

Self-reported Health Status

Definition: Health status is self-reported by people responding to the state Behavioral Risk Factor Surveillance System (BRFSS: see Data Sources). Among other questions, respondents are asked about their general health status and the number of days during the past 30 days when their physical or mental health was not good or kept them from usual activities.

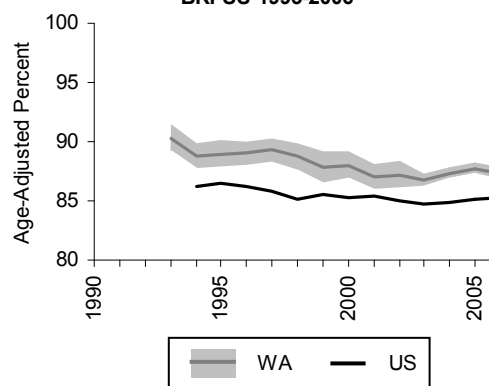
Summary

Washington State's [Behavioral Risk Factor Surveillance System](#) survey asks adults ages 18 and older, "Would you say that in general your health is excellent, very good, good, fair, or poor?" In 2006, 87% ($\pm 1\%$) of all respondents said that their health was good, very good, or excellent. Based on these data, income and education were the strongest predictors of self-reported health status. Adults living in households with incomes less than \$20,000 and those with less than a high school education were less likely to report that their health was good to excellent. People living outside of urban and large town areas were also less likely to report good to excellent health.

Time Trends

Washington has been collecting data on self-reported general health status since 1993. In each year, more adults in Washington than in the United States as a whole have reported good, very good, or excellent health status (referred to as good to excellent health status). But the trend in both Washington and the United States is downward: fewer people each year report good to excellent health.

Good to Excellent Health Status
(English Speakers Only)
WA State and US
BRFSS 1993-2006



Year 2010 Goals

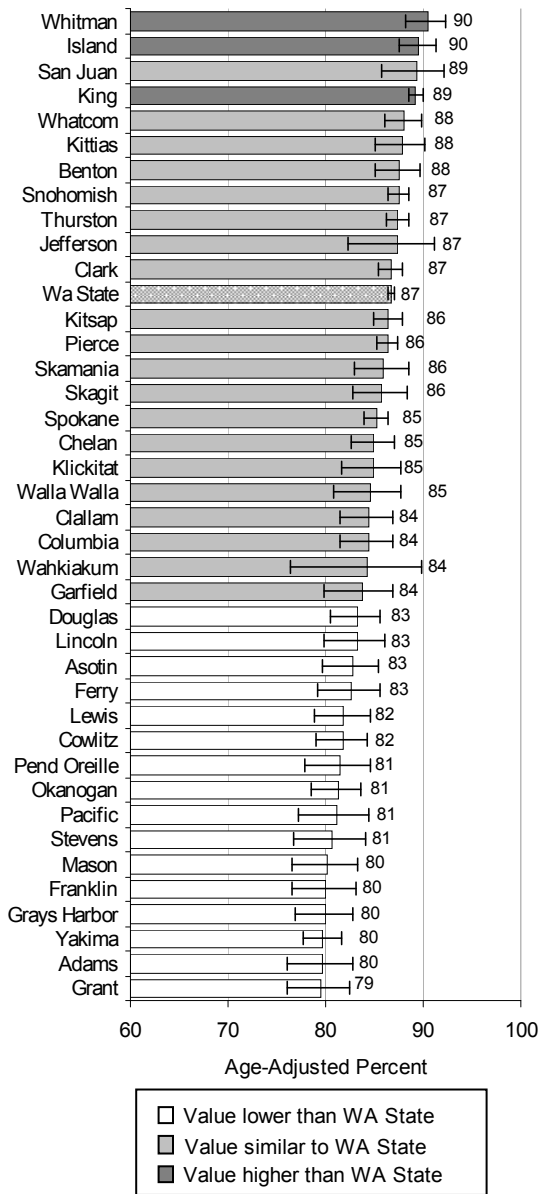
There are no national *Healthy People 2010* goals for general health status.

