

OECD Health Statistics 2016

Definitions, Sources and Methods

Perceived health status by socio-economic status

Good/very good health, total aged 15+, Income quintile 1 (lowest)
Good/very good health, total aged 15+, Income quintile 5 (highest)
Good/very good health, females, males and total population, aged 15+, Low education (ISCED 0 to 2)
Good/very good health, females, males and total population, aged 15+, Medium education (ISCED 3 and 4)
Good/very good health, females, males and total population, aged 15+, High education (ISCED 5 to 8)

1. Perceived health status by income quintile

This indicator is the proportion of persons aged 15 years old and over within the highest and lowest income quintiles who report their health to be 'good/very good' (or excellent). The data sources are generally health or household surveys.

Income quintiles

- Quintile 1 Lowest 20% of income group
- Quintile 5 Highest 20% of income group

Individual versus household income

- If data come from health surveys and relate to individual income: the individuals' income will be used to assign them to income quintiles.
- If data come from household surveys and relate to household income: equivalisation of income for persons within households should take place. A common method divides household income by the square root of the household size. *Example:* a household of 2 adults and 3 children has an income of 50,000. The equivalised income for this household is 50,000 divided by the square root of 5 = 22,361. This equivalised income is then applied to each member of the household.

More information on equivalence scales at <http://www.oecd.org/eco/growth/OECD-Note-EquivalenceScales.pdf>.

Gross versus net disposable income

If possible, net disposable income (after tax and transfers) should be used. If this is not possible, gross income can be used.

Appropriate sources and methods should explain the methodology used.

2. Perceived health status by education level

This indicator is the proportion of persons aged 15 years old and over by level of education who report their health to be "good" or "better".

Educational level is expressed by the highest completed level of education, defined according to the latest International Standard Classification of Education, ISCED-2011:

Low education (ISCED 0 to 2)

Early childhood education (ISCED 0)
Primary education (ISCED 1)
Lower secondary education (ISCED 2)

Medium education (ISCED 3 and 4)

Upper secondary education (ISCED 3)
Post-secondary non-tertiary education (ISCED 4)

High education (ISCED 5 to 8)

Short-cycle tertiary education (ISCED 5)
Bachelor's or equivalent level (ISCED 6)
Master's or equivalent level (ISCED 7)
Doctoral or equivalent level (ISCED 8)

For details about each category, please refer to OECD (2015), "What are the benefits of ISCED 2011 classification for indicators on education?", Education Indicators in Focus, No. 36, OECD Publishing, Paris, <http://dx.doi.org/10.1787/5jrqqdw9k1lr-en>.

Sources and Methods

The **European Union Survey on Income and Living Conditions (EU-SILC)**, available in the **Eurostat** database (accessed in April 2016), is the source for all European countries, except Turkey.

Australia

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Australian Bureau of Statistics.

2011: Microdata: Australian Health Survey, National Health Survey, 2011-12 (TableBuilder). ABS Cat. No. 4324.0.55.001. Canberra: ABS.

2007: National Health Survey 2007-2008 (re-issue). ABS Cat. No. 4364.0. Canberra: ABS.

2004: National Health Survey 2004-2005, Summary of results. ABS Cat. No. 4364.0. Canberra: ABS.

Coverage: Population aged 15 years old and over.

Methodology: Approximately 20400 persons were surveyed in 2011, 20800 in 2007 and 25900 in 2004. Results age-sex standardised and ratios applied to the whole population.

Deviation from the definition:

- The question is self-assessed. 'In general, would you say that your health is excellent, very good, good, fair or poor?'
Data are for Good, Very Good and Excellent.

- Note: Data on income quintile refer to gross weekly personal income for persons 15+, and excludes those whose income is unknown or not stated.

Further information: <http://www.abs.gov.au/>.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Data not available.

Austria

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Belgium

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Canada

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Statistics Canada.

From 2008: Canadian Community Health Survey (CCHS). Custom tabulation.

Coverage: Population aged 15 years old and over.

