

## 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. These surveys often include a question on self-perceived health status, along the lines of: “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 future health care use and mortality (Hirosaki et al., 2017; Schnittker and Bacak, 2014). However, cross-country differences may be difficult to interpret, as survey questions may differ slightly and cultural factors can affect responses.

More than half of the population aged 65 years and over report being in good health in 14 of 34 OECD countries (Figure 11.6). In New Zealand, Canada and the United States, more than three-quarters of older people report good health, though the response categories offered to survey respondents in these three countries are different from those used in most other OECD countries (see “Definition and comparability” box). Among European countries, older people in Norway, Sweden, Ireland, Switzerland, and the Netherlands report the best health status, with more than 60% assessing their health to be good. At the other end of the scale, less than 15% of the population aged 65 years and over in Latvia and Portugal report being in good health. In nearly all countries, men over 65 were more likely than women to rate their health to be good. On average across OECD countries, 47% of men aged over 65 rated their health to be good or better, while 41% of women did so.

Self-reported health status varies substantially by income. Across OECD countries on average, less than one-third of people aged 65 years and older in the lowest income quintile considered their health to be good, compared with close to 60% of those in the highest income quintile (Figure 11.7). In Sweden, more than four-fifths of people aged 65 and older in the highest income quintile consider their health to be good, while fewer than half of people in the lowest income quintile say the same.

Although measures of disability are not fully standardised across countries, the European Union Statistics on Income and Living Conditions (EU-SILC) survey collects data on the limitations that people face in their daily activities (Figure 11.8). Such limitations often correspond to a need for long-term care. On average across 26 European countries, 51% of all over-65s reported that they were limited either to some extent or severely in their usual daily activities because of a health problem in 2015 (Figure 11.8). The lowest rates of disability were reported in Nordic countries, with around one in five over-65s reporting at least some limitation in daily activities in Sweden and Norway. The highest rates were found in Eastern European countries such as Latvia and the Slovak Republic, where three-quarters of over-65s reported at least some limitations.

**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.

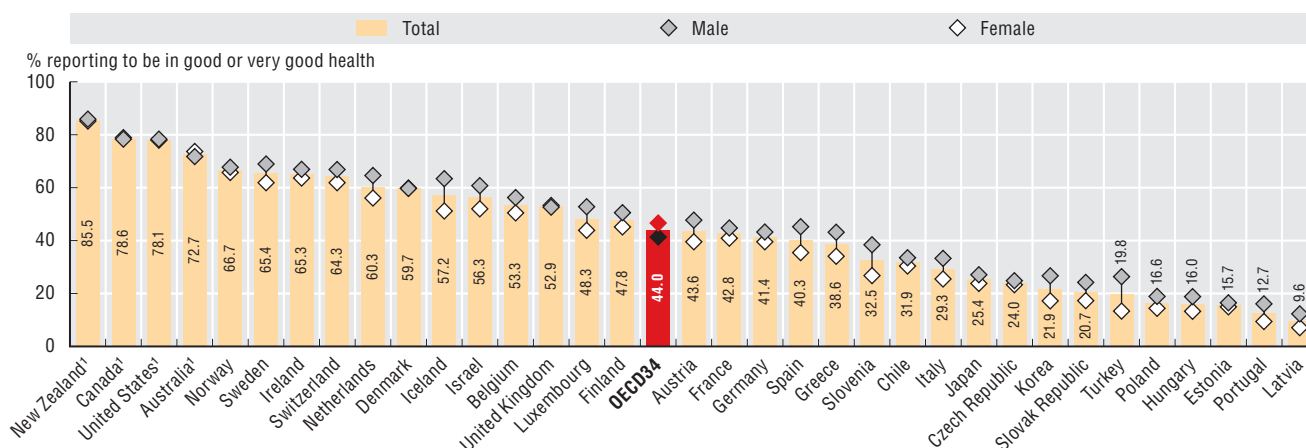
Caution is required in making cross-country comparisons of perceived health status, for at least two reasons. First, people’s assessment of their health is subjective and can be affected by cultural factors. Second, there are variations in the question and answer categories used to measure perceived 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 differences in response categories may introduce an upward bias in the results from those countries that are using an asymmetric scale.

Perceived general disability is measured by the Global Activity Limitation Indicator (GALI) question, which comes from the European Union Statistics on Income and Living Conditions (EU-SILC) survey. The question is: “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 under-estimation of disability prevalence. Again, the measure is subjective, and cultural factors may affect survey responses.

