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 is of the type: "How is your health in general?". Despite the subjective nature of this question, indicators of perceived general health are a good predictor of people's future health care use and mortality (Palladino et al., 2016).

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. For example, a central tendency bias in self-reporting health has been noted in Japan and Korea (Lee et al., 2003). In addition, since older people 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 to be in good health.

With these limitations in mind, in almost all OECD countries a majority of adults report being in good health (Figure 3.18). New Zealand, Canada, the United States and Australia are the four leading countries, with more than 85% of people reporting to be in good health. However, the response categories offered to survey respondents in these four countries are different from those used in European countries and Asian OECD countries, which introduce an upward bias (see box on "Definition and comparability").

On the other hand, less than half of adults in Japan, Korea, Latvia and Portugal rate their health as being good. The proportion is also relatively low in Estonia, Hungary, Poland and Chile, where less than 60% of adults consider themselves to be in good health. In many of these cases, though, adults consider themselves to be in fair health. A potentially clearer distinction is on adults who consider themselves to be in bad health. Across the OECD, on average 9% of adults consider themselves to be in bad health. The share is over 15% in Portugal, Korea, Latvia, Israel, Hungary and Estonia.

In all OECD countries, men are more likely than women to report being in good health, except in New Zealand, Canada and Australia where the proportion is almost equal. As expected, people's rating of their own health tends to decline with age. In many countries, there is a particularly marked decline in how people rate their health after age 45 and a further decline after age 65.

There are large disparities in self-reported health across different socio-economic groups. Figure 3.19 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 report being in good health, compared with just under 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 smoking and other risk factors. People in low-income households may also have limited access to certain health services for financial or other reasons (see Chapter 5 on "Access to care"). A reverse causal link is also possible, with poor health status 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 in general and reducing health inequalities.

Definition and comparability

Perceived health status reflects people's overall perception of their 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 perceived health status for at least two reasons. First, people's assessment of their health is subjective and can be affected by cultural factors. Second, there are variations in the question and answer categories used to measure perceived health across surveys and countries. The response scale used in the United States, Canada, New Zealand, Australia and Chile is *asymmetric* (skewed on the positive side), including the following response categories: "excellent, very good, good, fair, poor". In most other OECD countries the response scale is *symmetric*, with response categories being: "very good, good, fair, poor, very poor". In Israel, the scale is *symmetric* but there is no middle category related to "fair" health. Such differences in response categories bias upward the results from those countries that are using an asymmetric scale or a symmetric scale but without any middle category.

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).

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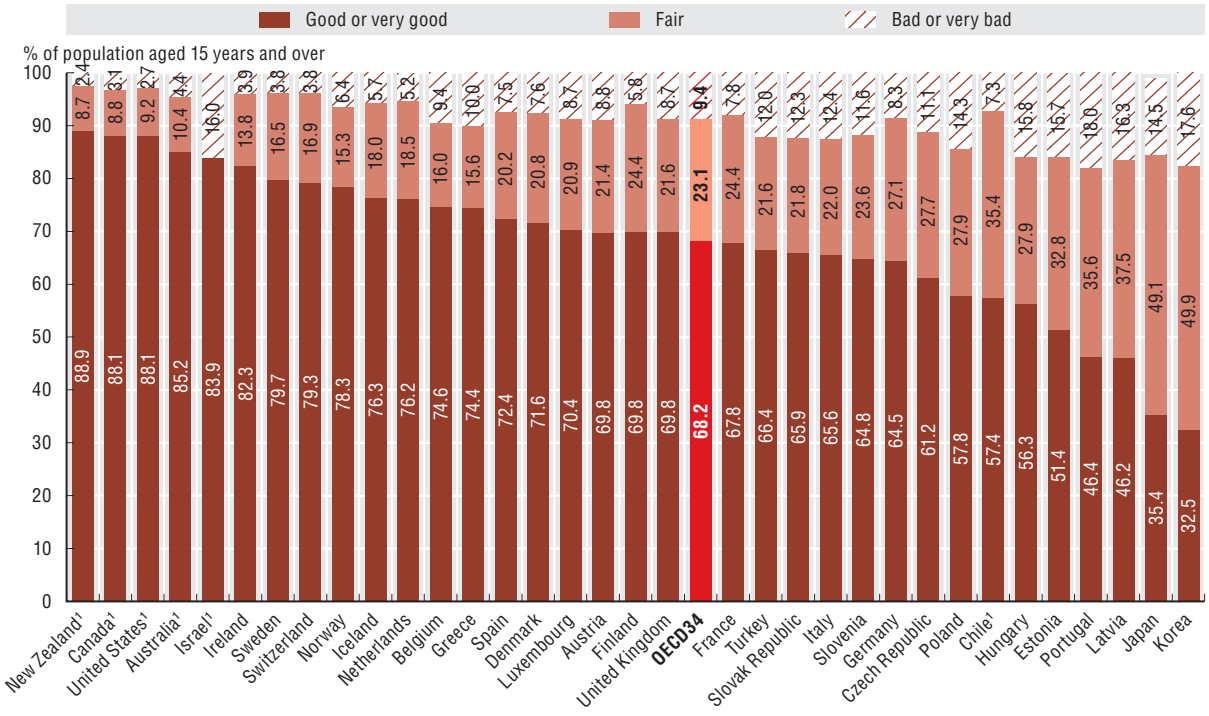
3.18. Perceived health status among adults, 2015 (or nearest year)

