

# Self-perceived health of older adults in Latin America and the Caribbean: a scoping review

Hannah Kaufman<sup>1</sup>, Samantha Howell<sup>2</sup>, Jeni Stolow<sup>1</sup>, Katherine Andrinopoulos<sup>1</sup>, Philip Anglewicz<sup>3</sup>, Martín Burt<sup>4</sup>, and Arachu Castro<sup>1</sup>

**Suggested citation** Kaufman H, Howell S, Stolow J, Andrinopoulos K, Anglewicz P, Burt M, et al. Self-perceived health of older adults in Latin America and the Caribbean: a scoping review. *Rev Panam Salud Publica*. 2023;47:e105. <https://doi.org/10.26633/RPSP.2023.105>

## ABSTRACT

**Objective.** To systematically map the existing evidence on self-perceived health among adults aged 60 and older in Latin America and the Caribbean, describe the use of the single-item measure of self-perceived health with this population, and identify gaps in the existing literature.

**Methods.** Following PRISMA Extension for Scoping Reviews guidelines, eight databases were searched for publications that were published between 2009 and 2019 and reported self-perceived health of adults over 60 years old in Latin America and the Caribbean. Data on study characteristics, sample characteristics, and the use and analysis of the self-perceived health measure were charted.

**Results.** The database and secondary searches identified 516 articles. After removing duplicates and assessing titles and abstracts for inclusion, 263 full-text articles were assessed for eligibility using the inclusion criteria and an additional 89 articles were excluded. Ultimately, 174 articles were included in the scoping review. Studies included participants from 17 countries in the region, led in frequency by Brazil with 120 articles. The self-perceived health question most often included a five-category response scale (130), and response options were predominantly divided into two (86) or three (48) categories for analysis.

**Conclusions.** Information on the health and social needs of people aged 60 and older across Latin America and the Caribbean, particularly their perceptions of health, is limited. We highlight the need to expand research throughout the region, include particularly vulnerable populations, utilize data from longitudinal and qualitative studies, and call for transparency in how questions and responses are worded and analyzed. This review serves to inform future studies, programs, and policies directed at this population.

## Keywords

Aged; health of the elderly; health status; review; Latin America; Caribbean region;

A quick, low-cost, comprehensive measure, self-perceived health (SPH) is the most widely used health survey measure in medical, social, and behavioral science research (1). SPH, also referred to as self-assessed health, self-rated health, and self-reported health, is a powerful tool used to independently predict mortality. Its association with morbidity, physical functioning, and health service utilization has been well documented (2–6).

The use of self-assessments of health gained popularity in the 1950s, and its use with older adults gained momentum with

the Duke Longitudinal Studies of Aging in 1955 (7, 8). Since then, studies of older adults have consistently demonstrated high predictability of SPH on functional disability, morbidity, and mortality (9, 10) as well as sociodemographic, psychological, biological, and functional determinants (11, 12). These studies also show that SPH varies by gender (13, 14); social support, networks, and social participation (15–17); socioeconomic position (18); environment factors including neighborhood environment and urban–rural status (19–21); and the number of chronic diseases (3).

<sup>1</sup> Tulane University School of Public Health and Tropical Medicine, New Orleans, LA, United States of America ✉ Hannah Kaufman, [hkaufma3@tulane.edu](mailto:hkaufma3@tulane.edu)

<sup>2</sup> Independent researcher

<sup>3</sup> Johns Hopkins University Bloomberg School of Public Health, Baltimore, MD, United States of America

<sup>4</sup> Fundación Paraguaya, Asunción, Paraguay

Self-reported health can provide information about individuals' health that cannot be measured using more objective health measures, such as self-reports of health behaviors and biomarkers from stress to mortality (1, 22). An individual's perceived health is based on their interpretation of their true health, incorporating aspects of their personal health and health environment, as well as sociodemographic factors like age, gender, and social support (1). Other factors that contribute to reported health status are inclusion in programs for individuals in poor health; psychological aspects, such as cognitive ability, personality, or mood; and the temporality of health factors and the health environment (1, 23).

Survey measurement is an important, often overlooked, component of how an individual responds to a question about their health status and its interpretation therein (1, 12, 24). While many surveys use a general, non-comparative, single-item measure that asks respondents to rate their health on a three or five-point Likert-type scale, surveys vary widely in many aspects of survey measurement including mode, question context, question order, response option labels, and response option order (1, 9, 12). These variations in SPH measurement, and thus analysis and interpretation, have important implications for the validity and comparability of research and the applicability of health and social policies (1, 25).

In Latin America and the Caribbean (LAC), reductions in mortality and fertility are rapidly contributing to an ever aging society (26). According to the United Nations, the population over 60 years old in LAC is projected to increase from 11% to 25% by 2050 (27). As the region ages, it becomes important that governments and other stakeholders meet the diverse and complex needs of the aging. However, most studies on the health of older adults focus on populations in high-income countries outside of Latin America (28).

Rapid growth in aging populations in LAC has not been accompanied by an increase in research about the implications of this process (26) – an extensive gap in knowledge that poses a significant barrier to evidence-based policy development (29). With inequalities in health and social indicators, particularly among older adults, governments and organizations must be prepared to meet the needs of this population. To inform the development of health and social policies for older adults throughout the region, we must better understand the determinants of their health perceptions and the implications therein (30, 31). Therefore, we need to understand how, where, and to whom the question is asked.

Thus, we conducted a scoping review to systematically map the existing evidence on the self-perceived health among adults aged 60 and older in Latin America and the Caribbean. This review describes the use of the single-item measure of self-perceived health with this population and identifies gaps in the existing literature to shape future research in this area.

