Demystifying Self-Rated General Health in the Chinese Population: What Does and Does Not it Measure?*

(Extended Abstract)

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Despite the widely use of self-report health measures in social studies of health inequality, self-rated general health (SRGH) still remains a myth and is greatly debated on whether and to what extent it measures individual's "true" health status. On the one hand, numerous studies repeatedly show that the simple question of "how would you say your health in general" has strong predictive power for subsequent mortality and physical functioning. On the other, there are also many studies that question the reliability and comparability of subjective indicators such as SRGH, and claim that substantial reporting heterogeneities exist across different social groups, which deprecates the usefulness of examining social disparities in health by comparing self-reported health outcomes. For instance, it has been reported that in China, rural residents consistently report a better general health than urban residents, while it is the latter that enjoys a higher life expectancy and better quality of life overall. In addition, almost all of the available studies on this issue draw on data from developed countries, relatively little is known regarding the reliability and validity of SRGH in developing settings.

In this study, we use data from the China Health and Retirement Longitudinal Study (CHARLS) to address the following questions: (1) repeated reliability of SRGH; (2) predictive validity of SRGH for other health indicators; (3) possible variations across different social groups as classified by age, gender and socioeconomic status.

The CHARLS is a nationally representative sample survey of middle- and old-aged Chinese population aged 45 and above (Zhao et al., 2014). The baseline wave of CHARLS was fielded in 2011and it included about 10,000 households and

17,500 individuals from 150 counties/districts and 450 villages/resident committees. These respondents will be followed up every two years. The CHARLS collected detailed information on individual demographics, family structure/transfer, health status and functioning, biomarkers, health care and insurance, work, retirement and pension, income and consumption, assets (individual and household), and community characteristics.

To the special interest of this study, the CHARLS asked respondents twice about their SRGH. It is firstly asked as the first question regarding health and functioning in the whole interview; then it is asked again after going through a series of specific questions about disability, medical history, lifestyle and health behaviors. Taking the advantage of this design, we are able to explore how reproducible of SRGH between two repeated measures, and if changes occur, to model these changes by other socio-demographic factors and health questions asked within the two measures. In addition to SRGH, the CHARLS collected a broad range of detailed information on individual health and functioning, including disability, chronic medical history, self-perceived pains, vision and hearing, mental and cognitive health, lifestyle and health behaviors, activities of daily life, and a number of biomarkers such as height, weight, waist circumference, blood pressure, and lung capacity. These rich data allow us to examine the predictive power of SRGH more comprehensively. Furthermore, we also conduct subgroup analyses to explore possible variations regarding the reliability and validity of SRGH in the Chinese population.