Health: Self-rated health

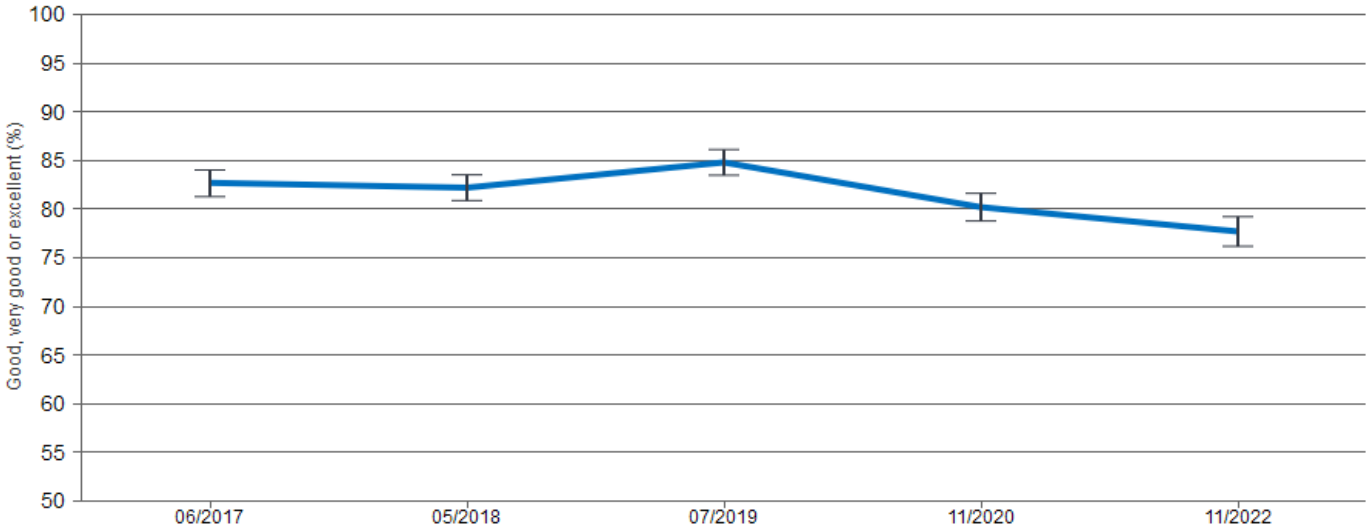
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Self-rated health allows people to weigh together the different aspects of health that they consider most important [9]. In many health surveys, self-rated health is measured by a single question [9] and studies have found only very small differences in responses between different question wordings; suggesting that most single-question measures of health status tap into the same concept [10]. Self-rated health provides information in addition to standard clinical assessments of health status.

The Canterbury Wellbeing Survey has included the question, 'In general, how would you rate your health', since 2017 [11]. The question is scored using a five-category response format: poor–excellent.