## MATERIALS AND METHODS

Scoping reviews are “exploratory projects that systematically map the literature available on a topic, identifying key concepts, theories, sources of evidence and gaps in the research” (32)(p.34). Like systematic reviews, they “use rigorous and transparent methods to comprehensively identify and analyze all the relevant literature pertaining to a research question” (33) (p.372). In general, compared to systematic reviews, scoping

reviews address broader topics, include a wider range of study designs and methodologies, and do not assess the quality of included studies (34). As the purpose of this study is not to address the “feasibility, appropriateness, meaningfulness or effectiveness of a certain treatment or practice,” but rather to examine research on how SPH in LAC has been conducted, a scoping review of this literature is most appropriate and an assessment of bias is unnecessary (35).

This scoping review follows the PRISMA Extension for Scoping Reviews (PRISMA-ScR) guidelines (36), as well as the seminal methodological framework by Arksey and O'Malley (34) and recent adaptations to this work (37). The framework includes five stages: identify the research question and establish purpose; identify relevant studies; select studies; chart the data; collate, summarize, and report the results.

### Stage 1: Identify the research question and establish purpose

Considering the concept (SPH), target population (adults aged 60 and over in Latin America and the Caribbean), and outcomes of interest (the use and analysis of the single-item measure of SPH), we developed the purpose of this study and three research questions to guide our scope of inquiry and establish an effective search strategy (37): 1. What is the current state of knowledge of SPH using a single-item measure among adults aged 60 and older in LAC? 2. How has the single-item measure of SPH been asked and analyzed in its use among older adults in the region? 3. What are the knowledge gaps in the existing literature?

### Stage 2: Identify relevant studies

Following an exploratory literature review to identify appropriate key terms, we searched the following electronic bibliographic databases for documents published from 2009 to 2019: Abstracts in Social Gerontology, PubMed, Fuente Académica, MedicLatina, PyschINFO, MEDLINE, EMBASE, and Global Health. Search terms, with some variation by database, included: “self-perceived health” OR “self-assessed health” OR “self-rated health” OR “self-reported health” OR “perceived health” AND old OR senior\* OR aging OR aged OR elderly OR elder\* AND Latin America OR Caribbean AND 2009–2019.

**Inclusion and exclusion criteria.** We included studies published between 2009 and 2019; written in English, Spanish, or Portuguese; analyzed original or secondary data (no reviews or opinion pieces); involved adults over 60 years old in LAC (sample aged 60+, or mean age 65+, or with separate analysis for 60+); and reported the use of a single-item measure of SPH, or a synonym of the term, including self-rated health, self-assessed health, and self-reported health, with an ordinal scale of descriptive response categories. Papers were excluded if they did not meet these criteria or if full papers could not be located.

### Stage 3: Select studies

The database search was supplemented by scanning reference lists, and forward and backward snowballing of relevant documents. After removing duplicates, two trained reviewers

independently assessed titles and abstracts for inclusion. Any articles with inconsistencies between reviewers or doubts about meeting criteria were retained for full-text review. Two reviewers then independently assessed the remaining full-text articles for eligibility using the inclusion criteria.

#### Stage 4: Chart the data

We developed an initial data charting form to extract information, including study characteristics, sample characteristics, and the use and analysis of the SPH measure. Reviewers initially pilot-tested the form on several articles for ease of use and thoroughness, continuing to update the form in an iterative process involving the feedback and collaboration of all reviewers. Two reviewers charted data from each article. We reviewed all charted data, referring to the source and consulting reviewers, to resolve any inconsistencies. Additionally, we directly contacted the authors of articles with missing information regarding the SPH question (question, responses, or analysis). The progression of the charting form is reflected in the Data Extraction Timeline (see Table A1, in supplementary material).

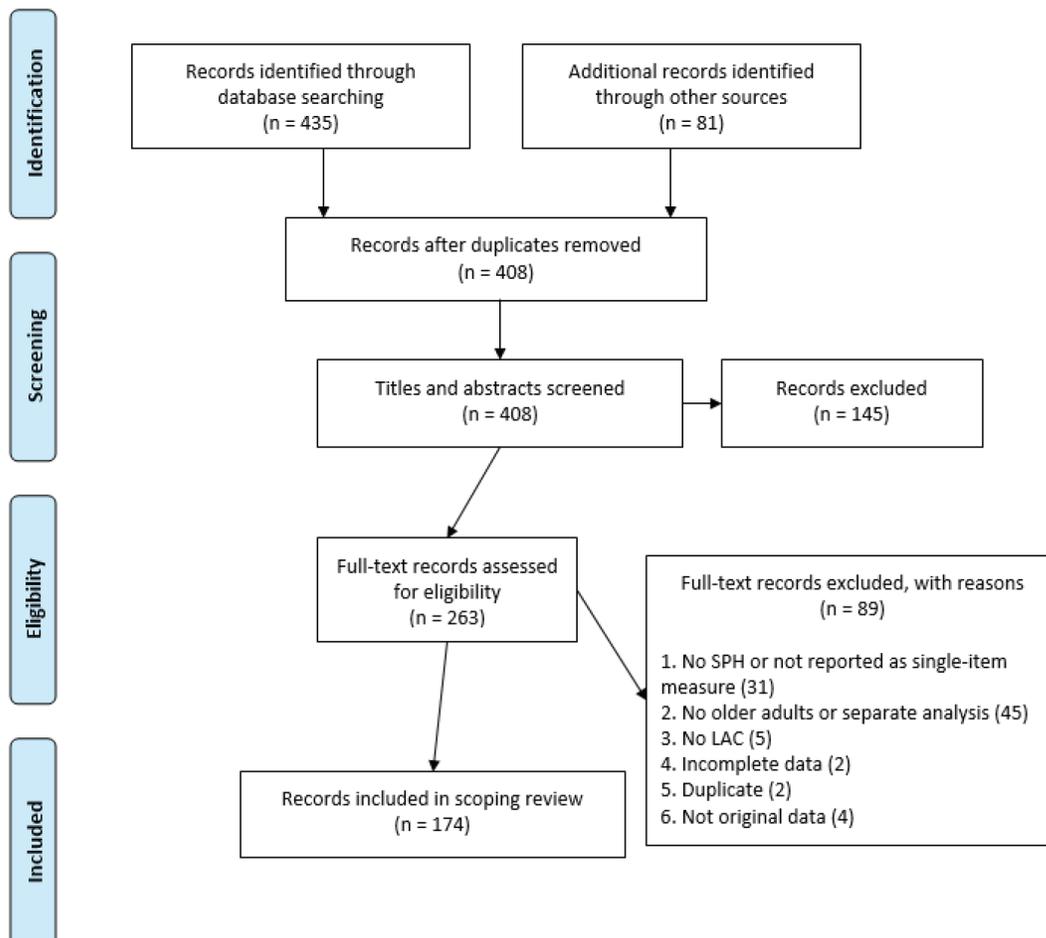
## RESULTS (STAGE 5)

