We appreciate Dr. Damian’s letter (1) regarding our article on the reliability of self-rated health (SRH) (2). We found that nearly 40% of adults changed their health rating between the 2 interviews, which were 1–2 months apart. We referred to the changes as measurement error in the SRH measure and concluded that the test-retest reliability of SRH was moderate. Dr. Damian objected to our use of the terms “error” and “reliability,” arguing that self-rating of health is inherently subjective and thus has no benchmark against which to measure reliability and validity in the strictest sense.

SRH is indeed a subjective measure whereby the health judgment is formed holistically by the respondent. Although some have argued that SRH is best interpreted as a measure of a person’s perceptions about his or her health (3), in practice, SRH is used by researchers across many disciplines as an indicator of underlying objective health status.

It was in this spirit that we assessed the reliability of SRH as 1 of 2 key dimensions of measurement quality—the other being validity (4). Reliability is defined as the measurement of a construct consistently over time; validity refers to how well a measure captures the underlying construct that it is intended to measure. Substantial previous research has examined the validity of SRH by testing its association with benchmarks of objective health, such as death or other health outcomes (5–9).
The broad utilization of SRH as a valid measure of health is supported by these validity studies.

We focused on the reliability of SRH, specifically test-retest reliability. Research on the reliability of SRH has been relatively scarce (10, 11), likely because of data limitations. Determination of test-retest reliability requires 2 measurements that ideally occur a short time apart to minimize changes in the underlying construct (health). Crossley and Kennedy (11) published an excellent example of a SRH reliability assessment. They used data from the Australian National Health Survey, in which a subset of respondents was asked the question about SRH twice in the same survey, once at the beginning and once after a battery of intervening socioeconomic and health questions. They found that 28% of respondents changed their health rating and concluded that there was considerable “measurement error” in SRH that led to response “unreliability.” We claim that standard measurement assessments like these are crucial for drawing attention to the implications of measurement issues for empirical research using SRH.

To conclude, SRH is one of the most important and widely used measures of population health status. In practice, it is not interpreted purely as an individual’s subjective perception but rather as a measure of underlying objective health, and it is thus used to measure and explain health differences across population groups and across time. Therefore, it is crucial to ascertain key measurement properties of SRH, such as test-retest reliability.

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