

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

Even as life expectancy at age 65 has increased across OECD countries, not all older adults spend their remaining years in good health (see section on “Life expectancy and healthy life expectancy at age 65”). In 2021, less than half the population aged 65 and over in 36 OECD countries reported being in good or very good health (Figure 10.5). Excluding countries whose data are not directly comparable (see the “Definition and comparability” box), more than three-fifths of older respondents reported being in good or very good health in only five countries (Costa Rica, Ireland, Norway, Sweden and Switzerland). On average, fewer than half of older adults (45.9%) reported being in good or very good health across 36 OECD countries. Fewer than 30% of older adults reported being in good health in 11 OECD countries, including six – Croatia, Estonia, Korea, Latvia, Lithuania and Portugal – in which fewer than 25% reported being in good or very good health. Men are slightly more likely to report being in good health than women: 48% of men reported their health to be good or very good on average across OECD countries in 2021, compared to 45% of women. Excluding New Zealand, Canada and the United States (whose results are biased upward, see Definition and Comparability box), the highest rates of good health were reported in Switzerland for both men (72%) and women (67%).

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 27 OECD countries on average, one in four (24.4%) people in the lowest income quintile reported their health to be poor or very poor in 2021, compared to one in nine (10.9%) among those in the highest income quintile. In eight countries, people in the lowest income quintile were at least two and a half times as likely as those in the highest quintile to report having poor or very poor health, while in five countries – Iceland, Ireland, the Netherlands, Norway and Switzerland – people in the poorest quintile were more than three times as likely to report living in poor health. In eight countries (Finland, Greece, Italy, Latvia, Luxembourg, Poland, the Slovak Republic and Slovenia), older adults in the poorest income quintile were less than twice as likely to report being in poor health.

Across 27 European OECD countries in 2021, around half (48%) of people aged 65 and over reported having at least some limitations in their daily activities: 33% reported some limitations and a further 16% reported severe limitations (Figure 10.7). Many of the countries reporting the lowest rates of self-rated good health also reported some of the highest rates of limitations in daily activities. In Latvia, 70% of adults aged 65 and over reported at least some limitations to activities of daily living, while in Estonia, Lithuania and Portugal, at least 60% of adults aged 65 and over reported at least some

limitations. In eight countries – Estonia, Greece, Iceland, Germany, Portugal, the Slovak Republic, Türkiye and the United Kingdom, at least 20% of adults aged 65 and over reported experiencing severe limitations in their daily life.

### Definition and comparability

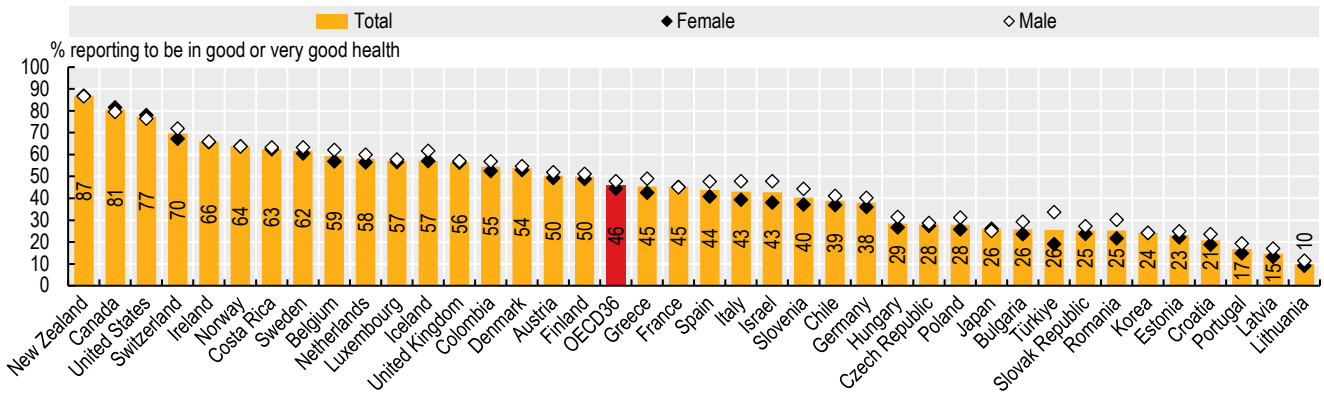
Self-reported health reflects people’s overall perception of their own health, including both physical and psychological dimensions. Typically, survey respondents are asked a question such as: “How is your health in general? Very good / good / fair / poor / very poor”. OECD Health Statistics provide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

Data comparability is limited, and caution is required in making cross-country comparisons of perceived health status for at least two reasons. People’s rating of their health is subjective and can be affected by cultural factors. There are also variations in the 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”. 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 two, rather than three, positive categories. 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 and different formulations of the question may affect survey responses.