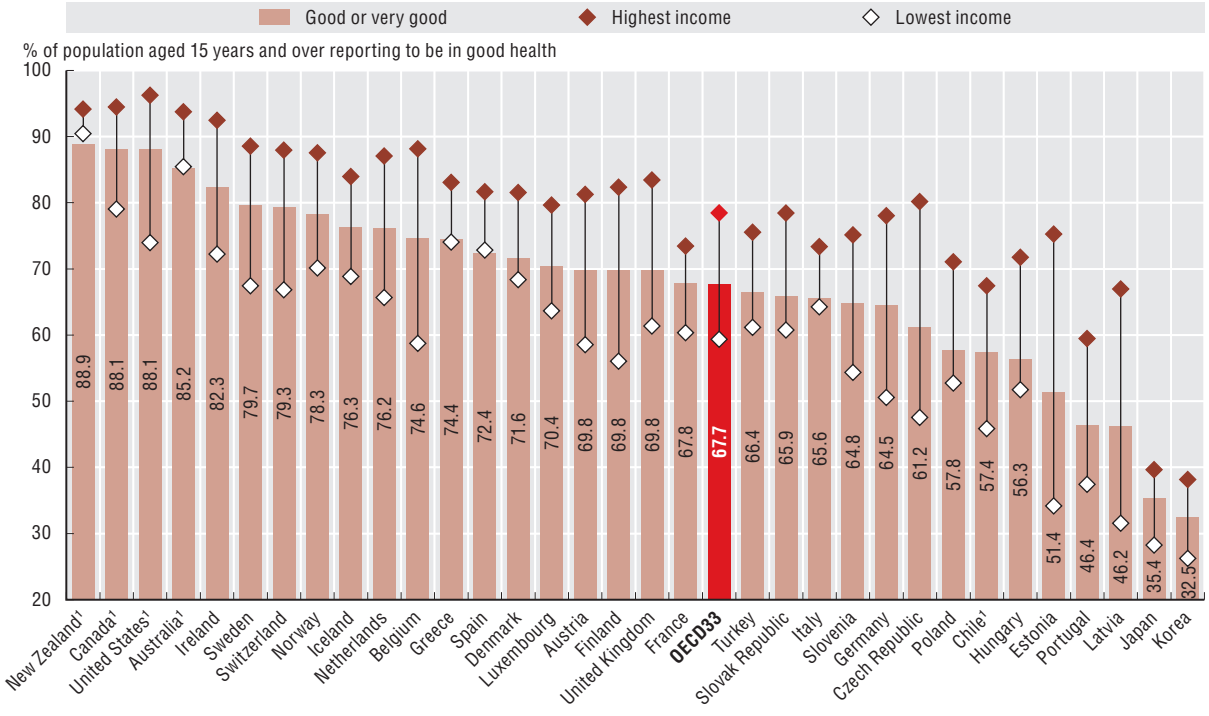


1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias. In Israel, there is no category related to fair health.

Source: OECD Health Statistics 2017 (EU-SILC for European countries).

StatLink http://dx.doi.org/10.1787/888933602557

3.19. Perceived health status by income level, 2015 (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 2017 (EU-SILC for European countries).

StatLink http://dx.doi.org/10.1787/888933602576

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