

OECD Health Statistics 2023

Definitions, Sources and Methods

Perceived health status by socio-economic status

Good/very good health, total aged 15+, Income quintile 1 (lowest)
Good/very good health, total aged 15+, Income quintile 5 (highest)
Good/very good health, females, males and total population, aged 15+, Low education (ISCED 0 to 2)
Good/very good health, females, males and total population, aged 15+, Medium education (ISCED 3 and 4)
Good/very good health, females, males and total population, aged 15+, High education (ISCED 5 to 8)

1. Perceived health status by income quintile

This indicator is the proportion of persons aged 15 years old and over within the highest and lowest income quintiles who report their health to be ‘good/very good’ (or excellent). The data sources are generally health or household surveys.

Income quintiles

- Quintile 1 Lowest 20% of income group
- Quintile 5 Highest 20% of income group

Individual versus household income

- If data come from health surveys and relate to individual income: the individuals’ income will be used to assign them to income quintiles.
- If data come from household surveys and relate to household income: equivalisation of income for persons within households should take place. A common method divides household income by the square root of the household size. *Example:* a household of 2 adults and 3 children has an income of 50,000. The equivalised income for this household is 50,000 divided by the square root of 5 = 22,361. This equivalised income is then applied to each member of the household.

More information on equivalence scales at <http://www.oecd.org/eco/growth/OECD-Note-EquivalenceScales.pdf>.

Gross versus net disposable income

If possible, net disposable income (after tax and transfers) should be used. If this is not possible, gross income can be used.

Appropriate sources and methods should explain the methodology used.

2. Perceived health status by education level

This indicator is the proportion of persons aged 15 years old and over by level of education who report their health to be “good” or “better”.

Education level is expressed by the highest completed level of education, defined according to the latest International Standard Classification of Education, ISCED-2011:

Low education (ISCED 0 to 2)

Early childhood education (ISCED 0)
Primary education (ISCED 1)
Lower secondary education (ISCED 2)

Medium education (ISCED 3 and 4)

Upper secondary education (ISCED 3)
Post-secondary non-tertiary education (ISCED 4)

High education (ISCED 5 to 8)

Short-cycle tertiary education (ISCED 5)
Bachelor's or equivalent level (ISCED 6)
Master's or equivalent level (ISCED 7)
Doctoral or equivalent level (ISCED 8)

For details about each category, please refer to OECD (2015), "What are the benefits of ISCED 2011 classification for indicators on education?", Education Indicators in Focus, No. 36, OECD Publishing, Paris, <http://dx.doi.org/10.1787/5jrqqdw9k1lr-en>.

Sources and Methods

The **European Union Survey on Income and Living Conditions (EU-SILC)**, available in the **Eurostat database** (datasets Self-perceived health by sex, age and educational attainment level [hlth_silc_02] and Self-perceived health by sex, age and income quintile [hlth_silc_10], accessed in June 2023), is the source for all European countries, except Türkiye.

Australia

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Australian Bureau of Statistics.

2017: National Health Survey: First Results, 2017-18. ABS Cat. No. 4364.0.55.001. ABS: Canberra. Customised data report.

2014: Microdata: National Health Survey, 2014-15 (TableBuilder). ABS Cat. No. 4324.0.55.001. Canberra: ABS.

2011: Microdata: Australian Health Survey, National Health Survey, 2011-12 (TableBuilder). ABS Cat. No. 4324.0.55.001. Canberra: ABS.

2007: National Health Survey 2007-2008 (re-issue). ABS Cat. No. 4364.0. Canberra: ABS.

2004: National Health Survey 2004-2005, Summary of results. ABS Cat. No. 4364.0. Canberra: ABS.

Note: The National Health Survey is usually conducted every three years. The National Health Survey 2020-21 was collected online during the COVID-19 pandemic and represents a break in time series. Data cannot be compared to previous years, and have not been updated for this dataset.

Coverage: Population aged 15 years old and over.

Methodology:

- Approximately 21315 persons were surveyed in 2017, 19259 in 2014, 20400 in 2011, 20800 in 2007 and 25900 in 2004.

❗ Deviation from the definition:

- The question is self-assessed. 'In general, would you say that your health is excellent, very good, good, fair or poor?' Data are for Good, Very Good and Excellent.

- Note: Data on income quintile refer to gross weekly personal income for persons 15+, and exclude those whose income is unknown or not stated.

Further information: <http://www.abs.gov.au/>.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Source: Australian Bureau of Statistics.

2017: National Health Survey: First Results, 2017-18. ABS Cat. No. 4364.0.55.001. ABS: Canberra. Customised data report.

2014: Microdata: National Health Survey, 2014-15 (TableBuilder). ABS Cat. No. 4324.0.55.001. Canberra: ABS.

