# Epi Data Brief

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.
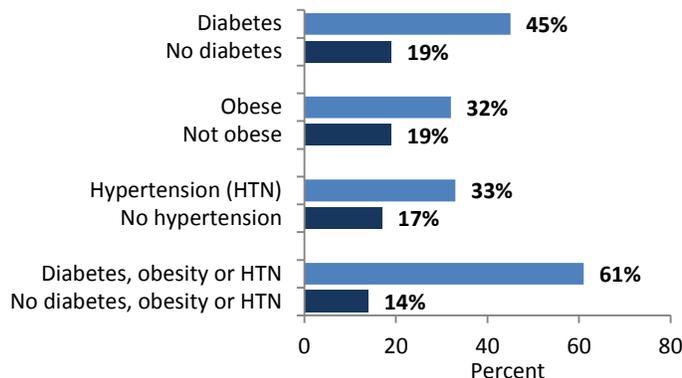
Self-rated general health in New York City adults
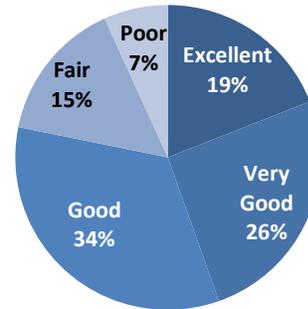
Percentages do not add to 100% due to rounding.
Source: Community Health Survey, 2011

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.

References
[1]Jylha, 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.
[2]Benyamini, 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.
[3]Bzostek, S., Goldman N, Pebley A, Why do Hispanics in the USA report poor health? Social Science and Medicine, 2007. 65: p. 990-1003.

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 and 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 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
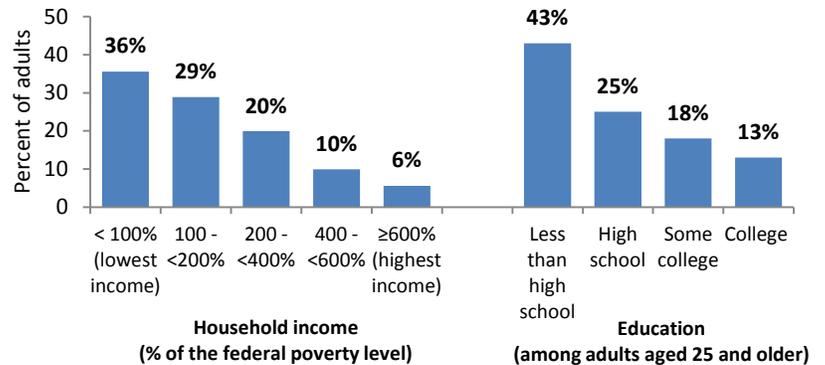
Source: Community Health Survey, 2011

- 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
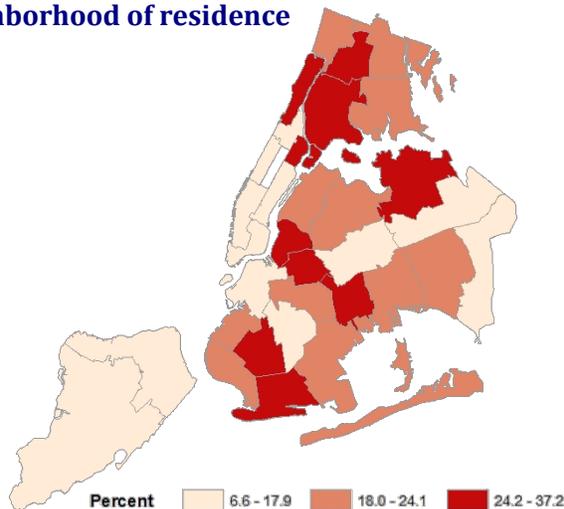
Source: Community Health Survey, 2011

- 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%).

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