The database and secondary searches identified 516 articles. After review we found 263 full-text articles for eligibility using the inclusion criteria and excluded an additional 89 articles. Finally, 174 articles were included in the scoping review (see Table A2, in supplementary material). A flowchart of the selection process is presented in Figure 1.

### Geographic and language patterns

The research of SPH of older adults in LAC is dominated geographically by Brazilian publications. The corresponding author or first author from 110 of the articles (63%) was associated with an institution in Brazil. Authors were also from Colombia (16), the United States of America (15), Chile (8), Mexico (7), Argentina (4), Canada (4), Jamaica (4), Costa Rica (2), Sweden (2), Peru (1), and an unidentified location (1). Additionally, articles in this study were unpublished most frequently in four Brazil-based journals, each with more than 10 articles: *Cadernos de Saúde Pública* (29), *Ciência & Saúde Coletiva* (20), *Revista de Saúde Pública* (13), and *Revista Brasileira de Epidemiologia* (12).

FIGURE 1. PRISMA flow diagram



Source: Prepared by the authors based on the results of this study.

Articles were published in English, Portuguese, and Spanish. Most articles were published in English only (83), Portuguese only (38), or were published in both languages (32). There were 19 articles in Spanish only, 1 in English and Spanish, and 1 in all three languages.

Studies included participants from 17 countries in LAC, as seen in Figure 2; 120 of 174 articles included participants from Brazil, followed by Colombia (25), Mexico (16), Chile (11), and Argentina (8); 12 studies had participants from multiple countries in the region.

### Demographic inclusion criteria

Most sample populations were made up exclusively of adults 60 years or older, 23 articles included participants younger than 60 years. Based on the criteria for inclusion, these sample populations had either a mean age of 65 or older (7) or featured separate analysis for adults 60 or older (16). Participants were predominantly women, and the studies were community-based (see Table 1). Only 45 articles included information about the race or ethnicity of the sample populations.

### Methodologies and data sources

The studies were predominately cross-sectional in nature (149), including eight cross-sections of cohort studies. The remaining studies were longitudinal (24) and one retrospective chart review. The multicountry Survey on Health, Well-Being,

and Aging in Latin America and the Caribbean (SABE) was the most cited data source (21). The next five most utilized data sources were all from Brazil: the special health supplement of the National Household Sample Survey (PNAD) (11); Bambuí Cohort Study of Aging (BCSA) (8); Frailty in Brazilian Older Adults (FIBRA) (6); Population-Based Household Health Survey in the Municipality of Campinas (ISACamp) (6); and the EpiFloripa Aging cohort study (5). There were 44 articles with no study source available.

### Survey questions and wording

We documented three main question wording types: questions with a reference period, those with a reference group, and those which reference neither a period nor group (see Table 2). Questions with no reference include basic and generalized questions. Basic questions posed the simplest form of the question without any additional qualifying language. Generalized questions used language like “in general,” “generally,” “generally speaking,” “all in all,” and “on the whole” to modify the scope of the respondent’s answer. Questions with a reference period specified the time frame for which the respondent should consider their answer, such as “right now,” “currently,” “in the last 30 days,” and “in the last 12 months.” Questions with a reference group asked respondents to compare their health to their peers.

Eighty-three of 174 articles provided the wording used to ask participants about their SPH. We received the question

**FIGURE 2. Map of numbers of studies conducted in Latin American and Caribbean countries**



**Note:** Number of studies in countries in Latin America and the Caribbean (2019); 195 studies included participants from 17 countries in Latin America and the Caribbean, and 12 studies included participants from multiple countries in the region.  
**Source:** Map prepared by the authors based on the results of this study.

**TABLE 1. Characteristics of study population samples**

Category	Older adults	Number of studies (N = 174)
<b>Age</b>	<60	23
	60+	126
	65+	21
	70+	1
	80+	1
<b>Institutionalized</b>	Yes	7
	No	167
<b>Gender</b>	>50% women	156
	50% women, 50% men	3
	>50% men	4
	Unreported	11
<b>Race/ethnicity</b>	Reported	45
	Unreported	129

**Note:** Based on the criteria for inclusion, the sample populations in the 23 articles with participants younger than 60 years had either a mean age of 65 or older (7) or featured separate analysis for adults 60 or older (16). Most samples were community-based, but seven included individuals in institutions such as hospitals or nursing homes. Only 45 articles included information about the race or ethnicity of the sample populations.  
**Source:** Prepared by the authors based on the results of this study.

wording directly from the corresponding author for 43 articles. With information provided from the author or directly from the article, we retrieved the question wording from the published survey for 21 articles and from referenced articles for 11 articles in this study. The wording remains unknown for 14 due to lack of transparency and non-response from authors.

