Self-rated health

How individuals assess their own health provides a holistic overview of both physical and mental health. Adding such a perspective on quality of life complements life expectancy and mortality indicators that only measure survival. Further, despite its subjective nature, self-rated health has proved to be a good predictor of future healthcare needs and mortality (Palladino et al., 2016[1]).

Most OECD countries conduct regular health surveys that include asking respondents how, in general, they would rate their health. For international comparisons, socio-cultural differences across countries complicate cross-country comparisons of self-assessed health. Differences in the formulation of survey questions – notably in the survey scale – can also affect comparability of responses. Finally, since older people generally report poorer health and more chronic conditions than younger people do, countries with a larger proportion of older people are likely to have a lower proportion of people reporting that they are in good health.

With these limitations in mind, around 8% of adults considered themselves to be in poor health, on average across OECD countries in 2021 (Figure 3.22). This ranged from over 13% in Korea, Japan and Portugal to under 3% in Colombia, New Zealand and Canada. However, the response categories used in OECD countries outside Europe and Asia are asymmetrical on the positive side, which introduces a comparative bias to a more positive self-assessment of health (see the "Definition and comparability" box). Korea, Japan and Portugal stand out as countries with high life expectancy but relatively poor self-rated health.

Over time, the share of adults considering themselves to be in poor health has slightly diminished across OECD countries. On average, 8.3% of adults from 34 OECD countries with comparable trend data rated their own health as bad or very bad in 2021, compared to 10.1% in 2011. This improvement was true in 25 of the 34 OECD countries with comparable trend data.

People on lower incomes are on average less positive about their health than those on higher incomes in all OECD countries (Figure 3.23). More than 80% of adults in the highest income quintile rated their health as good or very good in 2021, compared to 60% of adults in the lowest income quintile, on average across OECD countries. Socio-economic disparities are particularly marked in Estonia, Lithuania and Latvia, with an income gap of 40 or more percentage points. Differences in smoking, harmful alcohol use and other risk factors are likely to explain much of this disparity. Socio-economic disparities are relatively low in New Zealand, Greece, Luxembourg, Italy and Türkiye, which have a gap of less than 8 percentage points.

Self-rated health tends to decline with age. In many countries, there is a particularly marked decline in how people rate their health when they reach their mid-40s, with a further decline after reaching retirement age (see section on "Self-rated health and disability at age 65 and over" in Chapter 10). Men are also more likely than women to rate their health as good.

Definition and comparability

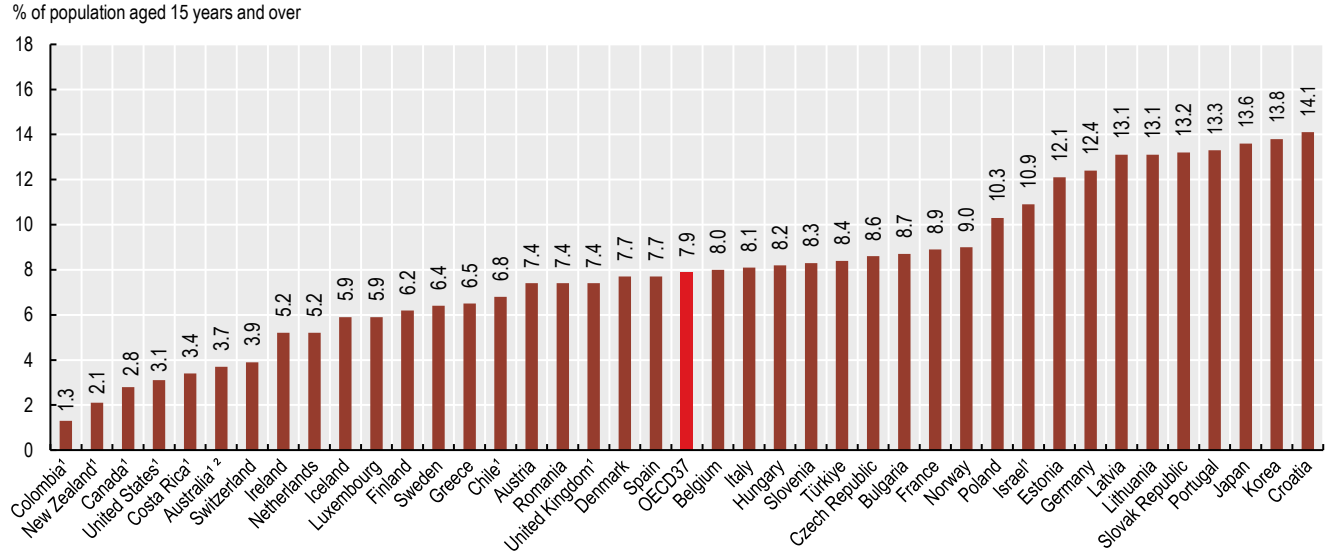
Self-rated health reflects an individual's overall perception of his or her health. Survey respondents are typically asked a question such as: "How is your health in general?" Caution is required in making cross-country comparisons of self-rated health for at least three reasons. First, self-rated health is subjective, and responses may be systematically different across and within countries because of socio-cultural differences. Second, as self-rated health generally worsens with age, countries with a greater share of older people are likely to have fewer people reporting that they are in good health. Third, there are variations in the question and answer categories used in survey questions across countries. In particular, the response scale used in the United States, Canada, New Zealand, Australia and Chile is asymmetrical (skewed on the positive side), including the response categories: "Excellent / very good / good / fair / poor". In most other OECD countries, the response scale is symmetrical, with response categories: "Very good / good / fair / poor / very poor". This difference in response categories may introduce a comparative bias to a more positive self-assessment of health in those countries that use an asymmetrical scale. In Korea, differences in survey methodology may bias self-rated health downwards compared to other general household surveys.