Geographic Variation

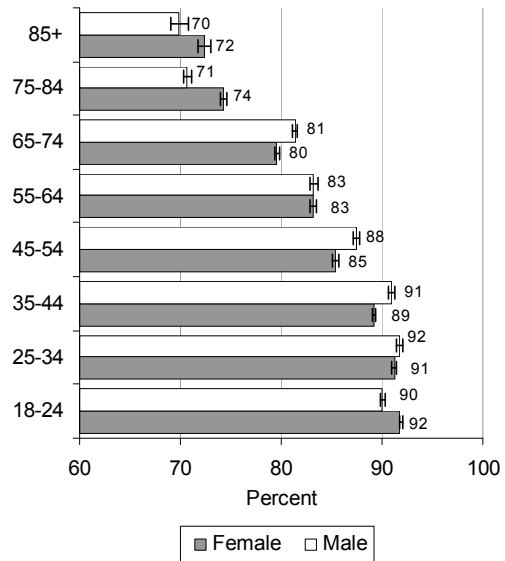
Data from Washington State's Behavioral Risk Factor Surveillance System (BRFSS) survey for 2004–2006 combined show that 87% of Washington adults reported good to excellent health.

During this period, there were considerable differences in self-reported health status by county of residence. A higher percentage of people in Whitman, Island, and King counties reported good to excellent health. In 16 counties, a lower percentage reported good to excellent health. Most of these communities are rural counties. About half of the counties reported health status consistent with Washington State as a whole.

**Good to Excellent Health Status
County Data
WA BRFSS 2004-2006**



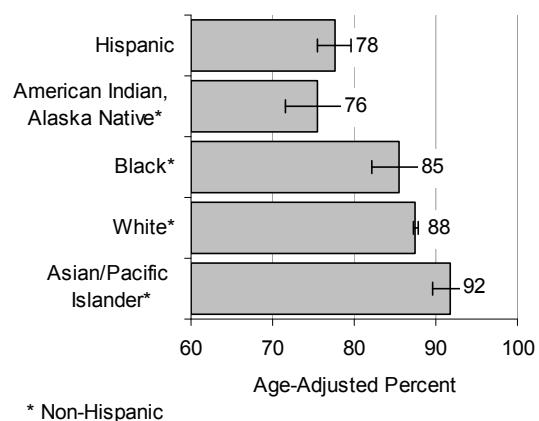
**Good to Excellent Health Status
Age and Gender
WA BRFSS 2004-2006**



Race and Hispanic Origin

The 2004–2006 BRFSS data show that Asian and Pacific Islander adults were most likely to report good to excellent health (92% ±2%), followed by non-Hispanic whites (88% ±1%) and blacks (85% ±3%). American Indians and Alaska Natives and people of Hispanic origin were the least likely to report good to excellent health.

**Good to Excellent Health Status
Race and Hispanic Origin
WA BRFSS 2004-2006**



Age and Gender

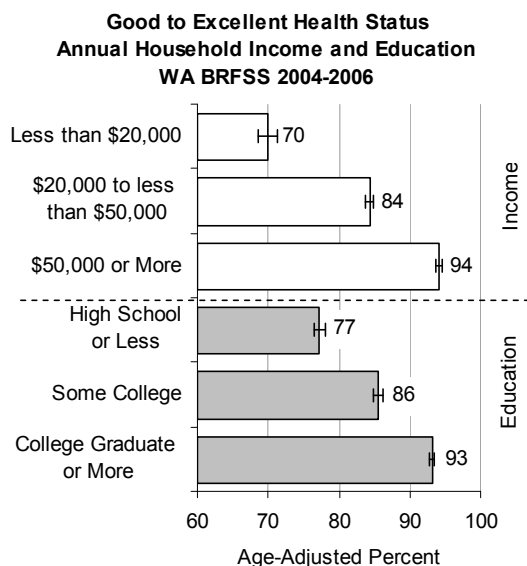
BRFSS data for 2004–2006 show that the percentage of people reporting good to excellent health declined with age. This pattern of decline was especially evident in people age 45 and older. About the same percentage of males and females reported good to excellent health.

