

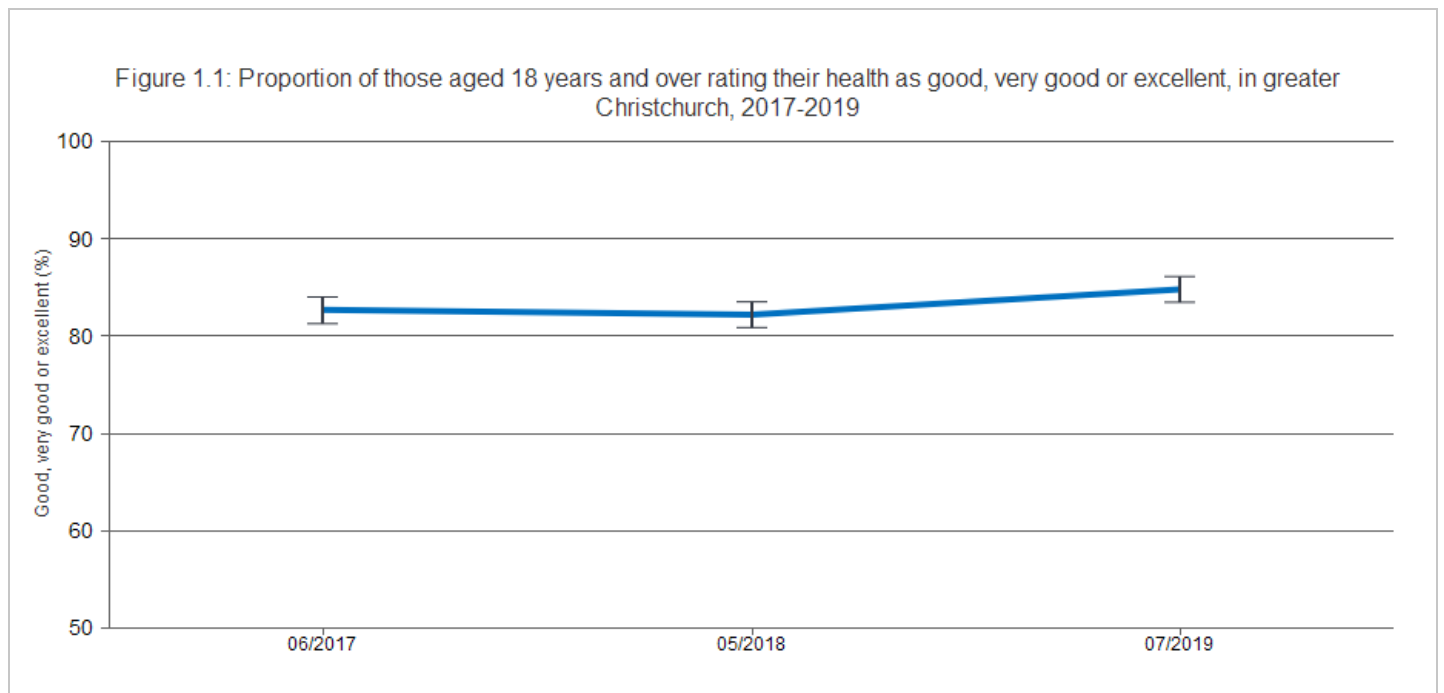
## Health: Self-rated health

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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.

