

Research in Brief



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Are Koreans as Negative about Their Health as OECD Statistics Suggest?

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Introduction

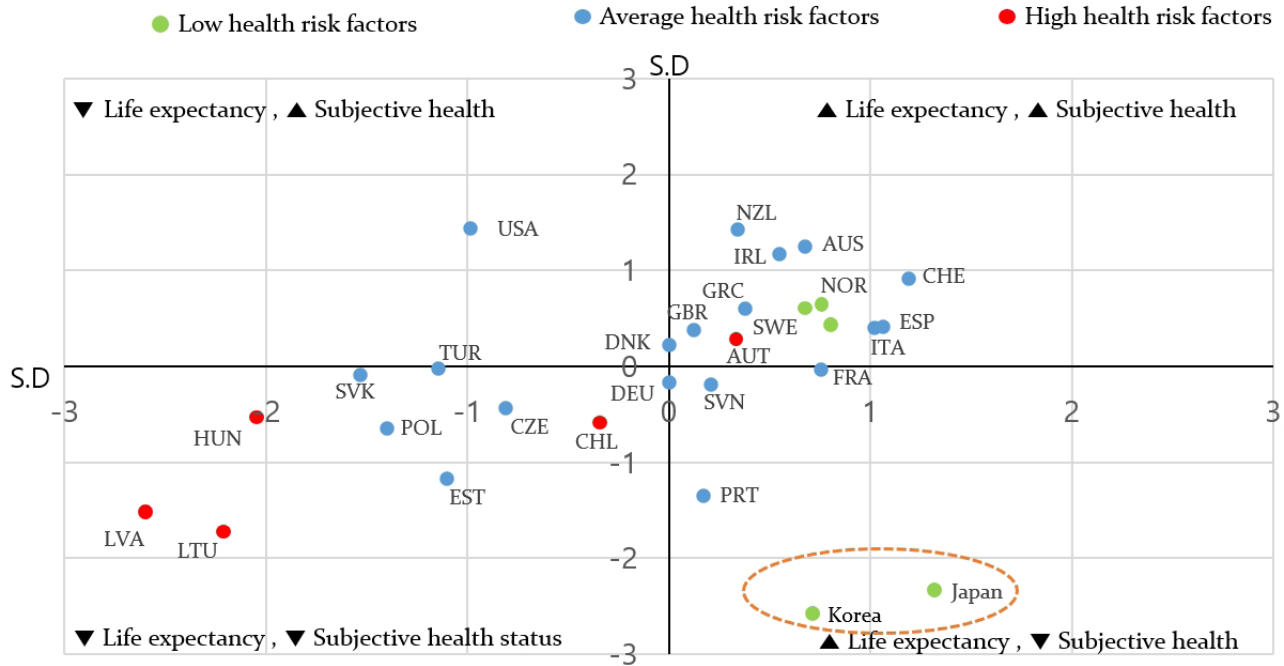
OECD's health statistics published in July this year revealed that the proportion of people aged 15 and older who considered themselves in good health in 2018 was as low as 32.0 percent in Korea, lower than in any other OECD country. On OECD-average, close to seven in ten people rated themselves as healthy (67.9 percent). OECD countries with less than half of their people in this age range who considered themselves in good health were, apart from Korea, Latvia (46.9 percent), Lithuania (44.0 percent) and Japan (35.5 percent).

The life expectancy in 2018 was 82.7 years in Korea, longer by 2 years than the OECD average. OECD's recent age-adjusted death rates revealed that out of 100,000 population in Korea, 160.1 died from cancer, 142.1 from cerebrovascular disease, and 11.3 from dementia, compared to the OECD averages, respectively, of 195.8, 274.2 and 25.2. The infant mortality rate, defined as the number of deaths in 1,000 children under one year of age, is low in Korea at just 2.8, compared to the OECD average of 4.1.

People in countries with long life expectancy are likely to rate their health as good. This is a general tendency in most of the OECD countries. Norway, Sweden and Israel, where the levels of such health risk factors as smoking, alcohol use, obesity and air pollution are relatively low, have long life expectancy and

a high percentage of people perceiving themselves in good health. In contrast, in such countries with low health risk factors as Latvia, Lithuania and Hungary, life expectancy is relatively short and the proportion of people considering themselves in good health is low. Korea and Japan are something of an exception (see Figure 1) in that, despite their low-level health risk factors and long life expectancy, they have a low percentage of people who consider themselves in good health.

