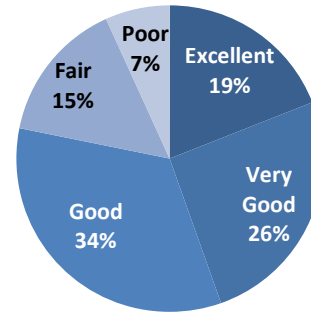




Self-Rated General Health in New York City

Self-rated general health is a validated and widely used indicator of health. General health status is measured by a question that asks respondents to rate their overall health as: excellent, very good, good, fair or poor. This indicator is a holistic measure of perceived health that encompasses a summary of physical, mental, and emotional perceptions of health and captures respondents' intuition about how well they are doing.¹ More than 100 research studies have shown that unfavorable (fair and poor) self-ratings of health are independent predictors of mortality and are also associated with morbidity.² For these reasons, self-rated general health is a useful indicator and practical surveillance tool in population health assessments.

Self-rated general health in New York City adults

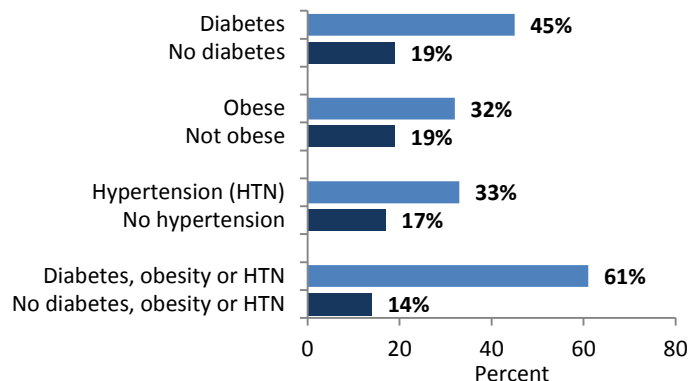


Percentages do not add to 100% due to rounding.

Source: Community Health Survey, 2011

Self-rated general health among New York City adults with and without self-reported chronic conditions

Fair or poor self-rated general health by chronic condition



Source: Community Health Survey, 2011

- About one in five (19%) New York City adults rated their health as excellent, one in four (26%) reported very good health, one in three (34%) rated their health as good, while the remaining 22% considered themselves to be in fair or poor health.
- During the past decade, the prevalence of New York City adults who rated their health as fair or poor has remained stable, fluctuating slightly between 20% and 22%.
- Adults with self-reported chronic conditions such as diabetes, obesity or hypertension are more likely to rate their health as fair or poor compared with adults without such conditions.

- Adults with all three of these conditions are more than four times more likely to report fair or poor health than adults without any of these conditions.

Data Sources

Community Health Survey 2011: The Community Health Survey (CHS) is a survey of about 10,000 adults aged 18 and older, conducted annually by the Health Department. Estimates presented here are age-adjusted to the US 2000 Standard Population, except for age-specific estimates. The CHS has included adults with landline phones since 2002 and, starting in 2009, also has included adults who can be reached only by cell phone. Starting in 2011, CHS weighting methods were updated to incorporate Census 2010 data and additional demographic characteristics. For survey details, visit www.nyc.gov/health/survey.

Behavioral Risk Factor Surveillance Survey (BRFSS): Self-rated general health was assessed using the BRFSS, a telephone health survey tracking health conditions and risk behaviors in the United States. Estimates presented here are from 2011 and age-adjusted to the US 2000 Standard Population. For survey details, visit www.cdc.gov/brfss.