Methodology:

- As of 2007, the CCHS became an annual survey (prior to this it was a biennial survey) of persons aged 12 years old and over, living in private dwellings, half of whom are interviewed in person, and the other half by telephone. It excludes persons living on Indian Reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces, and residents of certain remote regions. The CCHS covers approximately 98% of the Canadian population aged 12 years old and over. Data are collected directly from respondents.

i Deviation from the definition:

- The question asked to all persons (*proxies used for adults who are sick or unable to answer the question*) was: "In general, would you say that your (*or the 'proxied' respondent's*) health is excellent, very good, good, fair or poor?". Due to the difference in the question, data presented in Very Good/Good are from Excellent, Very good and Good. Non-responses were removed from the calculation.

- The income quintile was derived by adjusting the reported gross household income that was performed. Low income cut-offs (LICO) were obtained and linked to each household by the size of the respondent's household and the size of the community in which the respondent lives. Individual ratios of household income to the associated LICO were calculated for each household. These ratios were then divided into quintiles using weighted data.

- The quintiles were only calculated for valid responses.

- The territories are excluded from the quintiles.

Further information: <http://www.statcan.gc.ca/>.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Source: Statistics Canada.

From 2011: Canadian Community Health Survey (CCHS). Custom tabulation.

Coverage: Population aged 15 years old and over.

Methodology:

- As of 2011, the CCHS became an annual survey (prior to this it was a biennial survey) of persons aged 12 years old and over, living in private dwellings, half of whom are interviewed in person, and the other half by telephone. It excludes persons living on Indian Reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces, and residents of certain remote regions. The CCHS covers approximately 98% of the Canadian population aged 12 years old and over. Data are collected directly from respondents.

i Deviation from the definition:

- The question asked to all persons (*proxies used for adults who are sick or unable to answer the question*) was: "In general, would you say that your (*or the 'proxied' respondent's*) health is excellent, very good, good, fair or poor?". Due to the difference in the question, data presented in Very Good/Good are from Excellent, Very good and Good. Non-responses were removed from the calculation.

- The education tercile was derived from the highest level of education of the respondent. Low education is defined as those with Grade 10 education or lower. Medium education is defined as those with Grade 11-13, secondary school graduate with no post-secondary education, or a diploma or equivalency at the secondary level or less. High education is

defined as those with a trade certificate or diploma, a college or non-university certificate, a university certificate or diploma below the bachelor's level, a bachelor's degree, or a diploma, degree or certificate above the bachelor's level.

Further information: <http://www.statcan.gc.ca/>.

Chile

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source:

2000, 2003, 2009, 2011 and 2013: **Ministry of Social Development** ("Ministerio de Desarrollo Social"), **National Survey of Socioeconomic Characterization** ("Encuesta Nacional de Caracterización Socioeconómica - CASEN"). CASEN is a Household Survey and its principal aim is determinate the level of poverty in the country among others aspects.

Methodology:

2009, 2011 and 2013: In the CASEN 2009, 2011 and 2013 the question was: "On a scale of 1-7, where 1 is very bad and 7 very good, What rating would you put to your current health status?" Data are for the following categories: "(6) Good" and "(7) Very Good".

2000 and 2003: The question was: "Would you say that your health in general is: very bad, bad, regular, good, very good." Data are for the following categories: "(6) Good" and "(7) Very Good".

Autonomous income: It corresponds to income from wages and salaries, profits from self-employment, self-provision of produced goods for home, bonuses, gratuities, income, interests, as well as retirement, assets, pensions and private transfers. It excludes monetary government transfers. In addition, the question is about the net income, without taxes and contribution to health and pensions.

See http://observatorio.ministeriodesarrollosocial.gob.cl/casen/casen_def_ingresos.php (in Spanish).

Quintiles: Data come from a household survey (CASEN). In order to obtain an equivalisation of income for persons within households, the method used is to divide household income by the square root of the household size.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Source:

2000, 2003, 2009, 2011 and 2013: **Ministry of Social Development** ("Ministerio de Desarrollo Social"), **National Survey of Socioeconomic Characterization** ("Encuesta Nacional de Caracterización Socioeconómica - CASEN"). CASEN is a Household Survey and its principal aim is determinate the level of poverty in the country among others aspects.