[Figure 1] Trends in period total fertility rate and cohort total fertility rate



Source: OECD Health Statistics 2020. <https://stats.oecd.org>

Note: The risk factors categorization (low, average and high) is from Health at a Glance 2019, pp. 34~37; the data for Australia and Chile are from 2017 and; the data for Japan are from 2016; data for the other countries are from 2018

Shin et al. have pointed out that among the factors that set Korea and Japan apart from other OECD countries are differences in survey methods and sociocultural conceptions.¹⁾ With this background in mind, this brief examines and compares the surveys and methods by which perceived health status indicators are constructed, with a view to adding to the understanding of health status as perceived by Koreans.

1) Jeong-Woo Shin et al. (2019). Statistics Production and Management in OECD and Other International Organizations. OECD Korea Policy Centre & Korea Institute for Health and Social Affairs

Perceived health status indicators: their sources and methods of construction

According to the OECD metadata on “sources and methods”, most countries produce their self-perceived health status indicators based on national surveys. Twenty-six European countries, including Germany, the UK and France but excluding Turkey, produced their indicators using the European Union Statistics on Income and Living Conditions (EU-SILC), a standardized national survey. Australia, Chile, Israel, Mexico, New Zealand, Turkey and the US conduct face-to-face surveys in which interviews visit households sampled from across the country. Canada uses face-to-face interviews for aged 18 and older and telephone surveys for children between 12 and 18 years of age. Japan’s perceived health status indicators come from the Comprehensive Survey of Living Conditions, for which surveyors visit people in their homes to distribute and collect questionnaires, which are expected to be filled out by the respondents on their own.

The OECD calls on its member countries to submit perceived health status data on people aged 15 and older. Some of the members have not been able to meet the age requirement, as EU-SILC, the survey widely used by many European countries for the purpose of collecting statistics on subjective health status, targets people aged 16 and older, excluding 15-year-olds. In Israel, the respondents on whom perceived health status statistics are collected are those aged 20 and older. In most countries, with the exception perhaps only of Chile, where people are asked to rate the level of their health status on a 7-point scale, subjective health surveys present five options for the respondents to choose from.

[Table 1] Perceived health status surveys in OECD countries: method and target population

		Target population	
		People aged 15 and older (in accordance with OECD guidelines)	Other (not in accordance with OECD guidelines)
Survey	Home visit	Australia, Canada, Chile, Japan, Mexico, New Zealand, Turkey	Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK, US, Israel
	Telephone survey	Canada	-
	Other	Korea	-

Source: Based on “Definitions, Sources and Methods” (<https://stats.oecd.org>)

Note: Columbia has no data; Canada uses both face-to-face and telephone surveys; in Korea, the respondents visit a mobile health screening vehicle for the survey



Perceived health status surveys in Korea

The perceived health status data that Korea submits to the OECD come from the Korea National Health and Nutrition Examination Survey (Korea Centers for Disease Control and Prevention). Based on Article 16 of the National Health Promotion Act, the survey aims at assessing the health and nutritional status of Koreans and providing evidence on which to base health policymaking and national health promotion plans. In the survey, the participants are to visit a mobile health screening unit to have their health checked up (which usually involves blood pressure check, body measurement, pulmonary function test, muscle strength measurement, dental health check, blood and urine test, eye checkup, and ENT examination) and to rate their health status.

The Korea Centers for Disease Control and Prevention presents Koreans' perceived health status as "good/very good", "fair: not good, not bad", or "bad/very bad", as requested by the OECD. Respondents in the Health and Nutrition Examination Survey are asked to choose one of the five choices that they consider best rates their health status. There are several other surveys that ask respondents to rate their subjective health status. All of these surveys are conducted via in-person household visits. In the case of Statistics Korea's General Social Survey, which looks at changes in people's overall living conditions and public attitudes and perceptions, interviewers visit participants in their homes for face-to-face interviews, while a portion of the participants are asked to participate in the survey online. In the Korea Welfare Panel Study, which follows a panel of some 7,000 households, surveys are administered via both face-to-face and telephone interviews. The recently introduced Health Care Experience Survey covers some 13,000 people from a total of 6,000 households (as of 2018), asking about their perceived health status, experience with health care services, and awareness of certain health care policies. The Korea Health Panel Survey, although not listed in Table 2, is yet another case in point where people are asked to rate their health status.²⁾

The share of people aged 15 and older who rated their health as good (very good or good) was lowest at 32.0 percent in the National Health and Nutrition Examination Survey and highest at 73.4 percent in the Health Care Experience Survey. In the Korea Welfare Panel 61.6 percent of people 15 years and older considered themselves in good health, and in the Health Care Experience Survey, 48.1 percent said they were in good health. The proportion of those who rated their health as fair was highest at 50.8 percent in the National Health and Nutrition Examination Survey, followed by 36.6 percent in the Korea Welfare Panel and 20.4 percent in the Health Care Experience Survey.

