

SELF-REPORTED HEALTH AND DISABILITY

The health module in the EU Statistics on Income and Living Conditions survey (EU-SILC) allows respondents to report on their health status, whether they are generally in good health, have a chronic disease and are limited in their usual activities because of a health problem (a common definition of disability).

Cross-country differences in perceived health status can be difficult to interpret because social and cultural factors may affect responses. Further, since older people generally report poorer health and more chronic diseases than younger people, countries with a larger proportion of elderly people may have a lower proportion of people reporting to be in good health and without any chronic disease or disability.

With these limitations in mind, most adults in the European Union rate their health quite positively: two-thirds of people aged 16 and over report to be in good health in 2016 (Figure 3.21). Ireland, Cyprus, the Netherlands and Sweden have the highest share of adults rating their health to be good, with at least three-quarters doing so. In contrast, less than half of adults in Lithuania, Latvia and Portugal report to be in good health.

Men are more likely than women to rate their health as good. There are also disparities in self-reported health across different socio-economic groups. On average across EU countries, nearly 80% of people in the highest income quintile report to be in good health, compared with about 60% for people in the lowest income quintile. These disparities are particularly large in Baltic countries (Estonia, Latvia and Lithuania). In these three countries, at least two-thirds of people in the highest income group report to be in good health (which is equal to the EU average for all the population), but this proportion goes down to about one-third only for people in the lowest income group. These disparities can be explained by differences in living and working conditions, as well as differences in lifestyles (e.g. smoking, harmful alcohol drinking, physical inactivity, and obesity).

One-third of adults in EU member states reports having a chronic disease or health problem (Figure 3.22). Adults in Finland and Estonia are more likely to report having some chronic illnesses or health problems, while such chronic conditions are less commonly reported in Italy, Romania and Bulgaria. Women report some long-standing illnesses or health problems more often than men (35% versus 31% across EU member states). There are also some disparities in reporting chronic illnesses by income group: on average, less than 30% of people in the highest income group report some chronic diseases or health problems, compared with less than 40% for people in the lowest income group. These disparities are particularly large again in the Baltic countries (Estonia, Latvia and Lithuania).

Almost one-quarter of adults on average across EU member states reports that they are limited in

their usual daily activities because of a health problem (Figure 3.23). This proportion is highest in Latvia, Austria, Portugal and Finland (with one-third or more of respondents reporting such limitations). Women report more often to be limited in their daily activities than men (26% versus 22% on average across EU member states). As expected, such activity limitations increase greatly with age: about 60% of people aged 75 years and over report to be limited in their daily activities. As with other indicators of health, there are also disparities in this indicator of disability by income group: on average across EU countries, about 16% of people in the highest income group report such activity limitations compared with 30% for people in the lowest income group.

It is likely that there is also a reverse causal link between health and income inequalities, with poor health status leading to lower employment and lower income.

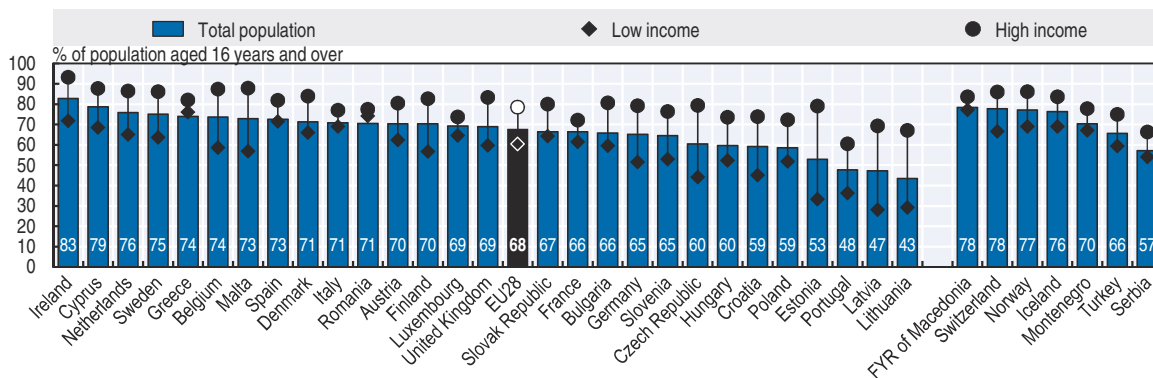
Definition and comparability

The questions used in the EU-SILC survey to measure health status generally and the prevalence of any chronic disease and disability are: i) "How is your health in general? Is it very good, good, fair, bad, very bad?", ii) "Do you have any long-standing 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?" (Data reported here include both people who say that they are limited severely or not severely). People living in institutions are not surveyed.