Note: The National Health Survey is usually conducted every three years. The National Health Survey 2020-21 was collected online during the COVID-19 pandemic and represents a break in time series. Data cannot be compared to previous years, and have not been updated for this dataset.

Coverage:

- Population aged 15 years and over.

Methodology:

- Approximately 21315 persons were surveyed in 2017 and 19259 in 2014.

Deviation from the definition:

- The question is self-assessed. 'In general, would you say that your health is excellent, very good, good, fair or poor?' Data are for Good, Very Good and Excellent.

- Note: Data by educational level are using the Australian Standard Classification of Education (ASCED) which is designed to be as consistent as possible with the International Standard Classification of Education (ISCED). Data exclude those whose educational level is unknown or not stated.

Further information: <http://www.abs.gov.au/>.

Austria

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Belgium

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Canada

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Statistics Canada.

From 2008: Canadian Community Health Survey (CCHS). Custom tabulation.

Coverage: Population aged 15 years old and over.

Methodology:

- As of 2007, the CCHS became an annual survey (prior to this it was a biennial survey) of persons aged 12 years old and over, living in private dwellings, half of whom are interviewed in person, and the other half by telephone. It excludes persons living on Indian Reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces, and residents of certain remote regions. The CCHS covers approximately 98% of the Canadian population aged 12 years old and over. Data are collected directly from respondents.

Deviation from the definition:

- The question asked to all persons (*proxies used for adults who are sick or unable to answer the question*) was: "In general, would you say that your (*or the 'proxied' respondent's*) health is excellent, very good, good, fair or poor?". Due to the difference in the question, data presented in Very Good/Good are from Excellent, Very good and Good. Non-responses were removed from the calculation.

- The income quintile was derived by adjusting the reported gross household income that was performed. Low income cut-offs (LICO) were obtained and linked to each household by the size of the respondent's household and the size of the

community in which the respondent lives. Individual ratios of household income to the associated LICO were calculated for each household. These ratios were then divided into quintiles using weighted data.

- The quintiles were only calculated for valid responses.
- The territories are excluded from the quintiles.

Note: As a result of the 2015 redesign, Canadian Community Health Survey (CCHS) has a new collection strategy, a new sample design, and has undergone major content revisions. With all these factors taken together, caution should be taken when comparing data from previous cycles to data released for the 2015 cycle onwards.

 **Break in time series in 2015:** As a result of the 2015 redesign, the Canadian Community Health Survey (CCHS) has a new collection strategy, a new sample design, and has undergone major content revisions. With all these factors taken together, caution should be taken when comparing data from previous cycles to data released for the 2015 cycle onwards. Annual estimates from 2015 onwards cover only respondents in the ten provinces.

Further information: <http://www.statcan.gc.ca/>.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Source: Statistics Canada.

From 2011: Canadian Community Health Survey (CCHS). Custom tabulation.

Coverage: Population aged 15 years old and over.

Methodology:

- As of 2011, the CCHS became an annual survey (prior to this it was a biennial survey) of persons aged 12 years old and over, living in private dwellings, half of whom are interviewed in person, and the other half by telephone. It excludes persons living on Indian Reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces, and residents of certain remote regions. The CCHS covers approximately 98% of the Canadian population aged 12 years old and over. Data are collected directly from respondents.

Deviation from the definition:

- The question asked to all persons (*proxies used for adults who are sick or unable to answer the question*) was: "In general, would you say that your (*or the 'proxied' respondent's*) health is excellent, very good, good, fair or poor?" Due to the difference in the question, data presented in Very Good/Good are from Excellent, Very good and Good. Non-responses were removed from the calculation.

- The education tercile was derived from the highest level of education of the respondent. Low education is defined as those with Grade 10 education or lower. Medium education is defined as those with Grade 11-13, secondary school graduate with no post-secondary education, or a diploma or equivalency at the secondary level or less. High education is defined as those with a trade certificate or diploma, a college or non-university certificate, a university certificate or diploma below the bachelor's level, a bachelor's degree, or a diploma, degree or certificate above the bachelor's level.

 **Break in time series in 2015:** As a result of the 2015 redesign, the Canadian Community Health Survey (CCHS) has a new collection strategy, a new sample design, and has undergone major content revisions. With all these factors taken together, caution should be taken when comparing data from previous cycles to data released for the 2015 cycle onwards. Annual estimates from 2015 onwards cover only respondents in the ten provinces.

Further information: <http://www.statcan.gc.ca/>.

Chile

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Sources:

2021: Social Well-being survey 2021 (EBS2021), Ministry of Social Development. The EBS2021 is the second stage of the National Survey of Socio-Economic Characterisation ("Encuesta Nacional de Caracterización Socioeconómica - CASEN 2020") on a two-stage sample design.