**References**

- Hirosaki, M. et al. (2017), “Self-rated Health Is Associated with Subsequent Functional Decline Among Older Adults in Japan”, *International Psychogeriatrics*, Vol. 29, No. 9, pp. 1475-1483, <http://dx.doi.org/10.1017/S1041610217000692>.
- Schnittker, J. and V. Bacak (2014), “The Increasing Predictive Validity of Self-Rated Health”, *PLoS ONE*, Vol. 9, No. 1, e84933, <https://doi.org/10.1371/journal.pone.0084933>.

## 11.6. Perceived health status in adults aged 65 years and over, 2015 (or nearest year)



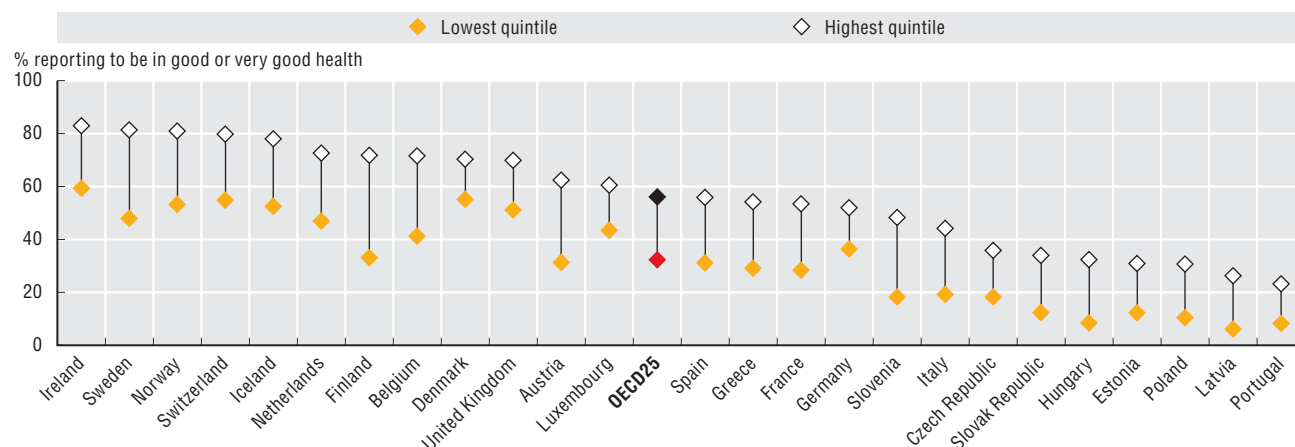
Note: Numbers are close together for males and females for New Zealand, the United States, Canada, the United Kingdom and Denmark.

1. Data for New Zealand, Canada, the United States and Australia are biased upwards relative to other countries and so are not directly comparable.

Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933605749>

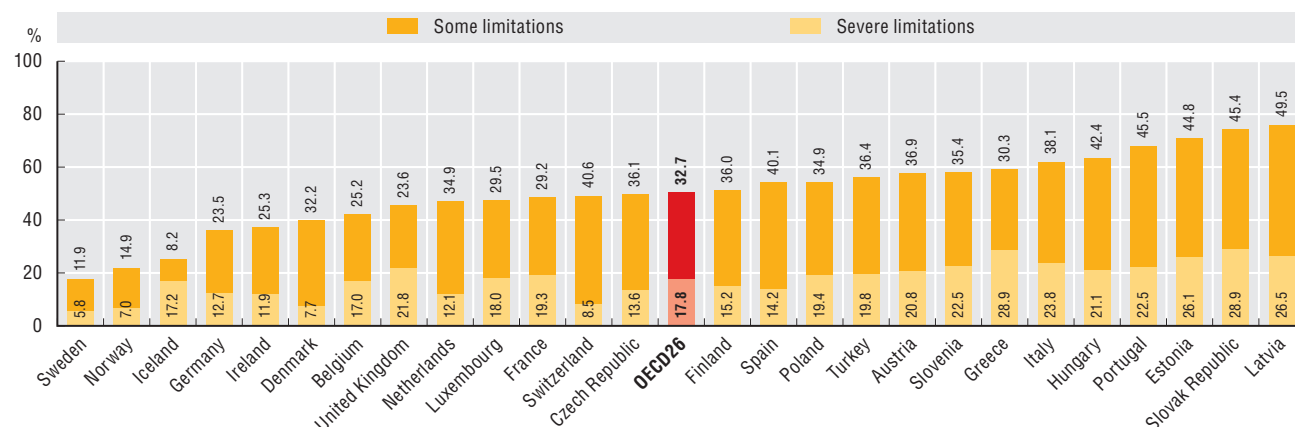
## 11.7. Perceived health status in adults aged 65 years and over by income quintile, European countries, 2015 (or nearest year)



Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933605768>

## 11.8. Limitations in daily activities in adults aged 65 years and over, European countries, 2015 (or nearest year)



Source: Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933605787>



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