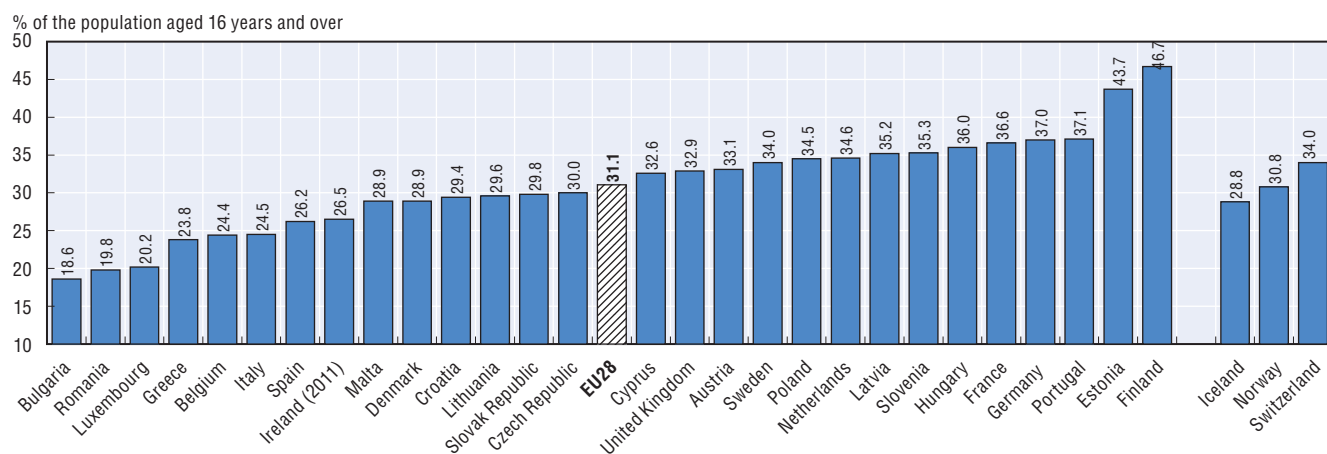
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- DeSalvo, K.B. et al. (2005), “Predicting Mortality and Health-care Utilization with a Single Question”, *Health Services Research*, Vol. 40, pp. 1234-1246.
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1.10.1. Self-reported health status, 2012



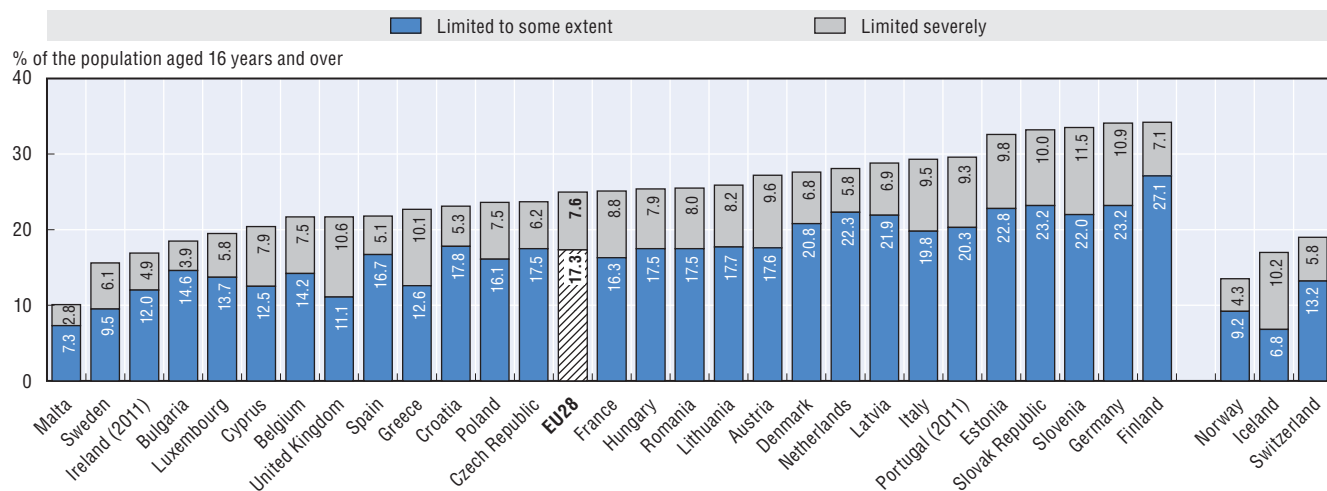
Source: EU-Statistics on Income and Living Conditions survey.

1.10.2. Self-reported long-standing illness or health problem, 2012



Source: EU-Statistics on Income and Living Conditions survey.

1.10.3. Self-reported limitation in usual activities, 2012



Source: EU-Statistics on Income and Living Conditions survey.



From:
Health at a Glance: Europe 2014

Access the complete publication at:
https://doi.org/10.1787/health_glance_eur-2014-en

Please cite this chapter as:

OECD/European Union (2014), "Self-reported health and disability", in *Health at a Glance: Europe 2014*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance_eur-2014-13-en

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