The number of question response options varied from two to six, but most used a five-category scale (130). Response options were predominantly divided into two (86) or three (48) categories for analysis. The ways in which they were divided, however, varied greatly. For example, of questions with five-category scales divided into two categories, 30 grouped the two responses on the positive end and three responses on the negative end, 36 grouped the three most positive responses and two most negative, and four grouped the four most positive responses versus the most negative response (see Table 3).

**DISCUSSION**

This review has identified where, to whom, and how SPH questions have been asked. So, what is missing? Where are the gaps?

**Where are older adults asked SPH questions?**

Studies included participants from only about half of the countries in the LAC region and were concentrated in just a few countries, the vast majority in Brazil. Given the importance of the sociocultural context in answering a question about SPH, it is crucial that studies in countries throughout the region incorporate SPH and questions about the factors which contribute to the decision-making process to better understand differences in cultural elements that contribute to the perception of health.

Research on SPH among adults needs to expand outside Brazil to gather evidence from older adults in countries at all stages of the aging process. Countries in LAC have diverse aging profiles, spanning from the beginnings of the demographic

**TABLE 2. Self-perceived health question wording types**

Theme	Type	Example	Number of studies
<b>No reference</b>	Basic	Would you say that your health is ...?	43
	Generalized	In general, how do you rate your health?	73
<b>Reference period</b>	Right now	In general, how would you rate your health today?	31
	Last month	How do you rate your overall health in the past 30 days?	7
	Last year	Comparing your health today with the one from 12 months ago, would you say that now your health is ...?	1
<b>Reference group</b>	Compared to peers	Compared to other people your age, how is your health?	2

**Note:** For most articles, information was provided by the author or obtained from the article, published survey, or referenced articles. The wording remains unknown due to lack of transparency in articles and non-response from authors for 14 articles. These articles reported the use of a single-item measure of self-perceived health, or a synonym of the term, with an ordinal scale of descriptive response categories, but did not provide the precise wording for the questions.  
**Source:** Prepared by the authors based on the results of this study.

transition, with high fertility and mortality and low life expectancy, in Bolivia, Guatemala, Haiti, and Honduras, to the third stage of the transition, with low fertility and mortality and rising life expectancy, in Costa Rica, Cuba, and Uruguay (38). There are unique opportunities and challenges to support older adults at each stage of the transition.

Although most studies in this review have a minimum participant age of 60, few studies focused on participants 70 years and older. The health perceptions of these individuals can help understand how their needs may change over time in different contexts.

**To whom are SPH questions asked?**

We need to understand how particularly vulnerable populations view their health to improve health equity among older adults. More studies should include those living in long-term care institutions; individuals experiencing cognitive or communication deficits; and members of racialized and ethnic minoritized groups, such as Indigenous and Afro-descendant populations. Older men and members of the Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) community are also underrepresented in these studies, and their presence is crucial to understanding important differences in health perceptions by gender identity and sexual orientation.

In LAC, 12% of people over age 60 and nearly 27% of people over age 80 are care dependent; unable to independently complete at least one basic activity of daily living, such as eating, bathing, or dressing (39). Many of these more than 8 million people are cared for informally, often by women in their families. The demand for long-term care is expected to triple over the next 30 years (39). Much of the research excludes older adults in institutions and those with cognitive or communication deficits. Only seven articles in this review, from Colombia and Brazil, included institutionalized participants. To address the needs of these growing, vulnerable populations, research on their perceptions of health is needed to create tailored long-term care systems and improve social and health systems (40).

**TABLE 3. Self-perceived health response options and categories for analysis**

Total response options	Number of studies per total response options	Number of analytical categories	Grouping of response options (from positive to negative)	Number of studies per grouping of response options
2	1	2	no groupings, kept original 2 categories	1
3	1	3	no groupings, kept original 3 categories	1
4	20	2	2 positive / 2 negative 3 positive / 1 negative	11 2
		3	1 positive / 1 intermediate / 2 negative 2 positive / 1 intermediate / 1 negative	1 1
		4	no groupings, kept original 4 categories	5
		2	2 positive / 3 negative 3 positive / 2 negative 4 positive / 1 negative	30 36 4
5	130	3	2 positive / 1 intermediate / 2 negative 3 positive / 1 intermediate / 1 negative	40 5
		4	2 positive / 1 intermediate / 1 intermediate / 1 negative 1 positive / 1 intermediate / 1 intermediate / 2 negative	2 2
		5	no groupings, kept original 5 categories	11
		2	2 positive / 4 negative 3 positive / 3 negative	1 1

**Note:** The total number of response options varied from two to six, but most (130) used a five-category scale. Analytical categories were predominantly two (86) or three (48), but the ways in which they were grouped varied greatly. For example, of questions with five-category scales aggregated into two categories, 30 grouped the two responses on the positive end and three responses on the negative end, 36 grouped the three most positive responses and two most negative, and 4 grouped the four most positive responses versus the most negative response. A total of 20 studies did not provide the number of analytical categories or analyzed the results quantitatively without the use of analytical categories.

**Source:** Prepared by the authors based on the results of this study.

Despite increasing visibility of health inequalities for Indigenous people and people of African descent, this review found a scarcity of information regarding race or ethnicity of older adults in studies featuring information about their SPH (41–43). Of the 45 articles with information on race or ethnicity, 42 were from Brazil. Future studies should examine the relationship between skin color or ethnicity among older adults in other countries in the region.