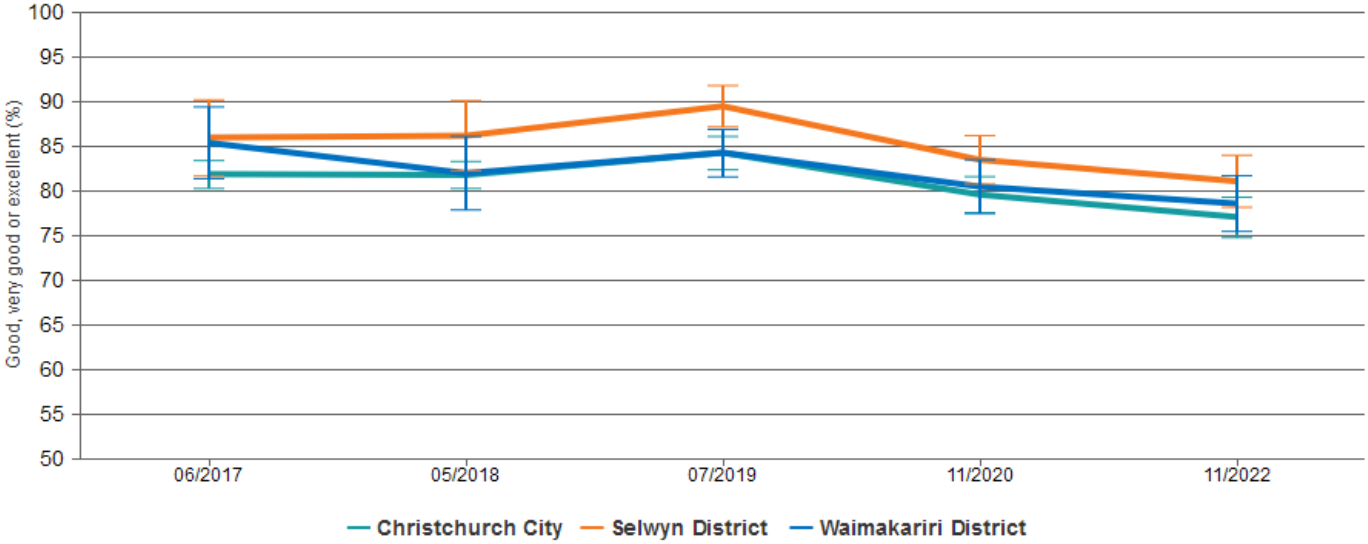
This indicator presents the proportion of those 18 years and over rating their health as good, very good, or excellent, in the 2017 to 2022 Canterbury Wellbeing Surveys.

Figure 1.1: Proportion of those aged 18 years and over rating their health as good, very good or excellent, in greater Christchurch, 2017-2022



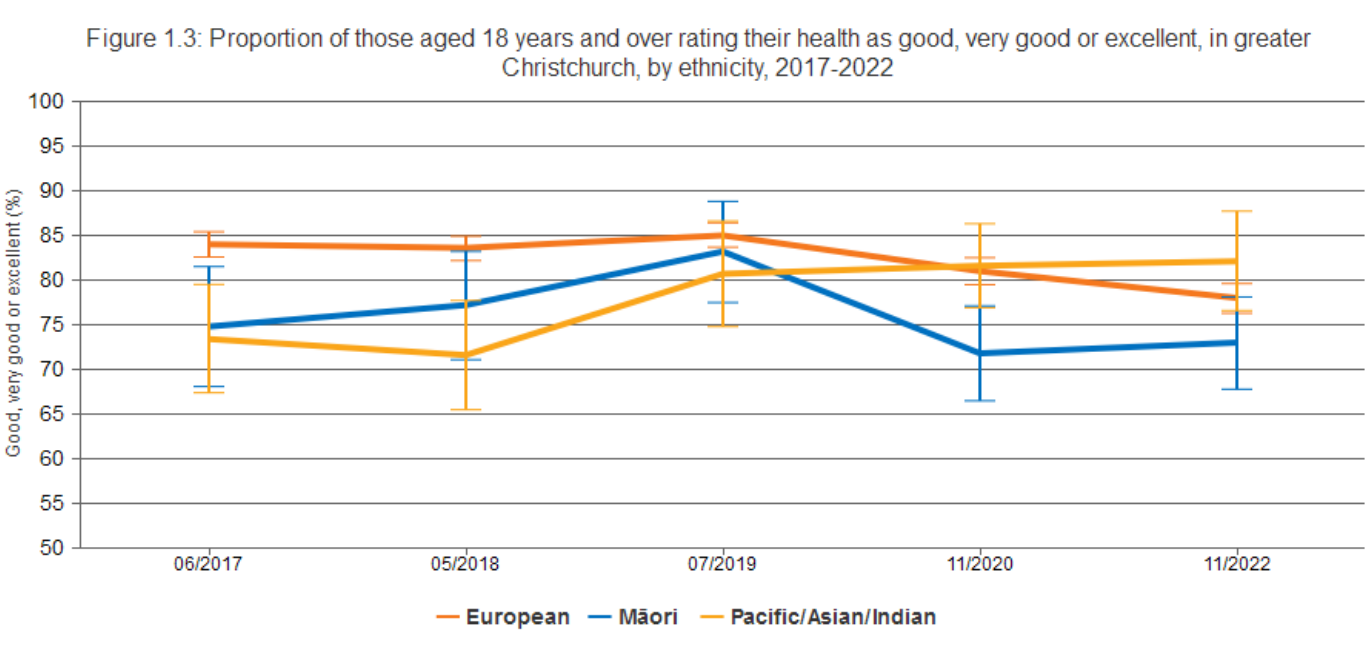
The figure shows that the proportion of respondents rating their health as good, very good or excellent in the 2022 Canterbury Wellbeing Survey was 77.7 percent. This proportion is statistically significantly lower than the 2019 high point (84.8%).