Methodology: 2009, 2011 and 2013: In the CASEN 2009, 2011 and 2013 the question was: "On a scale of 1-7, where 1 is very bad and 7 very good, What rating would you put to your current health status?" Data are for the following categories: "(6) Good" and "(7) Very Good".


2000 and 2003: The question was: "Would you say that your health in general is: very bad, bad, regular, good, very good." Data are for the following categories: "(6) Good" and "(7) Very Good".

Educational level:

2011 and 2013: In the CASEN 2011 and 2013 the question was: "What is the highest educational level attained or current?" Following the recommendations, a new variable for education level was created, using the ISCED classification.

2000, 2003 and 2009: The question asked was: "Indicate the course and type of current study (for those who are studying) or last approved course (for those not studying)." Following the recommendations, a new variable for education level was created, using the ISCED classification. Survey results are available at

http://observatorio.ministeriodesarrollosocial.gob.cl/casen/casen_obj.php (in Spanish).

 **Break in the series:** From 2013, population from all ages were taken into account in the calculation (instead of the population aged 15+).

Czech Republic

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Denmark

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Estonia

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Finland

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

France

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Germany

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Greece

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Hungary

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Iceland

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Ireland

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Israel

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Israel Central Bureau of Statistics. The Israeli Social Survey.

Coverage: Population aged 20 years old and over.

Methodology:

- The survey is an annual survey of individuals, conducted since 2002. The Population Register is the sampling frame, excluding institutional population and residents living outside of localities, especially in the southern district (about 0.7% of the population).
- Data are based on the question: How is your health, overall? Very good/ Good / Not so good / Not good at all.
- Data on **good/very good health** refer to respondents who answered categories 1 or 2: Very good, Good (all positive response categories).
- The income quintiles are an estimate of individual income based on reported categories of personal monthly gross income.

Deviation from OECD definition:

- In the Israeli Social Survey questionnaires there is **no category that fits fair perceived health status**. Therefore the proportion of people reporting to be in good or better health might be overestimated.
- The income quintiles are an estimate of individual income based on reported categories of personal monthly gross income.
- Discrepancies between data on the state of health for the total population and data relating only to the population listed by income quintiles, are due to the following:
 - Data for population by income quintiles relate to employed persons only, whereas the total population figures relate to the population in its entirety.

- For all employed persons only, 90% reported themselves to be in good health, a result that is approximately the middle of the distribution between the first quintile and the last quintile.
- Data are based on approximate values of quintiles, given that the survey asks for approximate income (rather than exact income) levels.
- Data relate to individual gross monthly income from employment (i.e., earnings), rather than household income per person. The data for approximate household income are too crude to provide a basis for calculating income quintiles per person.

Further information: <http://surveys.cbs.gov.il/Survey/surveyE.htm>.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Source: Israel Central Bureau of Statistics. The Israeli Social Survey.

Coverage: Population aged 20 years old and over.

Methodology:

- The survey is an annual survey of individuals, conducted since 2002. The Population Register is the sampling frame, excluding institutional population and residents living outside of localities, especially in the southern district (about 0.7% of the population).
- Data are based on the question: How is your health, overall? Very good/ Good / Not so good / Not good at all.
- Data refer to respondents who answered categories 1 or 2 - Very Good, or Good.

Deviation from OECD definition:

- In the Israeli Social Survey questionnaires there is **no category that fits fair perceived health status**. Therefore the proportion of people reporting to be in good or better health might be overestimated.

- Low education includes:

Persons who had never studied in an educational institution.

Persons who had never received any of the other-mentioned certificates.

- Medium education includes:

Persons with a High-school diploma (not a matriculation certificate) as highest certificate.

Persons who had received a matriculation certificate as highest certificate.

- High education includes:

Persons with a post-secondary diploma (not an academic degree) as highest certificate.

Persons with first academic degree (B.A. or an equivalent degree), including an academic certificate as highest certificate.

Persons with second academic degree (M.A or an equivalent degree, including MD doctor of medicine) as highest certificate.

Persons with third academic degree (Ph.D or an equivalent degree) as highest certificate.

Further information: <http://surveys.cbs.gov.il/Survey/surveyE.htm>.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Japan


1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Ministry of Health, Labour and Welfare (special tabulation for *OECD Health Data*), Comprehensive Survey of Living Conditions (2001, 2004, 2007, 2010 and 2013).

