Reviewer's report

Title: Self-rated Health in Rural Appalachia: Health Perceptions Are Incongruent with Health Status and Health Behaviors

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Reviewer: Marja Jylhä

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Major remarks

The basic assumptions of the study seem to be that 1) to be willing to improve their health behavior, people need to perceive their health as poor, and 2) if people with some health risk factors do assess their health as good, they can be considered as incongruent. Both of these assumptions may not be valid. As far as I know there is no good evidence that it is just people with poor self-perceived health who are likely to adopt better health behavior. “To perceive health to be an issue” is not equivalent with having poor self-rated health.

Even more importantly (the authors even refer to one study discussing this) it is well known that self-rated health is not strongly associated with health behavior, since health behavior, for most of people, is not understood as a component of health as such, but as something that may have an impact on their health. There is an important issue here: self-rated health is known to be a strong predictor of mortality. Risk factors, such as not so healthy nutrition or sedentary life style, and, in fact, high blood pressure and cholesterol values above recommendations, indeed are risk factors, and for a major part of people with those risk factors the risks never realize, that is, they never develop a clinical condition (heart disease etc). It is highly likely that if people would consider all the risk factors as a reason to assess their health status poor, self-rated health would not be a predictor of mortality at all. In fact, the study includes no real measures of disease or functioning, dimensions of health most important to self-rated health.

The paper gives an impression that the authors are not too familiar with the characteristics of self-rated health and its behavior. They might want to read e.g. Idler et al in Journal of Health and Social Behavior, 204, and Jylha in Social Science & Medicine in 2009 for these discussions.

Also, age is known to be a major modifier of self-assessments of health. In this sample age range is from 19 to 92 years, but age was not taken into account in the analyses.

In discussing their results the authors discuss their general knowledge about the poor health status in Appalachians. There is, however, no information as to what extent the sample is representative to the general population.

Level of interest: An article of insufficient interest to warrant publication in a