

## 1. HEALTH STATUS

### 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 (for instance, see Miilunpalo *et al.*, 1997).

For the purposes of international comparison however, cross-country differences 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 may reflect cultural biases or other influences. And since the elderly report poor health more often than younger people, countries with a larger proportion of aged persons will also have a lower proportion of people reporting good or very good health. In addition, the institutionalised population, which has poorer health than the rest of the population, is often not surveyed.

With these limitations in mind, in almost all OECD countries a majority of the adult population rate their health as good or better (Figure 1.9.1). 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. But the response categories offered to survey respondents in these three countries are different from those used in European countries and in Asian OECD countries, which introduces an upward bias in the results (see box on “Definition and comparability”).

In Mexico and Germany, about two-thirds of the adult population rate their health as good or better. Less than half of the adult population in the Slovak Republic, Japan, Portugal and Korea rate their health as good or very good.

Focusing on within-country differences, men are more likely to report good health in all countries except in Australia, New Zealand and Finland where rates are similar. The difference is especially large in Portugal and the Czech Republic (Figure 1.9.1). Not surprisingly, people’s rating of their own health tends to decline with age. In many countries, there is a particularly marked decline in a positive rating after age 45 and a further decline after age 65. People who are unemployed, retired or inactive report poor or very poor health more often (Baert and de Norre, 2009). People with a lower level of education or income also tend to report poorer health (Mackenbach *et al.*, 2008).

The percentage of the adult population rating their health as good or very good has remained reasonably stable over the past 30 years in most countries where long time series

are available, although Japan has seen some decline since the mid-1990s (Figure 1.9.2). The same is generally true for the population aged 65 years and over.

One possible interpretation of the relative stability of the indicator of perceived general health may be related to how it is measured – that is, based on a bounded variable (i.e. respondents are asked to rank their health on a five-point scale that is unchanged over time), whereas life expectancy is measured without any such limit. Another interpretation is that people in these countries are living longer now, but possibly not healthier.