Coverage: Population aged 15 years old and over.

Methodology:

- The question and response categories are 'Good, Sort of good, Fair, Not so good, Bad'. Data refer to those reporting being 'Good + Sort of good'. Denominator includes those whose perceived health status is unknown.
- Population hospitalised or having been in bed for one month and over is excluded from surveys dating from 1998 and earlier.
- Population hospitalised is excluded in 2001 and after.
- Data come from household survey and relates to the household's yearly gross income in the previous year of the survey.
- Equivalisation of income for persons within households does not take place. Quintile of the household income is applied to each member of household.
- The data are not age-adjusted. Because percentage of elderly population with good or better perceived health is lower than that of younger population, which could be the same among other countries. The figures should be considerably influenced by age structure besides income, which is not considered in the OECD indicator. The share of elderly population in the survey differed from other groups. Population aged 65 years old and over accounts for about half in Quintile 1, whereas less than one-sixth in Quintile 5 (2004).

 Denominator includes those whose perceived health status is unknown.

Further information: <http://www.mhlw.go.jp>.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Source: Ministry of Health, Labour and Welfare, Comprehensive Survey of Living Conditions (2013).

Coverage: Population aged 15 years old and over.

Methodology:

- Population in education is excluded.
- Hospitalised population is excluded.

Korea

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Sources:

From 2008: Ministry for Health and Welfare and Korean Centers for Disease Control and Prevention, Report on the National Health and Examination Nutrition Survey.

2001, 2005: Ministry for Health and Welfare and Korea Institute for Health and Social Affair, Report on the National Health and Nutrition Survey.

Methodology:

- The National Health and Examination Nutrition Survey had been conducted every three years until 2005, and since 2008 has been conducted annually.
- The sample size of the National Health and Examination Nutrition Survey in 2013 was 3,182 families (8,018 people). It excludes the institutional dwelling units (e.g. dormitories, social welfare institutions, prisons, military camps, etc.) and foreigners.
- Survey questions as follows:

From 2005: "How do you usually consider your health condition? Very Good / Good / Fair / Bad / Very bad."

2001: "In your opinion, how do you think your health condition compares to others of your own age? Very Good / Good / Fair / Bad / Very bad."

- Data are based on equivalised income for persons (household income divided by the square root of the household) and on quintile by age and gender groups.

Further information: <http://knhanes.cdc.go.kr/knhanes/index.do> (in Korean), <http://kosis.kr> and <http://www.kihasa.re.kr/html/english/main.jsp>.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Sources:

From 2008: **Ministry for Health and Welfare** and **Korean Centers for Disease Control and Prevention**, Report on the National Health and Examination Nutrition Survey.

2001, 2005: **Ministry for Health and Welfare** and **Korea Institute for Health and Social Affairs**, Report on the National Health and Nutrition Survey.

Methodology:

- The National Health and Examination Nutrition Survey had been conducted every three years until 2005, and since 2008 has been conducted annually.

- The sample size of the National Health and Examination Nutrition Survey in 2012 was 3,182 families (8,018 people). It excludes the institutional dwelling units (e.g. dormitories, social welfare institutions, prisons, military camps, etc.) and foreigners.

- Survey questions as follows:

From 2005: "How do you usually consider your health condition? Very Good / Good / Fair / Bad / Very bad."

2001: "In your opinion, how do you think your health condition compares to others of your own age? Very Good / Good / Fair / Bad / Very bad."

Further information: <http://knhanes.cdc.go.kr/knhanes/index.do>, <http://kosis.kr> and <http://www.kihasa.re.kr/html/english/main.jsp>.

Latvia

Source: Eurostat database. Data extracted in April 2016.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health > Health status (hlth_state) > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational attainment level (hlth_silc_02) and Self-perceived health by sex, age and income quintile (hlth_silc_10).

Luxembourg

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Mexico

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Data not available.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Data not available.

Netherlands

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

New Zealand

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Ministry of Health. New Zealand Health Survey 2002-03, 2006-07, 2011-12, 2012-2013, 2013-2014 and 2014-15.

Coverage: Population aged 15 years old and over.