Income and Education

Annual household income. BRFSS data for 2004–2006 indicate that people with annual household incomes of less than \$20,000 were less likely to report good to excellent health (70% ±1%) compared

to those with incomes from \$20,000 to \$49,999 (84% ±1%) or those with incomes of \$50,000 or more (94% ±1%).

Education. The 2004–2006 BRFSS data show that people with a high school education or less were much less likely to report good to excellent health (77% ±1%) compared to those with some college (86% ±1%) or a college degree (93% ±1%).



Health Effects

People who rate their general health as good to excellent are less likely to have chronic conditions such as diabetes, asthma, arthritis, or heart disease. They are more likely to have had preventive care including screening for cancer, blood pressure, and blood cholesterol. Smokers, those who were physically inactive, and those who were obese were also much less likely to report good to excellent health.

Other Measures of Impact and Burden

BRFSS respondents were also asked about the number of days in the past 30 days when their physical health and their mental health were not good or when poor physical or mental health limited their usual activities. People who reported less than a week of poor physical or mental health or activity limitations due to poor health were most likely to report good to excellent general health. People who reported one to three weeks of poor health or activity

limitations were much less likely to report good to excellent general health. People who reported more than three weeks of activity limitations because of poor physical or mental health were least likely to report good to excellent general health.

See Related Chapters: [Tobacco Use](#), [Physical Activity](#), [Social and Economic Determinants of Health](#), and the chapters on [Chronic Disease](#)

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

Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS uses a telephone interview to gather information about health status, behavior that influences health, and use of health care services. English- and Spanish-speaking Washington residents ages 18 years and older living in households with land-line telephones are chosen to participate by a random selection process. Children, people who do not live in private residences (those in dormitories, barracks, hospitals, jails, group homes, and shelters), who do not have land-line telephones, who do not speak English or Spanish, or who have a disability that interferes with telephone conversation are not included in the survey.

For More Information

Washington State Department of Health, Center for Health Statistics:
<http://www.doh.wa.gov/BRFSS>.

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

U.S. Centers for Disease Control and Prevention (2000, November). *Measuring Healthy Days: Population Assessment of Health-Related Quality of Life*. Atlanta, GA.

Chowdhury, P. P., Balluz, L., Okoro, C., & Strine, T. (2006). Leading health indicators: A comparison of Hispanics with non-Hispanic Whites and non-Hispanic Blacks, United States 2003. *Ethnicity & Disease*, 16(2), 534-541.

Denny, C. H., Holtzman, D., Goins, R. T., & Croft, J. B. (2005, May). Disparities in chronic disease risk factors and health status between American Indian Alaska native and white elders: Findings from a telephone survey, 2001 and 2002. *American Journal of Public Health*, 95, 825-827.

Mody, R. R., & Smith, M. J. (2006). Smoking status and health-related quality of life: Findings from the 2001 Behavioral Risk Factor Surveillance System Data. *American Journal of Health Promotion*, 20(4), 251-258.

Technical Notes

The BRFSS has included questions about self-reported general health status since 1993. Nelson et al.¹ reviewed the reliability and validity of self-reported health measures from the BRFSS. They

concluded that most questions on the core BRFSS instrument were at least moderately reliable and valid, and many were highly reliable and valid. Additional research is needed for some measures.

Endnote

¹ Nelson, D. E., Holtzman, D., Bolen, J., Stanwyck, C. A., & Mack, K. A. (2001). Reliability and validity of measures from the behavioral risk factor surveillance system (BRFSS). *Sozial- und Präventivmedizin*, 46(Suppl. 1), 503-542.