1.9. Perceived health status

Most OECD countries conduct regular health surveys which allow respondents to report on different aspects of their health. A commonly asked question relates to self-perceived health status, of the type: "How is your health in general?". Despite the subjective nature of this question, indicators of perceived general health have been found to be a good predictor of people's future health care use and mortality (DeSalvo et al., 2005; Bond et al., 2006).

For the purpose of international comparisons, cross-country variations in perceived health status are difficult to interpret because responses may be affected by the formulation of survey questions and responses, and by social and cultural factors. Since they rely on the subjective views of the respondents, self-reported health status will reflect cultural biases or other influences.

With these limitations in mind, in almost all OECD countries, a majority of the adult population reports their health as good or better (Figure 1.9.1; left panel). The United States, New Zealand and Canada are the three leading countries, with about nine out of ten people reporting to be in good health. However, the response categories offered to survey respondents in these three countries are different from those used in European countries and Asian OECD countries, which introduce an upward bias in the results (see box on "Definition and comparability").

On the other hand, less than half of adults in Japan, Korea and Portugal rate their health as good or very good. The proportion is also relatively low in Estonia, Hungary, Poland, Chile and the Czech Republic, where less than 60% of adults consider themselves to be in good health.

The percentage of adults rating their health as good or very good has remained fairly stable over the past few decades in most countries, although Japan has seen some decline since the mid-1990s.

In all OECD countries, men are more likely than women to report being in good health, except in Australia where the proportion is equal. The gender gap is especially large in Chile, Portugal and Turkey (Figure 1.9.1; right panel).

There are also large disparities in self-reported health across different socio-economic groups, as measured for instance by income level. Figure 1.9.2 shows that, in all countries, people with a lower level of income tend to report poorer health than people with higher income, although the gap varies. On average across OECD countries, nearly 80% of people in the highest income quintile reports being in good health, compared with just over 60% for people in the lowest income group. These disparities may be explained by differences in living and working conditions, as well as differences in health-related lifestyles (e.g., smoking, harmful alcohol drinking, physical inactivity, and obesity problems). In addition, people in low-income households may have more limited access to certain health services, for financial or non-financial reasons (see Chapter 6 on "Access to care"). It is also possible that the causal link goes the other way around, with poor health status in the first place leading to lower employment and lower income.

Greater emphasis on public health and disease prevention among disadvantaged groups, and improving access to health services may contribute to further improvements in population health status and reducing health inequalities.