Methodology: Interviews are carried out from July to June (following year), collecting information on around 13000 adults aged 15 years old through face to face interviews (see the indicator for perceived health status for further detail)..

❗ Deviation from the OECD definition:

- The self-assessed question was: "In general, would you say your health is? Excellent, very good, good, fair, or poor?"
- NZ Health Survey response categories of 'Excellent', 'Very Good', or 'Good' are used for the OECD categories of perceived health 'good' or 'better'.
- The income measurement relates to individual gross income.
- For data by bottom and top income quintiles, categorical income responses were grouped into quintiles 1 and 5 as set out in the table below - as can be seen, the assignment into 'quintiles' is approximate as the best fit income thresholds to determine quintiles do not yield exactly 20% of respondents in quintiles 1 and 5 in each of the four NZ health survey years.
- Note that self-employed people in NZ may record an income loss and therefore be counted as part of Quintile 1.

Year of Health Survey	Quintile 1 - Incomes less than or equal to threshold	Cumulative Percent of respondents	Quintile 5 - Incomes greater than threshold	Cumulative Percent of respondents up to Quintile 5 threshold
1996/97	≤ \$10,000	31.08	> \$25,000	73.69
2002/03	≤ \$10,000	23.66	> \$30,000	75.10
2006/07	≤ \$10,000	20.72	> \$40,000	78.11
2011/12	≤ \$10,000	17.84	> \$60,000	78.65
2012/13	≤ \$15,000	21.85	> \$60,000	19.14

Further information: <http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey>.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Source: Ministry of Health. New Zealand Health Surveys 2002-03, 2006-07, 2011-12, 2012-2013, 2013-2014 and 2014-15.

Coverage: Population aged 15 years old and over.

Methodology: Interviews are carried out from July to June (following year), collecting information on around 13000 adults aged 15 years old through face to face interviews (see the indicator for perceived health status for further detail).

❗ Deviation from the OECD definition:

- The self-assessed question was: "In general, would you say your health is? Excellent, very good, good, fair, or poor?"
- NZ Health Survey response categories of 'Excellent', 'Very Good', or 'Good' are used for the OECD categories of perceived health 'good' or 'better'.
- Survey respondents were asked about their highest secondary school qualification and their highest completed qualification. New Zealand qualifications were mapped to ISCED classification of educational groups and then into low, medium and high educational groups according to OECD definitions. The highest qualification attained for each survey respondent was used to assign them to the low, medium or high educational groups.

Further information: <http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey>.

Norway

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Poland

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Portugal

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Slovak Republic

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Slovenia

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Spain

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Sweden

Sources:

From 2004: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Until 2003: Statistics Sweden. National survey of living conditions (ULF).

Coverage:


From 2004: Population aged 16 years old and over.

Until 2003: Population aged 16-84 years old.

Methodology:

For the data calculated from the National survey of living conditions (ULF):

- The surveys are conducted as personal interviews with a random sample from the population (including the institutionalised population) aged between 16-84 years. 12000-13000 people are interviewed over a period of 2 years.
- The question on health status used to be: "How do you rate your health at the present time? Is it good, bad or something in between?"
- From 1996, the response categories have been changed to "very good, good, fair, bad and very bad". This may have affected the trend.
- As a result of membership in the European Union, the Living Conditions Survey has been improved and harmonized to meet the requirements of the EU regulation concerning Statistics on Income and Living Conditions (EU-SILC). Up until now, the adaptation process for the Living Conditions Survey has allowed Statistics Sweden to decide on a quality-assured transition to telephone interviews as the main method for data collection starting in 2007, instead of the previous method of face-to-face interviews.

 **Break in time series** in 2004 due to a change in data source.

Further information:

From 2004: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Until 2003: <http://www.scb.se>.

Switzerland

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

Turkey

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Turkish Statistical Institute (TURKSTAT), Income and Living Conditions Survey.

Methodology:

- The survey question was the following: "How good is your health in general? Very good, Good, Fair, Bad, Very bad." Data refer to Very Good and Good.
- Data were standardised by age.

Further information: <http://www.turkstat.gov.tr/>.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Source: Turkish Statistical Institute (TURKSTAT), Income and Living Conditions Survey.

