Understanding Self-Reported Health Among Community-Dwelling Older Adults: A Multi-Method Study

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What does **self-reported** health mean?

Self-reported health is a single question measure of health status usually asked, "In general, would you say that your health is excellent, very good, good, fair, or poor?

Study Objective

- To advance understanding of self-reported health among community-dwelling older adults (≥65 years)

Why is this research important?

- Among community-dwelling older adults, self-reported health decreases as the number of chronic conditions increases, but little is known about how other sociodemographic, health-related or resilience factors shape this relationship, what may predict high self-reported health, or how older adults perceive these factors as influencing their perceptions of health

How was the study conducted?

- A multimethod research design was used, which combines findings from three completed studies (scoping review, quantitative cross-sectional study, qualitative case study) to address the study objective

Scoping Review

Aim: To systematically scope the literature related to factors associated with self-reported health among community-dwelling older adults.

Results: Identified factors associated with self-reported health, including sociodemographic variables, physical and mental health, health-related behaviour, and emotional status.

QUANTitative Study

Cross-sectional study of over 21,000 community-dwelling older adults using the Canadian Longitudinal Study on Aging data base (CLSA).

Aim:
- To examine whether sociodemographic, health-related, or resilience factors moderate or mediate the relationship between multimorbidity and self-reported health
- To identify the factors that predict self-reported health
- To determine whether these same factors predict high self-reported health in those with high levels of multimorbidity (e.g. the well-being paradox)

Results:
Identified top five factors that predicted self-reported health, four of which are potentially modifiable.

- lower level of multimorbidity
- female sex
- higher Life Space Index score
- higher functional resilience
- higher psychological resilience

QUALitative Study

Qualitative case study interviewed 15 community-dwelling older adults.

Aim:
- To explore the influence of individual, social, and environmental factors, including those related to multimorbidity resilience, on self-reported health

Results:

1. Health was described as a responsibility

2. Health was described as being able to do what they wanted to do, despite health-related limitations.

3. Several personal strengths were identified by older adults which contributed to an overall sense of control in how they view health.

4. Older adults described interpreting their health experiences in comparison to their younger selves and to others, and learning from these comparisons.

Overall Results

- The factors that shape self-reported health are multidimensional and complex
- Adaptation to health adversity, resulting from experiences acquired over the lifecourse, shape how older adults perceive their health

Implications for practice, policy and research

- **Practice:** Findings highlight a need to use and apply self-reported health in **clinical practice** to guide care planning
- **Policy:** Findings highlight a need for **whole person care** to guide health and social care policy for older adults
- **Research:**
  - There is a need for further **qualitative**, **quantitative**, and **longitudinal** research to understand the factors that predict high (very good or excellent) self-reported health among older adults with high levels of multimorbidity.

REFERENCES

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