State of the Science:
Health, Wellness and Disability

PRESENTATION BRIEF

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Title Of Presentation: Gender Differences in Self-Reported Health

I. Introduction

a. What is "self-reported health"?

Self-reported health is an individual's perception of their health status. This could include independent functioning, physical condition, control and responsibility for health, and overall feeling. Evaluative rationales that shaped health appraisals include comparisons, restricted possibilities for self-evaluation, and ways of handling adversity. Evaluative rationales have been found to mitigate undesirable health identities (including low self-reported health) and provided mechanisms for claiming desired health identities despite adversity.[1]

b. How is self-reported health measured?

Self-reported health is most often measured with one question from the MOS SF-36: "In general, would you say your health is: Excellent, Very good, Good, Fair, Poor?"[2] This item has been included in many population-based data sets, including the National Health Interview Survey, Joint Canada/United States Survey of Health, Medical Expenditure Panel Survey, National Health Measurement Study, and US Valuation of the EuroQol EQ-5D Health States Survey.

II. Research Objective/Research Question or Training Goals

a. Are there gender differences in self-reported health in the general population? If so, what accounts for these differences?
b. Are there differences in self-reported health between men and women with disabilities?

III. Method -- literature review

IV. Results

a. Are there gender differences in self-reported health in the general population? If so, what accounts for these differences?

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Some studies have found no gender differences in self-reported health in the general population, others have found significant differences. Some studies indicate that women report better health even though they have more physical problems. The more interesting question is what predicts these differences. One analysis of the 1997-2001 National Health Interview Surveys found that gender differences in physical health suggest that women's disadvantage may be smaller than previously assumed, varying by health status measure and age. The authors examined gender-by-age differences in life-threatening medical conditions, functional limitations, and self-rated health and consider whether potential mediating mechanisms (e.g., socioeconomic status, behavioral factors) operate uniformly across health measures. The results show that the gender gap is smallest for life-threatening medical conditions and that men do increasingly worse with age. For self-rated health, men are more likely to report excellent health at younger ages, but with increasing age this gap closes.[3]

In a Swedish study, the overall association pattern of various predictors with self-reported health was surprisingly similar for men and women. However, some small differences appeared: educational level, physical activity, and cultural activities played a more crucial role when men judged their health, whereas satisfaction with sleep and doctor visits played a more crucial role when women judged their health. Men and women interpret and/or value health-related factors similarly when making statements about health.[4]

Increased educational attainment was found in one study to have a greater influence on the improved health status of women compared to men over a 30 year period.[5]

Another factor influencing self-reported health are key social capital indicators (social trust, informal social interactions, formal group involvement, religious group involvement, giving and volunteering, diversity of friendship networks, electoral political participation, and non-electoral political participation).[6] An Australian study conducted gender stratified analyses of the associations between the index of relative socioeconomic disadvantage (IRSD) and social capital (neighborhood integration, neighborhood alienation, neighborhood safety, political participation, social trust, trust in institutions) and individual level self rated health. They found that socioeconomic disadvantage was associated with poor self rated health for both women and men; however, the estimates changed when adjusted for individual level variables. Political participation and neighborhood safety were protective for women's self rated health but not for men's. Interactions between gender and political participation and neighborhood safety were significant. These finding suggest that women may benefit more than men from higher levels of social capital.[7]

b. Are there differences in self-reported health between men and women with disabilities?

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There is substantial evidence that people with disabilities report lower self rated health than people without disabilities. The Harris Poll asks Americans if they "feel good" about sixteen aspects of their lives, their communities, and the nation.[8] The average Feel Good Index was 63 percent for people with disabilities and 74 percent for people without disabilities, a feel good gap of 11 percentage points. For every one of the sixteen items on the scale, the Index was lower for persons with disabilities than for those without. The second biggest gap (after employment) was for feelings about health — the Index was 64 percent for people with disabilities, compared to 93 percent for persons without disabilities. Nevertheless, nearly two-thirds of people with disabilities did feel good about their health. CDC recently published a chart book about the health status of people with disabilities compared to those without disabilities in each state. Their data show that substantial disparities in overall health status exist between persons with and without disabilities.[9, 10] Many studies of people with specific disabling conditions support these findings. Unfortunately, very few of them make a gender comparison in examining these differences.

Some studies show that self-reported health is more strongly influenced by health conditions and disabilities for men than it is for women. This has been documented for women compared to men with diabetes[11] and with COPD.[12] No difference was found, however, in one study of gender and stroke.[13] Only one study using a broad definition of disability examined gender differences in self-reported health using 1992 NHIS data, and it found no significant difference.[14] The point of interest here is that the study also found women to have significantly higher rates of disability and multiple disabling conditions than men.

V. Conclusions

There is some evidence that among people with chronic conditions and disabilities, women report better self-reported health than men, despite having more limitations and a greater number of health problems. Although education and social capital have been found to account for higher self-reported health by women compared to men in the general population, the literature is silent about factors that may influence this difference between men and women with disabilities.

VI. Implications

a. The resilience factor for women living with disability has been seriously neglected in the literature.

b. There is a significant need for information and training on how medical professionals in clinical practice can assist women with disabilities to enhance their natural protective factors in dealing with adversity associated with disability.

c. Gender and disability differences in patterns of health care utilization and unmet health-care needs should be considered in the health care reform debate.

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d. Research is needed on the effect of education, social capital, and other demographic and personal factors on the self-reported health of women with disabilities.

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