Breakdown by Territorial Authority



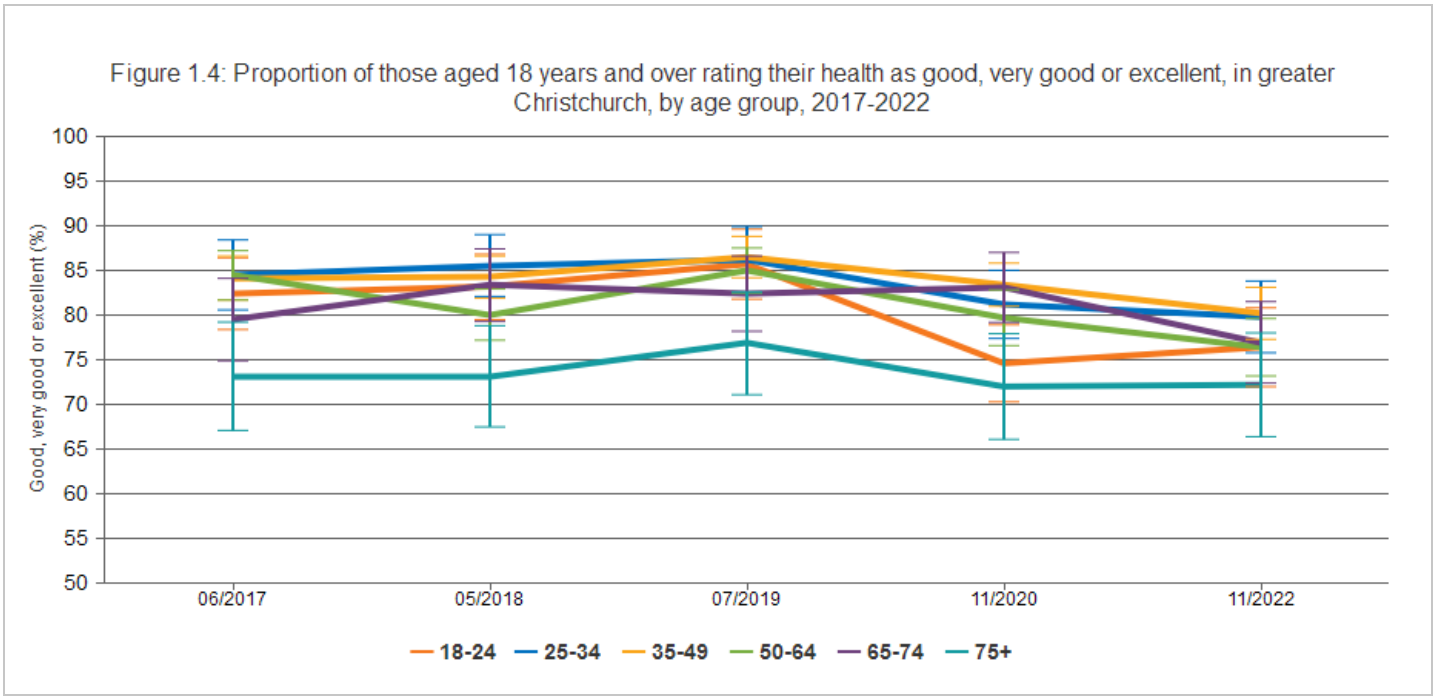
The figure shows no statistically significant differences in the proportion of respondents rating their health as good, very good or excellent in the 2017 to 2022 Canterbury Wellbeing Surveys, by Territorial Authority (Christchurch City, 77.1%; Selwyn District, 81.1%; and Waimakariri District, 78.6%, in 2022).