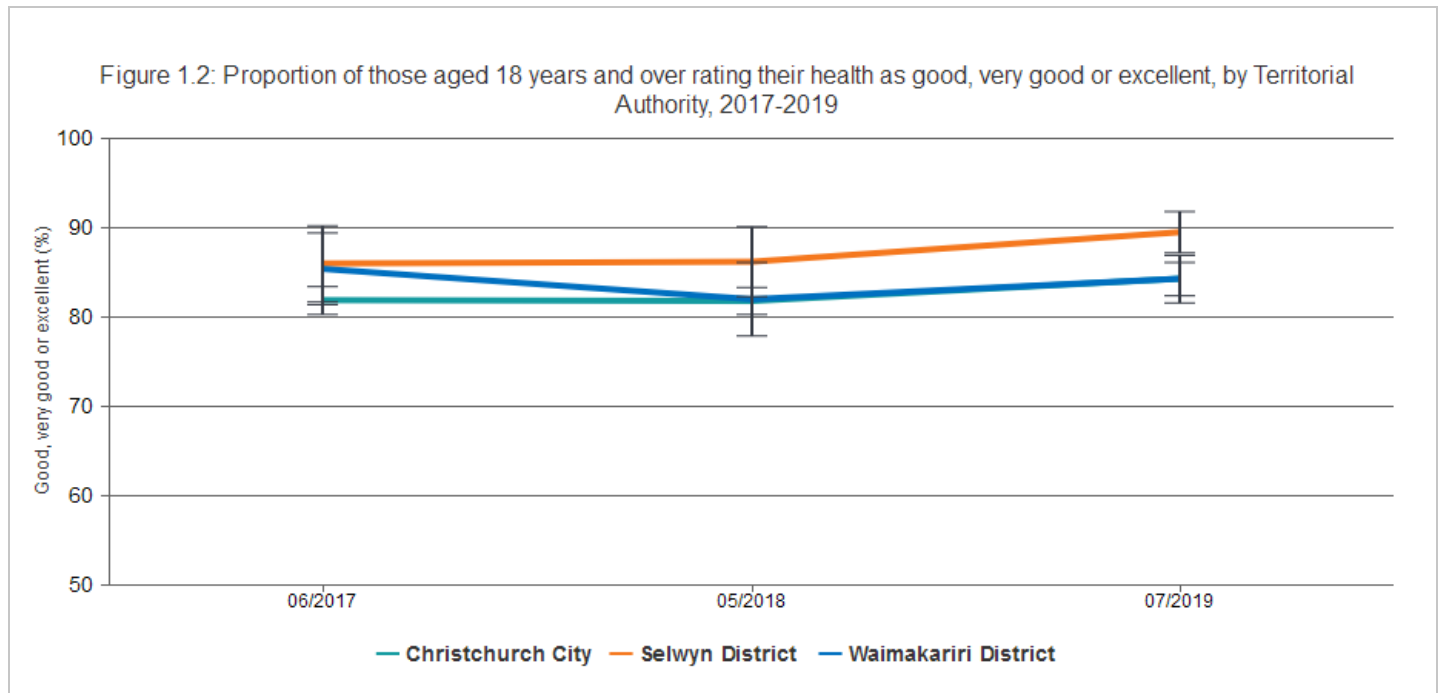
The Canterbury Wellbeing Survey has included the question, 'In general, how would you rate your health', since 2017 [11]. The question is scored using a five-category response format: poor–excellent.

This indicator presents the proportion of those 18 years and over rating their health as good, very good, or excellent, in the 2017 to 2019 Canterbury Wellbeing Surveys.



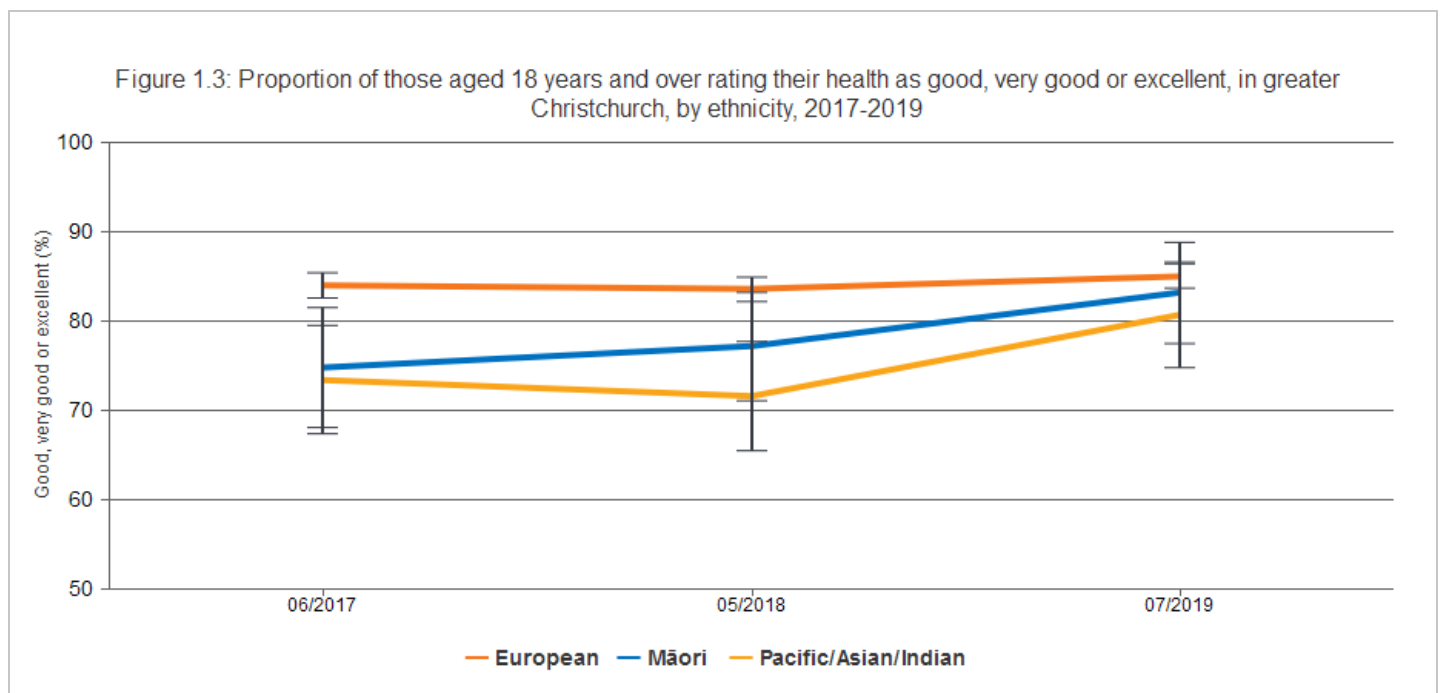
The figure shows that the proportion of respondents rating their health as good, very good or excellent in the 2019 Canterbury Wellbeing Survey was 84.8 percent. This proportion is not statistically significantly different from 2018 (82.2%).