2000, 2003, 2009, 2011, 2013, 2015 and 2017: Ministry of Social Development ("Ministerio de Desarrollo Social"), **National Survey of Socio-Economic Characterisation** ("Encuesta Nacional de Caracterización Socioeconómica - CASEN"). CASEN is a Household Survey and its principal aim is to determine the level of poverty in the country, among others aspects.

Methodology:

- Population aged 15+ for all years.

2021: The EBS2021 uses the same questions as CASEN 2013-2017.

2009, 2011, 2013, 2015 and 2017: In CASEN 2009, 2011, 2013, 2015 and 2017, the question was: “On a scale of 1-7, where 1 is very bad and 7 very good, what rating would you allocate to your current health status?” Data are for the following categories: “(6) Good” and “(7) Very Good”.

2000 and 2003: The question was: “Would you say that your health in general is: very bad, bad, regular, good, very good.” Data are for the following categories: “(6) Good” and “(7) Very Good”.

Autonomous income: It corresponds to income from wages and salaries, profits from self-employment, self-provision of produced goods for home, bonuses, gratuities, income, interests, as well as retirement, assets, pensions and private transfers. It excludes monetary government transfers. In addition, the question is about the net income, without taxes and contribution to health and pensions.

See http://observatorio.ministeriodesarrollosocial.gob.cl/casen/casen_def_ingresos.php (in Spanish).

Quintiles: Data come from a household survey (CASEN). The survey considers in its construction the oxford scale. The variable name is qaut.

 **Break in time series in 2021** due to a change of source (EBS2021 survey).

2. Percentage of the population aged 15 years old and over who report their health to be ‘good’ or better, by education level

Sources:

2021: **Social Well-being survey 2021 (EBS2021), Ministry of Social Development**. The EBS2021 is the second stage of the National Survey of Socio-Economic Characterisation (“Encuesta Nacional de Caracterización Socioeconómica - CASEN 2020”) on a two-stage sample design.

2000, 2003, 2009, 2011, 2013, 2015 and 2017: **Ministry of Social Development** (“Ministerio de Desarrollo Social”), **National Survey of Socio-Economic Characterisation** (“Encuesta Nacional de Caracterización Socioeconómica - CASEN”). CASEN is a Household Survey and its principal aim is to determine the level of poverty in the country, among others aspects.

Methodology: Population aged 15+ for all years.

Deviation from the definition:

2021: The EBS2021 uses the same questions as CASEN 2013-2017.

2009, 2011, 2013, 2015 and 2017: In CASEN 2009, 2011, 2013, 2015 and 2017, the question was: “On a scale of 1-7, where 1 is very bad and 7 very good, what rating would you allocate to your current health status?” Data are for the following categories: “(6) Good” and “(7) Very Good”.

2000 and 2003: The question was: “Would you say that your health in general is: very bad, bad, regular, good, very good.” Data are for the following categories: “(6) Good” and “(7) Very Good”.

Educational level:

2021: In EBS2021 there are 4 response categories for educational levels: 1. Inferior to primary and secondary education (approximately less than 12 years of formal education), 2. Secondary Education (from approximately 12 years of education in school and high school to classes at university but not university graduation), 3. University level education (Tertiary education with a degree), and 4. No answer (considered missing information).

2011, 2013, 2015 and 2017: In CASEN 2011, 2013, 2015 and 2017, the question was: “What is the highest educational level attained or current?” Following the recommendations, a new variable for education level was created from the CASEN original variable “nivel educacional”, using the ISCED classification according to this table:

	Attribute CASEN	Category ISCED 2011	Aggrupation OCDE
Sin Educ. Formal	0	0	1
Básica Incom.	1	1	1
Básica Compl.	2	2	1
M. Hum. Incompleta	3	3	2
M. Téc. Prof. Incompleta	4	4	2
M. Hum. Completa	5	3	2
M. Téc Completa	6	4	2
Técnico Nivel Superior Incompleta	7	5	3
Técnico Nivel Superior Completo	8	5	3

Profesional Incompleto	9	6	3
Postgrado Incompleto	10	7	3
Profesional Completo	11	6	3
Postgrado Completo	12	7	3
NS/NR	99	.	.

2000, 2003 and 2009: The question asked was: “Indicate the course and type of current study (for those who are studying) or last approved course (for those not studying).” Following the recommendations, a new variable for education level was created, using the ISCED classification. Survey results are available at http://observatorio.ministeriodesarrollosocial.gob.cl/casen/casen_obj.php (in Spanish).

✂ **Break in time series in 2021** due to a change of source (EBS2021 survey).

✂ **Break in the series in 2013:** The ISCED 2011 classification was used from 2013 onwards.