Most studies (156) included more women than men, a well-known occurrence in studies of older adults. More participation from men in studies is essential to understand how both women and men rate their health in different contexts. Studies have shown that men and women differ in both health rating trends and the factors they consider when rating their health. In LAC, women tend to report worse health than men (30, 44, 45). Possible explanations include higher prevalence of disability and chronic conditions associated with their increased longevity; health exposures faced throughout the life course; and cultural norms associated with acknowledging health problems and seeking health care (44–47). Although there is evidence that women consider a variety of factors to rate their health, while men tend to compare their health to the health of other men (30), more studies are needed to understand the processes by which women and men rate their health.

### How are SPH questions asked and analyzed?

Self-reported data from health studies in LAC are an invaluable source of comparable data to understand the needs of older adults in the region. Many of the studies featured data from large epidemiologic studies of a cross-sectional nature

which can provide fast, inexpensive, observational data, but do not allow for inferences regarding causality. Authors are limited to the variables available in the dataset and their pre-determined survey measurement features, while cultural and context-specific factors are often missing. Data from longitudinal and qualitative studies will help us gain critical insight into the complex, subjective process of rating SPH. Longitudinal studies of older adults in the region are needed to untangle causality and to understand changes over time (48). Qualitative studies could provide valuable insight into respondents' health ratings and their evaluation process.

The World Health Organization (WHO) recommends the use of a generalized SPH question, seen most frequently in this review (73 of 174 articles), and does not recommend questions with a reference group or time period because they influence how the respondent answers the question (49). If SPH is used as a proxy for more objective health measures, using questions with a reference may serve to standardize comparisons, although the use of a reference group or time period may render these measures incomparable to each other and to questions with no reference (1). To control for subjectivity in the measure, researchers anchor vignettes, the placement of the SPH question after specific health items, and control for objective health measures in analysis (1).

This review included only those single-item SPH measures with ordinal scales of descriptive response categories, excluding multiple question scales and numerical response scales. WHO recommends the use of a five-category scale, noting that numerical scales are subject to different meanings in different cultures (49). Regional interpretations of certain descriptive responses can also change the connotation of a response. Due to often

subtle, but meaningful, language differences in the original and translated responses in Portuguese, Spanish, and English, this review does not examine the wording of responses. Additional features of survey measurement which may influence a respondent's SPH question response include mode, question order, the order of response options, and the interviewer–respondent interaction (1). While these measures are beyond the scope of this review, their relationship with health ratings deserves further attention.

Given the diversity of the question wording and response options used to ask older adults about their perceived health, future research will need to be transparent about how questions and responses are worded and analyzed. We need to acknowledge the diversity of questions and responses when we talk about a concept which is assumed by many to look a certain way.

## Recommendations

Based on the gaps in the research discussed here, we recommend the following:

1. Expand where older adults are asked questions about their SPH in the LAC region, to include countries at different stages of population aging.
2. Increase participation from vulnerable populations such as those living in long-term care institutions; individuals experiencing cognitive or communication deficits; members of racialized and ethnic minoritized groups, such as Indigenous and Afro-descendant populations; and members of the LGBTQ community.
3. Increase participation from older men, who are underrepresented in these studies.
4. Utilize more data from longitudinal and qualitative studies.
5. Be more transparent in how SPH questions and responses are worded and analyzed.

## Strengths and limitations

Among the strengths of this scoping review is that our aims align with scoping review methodology, contributing to a more efficient and effective review of the literature. We searched a wide range of databases and manually searched reference lists to identify as many relevant articles as possible. Also, by choosing not to exclude articles based on the type of SPH variable (e.g., outcome, exposure, or covariate), we were able to capture a more robust picture of the use and analysis of the variable in the region. Additionally, we directly contacted the authors of articles with missing information regarding the SPH question, allowing us to include studies that would have been eliminated

due to a lack of information and more accurately reported survey measurement features of the articles.

This scoping review has several limitations. Firstly, it is possible that we did not capture all studies that could meet the inclusion criteria. Citations to some studies may not be included in the literature or were not susceptible to data capture. It was beyond the scope of this study to assess the quality of included studies, and therefore it includes studies with large variations in study methodologies. Our searches were limited to studies in English, Spanish, and Portuguese, and those published between 2009 and 2019. Additionally, studies were limited to either a sample aged 60 or older, a mean age 65 or older, or with separate analysis for groups aged 60 or older. By assigning a specific number to define older adults, we may have excluded studies that define this population differently or include proportionally fewer older adults. Finally, we were unable to communicate with all authors to clarify information around SPH measurement resulting in missing information.

## Conclusion

Information on the health and social needs of people aged 60 and older across Latin America and the Caribbean, particularly their perceptions of health, is limited. Understanding how older adults perceive their health and determine their answers to SPH questions will help stakeholders meet the diverse and complex needs of this growing population in the region. We have identified where studies have explored SPH among adults aged 60 and older in the region, who among this group is included, and how the question is asked and analyzed. We highlight the need to expand research to countries at all stages of the aging process in LAC, include particularly vulnerable populations, such as those living in institutions and members of the LGBTQ community, utilize data from longitudinal and qualitative studies, and call for transparency in how questions and responses are worded and analyzed. This review serves to inform future studies, programs, and policies directed at this population.

**Author contributions.** HK, SH, and AC designed the scoping review. HK and SH acquired and analyzed the data. All authors interpreted the data. HK drafted the paper. All authors reviewed and approved the final version.

**Conflict of interest.** None declared.

**Disclaimer.** Authors hold sole responsibility for the views expressed in the manuscript, which may not necessarily reflect the opinion or policy of the *RPSP/PAJPH* and/or those of the Pan American Health Organization.

