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## Metadata – Good self-rated health

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| <b>Description</b>                 | Proportion of persons aged 15 years or more who assess their health as good or very good. It is a global measure that includes physical and mental health as well as social life. It varies due to the presence of specific health problems, limitations or illnesses.  |
| <b>Rationale</b>                   | Subjective health measurement is contributing to the evaluation of the health status, the burden of diseases and health care 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 functional disability (1), an indicator of the health care needs (2) and of subsequent mortality (3). This indicator is recommended by ECHI (4) and is also a European indicator of the health and long term care strand (5). It makes also part of the so-called Minimum European Health Module (MEHM) in the European SILC surveys.  |
| <b>Primary Data source</b>         | Sciensano Health Interview Surveys (HIS) Belgium 1997-2001-2004-2008-2013-2018 (6)<br>EU-SILC for international comparisons   |
| <b>Indicator source</b>            | Sciensano: Belgian HIS<br>Eurostat : EU-SILC for international comparisons  |
| <b>Periodicity</b>                 | Every 3-5 years in the HIS<br>Every year at EU-level (SILC)   |
| <b>Technical definitions</b>       | The numerator is the number of people assessing their health either as very good or good; the denominator is the number of respondents to this question in the HIS. Results are weighted to account for the survey design.<br>The indicator is based on the HIS question (SH01): 'How is your health in general?', which contains five answering categories; 1) very good, 2) good, 3) fair, 4) bad, 5) very bad.   |
| <b>International comparability</b> | Availability: Yes, the values of the indicator are available in Eurostat EU-SILC.<br>Comparability: The harmonization of this health question between the European countries was problematic until 2007 (different wordings and categories). Since then, some efforts were made but the process is still on-going and the comparability of the results is to be further improved for some countries. The major progress was reached between 2007 and 2008 based on an agreement on harmonization and guidelines provided by Eurostat to the Member States with the wording used in the European health survey as the golden standard.<br>( <a href="http://ec.europa.eu/eurostat/cache/metadata/en/hlth_silc_01_esms.htm">http://ec.europa.eu/eurostat/cache/metadata/en/hlth_silc_01_esms.htm</a> )<br>In addition to the issues of standardization of the question, social and cultural differences between countries can influence the way of answering this question (7). |

## Reference List

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- (5) Eurostat. Eurostat database: Indicators of the health and long term care strand. 2012.
- (6) Van der Heyden J, Charafeddine R, Drieskens S, Demarest S, Gisle L, Tafforeau J. Enquête de santé 2013, rapport 1 : Etat de santé et bien-être. 1 ed. Brussels: Scientific Institute of Public Health; 2015.
- (7) Sen A. Health: perception versus observation. 324 ed. 2002.