Breakdown by ethnicity



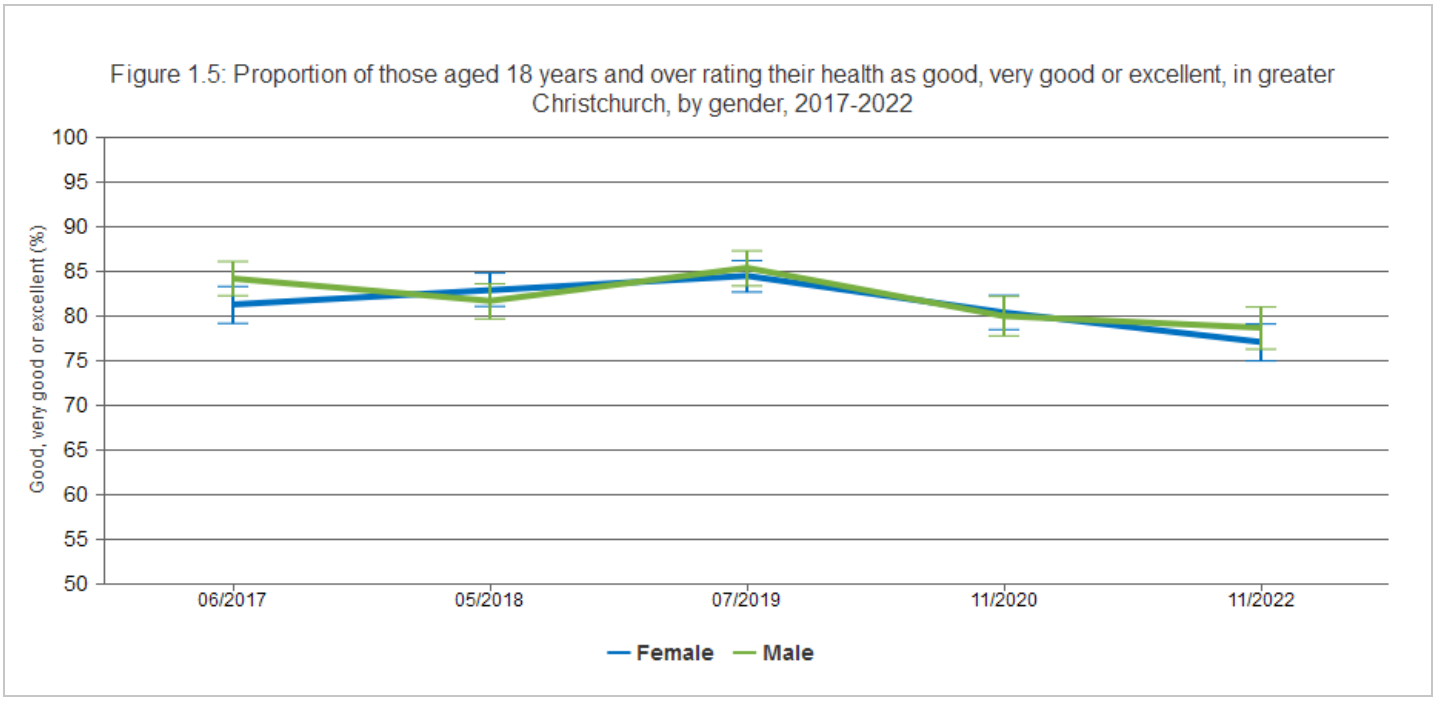
The figure shows the proportion of respondents rating their health as good, very good or excellent, for European respondents, Māori respondents, and for Pacific/Asian/Indian respondents (78.0%, 73%, and 82.1%, respectively, in 2022). European respondents had better self-rated health (a statistically significantly higher proportion rating their health as good, very good, or excellent) than Māori respondents in 2020, however, in 2022 there were no statistically significant differences between the groups.