The income level is reported for the lowest income quintile (people in the bottom 20% of the income distribution) and the highest income quintile (the top 20%). The income may relate either to the individual or the household (in which case the income is equivalised to take into account the number of persons in the household).

Caution is required in making cross-country comparisons of perceived health status, since people's assessment of their health is subjective and can be affected by social and cultural factors. There are also differences in the formulation of the question on disability across countries, limiting the comparability of the data.

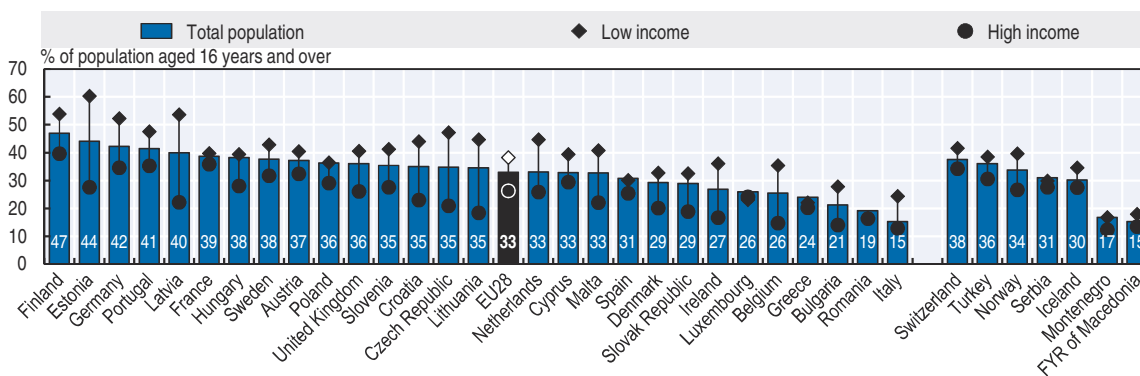
3.21. Health status perceived as good or very good, by income quintile, 2016 (or nearest year)



Source: Eurostat Database, based on EU-SILC.

StatLink <http://dx.doi.org/10.1787/888933834661>

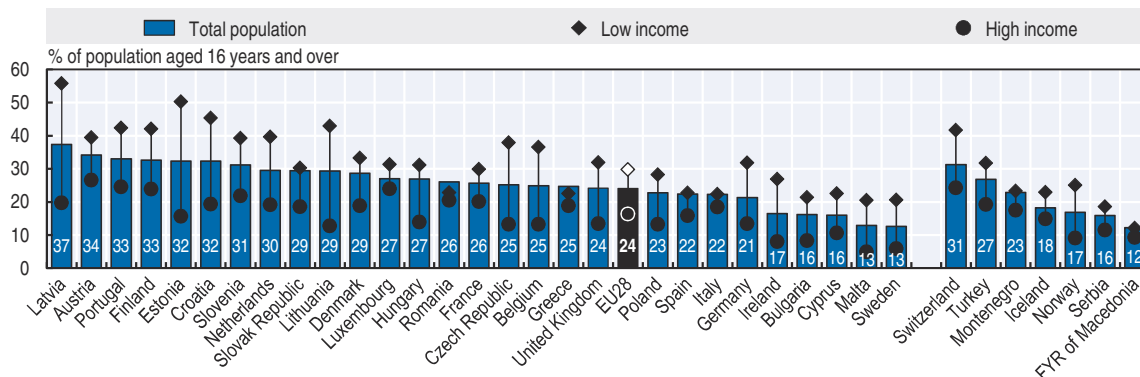
3.22. Self-reported chronic condition, by income quintile, 2016 (or nearest year)



Source: Eurostat Database, based on EU-SILC.

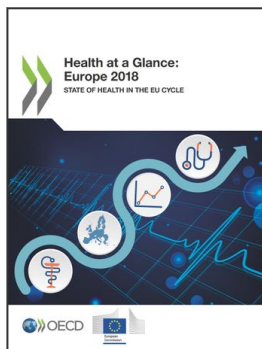
StatLink <http://dx.doi.org/10.1787/888933834680>

3.23. Self-reported disability, by income quintile, 2016 (or nearest year)



Source: Eurostat Database, based on EU-SILC.

StatLink <http://dx.doi.org/10.1787/888933834699>



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