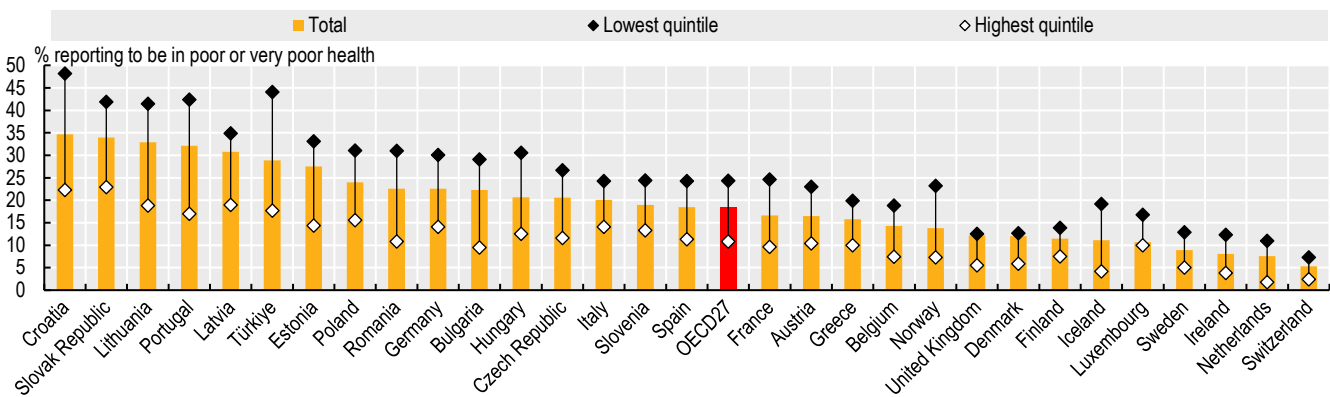
Figure 10.5. Adults aged 65 and over rating their own health as good or very good, 2021 (or nearest year)



Note: Data for New Zealand, Canada and the United States are biased upwards relative to other countries, and so are not directly comparable.  
Source: OECD Health Statistics 2023.

StatLink <https://stat.link/6lrx5d>

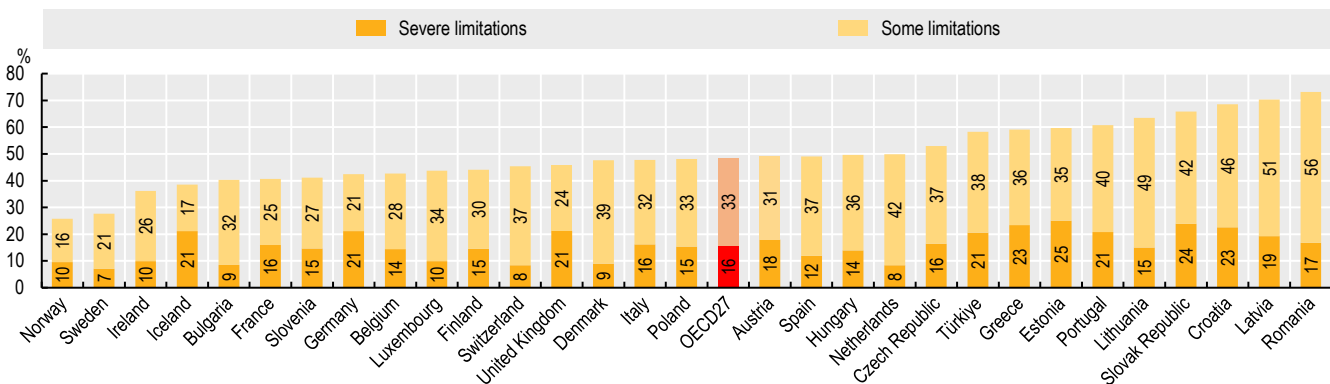
Figure 10.6. Adults aged 65 and over rating their own health as poor or very poor, by income, 2021 (or nearest year)



Source: Eurostat Database.

StatLink <https://stat.link/jvdw2e>

Figure 10.7. Limitations in daily activities in adults aged 65 and over, 2021 (or nearest year)



Source: Eurostat Database.

StatLink <https://stat.link/unmpq3>



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