Breakdown by age



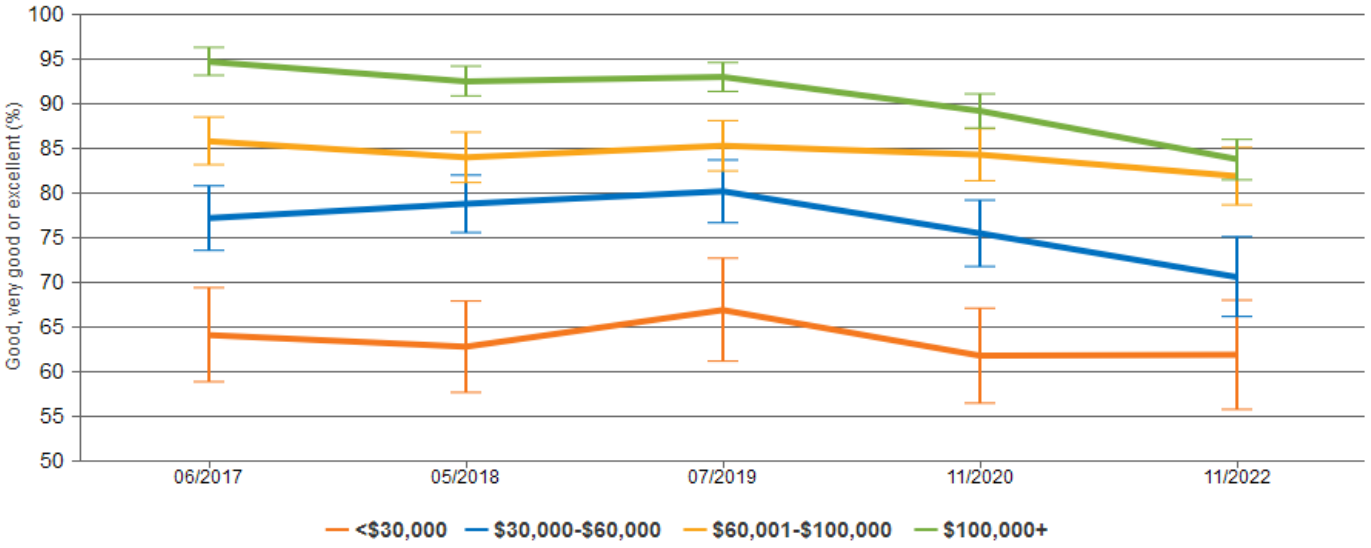
The figure shows a pattern of generally similar self-rated health (proportion rating their health as good, very good or excellent) for the age groups 18 to 24 years, 25 to 34 years, 35 to 49 years, 50 to 64 years, 65 to 74 years and 75+ years, for 2017 to 2022 (range 72.2% to 80.2%, in 2022). Of note, the proportion for the 75+ years age group was statistically significantly lower than for the 35 to 49 years age group and the 25 to 34 years age group, at all timepoints. There was a statistically significant decrease in self-rated health among 18- to 24-year-olds between 2019 and 2022 (85.7% rating their health as good, very good or excellent in 2019 compared with 76.4% in 2022).