## REFERENCES

1. Garbarski D. Research in and prospects for the measurement of health using self-rated health. *Public Opin Q.* 2016;80(4):977-97. doi: 10.1093/poq/nfw033
2. Bonner WIA, Weiler R, Orisatoki R, Lu X, Andkhoie M, Ramsay D, et al. Determinants of self-perceived health for Canadians aged 40 and older and policy implications. *Int J Equity Health.* 2017;16(1):94.
3. de Oliveira Belém PL, Pimenteira de Melo RL, Figueroa Pedraza D, Nobre de Menezes T. Self-assessment of health status and associated factors in elderly persons registered with the Family Health Strategy of Campina Grande, Paraíba. *Rev Bras Geriatr e Gerontol.* 2016;19(2):265-76. <https://doi.org/10.1590/1809-98232016019.140206>

4. Idler EL, Benyamini Y. Self-Rated Health and Mortality: A Review of Twenty-Seven Community Studies. *J Health Soc Behav*. 1997 Mar;38(1):21-37.
5. Jylha M. What is self-rated health and why does it predict mortality? Towards a unified conceptual model. *Soc Sci Med*. 2009 Aug;69(3):307-16. doi: 10.1016/j.socscimed.2009.05.013
6. Graf AS, Long DM, Hicks Patrick J. Successful Aging Across Adulthood: Hassles, Uplifts, and Self-Assessed Health in Daily Context. *J Adult Dev* 2017;1-10. <https://doi.org/10.1007/s10804-017-9260-2>
7. Blazer DG. Longitudinal Studies on Aging and the Development of Geriatrics in North America. *J Gerontol A Biol Sci Med Sci*. 2004;59(11):1155-6. doi: 10.1093/gerona/59.11.1155
8. Jylha M, Guralnik JM, Ferrucci L, Jokela J, Heikkinen E. Is Self-Rated Health Comparable Across Cultures and Genders? *J Gerontol B Psychol Sci Soc Sci*. 1998;53(3):S144-52. doi: 10.1093/geronb/53b.3.s144
9. DeSalvo KB, Bloser N, Reynolds K, He J, Muntner P. Mortality prediction with a single general self-rated health question. *J Gen Intern Med*. 2006 Mar;21(3):267-75. doi: 10.1111/j.1525-1497.2005.00291.x
10. Wong M, Yu R, Woo J. Effects of Perceived Neighbourhood Environments on Self-Rated Health among Community-Dwelling Older Chinese. *Int J Environ Res Public Health*. 2017;14(614). doi: 10.3390/ijerph14060614
11. Stanojevic Jerkovic O, Sauliune S, Sumskas L, Birt CA, Kersnik J. Determinants of self-rated health in elderly populations in urban areas in Slovenia, Lithuania and UK: findings of the EURO-URHIS 2 survey. *Eur J Public Health*. 2017;27(suppl\_2):74-79. doi: 10.1093/eurpub/ckv097
12. Reynolds A, Altman CE. Subjective Health Assessments Among Older Adults in Mexico. *Population Research and Policy Review*. 2018;37:825-50. doi: 10.1007/s11113-018-9472-6
13. Moreno X, Albala C, Lera L, Sanchez H, Fuentes-Garcia A, Dangour AD. The role of gender in the association between self-rated health and mortality among older adults in Santiago, Chile: A cohort study. *PLoS One*. 2017;12(7):e0181317. doi: 10.1371/journal.pone.0181317
14. Boerma T, Hosseinpoor AR, Verdes E, Chatterji S. A global assessment of the gender gap in self-reported health with survey data from 59 countries. *BMC Public Health*. 2016;16. 30;16:675. doi: 10.1186/s12889-016-3352-y
15. Ichida Y, Hirai H, Kondo K, Kawachi I, Takeda T, Endo H. Does social participation improve self-rated health in the older population? A quasi-experimental intervention study. *Soc Sci Med*. 2013;94:83-90. doi: 10.1016/j.socscimed.2013.05.006
16. Lino VTS, Portela MC, Camacho LA, Atie S, Lima MJ. Assessment of Social Support and Its Association to Depression, Self-Perceived Health and Chronic Diseases in Elderly Individuals Residing in an Area of Poverty and Social Vulnerability in Rio de Janeiro City, Brazil. *PLOS ONE*. 2013;8(8):e71712. doi: 10.1371/journal.pone.0071712
17. Sabatier L, Moore S. Do Our Friends and Relatives Help Us Better Assess Our Health? Examining the Role of Social Networks in the Correspondence Between Self-Rated Health and Having Metabolic Syndrome. *SAGE Open*. 2015;5(3).
18. Rodriguez Lopez S, Colantonio SE, Celton DE. Socioeconomic Inequalities in Self-Reported Health and Physical Functioning in Argentina: Findings from the National Survey on Quality of Life of Older Adults 2012 (Encaviam). *J Biosoc Sci*. 2017;49(5):597-610.
19. Parra DC, Gomez LF, Sarmiento OL, Buchner D, Brownson R, Schimid T, et al. Perceived and objective neighborhood environment attributes and health related quality of life among the elderly in Bogota, Colombia. *Soc Sci Med*. 2010;70(7):1070-6. doi: 10.1016/j.socscimed.2009
20. Borges Luz TC, Comini César C, Lima-Costa MF, Proietti FA. Satisfaction with the neighborhood environment and health in older elderly: cross-sectional evidence from the Bambuí Cohort Study of Aging. *Cad Saúde Pública*;27(Sup 3):S390-S8. doi: 10.1590/s1012-311x2011001500009
21. Bethea TN, Lopez RP, Cozier YC, White LF, McClean MD. The Relationship Between Rural Status, Individual Characteristics, and Self-Rated Health in the Behavioral Risk Factor Surveillance System. *J Rural Health*. 2012;28(4):327-38.
22. Economic Commission for Latin America and the Caribbean. Transformaciones demográficas y su influencia en el desarrollo de América Latina y el Caribe. [Demographic transformations and their influence on the development of Latin America and the Caribbean]. Santo Domingo: ECLAC; 2008.
23. Sadana R, Mathers CD, Lopez AD, Murray CJL, Iburg KM. Comparative analyses of more than 50 household surveys on health status. In: Murray CJL, Salomon JA, Mathers CD, Lopez AD, editors. Summary measures of population health: concepts, ethics, measurement and applications. Geneva: WHO; 2002. p. 369-86. Available from: <https://apps.who.int/iris/handle/10665/42439>
24. Eriksson I, Uden AL, Elofsson S. Self-rated health. Comparisons between three different measures. Results from a population study. *Int J Epidemiol*. 2001;30(2):326-33. doi: 10.1093/ije/30.2.326
25. Pagotto V, Bacion MM, Silveira EA. Autoavaliação da saúde por idosos brasileiros: revisão sistemática da literatura. *Rev Panam Salud Publica*. 2013;33(4):302-10. Available from: <https://iris.paho.org/handle/10665.2/9184>
26. Rubinstein CJ. Latin America is Prepared to Face the Challenges of an Aging Population? *Int J Emerg Ment Health*. 2015;17(2):372-3.
27. Aranco N. Panorama of Aging and Long-Term Care: Latin America and the Caribbean is Aging. Washington, DC: Inter-American Development Bank; 2019. <https://doi.org/10.18235/0001545>
28. Wong R, Peláez M, Palloni A. Autoinforme de salud general en adultos mayores de América Latina y el Caribe: su utilidad como indicador. *Rev Panam Salud Publica*. 2005;17(5/6):323-32. Available from: <https://iris.paho.org/handle/10665.2/8091>
29. Beard JR, Officer AM, Cassels AK. The World Report on Ageing and Health. *Gerontologist*. 2016;56(S2):S163-S6. doi: 10.1093/geront/gnw037
30. Belém PLdO, Melo RLPd, Pedraza DF, Menezes TNd. Self-assessment of health status and associated factors in elderly persons registered with the Family Health Strategy of Campina Grande, Paraíba. *Rev Bras Geriatr Gerontol*. 2016;19(2):265-76. <https://doi.org/10.1590/1809-98232016019.140206>
31. Layes A, Asada Y, Keparat G. Whiners and deniers - What does self-rated health measure? *Soc Sci Med*. 2012;75(1):1-9. doi: 10.1016/j.socscimed.2011.10.030
32. Grimshaw J. A guide to knowledge synthesis: a knowledge synthesis chapter [Internet]. Ottawa: Canadian Institutes of Health Research; 2020. Available from: <https://cihr-irsc.gc.ca/e/41382.html>
33. Pham MT, Rajic A, Greig JD, Sargeant JM, Papadopoulos A, McEwen SA. A scoping review of scoping reviews: advancing the approach and enhancing the consistency. *Res Synth Methods*. 2014;5(4):371-85. doi: 10.1002/jrsm.1123. Epub 2014 Jul 24
34. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*. 2005;8(1):19-32.
35. Munn Z, Peters MDJ, Stern C, Tufanaru C, McArthur A, Aromataris E. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol*. 2018;18(1):143.
36. Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med*. 2018;169(7):467-73.
37. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implement Sci*. 2010;5:69. doi: 10.1186/1748-5908-5-69.
38. United Nations Population Fund. Una mirada sobre el envejecimiento: ¿Dónde están varios países latinoamericanos a 15 años del Plan de Acción Internacional de Madrid? [A look at aging: Where are several Latin American countries 15 years after the Madrid International Plan of Action?]. Montes de Oca V, Rodríguez V, Helfer S, editors. Panama: UNEFA; 2017. Available from: <https://mexico.unfpa.org/es/publications/una-mirada-sobre-el-envejecimiento-¿dónde-están-varios-países-latinoamericanos-15-años>
39. Aranco N, Stampini M, Ibararán P, Medellín N. Panorama de envejecimiento y dependencia en América Latina y el Caribe. Available from: <https://publications.iadb.org/publications/spanish/document/Panorama-de-envejecimiento-y-dependencia-en-América-Latina-y-el-Caribe.pdf>
40. Cafagna G, Aranco N, Ibararán P, Oliveri ML, Medellín N, Stampini M. Age with care: long-term care in Latin America and the Caribbean. Washington, DC: Inter-American Development Bank; 2019. <https://doi.org/10.18235/0001972>
41. Del Pino S, Sanchez-Montoya SB, Guzman JM, Mujica OJ, Gomez-Salgado J, Ruiz-Frutos C. Health Inequalities amongst People of African Descent in the Americas, 2005-2017: A Systematic Review of the Literature. *Int J Environ Res Public Health*. 2019;16(18).

