33.   Self-perceived health

ECHIM Indicator name	**B) Health status** 33. Self-perceived health
Relevant policy areas	- Healthy ageing, ageing population - Health inequalities (including accessibility of care) - (Preventable) Burden of Disease (BoD) - Mental health - (Planning of) health care resources
Definition	Proportion of persons who assess their health to be (very) good.
Calculation	Proportion of persons who assess their health to be very good or good, based on EU-SILC question on self-perceived health ('How is your health in general?'), which contains five answering categories; 1) very good, 2) good, 3) fair, 4) bad, 5) very bad. Numbers of people assessing their health as either very good or good should be added and divided by the total number of people who were interviewed. Age-standardization: see remarks.
Relevant dimensions and subgroups	- Calendar year - Country - Sex - Age group (16-64, 65+) - Socio-economic status (educational level. ISCED 3 aggregated groups: 0-2; 3+4; 5+6; see remarks).
Preferred data type and data source	Preferred data type: - Health Interview Survey (HIS) Preferred source: - Eurostat (EU-SILC. In future possibly EHIS (see remarks)).
Data availability	For 2004, data are available from EU-SILC for twelve of the EU-15 Member States (no data for Germany, the UK and the Netherlands) as well as for Norway and Iceland. From 2005 onwards the data are available for all EU-25 Member States and for Iceland and Norway. Bulgaria and Turkey launched the SILC in 2006. Romania and Switzerland did it in 2007. Nevertheless, due to quality issues results from Turkey have not been yet disseminated. Results are available by sex, age group and educational level (ISCED).
Data periodicity	EU-SILC is carried out annually. Eurostat requests countries to provide the data within one year after data collection.
Rationale	Subjective health measurement is contributing to the evaluation of health problems, the burden of diseases and health needs at the population level. Perceived health status is not a substitute for more objective indicators but rather complements these measures. Studies have shown perceived health to be a good predictor of subsequent mortality.
Remarks	- Self-perceived general health (based on EU-SILC data) is one of the indicators of the health and long term care strand developed under the Open Method of Coordination (OMC). - Eurostat currently does not age-standardize EU-SILC data. For comparability reasons ECHIM would prefer age-standardized data, however. - Experts in health inequalities advice using four aggregated ISCED levels rather than three (see documentation sheet for indicator 6. Population by education). However, as all major international databases (Eurostat, WHO-HFA, OECD) currently apply an aggregation into 3 groups, for pragmatic reasons ECHIM follows that common methodology for now. - The EU-SILC question on self-perceived health is part of the Minimum European Health Module (MEHM), which is also included in the European Health Interview Survey (EHIS). Once EHIS is fully implemented the quality of the data on self-perceived health derived from EHIS should be assessed and compared to the quality of the data derived from EU-SILC. If the former is better, ECHIM may consider appointing EHIS as preferred source for this indicator. A disadvantage of EHIS is that EHIS will only be carried out once every five years, while EU-SILC is carried out annually. - Eurostat metadata: "The implementation of the health questions in SILC is not yet fully harmonized and, thus, the comparability of the results is to be further improved for some

ECHIM Indicator name	**B) Health status** 33. Self-perceived health
	countries. New guidelines for this question were provided by Eurostat in October 2007 to the Member States, in order to improve the data comparability for the coming years." - Eurostat metadata, SILC variables on health status: The reference is to health in general rather than the present state of health, as the question is not intended to measure temporary health problems. It is expected to include the different dimensions of health, i.e. physical, social and emotional function and biomedical signs and symptoms. It omits any reference to an age. It is not time limited. - Target population of EU-SILC are individuals aged 16 years old and over living in private households. People living in institutions (elderly people, disabled people) are therefore excluded from the survey. This will bias the survey outcomes.
References	- Eurostat database, data set 'Self-perceived health by sex, age and educational level (%) [hlth_silc_02]' - Eurostat metadata 'Health status : indicators from the SILC survey (from 2004 onwards)' - Eurostat metadata, SILC variables on health status - Eurostat, Description of target variables, Cross-sectional and Longitudinal, 2010 operation (Version February 2010) for SILC - All national questionnaires used in SILC - OMC, indicators of the health and long term care strand, Eurostat website
Work to do	- Follow EHIS developments - Discuss with Eurostat possibility to age-standardize the health variables from EU-SILC