Colombia

1. Percentage of the population aged 15 years old and over who report their health to be ‘good’ or better, by income quintile (highest and lowest)

Source: Encuesta Nacional de Calidad de Vida (ECV), National Administrative Department of Statistics (DANE). Data for 2018 and 2019.

Methodology: Annual data collection, between September and November each year.

Coverage:

- National data except for the population of Providencia and the rural and dispersed are de San Andrés.
- Approximate size of the sample since 2018: 90,000 households, 270,000 persons.

Further information:

- Results available at <https://www.dane.gov.co/index.php/estadisticas-por-tema/pobreza-y-condiciones-de-vida/calidad-de-vida-ecv>.
- Micro data available via http://microdatos.dane.gov.co/index.php/catalog/MICRODATOS/about_collection/8/1.

2. Percentage of the population aged 15 years old and over who report their health to be ‘good’ or better, by education level

Source: Encuesta Nacional de Calidad de Vida (ECV), National Administrative Department of Statistics (DANE). Data for 2018 and 2019.

Methodology: Annual data collection, between September and November each year.

Coverage:

- National data except for the population of Providencia and the rural and dispersed are de San Andrés.
- Approximate size of the sample since 2018: 90,000 households, 270,000 persons.

Further information:

- Results available at <https://www.dane.gov.co/index.php/estadisticas-por-tema/pobreza-y-condiciones-de-vida/calidad-de-vida-ecv>.
- Micro data available via http://microdatos.dane.gov.co/index.php/catalog/MICRODATOS/about_collection/8/1.

Costa Rica

Data not available.

Czech Republic

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Denmark

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Estonia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Finland

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

France

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Germany

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Greece

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Hungary

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Iceland

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Ireland

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Israel

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Israel Central Bureau of Statistics. The Israeli Social Survey.

Coverage: Population aged 20 years old and over.

Methodology:

- The survey is an annual survey of individuals, conducted since 2002. The Population Register is the sampling frame, excluding institutional population and residents living outside of localities, especially in the southern district (about 0.7% of the population).
- The income quintiles are an estimate of individual income based on reported categories of personal monthly gross income.
- Discrepancies between data on the state of health for the total population and data relating only to the population listed by income quintiles, are due to the following:
 - Data for population by income quintiles relate to employed persons only, whereas the total population figures relate to the population in its entirety.
 - For all employed persons only, 95.9% reported themselves to be in good health (83.4% in very good/good health and 12.5% in fair health), a result that is approximately the middle of the distribution between the first quintile and the last quintile.
 - Data are based on approximate values of quintiles, given that the survey asks for approximate income (rather than exact income) levels.
 - Data relate to individual gross monthly income from employment (i.e., earnings), rather than household income per person. The data for approximate household income are too crude to provide a basis for calculating income quintiles per person.
- 2021: Exactly as for 2017, data for 2021 are based on the question: How is your health, overall? Very good / Good / Fair / Not so good / Not good at all (5 categories). Data on **very good / good health** refer to respondents who answered categories 1 or 2. This question was asked in addition to the permanent question with 4 categories.
- 2018-2020: The question was asked again with four categories but coefficients were calculated based on the 2017 survey where the question was asked twice – once with 4 categories and once with 5 categories. The data from 2018 onwards were calculated using these coefficients so the data reflect results as if asked with 5 categories.
- 2017: Data are based on the question: How is your health, overall? Very good / Good / Fair / Not so good / Not good at all (5 categories). Data on **very good / good health** refer to respondents who answered categories 1 or 2.
- 2002-2016: Data are based on the question: How is your health, overall? Very good/ Good / Not so good / Not good at all (4 categories). Data on **very good/ good health** refer to respondents who answered categories 1 or 2: Very good, Good (all positive response categories).

 **Deviation from OECD definition up until 2016:** In the Israeli Social Survey questionnaires there is **no category that fits fair perceived health status**. Therefore the proportion of people reporting to be in good or better health might be overestimated.

 **Breaks in time series in 2017, 2018 and 2021:** Since 2017, data are based on 5 categories of replies according to OECD definition, instead on 4 as in previous years. From 2018, data are calculated based on coefficients based on the 2017 survey questions. In 2021 data are presented in 5 categories of replies as in 2017.

Further information: <http://surveys.cbs.gov.il/Survey/surveyE.htm>.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by education level

Source: Israel Central Bureau of Statistics. The Israeli Social Survey.

Coverage: Population aged 20 years old and over.

Methodology:

- The survey is an annual survey of individuals, conducted since 2002. The Population Register is the sampling frame, excluding institutional population and residents living outside of localities, especially in the southern district (about 0.7% of the population).

