Discussion: Health status over the life cycle

by Raun van Ooijen, Rob Alessie, and Marike Knoef

Discussant: Silvia Garcia Mandico

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Short summary

The paper has a **two-fold objective**

1. Construct a health index by linking self reported health (SRH) to objective health conditions
   - Use of LISS panel and administrative data
   - Solving biases from SRH to restore the true persistence in observed health
2. Predict health status on the population at large
   - Focus on life cycle evolution of health status
   - Heterogeneity by gender and education attainment

Fulfillment of the objectives

1. Correcting the biases from SRH measures
   - Measurement error
     - Construction of a corrected measure by checking for inconsistencies in reporting
     - Not exactly clear for the reader how this is achieved
   - Health perception and justification biases
     - Estimation health measurement model
     - Imposition of too strong assumptions ?
     - How is this paper differentiating from prior research ?
   - SHR only available for a small sample of the population

2. Predicting health in the overall population
   - Offers an interesting picture differentiating by gender and education
   - Some comparison with the health status over the life cycle with SHR could be useful

Predictions

- Different estimation approaches not used in the predictions, without justification
- Of use to evaluate the fitness of the model
- Gap between the precise analysis in the estimation of the health indexes and the prediction

Health over the life cycle

- Focus on chronic diseases : so evolution of the health once initially chronically sick
- Results from linear prediction ? No use of estimated thresholds etc. ?
- Why not making use of hospital inpatient treatment to evaluate persistence to a health shock ?

Minor comments

- More explanation on corrected SRH- By construction increases health persistence ?
- Show health statues over the life cycle with SRH as a comparison
- Interpretation of stigma from mental health... How about all other diseases with a larger gap from self-reported to objective ?
- Why still imposing that parameters are unchanged across groups despite rejection of the hypothesis ? Why is it bad to have a reference group ?
- Health persistence without division by education level to compare with LISS subsample
- Division by wealth quintile belongs to appendix ?

Thank you for your attention