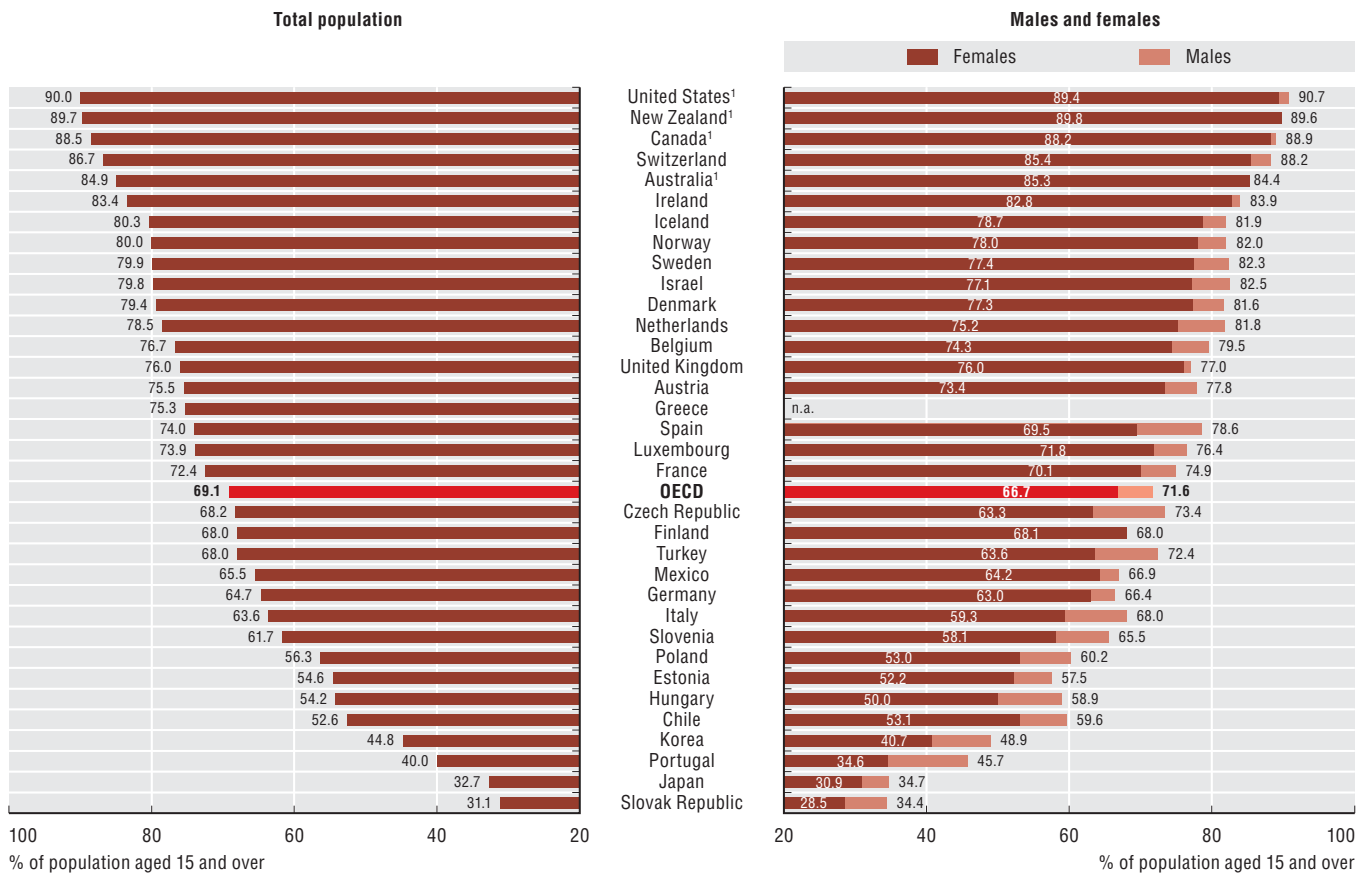
#### Definition and comparability

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 Data* 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 reported in OECD *Health Data* 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.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

### 1.9.1 Percentage of adults reporting to be in good health, 2009 (or nearest year)

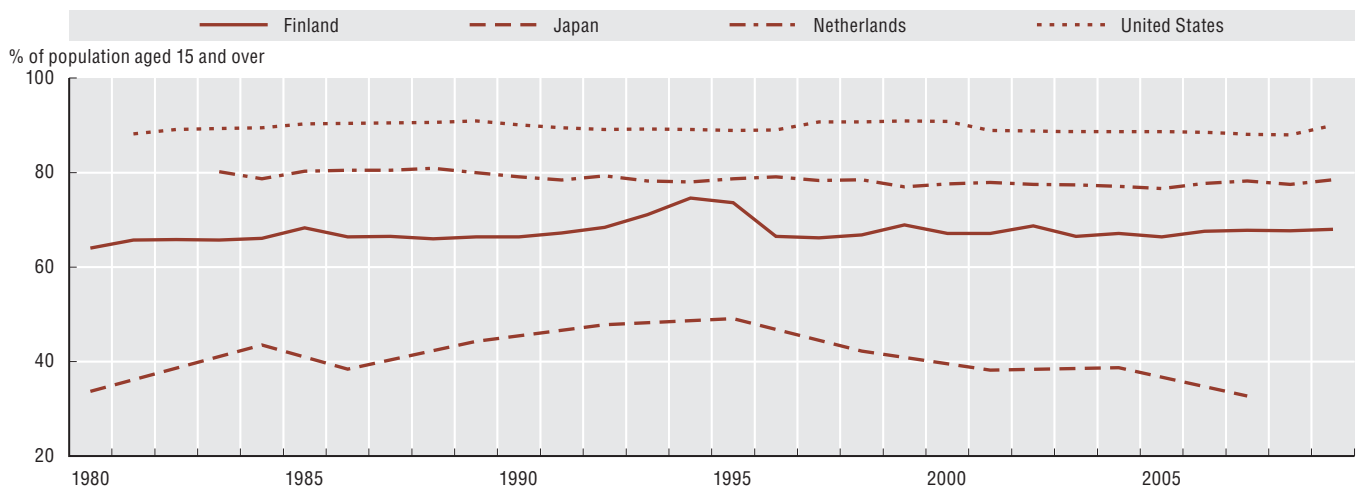


1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias.

Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932523709>

### 1.9.2 Trends in the percentage of adults reporting to be in good health, selected OECD countries, 1980-2009



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932523728>



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