## Breakdown by Territorial Authority



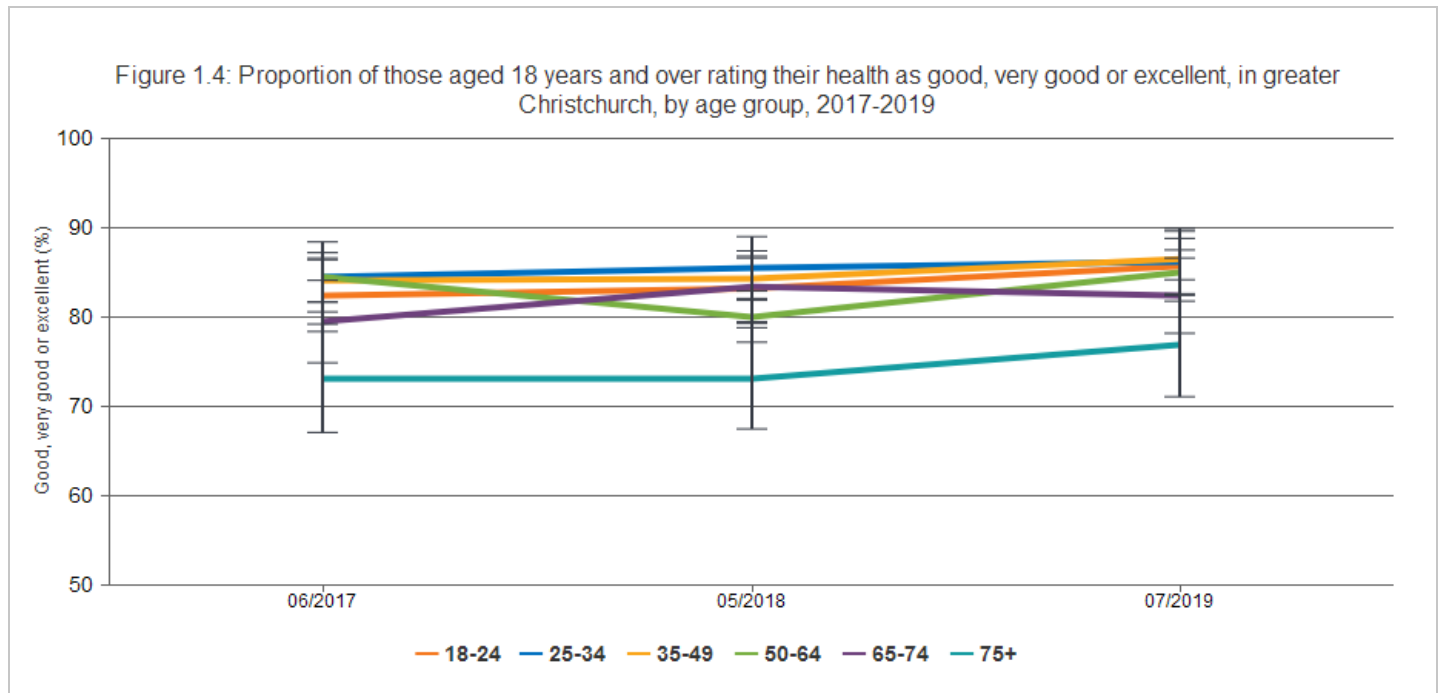
The figure shows no statistically significant differences in the proportion of respondents rating their health as good, very good or excellent in the 2017, 2018, and 2019 Canterbury Wellbeing Surveys, by Territorial Authority (Christchurch City, 84.3%; Selwyn District, 89.5%; and Waimakariri District, 84.3%, in 2019).