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2) The Korea Health Panel Survey is not included as its latest data available as of August 2020 is from 2017; moreover, this survey covers only those aged 18 and older.

[Table 2] Major surveys looking at perceived health status in Koreans (2018)

	Survey titles			
	National Health and Nutrition Examination Survey	Social Survey	Korea Welfare Panel	Health Care Experience Survey
Year of inception	1998	1977	2006	2017
Responsible agency	Centers for Disease Control and Prevention	Statistics Korea	Korea Institute for Health and Social Affairs	Ministry of Health and Welfare/ Korea Institute for Health and Social Affairs
Survey method	Mobile health screening vehicle/ health screening and health questionnaire interview	In-person visits/ interviews (partial online survey)	In-person visits/ interviews (partial telephone survey)	In-person household visits/ interviews
Survey scope	13,000 households	26,000 households	7,000 households	6,000 households
Survey target group	Ages 1 and older	Ages 13 and older	Ages 15 and older	Ages 15 and older
Question	How do you think your health is?	How is your overall health?	How satisfied are you with your health?	What do you think of your present health status?

Note: The General Social Survey is conducted over a two-year cycle about 10 categories. In odd-number years, it is administered about health, education, safety, family and environment; in even-number years, it looks at welfare, social participation, culture and leisure, income and consumption and work.

The proportion of people aged 15 and older who rated their health as good or very good was 32.0 percent in the National Health and Nutrition Examination Survey, compared to 48.1 percent in the Social Survey, 61.6 percent in the Korea Welfare Panel, and 73.4 percent in the Health Care Experience Survey (see Figure 2). Meanwhile, the proportion of those who rated their health as fair was highest at 50.8 percent in the National Health and Nutrition Examination Survey, followed by 36.6 percent in the Social Survey, 23.2 percent in the Korea Welfare Panel, and 20.4 percent in the Health Care Experience Survey.

[Figure 2] Perceived health status in people aged 15 and older, by survey



Concluding remarks

In the past few years, self-rated health levels have been lower in Korea than in any other OECD country. This is attributed to the differences in survey modes, which render international comparisons difficult. Raising cross-national comparability is crucial in the production of OECD statistics. The National Health and Nutrition Examination Survey, the main source of data on self-rated health status for Koreans, and its counterparts in other OECD countries are administered in different ways. In most OECD countries, self-rated health status is measured through face-to-face household interviews, whereas in Korea survey participants are asked to visit a mobile health screening unit, where the survey is conducted in combination with health examinations. In the case of Japan, the questionnaires, although distributed and collected in person, are more self-administered than based on face-to-face interviews. Meanwhile, another prominent factor that makes international comparison of self-rated health levels somewhat difficult is the fact that while the EU-SILC survey, used by 26 European countries, targets people aged 16 and older, the US survey covers people aged 18 and older and the Israeli survey is conducted for those aged 20 and older.

The significance of the National Health and Nutrition Examination Survey is in measuring people’s actual health and nutrition status by conducting blood pressure checks and other health-related assessments. In this survey, the participants are asked to rate their perceived health status only after they have taken the screenings and therefore become aware to some extent of their own objective health status. The differences in the environment in which perceived health status is rated make international comparisons of the subjective ratings seem somewhat limited. On the other hand, one could argue that in terms of the environment in which the questions are asked, the one closer to EU-SILC and other

similar surveys taken in OECD countries is the Health Care Experience Survey, where the share of people aged 15 and older who rated their health status as good in 2018 was 73.4 percent, a figure higher than the OECD average. The figures published in recent years by the OECD have fostered the widely held impression that Koreans in general are negative about their health status.

The percentage of Koreans who considered themselves in good health varied across the surveys, from the highest at 73.4 percent to the lowest at 32.0 percent. Such differences may have been impacted by the environment in which the surveys are taken, where the question is located, and how the question is framed. There is a need to examine whether the estimates produced by the National Health and Nutrition Examination Survey are a good enough representation of the perception Koreans have of their health and, if not, what make them not good enough.