- 2021: Exactly as for 2017, data for 2021 are based on the question: How is your health, overall? Very good / Good / Fair / Not so good / Not good at all (5 categories). Data on **very good / good health** refer to respondents who answered categories 1 or 2. This question was asked in addition to the permanent question with 4 categories.

- 2018-2020: The question was asked again with four categories but coefficients were calculated based on the 2017 survey where the question was asked twice – once with 4 categories and once with 5 categories. The data from 2018 onwards were calculated using these coefficients so the data reflect results as if asked with 5 categories.

- 2017: Data are based on the question: How is your health, overall? Very good / Good / Fair / Not so good / Not good at all (5 categories). Data refer to respondents who answered categories 1 or 2 - Very Good, or Good.

- 2002-2016: Data are based on the question: How is your health, overall? Very good/ Good / Not so good / Not good at all (4 categories). Data refer to respondents who answered categories 1 or 2 - Very Good, or Good.

 **Deviation from OECD definition up until 2016:** In the Israeli Social Survey questionnaires there is **no category that fits fair perceived health status**. Therefore the proportion of people reporting to be in good or better health might be overestimated.

 **Breaks in time series in 2017, 2018 and 2021:** Since 2017, data are based on 5 categories of replies according to OECD definition, instead on 4 as in previous years. From 2018, data are calculated based on coefficients based on the 2017 survey questions. In 2021 data are presented in 5 categories of replies as in 2017.

- Low education includes:

Persons with a primary school / intermediate school diploma.

Persons who had never studied in an educational institution.

Persons who had never received any of the other-mentioned certificates.

- Medium education includes:

Persons with a High-school diploma (not a matriculation certificate) as highest certificate.

Persons who had received a matriculation certificate as highest certificate.

- High education includes:

Persons with a post-secondary diploma (not an academic degree) as highest certificate.

Persons with first academic degree (B.A. or an equivalent degree), including an academic certificate as highest certificate.

Persons with second academic degree (M.A or an equivalent degree, including MD doctor of medicine) as highest certificate.

Persons with third academic degree (Ph.D or an equivalent degree) as highest certificate.

Further information: <http://surveys.cbs.gov.il/Survey/surveyE.htm>.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Japan

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Ministry of Health, Labour and Welfare (special tabulation for the OECD Health Statistics database), Comprehensive Survey of Living Conditions (2001, 2004, 2007, 2010, 2013, 2016 and 2019).

Coverage: Population aged 15 years old and over.

Methodology:

- The question and response categories are 'Good, Sort of good, Fair, Not so good, Bad'. Data refer to those reporting being 'Good + Sort of good'. Denominator includes those whose perceived health status is unknown.
- Population hospitalised or having been in bed for one month and over is excluded from surveys dating from 1998 and earlier.
- Population hospitalised is excluded in 2001 and after.
- Data come from household survey and relates to the household's yearly gross income in the previous year of the survey.
- Equivalisation of income for persons within households does not take place. Quintile of the household income is applied to each member of household.
- The data are not age-adjusted. Because percentage of elderly population with good or better perceived health is lower than that of younger population, which could be the same among other countries. The figures should be considerably influenced by age structure besides income, which is not considered in the OECD indicator. The share of elderly population in the survey differed from other groups. Population aged 65 years old and over accounts for about half in Quintile 1, whereas less than one-sixth in Quintile 5 (2004).

 Denominator includes those whose perceived health status is unknown.

Further information: <http://www.mhlw.go.jp>.

- The percentage of respondents declaring their health status as "fair" represents a significant share of health status in Japan. Data are available below, for the percentage of the population reporting "fair" health by income in 2019:

Income quintile	Total population
1 (lowest)	48.6%
5 (highest)	47.1%

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by education level

Source: Ministry of Health, Labour and Welfare, Comprehensive Survey of Living Conditions (2013, 2016 and 2019).

Coverage: Population aged 15 years old and over.

Methodology:

- Population in education is excluded.
- Hospitalised population is excluded.

Further information: The percentage of respondents declaring their health status as "fair" represents a significant share of health status in Japan. Data are available below, for the percentage of the population aged 15+ reporting "fair" health by education in 2019:

Education level	Females	Males	Total population
Low education (ISCED 0 to 2)	51.0%	50.9%	51.0%
Medium education (ISCED 3 and 4)	52.5%	52.1%	52.3%
High education (ISCED 5 to 8)	47.0%	47.2%	47.1%

Korea

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Data not available.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by education level

Source: Statistics Korea, Social Survey.

Methodology:

- The module on the perception of health in Social Surveys began in 1986, and is being conducted every three years from 1986 to 1995, four years from 1999 to 2003, three years from 2006, and two years from 2008 onwards.

- The current indicator composition was established in 2003, in accordance with WHO's recommendation that it is desirable to ask about the overall health status, not limited to a specific point in time of comparison with others.

