Self-Reported Health and the Well-Being Paradox Among Community-Dwelling Older Adults: A Cross-Sectional Study Using Baseline Data From the Canadian Longitudinal Study on Aging (CLSA)

STUDY LEAD

Carly Whitmore
RN, MScN, PhD

PRINCIPAL INVESTIGATOR

Maureen Markle-Reid
RN, MScN, PhD

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"?

What does the **well-being paradox** mean?

Older adults may rate their health high (positively), even though objective measures such as number of chronic conditions suggest a more contradictory (negative) rating.

Why is this research important?

- It is well-known that lower self-reported health is associated with increasing level of multimorbidity (≥2 chronic conditions), however, factors that predict self-reported health among community-dwelling older adults (≥65 years), especially those with multimorbidity, are poorly understood
- Additionally, it is not known why older adults self-report their health positively despite the presence of high levels of multimorbidity, a phenomenon known as the well-being paradox

Study Objectives

1. To examine whether sociodemographic, health-related, or resilience factors moderate or mediate the relationship between multimorbidity and self-reported health
2. To identify the factors that predict high self-reported health
3. To determine whether these same factors predict high self-reported health among those with high levels of multimorbidity to better understand the well-being paradox

How was this study conducted?

- Cross-sectional study of over 21,000 older adults drawn from data from the Canadian Longitudinal Study on Aging (CLSA). (Data included baseline and follow-up 1).

Measures Used/Factors

- Self-Reported Health
- Level of Multimorbidity
- Presence of Well-Being Paradox
- Sociodemographic Factors (Sex, Age, Education, Household Income, Marital Status)
- Health Related Factors (Depression Screen, Life Space Index Score)
- Resilience Factors (Functional Resilience, Social Resilience, Psychological Resilience)

Results

Health Characteristics of Participants (n=21,503)

Even though older adult participants had an average of 3 chronic conditions, 58% rated their general health as high (very good or excellent)

Most common chronic conditions:

51% hypertension	**39%** arthritis	**27%** chronic musculoskeletal conditions	**22%** diabetes	**20%** cardiovascular disease	**15%** screened positive for depressive symptoms

Who was included in the study sample? (n=21,503)

50% female	**55%** between the ages of 65 and 74	**62%** married or in a common-law relationship	**97%** white

- None of the factors explored in this study influenced the relationship between multimorbidity and self-reported health, yet all were independently associated with self-reported health
- All factors except household income and marital status were independently associated with high self-reported health, with female sex and education level greater than diploma or degree having the largest effect sizes
- The 'top five' factors predicting high self-reported health in the **general older adult population** were:
  - lower level of multimorbidity
  - female sex
  - higher Life Space Index score
  - higher functional resilience
  - higher psychological resilience
- These **same** 'top five' factors predicted high self-reported health among the subset of this population with the **well-being paradox**

Discussion

- Findings support the growing shift towards person-centered care and person-driven care, emphasizing the importance of assessing individual perceptions of health and what is important to individuals

Implications

- Factors that predict high self-reported health, except female sex, are **potentially modifiable**, including level of multimorbidity, Life Space Index score, and functional and psychological resilience
- Identifying these key drivers has potential to inform development of **clinical interventions** that target these modifiable factors to enhance self-reported health.

Additional Research Opportunities

- There is a need for longitudinal studies using CLSA data to explore casual relationships, repeat analyses in differing populations, and compare findings to older adults with low self-reported health and low levels of multimorbidity

REFERENCES

Whitmore, C., Markle-Reid, M., McAiney, C.. Fisher, K., & Ploeg, J. (2022). Self-reported health and the well-being paradox among community-dwelling older adults: a cross-sectional study using baseline data from the Canadian Longitudinal Study on Aging (CLSA). BMC Geriatrics, 22(112). https://doi.org/10.1186/s12877-022-02807-z

For more information about CLSA, please visit: **https://www.clsa-elcv.ca/**