

## Self-rated health and disability at age 65 and over

Even as life expectancy at age 65 has increased across OECD countries, many adults spend a high proportion of their older lives in poor or fair health (see indicator “Life expectancy and healthy life expectancy at age 65”). In 2019, more than half the population aged 65 and over in 36 OECD countries reported being in poor or fair health (Figure 10.5). Older people in eastern European OECD countries reported some of the highest rates of poor or fair health: more than four-fifths of people aged 65 and over reported their health to be fair, poor or very poor in Lithuania, Latvia, Portugal, Estonia and Hungary. Women are slightly more likely to report being in poor or fair health than men: 57% of women reported their health to be fair, poor or very poor on average across OECD countries in 2019, compared with 53% of men. Less than 40% of the total population aged 65 and over reported being in poor or fair health in Ireland, Switzerland, Norway, Sweden and the Netherlands. The lowest rate of poor or fair health for women was reported in Ireland (28.8%), while the lowest rate for men was reported in Switzerland (30.1%).

In all OECD countries with available data, older people in the lowest income quintile are more likely to rate their health as poor than those in the highest quintile (Figure 10.6). Across 26 OECD countries on average, nearly one in three (27.1%) people in the lowest income quintile reported their health to be poor or very poor in 2019, compared with one in nine (11.1%) among those in the highest quintile. In all but five countries (Austria, Germany, Italy, Luxembourg and Greece), people in the lowest income quintile are at least twice as likely to report their health as poor, compared with those in the highest quintile. In six countries – Norway, Lithuania, Switzerland, the Czech Republic, Iceland and Sweden – adults aged 65 and over in the lowest income quintile are at least four times as likely to report living in poor health, compared with adults 65 and over in the highest quintile.

Across 27 European OECD countries, 50% of people aged 65 and over reported having at least some limitations in their daily activities: 34% reported some limitations and a further 16% reported severe limitations (Figure 10.7). Many of the countries reporting the highest rates of self-rated poor health also reported high rates of limitations in daily activities. In the Slovak Republic and Latvia, nearly three in four adults aged 65 and over reported at least some limitations to activities of daily living, while in Estonia, the Slovak Republic and Turkey one in four adults aged 65 and over reported severe limitations. In contrast, only about one in five people aged 65 and over in Sweden (21%) and Norway (23%) reported having limitations in their daily activities.

### Definition and comparability

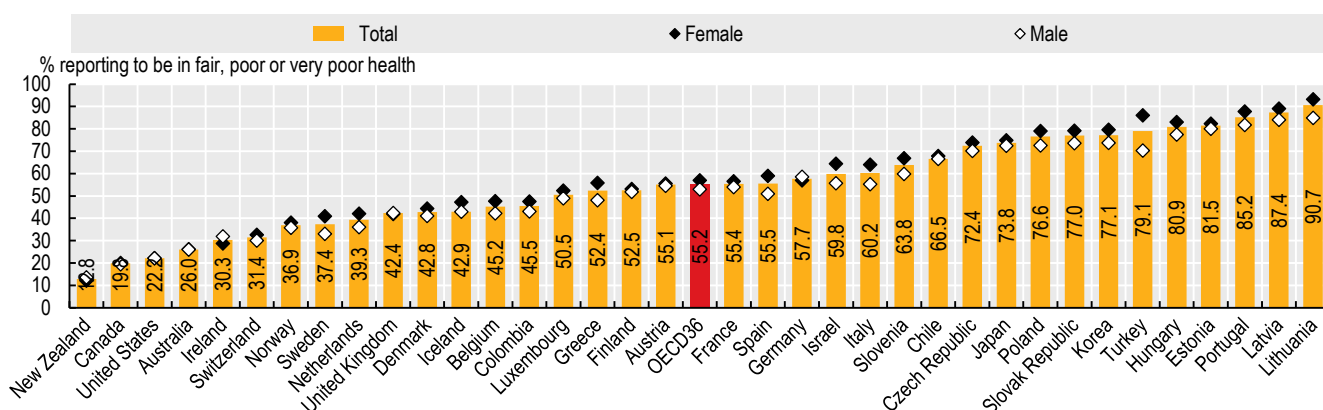
Self-reported health reflects people’s overall perception of their own health, including both physical and psychological dimensions. Typically, survey respondents are asked a question such as: “How is your health in general? Very good / good / fair / poor / very poor”. OECD Health Statistics provide figures related to the proportion of people rating their health to be fair, poor and very poor combined.

Caution is required in making cross-country comparisons of perceived health status for at least two reasons. First, people’s rating 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 asymmetrical (skewed on the positive side), including response categories: “Excellent / very good / good / fair / poor”. The data reported in OECD Health Statistics refer to respondents answering one of the two negative responses (fair or poor). By contrast, in most other OECD countries, the response scale is symmetrical, with response categories “Very good / good / fair / poor / very poor”. The data reported from these countries refer to the last three categories (fair, poor and very poor). This difference in response categories may introduce an upward bias in the results from those countries that use an asymmetrical scale.