- The survey questions changed according to the time of the survey as follows:

1986-1999: Question: How healthy do you think you are for your age? Answer: Very healthy / healthy / fair / unhealthy / very bad.

2003 and 2006: Question: How is your health in general? Answer: Very good / good / fair / bad / very bad.

2008-2022 (Korean expressions changed somewhat in 2020 and 2022): Question: How is your overall health? Answer: Very good / good / fair / bad / very bad.

Further information: <https://kostat.go.kr/menu.es?mid=a20205030000>.

Latvia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Lithuania

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Luxembourg

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Mexico

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Data not available.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by educational level

Data not available.

Netherlands

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

New Zealand

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Ministry of Health. New Zealand Health Survey 1996-1997, 2002-2003, 2006-2007, 2011-2012, 2012-2013, 2013-2014, 2014-15, 2015-16, 2016-17, 2017-18, 2018-19, 2019-20, 2020-21 and 2021-22.

Coverage: Population aged 15 years old and over.

Methodology:

- Interviews were carried out from July 2021 to July 2022, collecting information on 4434 adults aged 15 years and older through face-to-face and online interviews (see the indicator on "Perceived health status" for further details on previous surveys' periods and sample sizes).

- The samples for 2019-20, 2020-21 and 2021-22 were substantially reduced in both numbers and the distribution throughout the year. The New Zealand Health Survey is conducted face-to-face in people's homes and was shut down several times due to COVID-19 safety requirements.

Deviation from the OECD definition:

- The self-assessed question was: "In general, would you say your health is? Excellent, very good, good, fair, or poor?"

- NZ Health Survey response categories of 'Excellent', 'Very Good', or 'Good' are used for the OECD categories of perceived health 'good' or 'better'.

- The income measurement relates to individual gross income.

- For data by bottom and top income quintiles, categorical income responses were grouped into quintiles 1 and 5 as set out in the table below - as can be seen, the assignment into 'quintiles' is approximate as the best fit income thresholds to determine quintiles do not yield exactly 20% of respondents in quintiles 1 and 5 in each of the four NZ health survey years.

- Note that self-employed people in NZ may record an income loss and therefore be counted as part of Quintile 1.

Year of Health Survey	Quintile 1 - Incomes less than or equal to threshold	Cumulative Percent of respondents	Quintile 5 - Incomes greater than threshold	Cumulative Percent of respondents up to Quintile 5 threshold
1996/97	≤ \$10,000	31.08	> \$25,000	73.69
2002/03	≤ \$10,000	23.66	> \$30,000	75.10
2006/07	≤ \$10,000	20.72	> \$40,000	78.11
2011/12	≤ \$10,000	17.84	> \$60,000	78.65
2012/13	≤ \$15,000	21.85	> \$60,000	80.86
2013/14	≤ \$10,000	14.87	> \$70,000	86.12
2014/15	≤ \$10,000	15.61	> \$70,000	84.21
2015/16	≤ \$10,000	16.85	> \$70,000	82.11
2016/17	≤ \$10,000	15.74	> \$70,000	80.94
2017/18	≤ \$10,000	10.21	> \$70,000	76.94
2018/19	≤ \$20,000	26.43	> \$70,000	82.06
2019/20	≤ \$20,000	20.66	> \$70,000	72.22
2020-21	≤ \$20,000	21.2	> \$70,000	22.02
2021-22	≤ \$10,000	17.37	> \$60,000	86.68

Further information: <http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey>.

2. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by education level

Source: Ministry of Health. New Zealand Health Survey 1996-1997, 2002-2003, 2006-2007, 2011-2012, 2012-2013, 2013-2014, 2014-15, 2015-16, 2016-17, 2017-18, 2018-19, 2019-20, 2020-21 and 2021-22.

Coverage: Population aged 15 years old and over.

Methodology:

- Interviews were carried out from July 2021 to July 2022, collecting information on 4434 adults aged 15 years and older through face-to-face and online interviews (see the indicator on “Perceived health status” for further details on previous surveys’ periods and sample sizes).

- The samples for 2019-20, 2020-21 and 2021-22 were substantially reduced in both numbers and the distribution throughout the year. The New Zealand Health Survey is conducted face-to-face in people’s homes and was shut down several times due to COVID-19 safety requirements.

❗ Deviation from the OECD definition:

- The self-assessed question was: “In general, would you say your health is? Excellent, very good, good, fair, or poor?”

- NZ Health Survey response categories of ‘Excellent’, ‘Very Good’, or ‘Good’ are used for the OECD categories of perceived health ‘good’ or ‘better’.

- Survey respondents were asked about their highest secondary school qualification and their highest completed qualification. New Zealand qualifications were mapped to ISCED classification of educational groups and then into low, medium and high educational groups according to OECD definitions. The highest qualification attained for each survey respondent was used to assign them to the low, medium or high educational groups.