## Breakdown by ethnicity



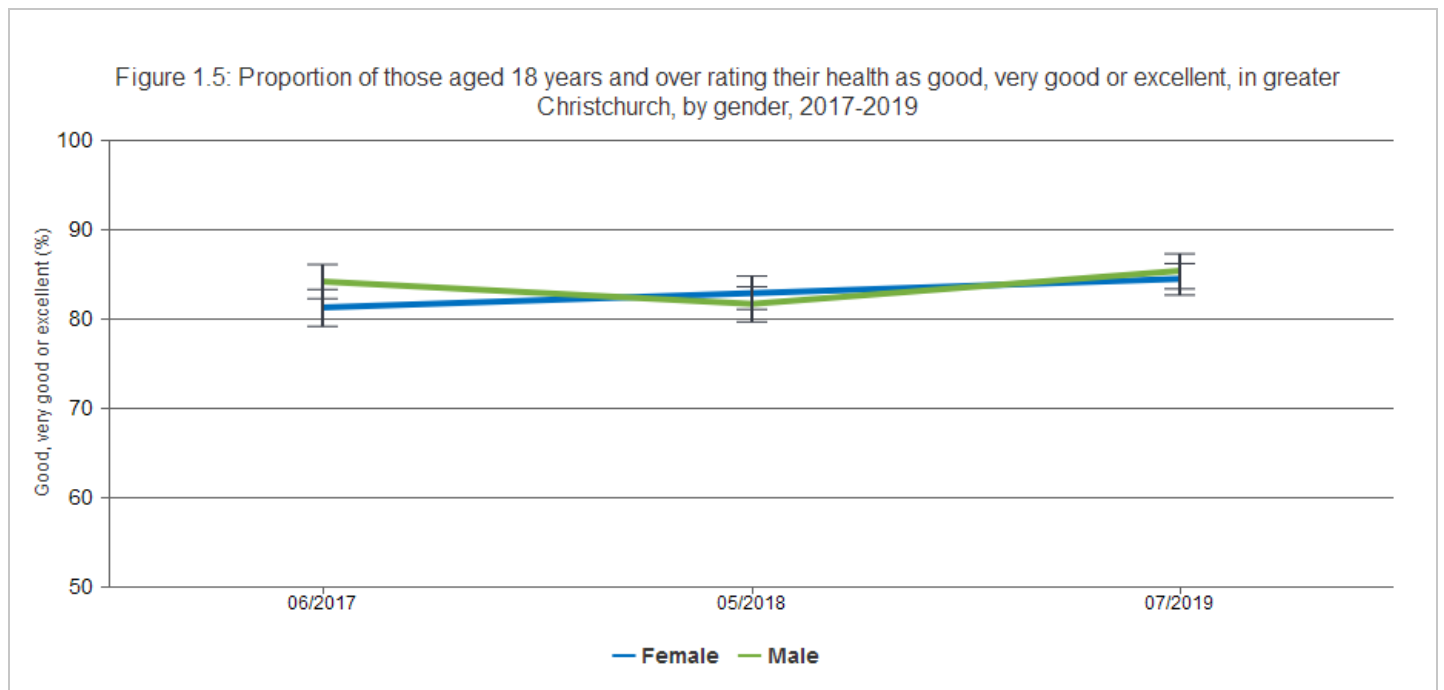
The figure shows the proportion of respondents rating their health as good, very good or excellent, for European respondents, Māori respondents, and for Pacific/Asian/Indian respondents (85.0%, 83.2%, and 80.7%, respectively, in 2019). European respondents had better self-rated health (a statistically significantly higher proportion rating their health as good, very good, or excellent), than Pacific/Asian/Indian respondents in 2018. However, in 2019 there are no statistically significant differences between the groups.