Perceived health status by income quintile is based on Eurostat data with response categories “Very good / good / fair / poor / very poor”. Data for income-based inequalities in perceived health status looked at the difference in the proportion of adults 65 and over reporting their health to be poor or very poor, and did not include individuals who perceived their health status to be fair.

The category of limitations in daily activities is measured by the GALI question in the EU-SILC survey: “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”. People in institutions are not surveyed, resulting in an underestimation of disability prevalence. Again, the measure is subjective, and cultural factors may affect survey responses.

Figure 10.5. Adults aged 65 and over rating their own health as fair, poor or very poor, 2019 (or nearest year)

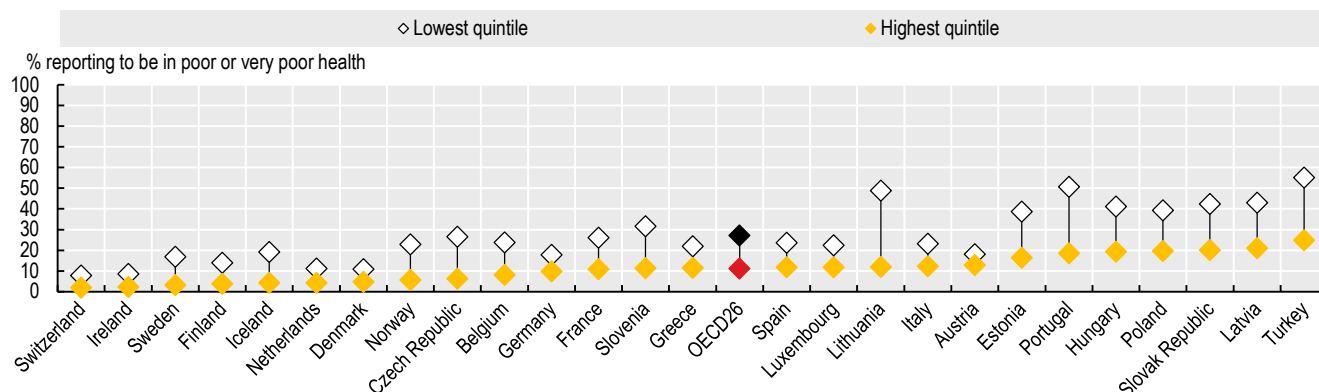


Note: Numbers are close together for males and females for Canada, the United States, Australia and the United Kingdom. Data for New Zealand, Canada, the United States and Australia are biased downwards relative to other countries and so are not directly comparable.

Source: OECD Health Statistics 2021.

StatLink <https://stat.link/gpyzs4>

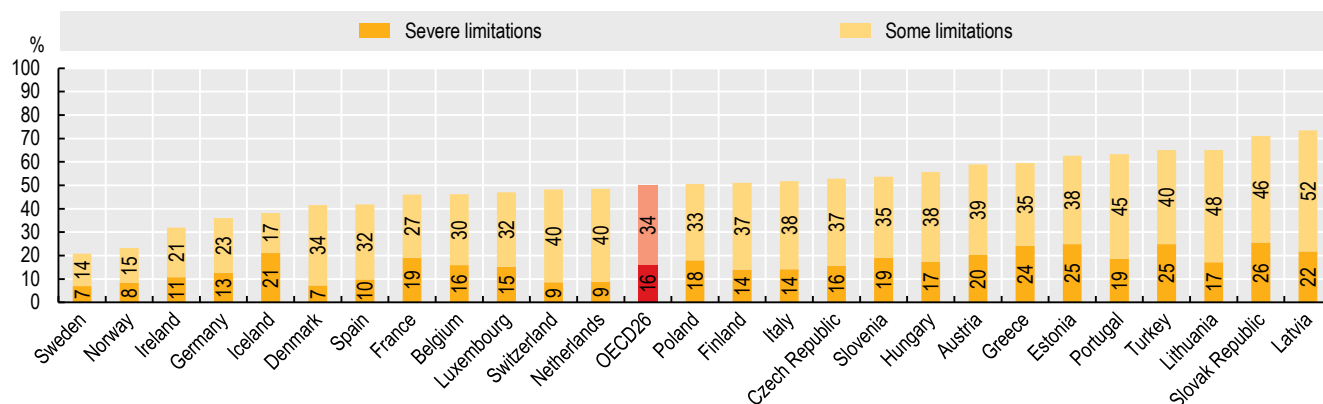
Figure 10.6. Adults aged 65 and over rating their own health as poor or very poor, by income, European countries, 2019 (or nearest year)



Source: Eurostat database.

StatLink <https://stat.link/zma7ph>

Figure 10.7. Limitations in daily activities in adults aged 65 and over, European countries, 2019 (or nearest year)



Source: Eurostat database.

StatLink <https://stat.link/gajpvt>



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