Further information: <http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey>.

Norway

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Poland

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Portugal

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Slovak Republic

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Slovenia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Spain

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Sweden

Sources:

From 2004: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Until 2003: Statistics Sweden. National survey of living conditions (ULF).

Coverage:

From 2004: Population aged 16 years old and over.

Until 2003: Population aged 16-84 years old.

Methodology:

For the data calculated from the National survey of living conditions (ULF):

- The surveys are conducted as personal interviews with a random sample from the population (including the institutionalised population) aged between 16-84 years. 12000-13000 people are interviewed over a period of 2 years.
- The question on health status used to be: "How do you rate your health at the present time? Is it good, bad or something in between?"
- From 1996, the response categories have been changed to "very good, good, fair, bad and very bad". This may have affected the trend.
- As a result of membership in the European Union, the Living Conditions Survey has been improved and harmonized to meet the requirements of the EU regulation concerning Statistics on Income and Living Conditions (EU-SILC). Up until now, the adaptation process for the Living Conditions Survey has allowed Statistics Sweden to decide on a quality-assured transition to telephone interviews as the main method for data collection starting in 2007, instead of the previous method of face-to-face interviews.

🔪 **Break in time series** in 2004 due to a change in data source.

Further information:

From 2004: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Until 2003: <http://www.scb.se>.

Switzerland

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Türkiye

1. Percentage of the population aged 15 years old and over who report their health to be 'good' or better, by income quintile (highest and lowest)

Source: Turkish Statistical Institute (TURKSTAT), Income and Living Conditions Survey.

Methodology:

- The survey question was the following: "How good is your health in general? Very good, Good, Fair, Bad, Very bad." Data refer to Very Good and Good.
- Data were standardised by age.

Further information: <http://www.turkstat.gov.tr/>.

2. Percentage of the population aged 15 years old and over who report their health to be ‘good’ or better, by educational level

Source: Turkish Statistical Institute (TURKSTAT), Income and Living Conditions Survey.

Methodology:

- The survey question was the following: “How good is your health in general? Very good, Good, Fair, Bad, Very bad.” Data refer to Very Good and Good.
- Data were standardised by age.

Further information: <http://www.turkstat.gov.tr/>.

United Kingdom

Sources: Office for National Statistics.

From 2019: Office for National Statistics, Household Finance Survey.

2005 to 2018: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 10 June 2021.

 **Coverage:** Data are for the UK and refer to adults aged 16 years old and over.

Methodology:

- The survey question was “How is your health in general? Very good/Good/Fair/Bad/Very bad.” Data refer to “Very good” and “Good.”
- 15 year-olds are excluded from 2005 onwards.

 **Break in time series in 2019** due to ONS becoming the source instead of Eurostat.

Further information: <https://www.ons.gov.uk/>.

From 2005: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_01.

United States

1. Percentage of the population aged 15 years old and over who report their health to be ‘good’ or better, by income quintile (highest and lowest)

Source: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics. Public use National Health Interview Survey and National Health Interview Survey Multiple Imputed Family Income and Earnings Data Files (several years), see http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm.

Coverage: Nationally representative sample of the U.S. civilian non-institutionalised population, aged 18 years old and over.

Methodology:

- Estimates were weighted to represent the U.S. civilian non-institutionalised population for each time period. Age-adjusted estimates are standardised by the direct method to the projected 2000 U.S. Census population using age groups were 18-24, 25-44, 45-64, and 65 years and older.
- Prior to 2019, U.S. health status was measured in the National Health Interview Survey by asking the respondent, “Would you say (name of family member)’s health is excellent, very good, good, fair, or poor?” This information was obtained during a part of the interview that allowed proxy responses, such that a knowledgeable adult family member could respond on behalf of persons not taking part in the interview.
- Beginning in 2019, U.S. health status was measured in the National Health Interview Survey by asking the respondent “Would you say your health in general is excellent, very good, good, fair, or poor?”
- Unknowns for current health status were not included in the denominators when calculating percentages.
- Over the years, the unknown rate for current health status in the National Health Interview Survey (NHIS) was less than 0.50%.
- The income data in this table are based on a question in the survey that asked respondents to provide the total income (during the last calendar year) of all family members living in the household.
- This family income amount is from all sources and is before taxes. Due to the relatively high-income non-response rate (approximately 30%), the 2007-2021 National Health Interview Survey Multiple Imputed Family Income and Earnings Data Files were utilised.
- Approximately 2% of all households had more than one family. Also, the income data in this table was equivalised by

dividing the family's income by the square root of the family size (<http://www.oecd.org/eco/growth/OECD-Note-EquivalenceScales.pdf>).