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

References

Palladino, R. et al. (2016), "Associations between multimorbidity, healthcare utilisation and health status: Evidence from 16 European countries", *Age and Ageing*, Vol. 45/3, https://doi.org/10.1093/ageing/afw044. [1]

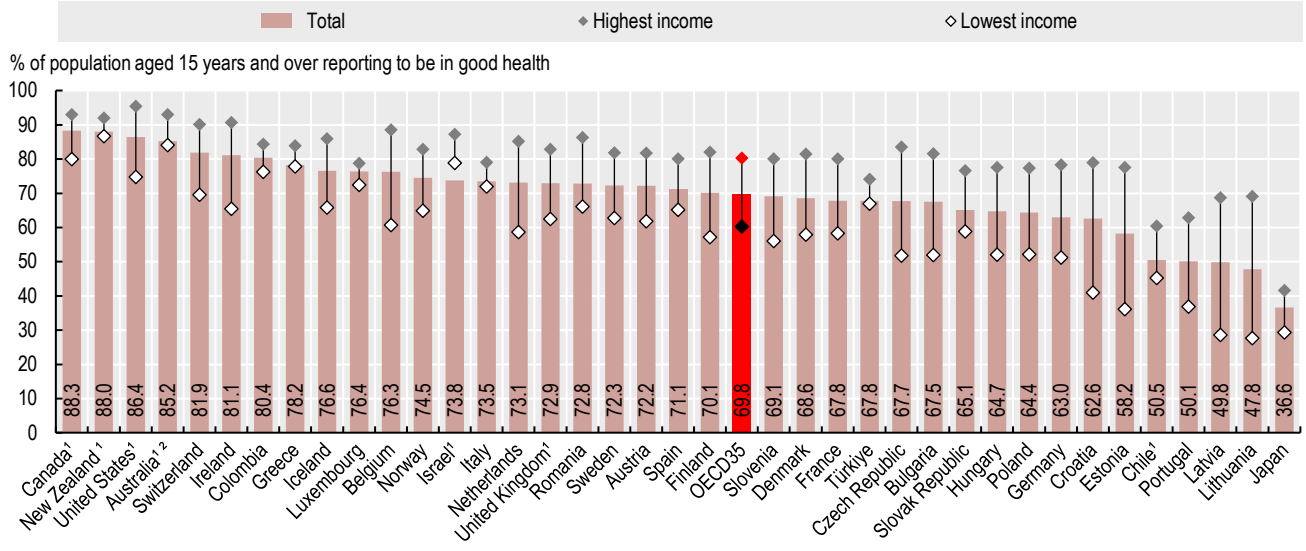
Figure 3.22. Adults rating their own health as bad or very bad, 2021 (or latest year)



Notes: 1. Results for these countries are not directly comparable with those for other countries owing to methodological differences in the survey questionnaire resulting in a bias towards a more positive self-assessment of health. 2. Most recent data point corresponds to 2017.
Source: OECD Health Statistics 2023 (EU-SILC for EU countries).

StatLink https://stat.link/qf0ej7

Figure 3.23. Adults rating their own health as good or very good, by income quintile, 2021 (or nearest year)



Notes: 1. Results for these countries are not directly comparable with those for other countries owing to methodological differences in the survey questionnaire resulting in a bias towards a more positive self-assessment of health. 2. Most recent data point corresponds to 2017.
Source: OECD Health Statistics 2023 (EU-SILC for EU countries).

StatLink https://stat.link/hxpom5