

Self-reported Health Status

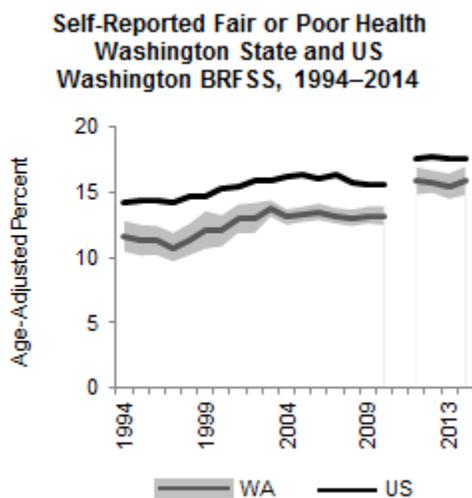
Definition: Self-reported health status predicts future risk of functional ability, hospitalization and death. This chapter focuses on adults who respond "fair" or "poor" to a question on the Behavioral Risk Factor Surveillance System that asks, "Would you say that in general your health is excellent, very good, good, fair or poor?"

This is a data update of the *Health of Washington State* chapter on [Self-reported Health Status](#) published in 2012.

Time Trends

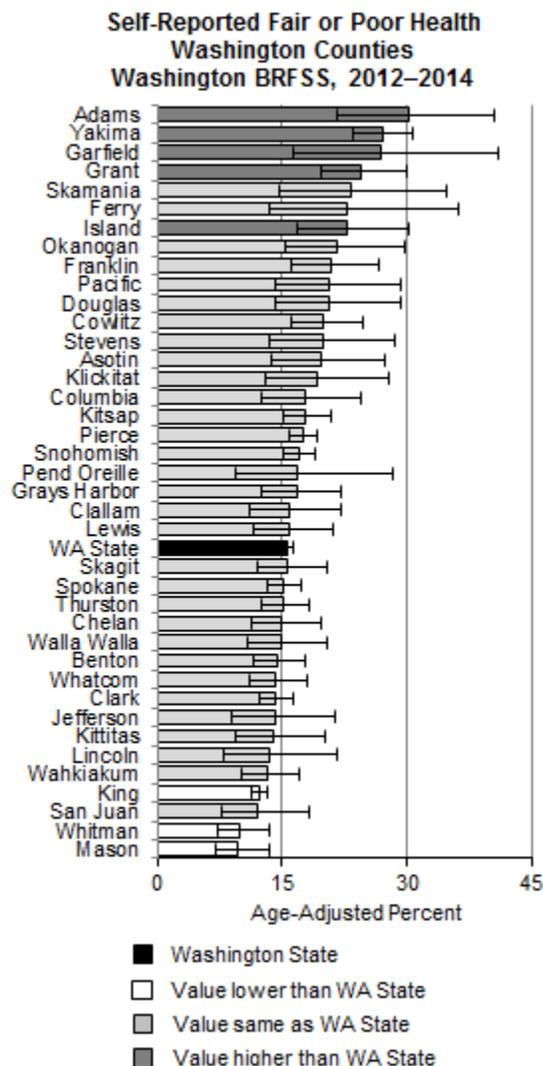
Data from the [Behavioral Risk Factor Surveillance System](#) (BRFSS) show that since 1994 a smaller percentage of Washington State adults reported fair or poor health status than those in the United States as a whole, adjusting for age. In 1994, 12% ($\pm 1\%$) of Washington adults said their health was fair or poor. That percentage rose slightly between 1994 and 2003, but remained stable after that.

In 2011, the Centers for Disease Control and Prevention (CDC) changed the methodology of the BRFSS. This change makes results from that year onward incompatible with those from 2010 and earlier. Since this change, both Washington and the nation have shown higher rates of fair or poor health, but Washington continues to have lower rates than the nation. In 2014, 16% ($\pm 1\%$) of Washington adults reported fair or poor health compared to 18% ($\pm 1\%$) nationally.



Geographic Variation

Data from Washington State's BRFSS survey for 2012–2014 combined showed that 16% ($\pm 1\%$) of adults said they had fair or poor health, adjusting for age.

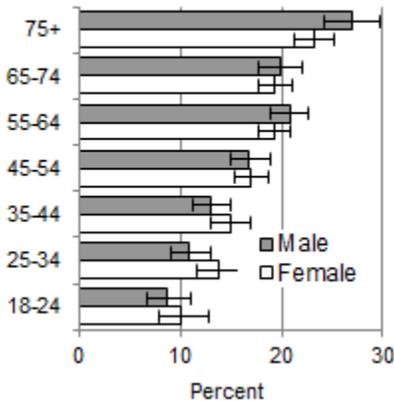


- In King, Whitman and Mason counties, residents were less likely to say their health was fair or poor compared to the whole state.
- In Adams, Yakima, Garfield, Grant and Island counties, residents were more likely to report fair or poor health compared to the whole state.

Age and Gender

With increasing age, health tends to decline. Age was a strong predictor of self-reported health status. Washington BRFSS data for 2012–2014 combined showed that as age increased, adults were more likely to say they had fair or poor health. Less than one in 8 adults ages 18–44 reported fair or poor health, compared to roughly one in four adults ages 75 and older. About the same percentages of men and women within each age group reported fair or poor health.