## Breakdown by age



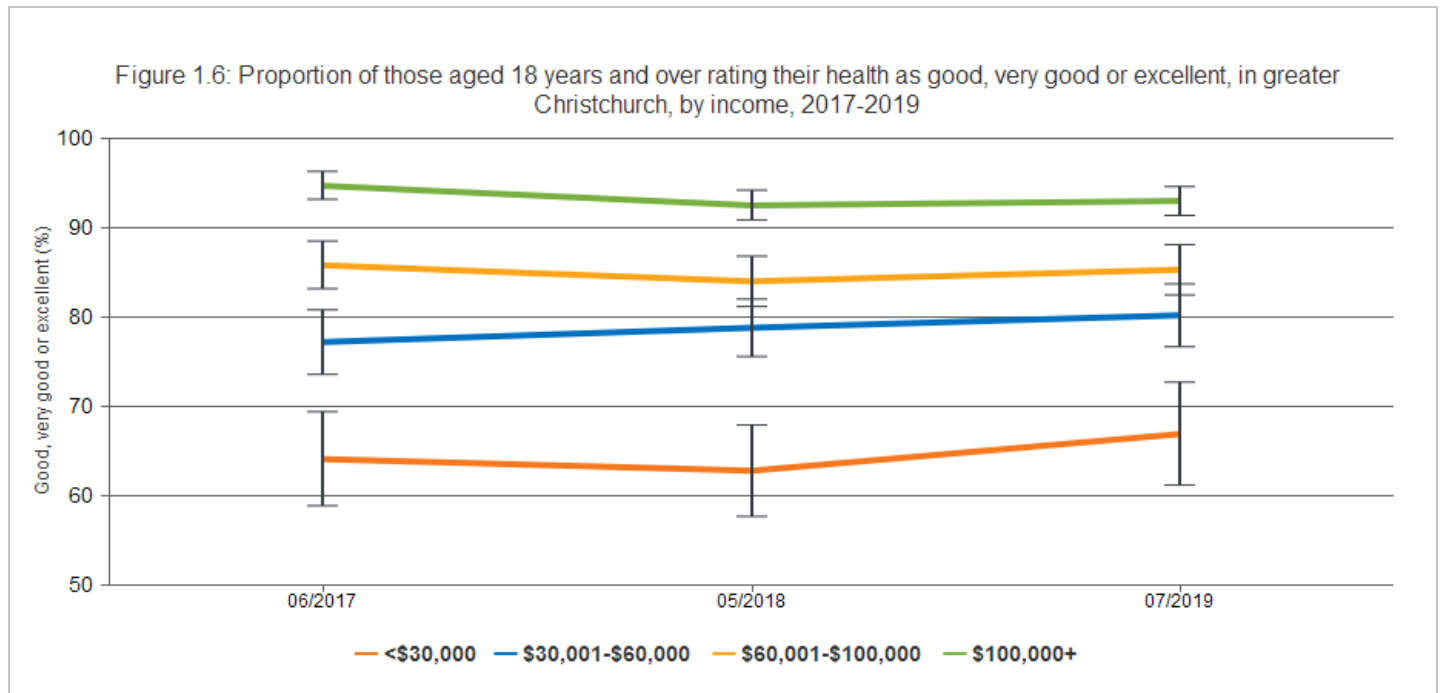
The figure shows a pattern of generally similar self-rated health (proportion rating their health as good, very good or excellent) for the age groups 18 to 24 years, 25 to 34 years, 35 to 49 years, 50 to 64 years, and 65 to 74 years, for 2017, 2018, and 2019 (all falling into the range 79.5% to 86.5%). However, self-rated health among those respondents in the 75+ age group was statistically significantly lower than for the two youngest age groups, in 2017 and 2018 (by approximately 10 percentage points), and lower (but not statistically significantly lower) in 2019 (76.9%, 75+ years; 85.7%, 18-24 years; and 86.2%, 25-34 years).

