Self-Rated Health and Health Service Utilization: A Systematic Review.

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INTRODUCTION: Self-rated health (SRH) is a widely used predictor of health service utilization. In the international literature, no recent systematic review exists that helps synthesize findings on the validity of using SRH to predict health service utilization. Therefore, this study systematically reviewed the published evidence on the association between SRH and health service utilization.

METHODS: Literature was searched using MEDLINE and ProQuest up to September 2013 and supplemented by hand search of publication reference lists. Two key components were searched: self-rated health and health service utilization. The eligibility criteria were: English or Chinese language, quantitative observational studies, pre-defined definition of SRH and health service utilization, derived from the general population, used single item measure of SRH, assessed the association between SRH and health service utilization, used health service utilization as outcome and SRH as independent variable, used multivariate analysis. Quality of included studies was determined using a 16-item checklist. A narrative synthesis was undertaken.

RESULTS: Twenty-seven articles were identified; twelve were of high quality. Three types of SRH were identified. General SRH was most frequently used, whereas few studies used age-comparative SRH and even fewer used time-comparative SRH. Most of the studies found poorer general SRH significantly associated with increased hospitalization and outpatient care in elderly populations. Eleven studies suggested a linear trend between different SRH levels and outpatient service utilization. Middle-aged or younger age groups were under-examined. Health service utilization could be underestimated due to self-report nature. Studies in non-Western populations were under-represented in the SRH literature.

CONCLUSIONS: Findings suggested that general SRH may be helpful in identifying elderly populations at higher risk of health service use. Further research is needed to test the validity of SRH in different populations and age groups, as well as the change in SRH and health care utilization over time.