2. Perceived health status

Definition and measurement

Most OECD countries conduct regular health interview surveys asking variants of the question "How is your health in general? Very good, good, fair, poor, very poor". Despite the general and subjective nature of this question, indicators of perceived health status have been found to be a good predictor of people's future health care use and mortality (Miilunpalo *et al.*, 1997).

Caution is required in making cross-country comparisons of perceived health status, for two reasons. First, people's assessment of their health can be affected by a number of factors beyond their "real" health status, such as cultural background. Second, there are variations in the question and answer categories used to measure perceived health across surveys/countries. In particular, the response scale used in the United States, Canada, New Zealand and Australia is skewed on the positive side via including the five response categories: "excellent, very good, good, fair, poor". The data reported 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" and "good").

Most people think their health is good. In half of OECD countries, 75% or more of the adult population rate their health to be good or very good or excellent (HE2.1). New Zealand, the United States and Canada are the three countries that have the highest proportion of people assessing their health to be good or very good, with about nine out of ten people reporting to be in good health. This good performance could be a data artefact (see "Definition and measurement" above). In Mexico, Spain and Finland, about two-thirds of the

adult population rate their health to be good or very good. At the lower end of the scale, less than half of the adult population in the Slovak Republic, Japan, Portugal, Hungary and Korea rate their health to be good or very good.

Men think they are healthier than women. In the majority of countries, men are more likely than women to rate their health as good or better (HE2.2). Unsurprisingly, people's positive rating of their own health declines with age. In many countries, there is a particularly marked decline in a positive rating of one's own health after age 45 and a further decline after age 65. In all OECD countries, people with a lower level of education and people with a lower level of income do not rate their health as positively as people with better education or higher income.

Proportions of people reporting good health are stable over time. In countries with a long time series, the proportion of the adult population rating their health as being good or very good has not changed over the past 25 years (HE2.3). The same is true for the population aged 65 and over. One interpretation of the coexistence of relatively stable rates of perceived health status among the population with the steady rise in life expectancy over the past 25 years is that people are living longer, but not necessarily healthier. Another explanation may be that people adapt, so as health increases, so does people's perception of what being healthy means.

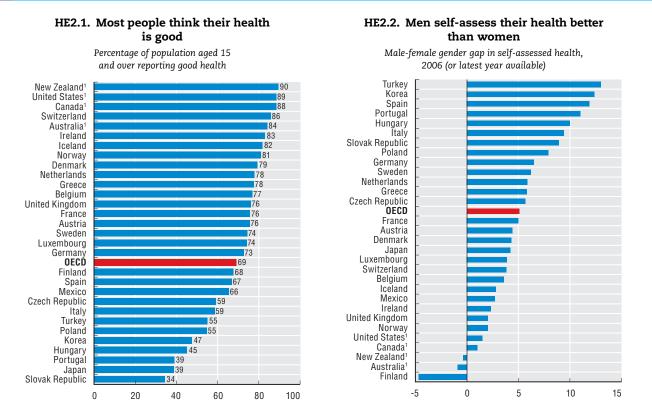
Further reading

Miilunpalo, S. et al. (1997), "Self-rated Health Status as a Health Measure: The Predictive Value of Selfreported Health Status on the Use of Physician Services and on Mortality in the Working-age Population", *Journal of Clinical Epidemiology*, Vol. 50, No. 5, pp. 517-528.

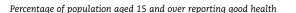
Figure notes

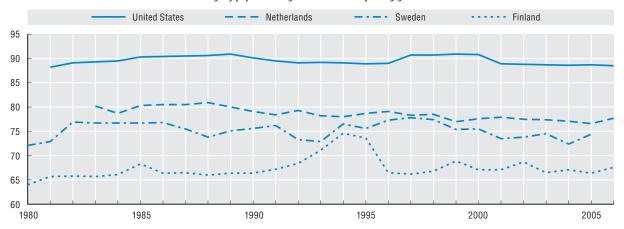
Figures HE2.1 and HE2.2: Note 1: Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias.

2. Perceived health status



HE2.3. Proportions of people reporting good health are stable over long time periods





Source: OECD (2008), OECD Health Data 2008, CD-Rom, OECD, Paris (www.oecd.org/health/healthdata).

StatLink and http://dx.doi.org/10.1787/550481682415



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