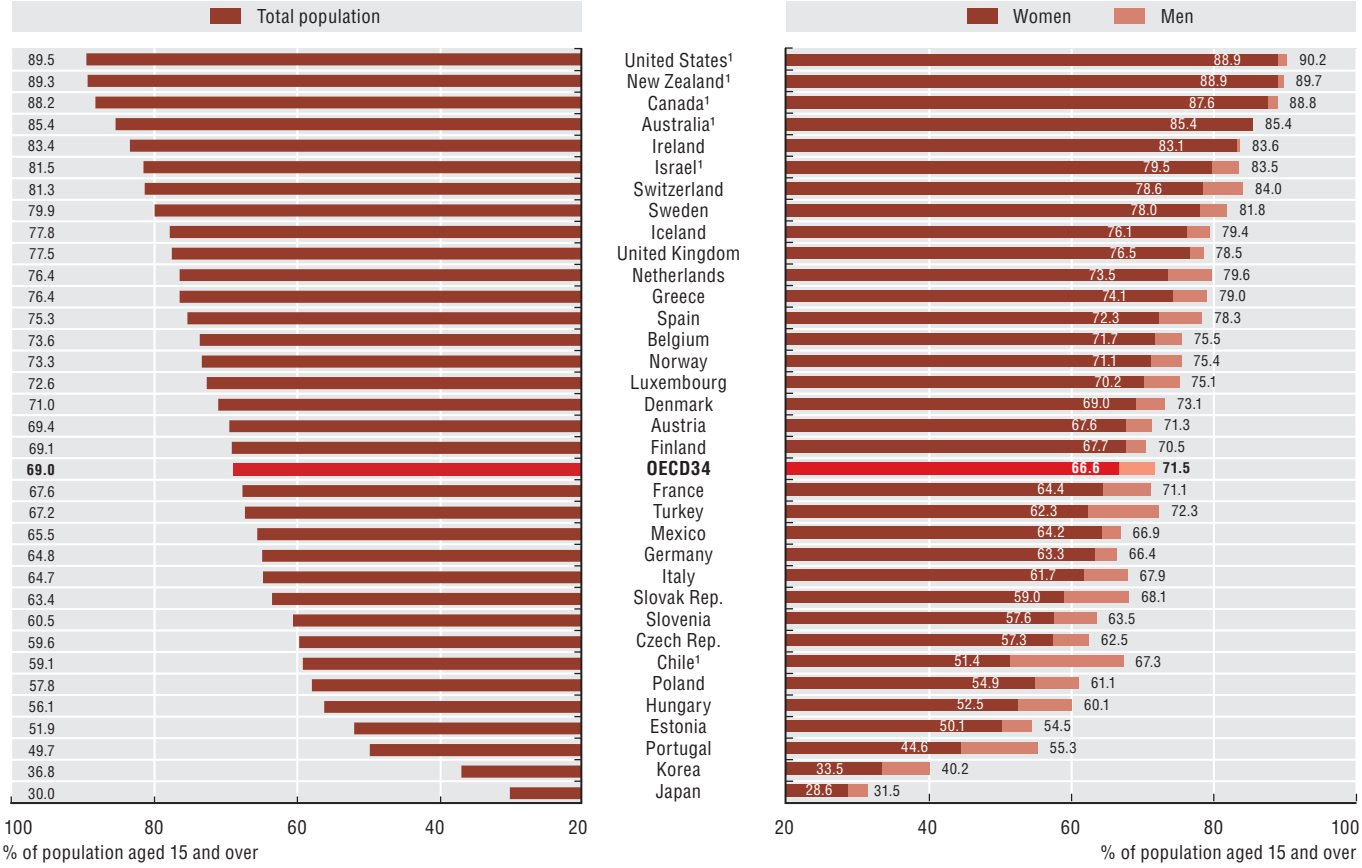
Definition and comparability

Perceived health status reflects people's overall perception of their health, including both physical and psychological dimensions. Typically ascertained through health interview surveys, respondents are asked a question such as: "How is your health in general? Is it very good, good, fair, poor, very poor." *OECD Health Statistics* provides figures related to the proportion of people rating their health to be "good/very good" combined.

Caution is required in making cross-country comparisons of perceived health status, for at least two reasons. First, people's assessment of their health is subjective and can be affected by factors such as cultural background and national traits. Second, there are variations in the question and answer categories used to measure perceived health across surveys and countries. In particular, the response scale used in the United States, Canada, New Zealand and Australia is *asymmetric* (skewed on the positive side), including the following response categories: "excellent, very good, good, fair, poor." The data in *OECD Health Statistics* refer to respondents answering one of the three positive responses ("excellent, very good or good"). By contrast, in most other OECD countries, the response scale is *symmetric*, with response categories being: "very good, good, fair, poor, very poor." The data reported from these countries refer only to the first two categories ("very good, good"). Such a difference in response categories biases upward the results from those countries that are using an asymmetric scale by about 5-8%.

Self-reported health by income level is reported for the first quintile (lowest 20% of income group) and the fifth quintile (highest 20%). Depending on the surveys, the income may relate either to the individual or the household (in which case the income is equivalised to take into account the number of persons in the household).

1.9.1. Percentage of adults reporting to be in good health, 2011 (or nearest year)

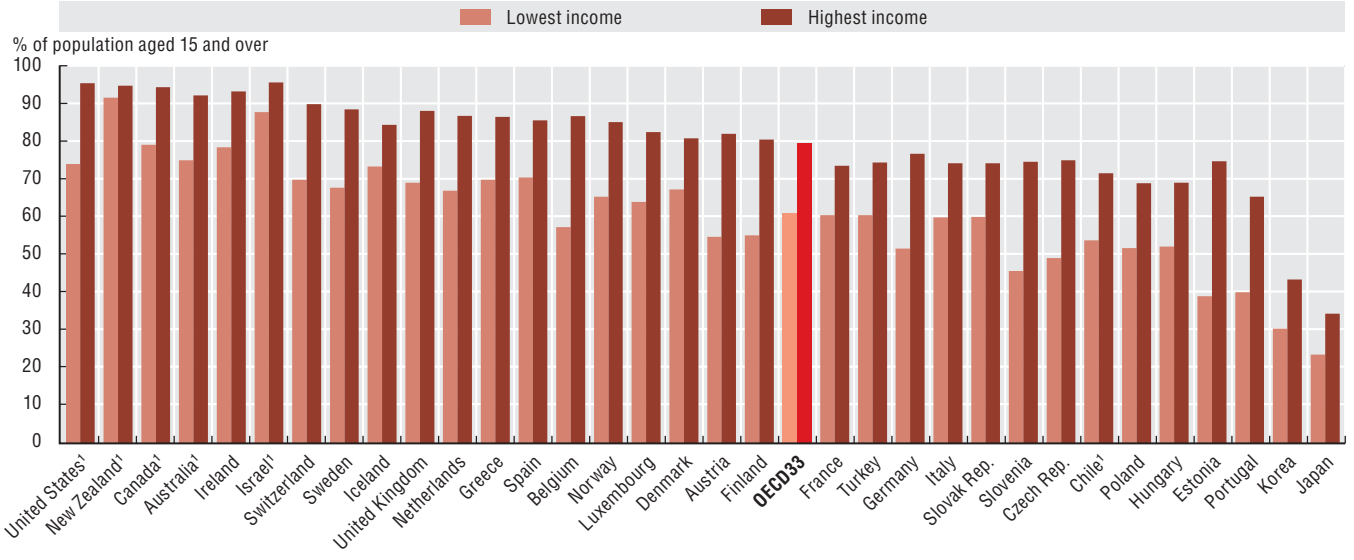


1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias.

Source: *OECD Health Statistics 2013* (EU-SILC for European countries), *http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888932916325

1.9.2. Perceived health status by income level, 2011 (or nearest year)



Note: Countries are ranked in descending order of perceived health status for the whole population.

1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias.

Source: *OECD Health Statistics 2013* (EU-SILC for European countries), *http://dx.doi.org/10.1787/health-data-en.*

StatLink http://dx.doi.org/10.1787/888932916344