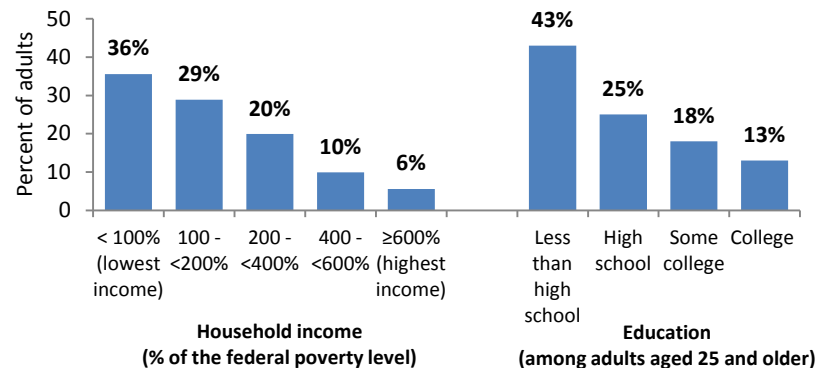
References

- ¹Jylha, M., What is self-rated health and why does it predict mortality? Towards a unified conceptual model. *Social Science and Medicine*, 2009. 69: p. 307-316.
- ²Benyamini, Y., EA Leventhal, H Leventhal, Self-assessments of health-what do people know that predicts their mortality? *Research on Aging*, 1999. 21(3): p. 477-500.
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Disparities in self-rated general health exist by age, race/ethnicity, poverty and education

- Older adults in New York City were more likely to report fair or poor health than younger adults: one in 10 (13%) 18- to 44-year-olds versus about three in 10 (32%) adults aged 45 and older.
- Self-rated general health also varied by race/ethnicity. While one in five (19%) blacks and one in three (34%) Hispanics* (34%) and Asians (31%) rated their health as fair or poor, only one in 10 (12%) whites reported unfavorable general health.

Fair or poor self-rated general health by poverty and education



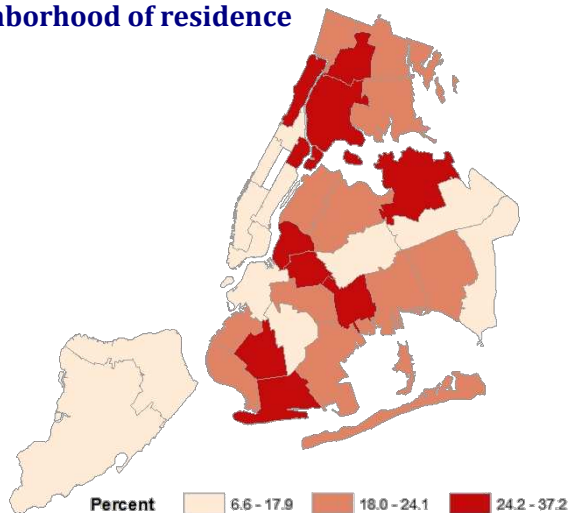
Source: Community Health Survey, 2011

- Adults in the highest poverty group were six times more likely to rate their health as fair or poor (36%) than those in the lowest poverty group (6%).
- Adults 25 or older with less than a high school education were more likely to rate their health as fair or poor than those with higher levels of educational attainment.

*Prior literature has shown that Hispanics consistently rate their general health more negatively than non-Hispanic whites, despite having health advantages. Proposed explanations include: acculturation, language of interview (which can influence the default response choices given); poorer self-rated health in Hispanics more than in other groups reflects quality of life and socio-economic status; and health assessments are more likely to reflect emotional states in Hispanics than in non-Hispanics.[3]

Self-rated general health varies by neighborhood across New York City

Fair or poor self-rated general health by NYC neighborhood of residence



Source: Community Health Survey, 2011

- Manhattan and Staten Island residents were less likely to rate their health as fair or poor (16% and 13% respectively) than residents of the Bronx (26%), Brooklyn (26%), and Queens (22%).
- Residents in low-poverty neighborhoods were less likely to report fair or poor health compared with residents in very-high-poverty neighborhoods (13% vs. 28%).*
- United States-born New Yorkers were less likely to report fair or poor health than those born outside the United States (17% vs. 29%).

*Neighborhood poverty level is defined by the percent of individuals in a New York City zip code area with incomes below 100% of the federal poverty level, separated into four groups: low poverty (<10%), medium poverty (10-19%), high poverty (20%-29%) and very high poverty (>30%).

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MORE New York City Health Data and Publications

- For complete tables of data presented in this Brief, visit nyc.gov/html/doh/downloads/pdf/epi/datatable24.pdf
 - Visit EpiQuery – the Health Department’s online, interactive health data system at nyc.gov/health/EpiQuery
- Data & Statistics at** nyc.gov/html/doh/html/data/data.shtml