Methodology:

- The survey question was the following: "How good is your health in general? Very good, Good, Fair, Bad, Very bad." Data refer to Very Good and Good.
- Data were standardised by age.

Further information: <http://www.turkstat.gov.tr/>.

United Kingdom

Source: EUROSTAT, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on April 4th, 2016.

Coverage: Population aged 16 years old and over.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health (hlth) > Health status (hlth_state) > > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational level (%) (hlth_silc_02) and Self-perceived health by sex, age and income quintile (%) (hlth_silc_10).

United States

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics. Public use National Health Interview Survey and National Health Interview Survey Multiple Imputed Family Income and Earnings Data Files (several years), see http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm.

Coverage: National representative sample of the U.S. civilian non-institutionalised population, aged 18 years old and over.

Methodology:

- Estimates were weighted to represent the U.S. civilian non-institutionalised population for each time period. Age-adjusted estimates are standardised by the direct method to the projected 2000 U.S. Census population using age groups were 18-24, 25-44, 45-64, and 65 years and older. Data are based on a question in the survey that asked respondents, "Would you say your health in general is excellent, very good, good, fair, or poor?"
- This information was obtained during a part of the interview that allowed proxy responses, such that a knowledgeable adult family member could respond on behalf of persons not taking part in the interview. In this table, "excellent", "very good", and "good" are combined.
- Unknowns for current health status were not included in the denominators when calculating percentages.
- In the 2014 NHIS, the unknown rate for current health status was less than 0.50%.
- The income data in this table are based on a question in the survey that asked respondents to provide the total income (during the last calendar year) of all family members living in the household.
- This family income amount is from all sources and is before taxes. Due to the relatively high income non-response rate (approximately 30%), the 2014 National Health Interview Survey Multiple Imputed Family Income and Earnings Data Files were utilised.
- Approximately 2% of all households had more than one family. Also, the income data in this table was equivalised by dividing the family's income by the square root of the family size (<http://www.oecd.org/eco/growth/OECD-Note-EquivalenceScales.pdf>).

i Deviation from OECD definition: In the NHIS, the "Good" or "Very good" categories correspond to the "Excellent", "Very good" or "Good" categories.

Further information: NCHS website, <http://www.cdc.gov/nchs>.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Source: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics. National Health Interview Survey (several years).

Coverage: National representative sample of the U.S. civilian non-institutionalised population, aged 18 years old and over. Age-adjusted estimates are standardised by the direct method to the projected 2000 U.S. Census population using age groups were 18-24, 25-44, 45-64, and 65 years and older.

Methodology:

- Estimates are based on the adult population aged 18 years old and over.
- Estimates were weighted to represent the U.S. civilian non-institutionalised population for each time period.
- This information was obtained during a part of the interview that allowed proxy responses, such that a knowledgeable adult family member could respond on behalf of persons not taking part in the interview. In this table, "excellent", "very good", and "good" are combined.
- Unknowns for current health status were not included in the denominators when calculating percentages.

- In the 2014 NHIS, the unknown rate for current health status was less than 0.50%.
- **Education:** The code contains ISCED categories were tailored for US educational system for low (0,1,2), medium (3), and high educational level (5,6,7,8).
- Visit the National Center for Education Statistics (<http://nces.ed.gov/Pubs/eiip/eiip1s01.asp>) to review how the U.S. educational systems should be coded using the ISCED categories (e.g., ISCED = 4 is not typically used in the U.S.)
- Respondents with missing education information were not included.

i Deviation from OECD definition: In the NHIS, the “Good” or “Very good” categories correspond to the “Excellent”, “Very good” or “Good” categories.

Further information: NCHS website, <http://www.cdc.gov/nchs>.

NON-OECD ECONOMIES

Lithuania

Source: Eurostat database. Data extracted in April 2016.

Further information: <http://ec.europa.eu/eurostat/data/database> > Population and social conditions > Health > Health status (hlth_state) > Self-perceived health and well-being (hlth_sph) > Self-perceived health by sex, age and educational attainment level (hlth_silc_02) and Self-perceived health by sex, age and income quintile (hlth_silc_10).

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<http://www.oecd.org/health/health-data.htm>