Self-Reported Fair or Poor Health Age and Gender Washington BRFSS, 2012–2014



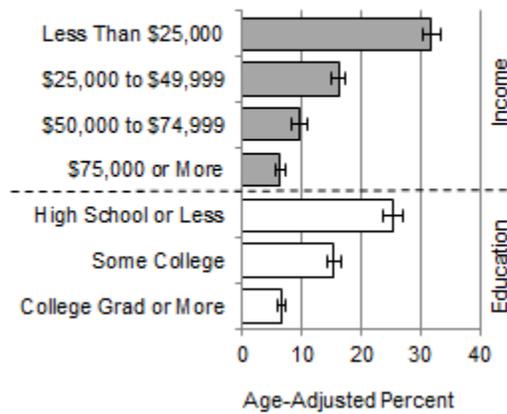
Economic Factors and Education

Annual household income. Household income was a strong predictor of self-reported health status, even when accounting for age, education, race and ethnicity. Washington State BRFSS data for 2012–2014 combined showed that adults from lower income households were more likely than those in higher income households to say they had fair or poor health. After adjusting for age, 32% ($\pm 2\%$) of adults with annual household incomes less than \$25,000 said their health was fair or poor. By contrast, only 6% ($\pm 1\%$) of adults in households with

annual incomes of \$75,000 or more said their health was fair or poor.

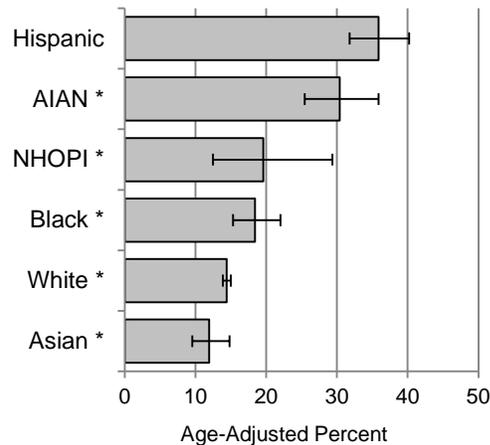
Education. Education also strongly predicted self-reported health status, after accounting for age, income, race and ethnicity. Based on 2012–2014 BRFSS data combined, Washington adults 25 and older with a high school education or less were more likely to report fair or poor health (25% $\pm 2\%$) compared to those with some college (15% $\pm 1\%$) or a college degree (7% $\pm <1\%$), after adjusting for age.

Self-Reported Fair or Poor Health Annual Household Income and Education (25+) Washington BRFSS, 2012–2014



Race and Hispanic Origin

Self-Reported Fair or Poor Health Race and Hispanic Origin Washington BRFSS, 2012–2014



* Non-Hispanic
 AIAN: American Indian/Alaska Native
 NHOPI: Native Hawaiian/Other Pacific Islander

Self-reported health status varied by race and ethnicity, after adjusting for age. The Washington BRFSS 2012–2014 data revealed that reporting fair or poor health was more likely among Hispanic (36% ±4%) and American Indian/Alaska Native (30% ±5%) adults than was average for the state (16%±1%). Fewer Asian adults reported fair or poor health (12%+3%) when compared to adults in all other racial and ethnic groupings.

Data Sources (For additional detail see [Appendix B](#))

Washington State Behavioral Risk Factor Surveillance System (BRFSS) Data: 1987–2014. Washington State Department of Health, collected under federal cooperative agreement numbers: U58/CCU002118 (1987-2003), U58/CCU022819 (2004–2008), and U58/DP001996 (2009–2010), U58/DP001996 (2009–2010), U58/SO000047 (2011–2014). The data for 2012–2013 were weighted to reflect the county population estimates from the Washington State Office of Financial Management (OFM) for 2012–2013.

United States Behavioral Risk Factor Surveillance System Data: 1994–2014. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services.

For More Information

U.S. Centers for Disease Control and Prevention, Behavioral Surveillance Branch:
<http://www.cdc.gov/BRFSS>.

Perruccio AV, Katz JN, Losina E. Health burden in chronic disease: multimorbidity is associated with self-rated health more than medical comorbidity alone. *J Clin Epidemiol*. 2012;65(1):100-106.

Washington State Department of Health, Center for Health Statistics, (360) 236-4321,
<http://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/BehavioralRiskFactorSurveillanceSystemBRFSS.aspx>.

Technical Notes

Self-reported health status has been collected in all 50 states and the District of Columbia since 1994. Self-reported health status and other quality of life measures have been shown to have good construct validity, acceptable correlation with related measures, and good respondent acceptability ratings.¹

Consistent with *Healthy People 2020*, groupings for age-adjustment are 18–44, 45–54, 55–64, 65–74, and 75 and older. Weighting was developed using the method described National Center for Health Statistics *Statistical Notes 20 January 2001*.

Acknowledgments

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Endnotes

¹ *Measuring Healthy Days*. Atlanta, GA: Centers for Disease Control and Prevention; 2000:8-9,12,15-18.