## Breakdown by gender



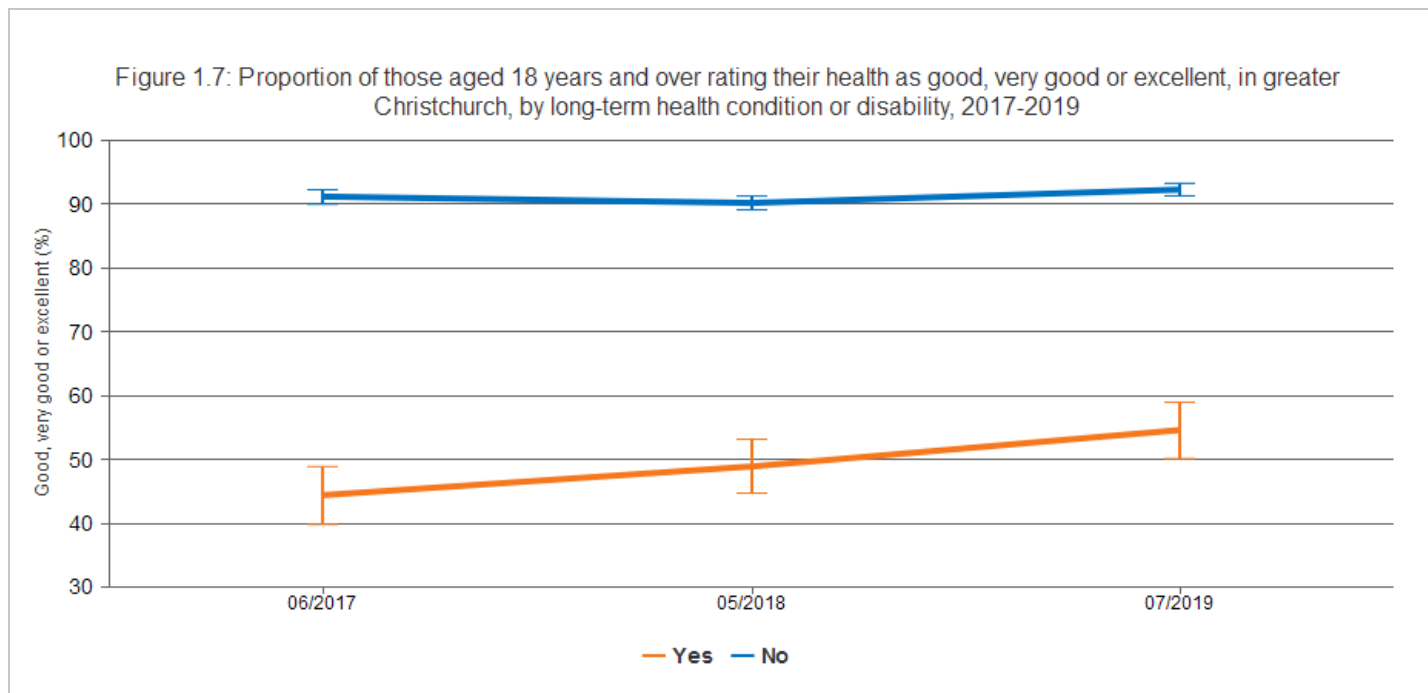
The figure shows a pattern of generally similar self-rated health (proportion rating their health as good, very good or excellent) for female and male respondents, in 2017, 2018, and 2019 (no statistically significant differences).

## Breakdown by income



The figure shows a positive relationship between annual household income and self-rated health (that is, the proportion of respondents rating their health as good, very good, or excellent increases with increasing income). The differences between the four income groups shown were all statistically significant in 2017 and all but one comparison (\$30,000–\$60,000 vs. \$60,000–\$100,000) were statistically significant in 2018 and 2019. In 2019, almost all (93.0%) of those respondents from the \$100,000+ income group rated their health as good, very good or excellent, compared with two-thirds (66.9%) of those from the <\$30,000 income group (a substantial and statistically significant difference).

## Breakdown by disability



The figure shows that respondents with a disability or long-term health condition indicated 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 2019 (54.6% with and 92.3% without a disability or long-term health condition, in 2019). However, there appears to be a pattern of convergence between the two groups over the last three years. The proportion of respondents with a disability or long-term health condition, who indicated that their health was good, very good or excellent, has increased 10.2 percentage points over the period 2017 to 2019 (the difference between the 2017 and 2019 proportions is statistically significant).

### Data Sources

**Source:** Canterbury District Health Board.

**Survey/data set:** Canterbury Wellbeing Survey to 2019. Access publicly available data from the Community and Public Health (Canterbury DHB) website at [www.cph.co.nz/your-health/wellbeing-survey/](http://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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