❗ Deviations from OECD definition:

- U.S. civilian non-institutionalised population, aged 18 years old and over
- Age-adjusted estimates are standardised by the direct method to the projected 2000 U.S. Census population using age groups 18-24, 25-44, 45-64, and 65 years and older.
- In the NHIS, the “Good” or “Very good” categories correspond to the “Excellent”, “Very good” or “Good” categories.

✂ Break in time series in 2019: As a result of a change in collection of educational attainment information, the definition of low and medium educational level changed starting in 2019. Prior to 2019, low educational level included those who never attended school, attended kindergarten only, and those who had completed up to 9th grade; medium educational level included those who had completed 10th-12th grade, including those who received a high school diploma or GED; and high educational level included those who had attended some college or more. Beginning in 2019, low educational level includes those who never attended school, attended kindergarten only, and those who had completed up to 11th grade; medium educational level includes those who completed 12th grade, including those who received a high school diploma or GED; and high educational level includes those who had attended some college or more.

Notes:

- Due to the COVID-19 pandemic, the NHIS data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits resumed in all areas in September 2020, but cases were still attempted by telephone first. These changes resulted in lower response rates and differences in respondent characteristics for April–December 2020. Differences observed in estimates between 2020 and earlier years may be impacted by these changes.

❗ In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. Due to changes in weighting and design methodology, direct comparisons between estimates for 2019 and earlier years should be made with caution, as the impact of these -changes has not been fully evaluated at this time.

2. Percentage of the population aged 15 years old and over who report their health to be ‘good’ or better, by education level

Source: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention/National Center for Health Statistics. National Health Interview Survey (several years).

Coverage: Nationally representative sample of the U.S. civilian non-institutionalised population, aged 18 years old and over. Age-adjusted estimates are standardised by the direct method to the projected 2000 U.S. Census population using age groups 18-24, 25-44, 45-64, and 65 years and older.

Methodology:

- Estimates are based on the adult population aged 18 years old and over.
- Estimates were weighted to represent the U.S. civilian non-institutionalised population for each time period.
- In this table, “excellent”, “very good”, and “good” are combined.
- Unknowns for current health status were not included in the denominators when calculating percentages.
- Over the years, the unknown rate for current health status in the National Health Interview Survey (NHIS) was less than 0.50%.

❗ - Visit the National Center for Education Statistics (<http://nces.ed.gov/Pubs/eiip/eiip1s01.asp>) to review how the U.S. educational systems should be coded using the ISCED categories (e.g., ISCED = 4 is not typically used in the U.S.)

- Respondents with missing education information were not included.

❗ Deviations from OECD definition:

- U.S. civilian non-institutionalised population, aged 18 years old and over
- Age-adjusted estimates are standardised by the direct method to the projected 2000 U.S. Census population using age groups 18-24, 25-44, 45-64, and 65 years and older.
- In the NHIS, the “Good” or “Very good” categories correspond to the “Excellent”, “Very good” or “Good” categories.
- Beginning in 2019, the definition for low and medium educational level do not align exactly with the ISCED categorisation (0,1,2 and 3, respectively).

✂ Break in time series in 2019: As a result of a change in collection of educational attainment information, the definition of low and medium educational level changed starting in 2019. Prior to 2019, low educational level included those who never attended school, attended kindergarten only, and those who had completed up to 9th grade; medium educational level included those who had completed 10th-12th grade, including those who received a high school diploma or GED; and high educational level included those who had attended some college or more. Beginning in 2019, low educational level includes those who never attended school, attended kindergarten only, and those who had completed up

to 11th grade; medium educational level includes those who completed 12th grade, including those who received a high school diploma or GED; and high educational level includes those who had attended some college or more.

Notes:

- Due to the COVID-19 pandemic, the NHIS data collection switched to a telephone-only mode beginning March 19, 2020. Personal visits resumed in all areas in September 2020, but cases were still attempted by telephone first. These changes resulted in lower response rates and differences in respondent characteristics for April–December 2020. Differences observed in estimates between 2020 and earlier years may be impacted by these changes.

 In 2019, the NHIS questionnaire was redesigned to better meet the needs of data users. Due to changes in weighting and design methodology, direct comparisons between estimates for 2019 and earlier years should be made with caution, as the impact of these changes has not been fully evaluated at this time.

Further information: NCHS website, <http://www.cdc.gov/nchs/nhis/index.htm>.

NON-OECD ECONOMIES

Bulgaria

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Croatia

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.

Romania

Source: Eurostat database, European Union Survey on Income and Living Conditions (EU-SILC). Data extracted on 22 June 2023.

Coverage: Population aged 16 years old and over.

Further information: http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_02 and http://ec.europa.eu/eurostat/data/database?node_code=hlth_silc_10.