42. Paulino NA, Vazquez MS, Bolumar F. Indigenous language and inequitable maternal health care, Guatemala, Mexico, Peru and the Plurinational State of Bolivia. *Bull World Health Organ.* 2019;97(1):59-67.
43. Castro A, Savage V, Kaufman H. Assessing equitable care for Indigenous and Afrodescendant women in Latin America. *Rev Panam Salud Publica.* 2015;38(2):96-109. Available from: <https://iris.paho.org/handle/10665.2/10044>
44. Medina-Solís CE, Pontigo-Loyola AP, Pérez-Campos E, Hernández-Cruz P, Avila-Burgos L, Mendoza-Rodriguez M, et al. Edentulism and other variables associated with self-reported health status in Mexican adults. *Medical Science Monitor.* 2014;20:843-52.
45. Zunzunegui MV, Alvarado BE, Béland F, Vissandjee B. Explaining health differences between men and women in later life: A cross-city comparison in Latin America and the Caribbean. *Soc Sci Med.* 2009;68(2):235-42. doi: 10.1016/j.socscimed.2008.10.031
46. Morris C, James K, Holder-Nevins D, Eldemire-Shearer D. Insights From a Developing Country: Self-Reported Health Status of Elderly Men (60 Years and Over) in Jamaica. *International Journal of Men's Health.* 2013;12(2):106-20.
47. Moreno X, Albala C, Lera L, Sánchez H, Fuentes-García A, Dangour AD. The role of gender in the association between self-rated health and mortality among older adults in Santiago, Chile: A cohort study. *PLOS ONE.* 2017;12(7):e0181317.
48. Hickey A, Barker M, McGee H, O'Boyle C. Measuring health-related quality of life in older patient populations: a review of current approaches. *Pharmacoeconomics.* 2005;23(10):971-93.
49. de Bruin A, Picavet HSJ, Nossikov A. Health interview surveys: Towards international harmonization of methods and instruments. Copenhagen: World Health Organization. Regional Office for Europe; 1996. Available from: <https://apps.who.int/iris/handle/10665/107328>