Breakdown by gender



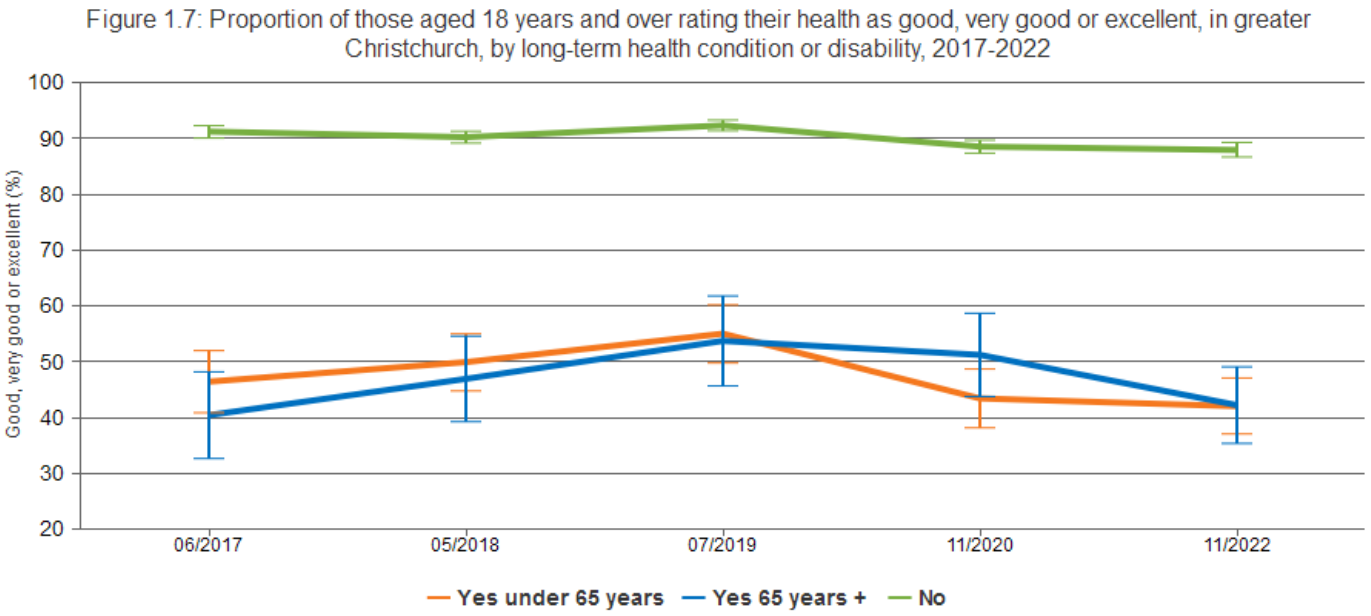
The figure shows a pattern of generally similar self-rated health (proportion rating their health as good, very good or excellent) for female and male respondents, between 2017 and 2022 (no statistically significant differences).

Breakdown by income



The figure shows that the proportion of respondents rating their health as good, very good, or excellent increases with increasing annual household income. The differences between the four income groups were all statistically significant in 2017 and 2020 and all but two comparisons (<$30,000) vs. $30,000–$60,000 and $60,001–$100,000 vs. $100,000+) were statistically significant in 2022. In 2022, a statistically significantly smaller proportion of respondents from the $100,000+ income group (83.8%) rated their health as good, very good or excellent, compared with the 2020 result (89.2%), continuing the notable pattern of decline evident since 2019.

Breakdown by disability



The figure shows that respondents with a disability or long-term health condition (irrespective of age) indicated markedly poorer self-rated health (a statistically significantly smaller proportion rating their health as good, very good or excellent) compared with those without a disability or long-term health condition over the time period from 2017 to 2022. There is no statistically significant difference in self-rated health between those with a disability or long-term health condition who are aged under 65 years and those who are aged 65 years and over at any timepoint (42.0% and 42.2% in 2022, respectively). Between 2019 and 2022 there was a statistically significant decrease in the proportion of respondents with a disability or long-term health condition who are aged under 65 years rating their health as good, very good or excellent, however no significant change was observed among those without a disability or long-term health condition, or those with a disability or long-term health condition who are aged 65 years and over (while decreasing from 2019 to 2020, the difference is not statistically significant).

Data Sources

Source: Te Whatu Ora Waitaha Canterbury - formerly the Canterbury District Health Board.
Survey/data set: Canterbury Wellbeing Survey to 2022. Access publicly available data from Te Mana Ora | Community and Public Health website at www.cph.co.nz/your-health/wellbeing-survey/
Source data frequency: Annually.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/our-wellbeing/index-data

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