Manuscript submitted on 14 October 2022. Revised version accepted for publication on 3 April 2023.

## Revisión exploratoria sobre la autopercepción de la salud por las personas mayores en América Latina y el Caribe

### RESUMEN

**Objetivo.** Realizar una búsqueda sistemática de la evidencia sobre la autopercepción de la salud en las personas mayores de 60 años en América Latina y el Caribe, describir el uso de la medición basada en un solo ítem para dicha autopercepción en este grupo poblacional y detectar posibles lagunas en la bibliografía existente.

**Métodos.** Se realizaron búsquedas en ocho bases de datos de publicaciones aparecidas entre el 2009 y el 2019 sobre la autopercepción de la salud por las personas mayores de 60 años en América Latina y el Caribe. Las búsquedas se realizaron de conformidad con la guía de la extensión PRISMA para revisiones exploratorias. Se graficaron los datos sobre las características del estudio, las características de la muestra y el uso y análisis de la medición de autopercepción de la salud.

**Resultados.** Las búsquedas en las bases de datos y las secundarias permitieron localizar 516 artículos. Tras eliminar los duplicados y examinar los títulos y resúmenes para su inclusión, se utilizaron los criterios de inclusión para evaluar la admisibilidad de 263 artículos completos y se excluyeron otros 89 artículos. A fin de cuentas, quedaron seleccionados 174 artículos para la revisión exploratoria. Los estudios incluían participantes de 17 países de la región, con Brasil como el país con el mayor número (120 artículos). Lo más frecuente fue que la pregunta sobre autopercepción en materia de salud incluyera una escala de respuesta de cinco categorías (130), y las opciones de respuesta se dividían predominantemente en dos (86) o tres (48) categorías para su análisis.

**Conclusiones.** La información sobre las necesidades sociales y de salud de las personas mayores de 60 años en América Latina y el Caribe, en particular sus percepciones sobre la propia salud, es limitada. Los autores destacan la necesidad de ampliar la investigación en toda la región, abarcar a los grupos poblacionales especialmente vulnerables, utilizar datos de estudios longitudinales y cualitativos y exhortar a la transparencia sobre la manera en que se formulan las preguntas y respuestas. Esta revisión sirve como fundamento para futuros estudios, programas y políticas orientados a este grupo poblacional.

**Palabras clave** Anciano; salud del anciano; estado de salud; revisión; América Latina; región del Caribe.

---

## Autopercepção de saúde de pessoas idosas na América Latina e no Caribe: revisão de escopo

### RESUMO

**Objetivo.** Mapear de forma sistemática as evidências existentes sobre a autopercepção de saúde em pessoas com 60 anos ou mais na América Latina e no Caribe, descrever o uso de uma medida de item único da autopercepção de saúde nessa população e identificar lacunas na literatura existente.

**Métodos.** Em conformidade com as diretrizes da extensão da ferramenta PRISMA para revisões de escopo, oito bancos de dados foram pesquisados em busca de trabalhos publicados entre 2009 e 2019 que relatassem a autopercepção de saúde de pessoas com mais de 60 anos de idade na América Latina e no Caribe. Foram tabulados dados sobre as características do estudo, as características da amostra e o uso e a análise da medida de autopercepção de saúde.

**Resultados.** As buscas nos bancos de dados e secundárias identificaram 516 artigos. Depois de descartar artigos repetidos e avaliar títulos e resumos para inclusão, 263 artigos completos foram avaliados quanto à elegibilidade usando os critérios de inclusão, o que levou à exclusão de mais 89 artigos. Por fim, 174 artigos foram incluídos na revisão de escopo. Os estudos incluíam participantes de 17 países da região, e o Brasil foi o país com o maior número de publicações: 120 artigos. A pergunta sobre a autopercepção de saúde incluía, na maioria das vezes, uma escala de resposta com cinco categorias (130), e as opções de resposta foram predominantemente divididas em duas (86) ou três (48) categorias para análise.

**Conclusões.** As informações sobre as necessidades sociais e de saúde das pessoas com 60 anos ou mais na América Latina e no Caribe, especialmente suas percepções de saúde, são limitadas. Destacamos a necessidade de expandir a pesquisa em toda a região, incluir populações particularmente vulneráveis, utilizar dados de estudos longitudinais e qualitativos e solicitar transparência na forma como as perguntas e respostas são formuladas e analisadas. Esta análise serve de guia para futuros estudos, programas e políticas voltados para essa população.

**Palavras-chave** Idoso; saúde do idoso; nível de saúde; revisão; América Latina; região do Caribe.

---