

Chapter 4: Health Status

Introduction

Self-reported health measures, based on an individual's own perception of their health status and functioning, provide an alternative to the more traditional objective measures of health, such as hospitalisation rates and disease prevalences. Self-reported health measures introduce an element of subjectivity into health status measurement, which is useful for providing a more consumer-centred view of health, and for placing more emphasis on quality of life and wellbeing.

Since 1996/97 the New Zealand Health Survey has included the Medical Outcomes Study Short Form 36 questionnaire (SF-36), which is used internationally to measure health-related quality of life in adults. In 2006/07 a comprehensive module on child health, the Child Health Questionnaire Parent Form 28 (CHQ-PF28), was introduced into the New Zealand Health Survey to capture the health-related quality of life in children aged 5–14 years. The SF-36 and the CHQ-PF28 both contain the general health summary question, and responses to this question have been included at the start of this chapter.

In addition to the general health summary, SF-36 and CHQ-PF28, this chapter includes results on chronic pain for adults, and the results from the Kessler 10 (K10) instrument measuring non-specific psychological distress for adults. The chapter ends with findings from a question asked of parents in the New Zealand Health Survey about the ability of their family to get along – a proxy for family cohesion.

Appendices 5 and 6 describe how to access data presented in this chapter, as well as additional results available online.

General health summary

Introduction

What were the survey questions?

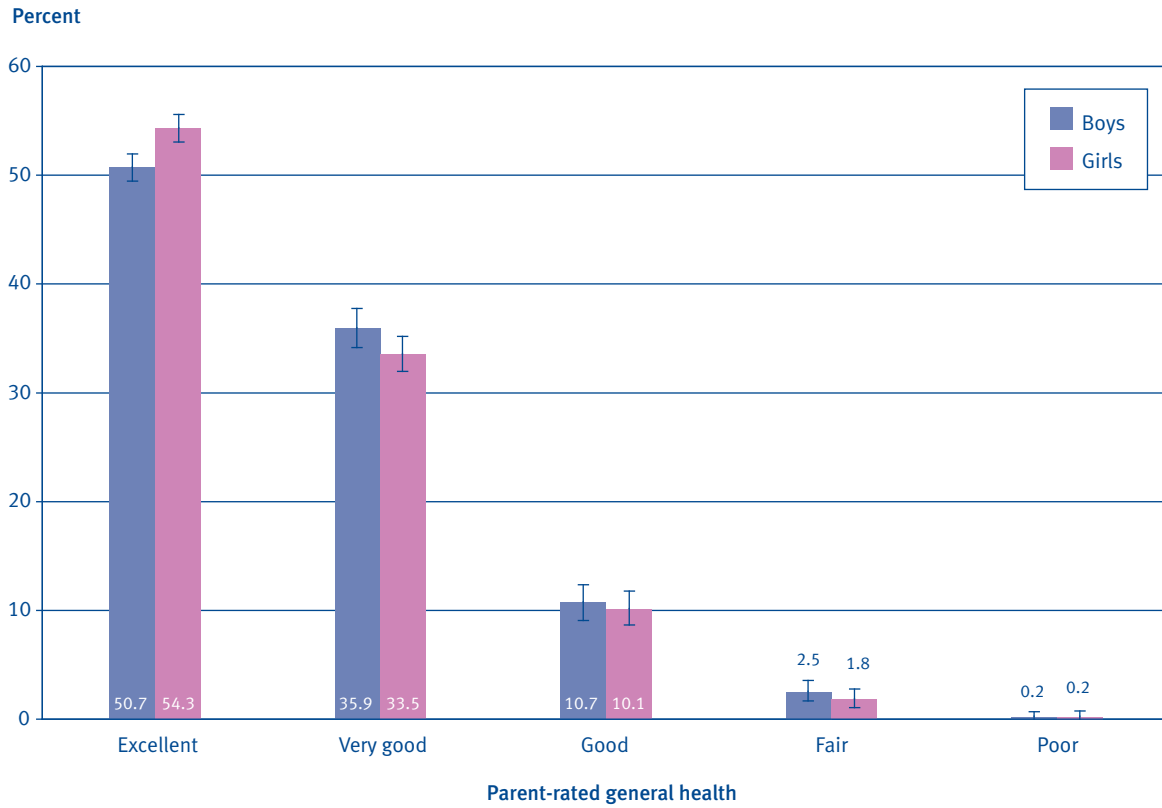
Adult participants in the New Zealand Health Survey were asked to summarise their perception of their health overall by indicating whether, in general, they would say their health was *excellent*, *very good*, *good*, *fair* or *poor*. The parents of child participants were similarly asked whether they considered their child's health to be *excellent*, *very good*, *good*, *fair* or *poor*.

This internationally used question, known as the general self-rated health summary, is simple, encompassing both mental and physical health status. The question has been found to be a powerful predictor of future health care use and mortality, independent of other medical, lifestyle and psychosocial risk factors (Idler and Benyamini 1997; McCallum et al 1994; Miilunpalo et al 1997).

General health summary for children and adults

More than half of parents rated their child's health as excellent, and nine out of ten parents (87.2%, 85.9–88.5) rated their child's health as excellent or very good. Parents of girls were more likely than parents of boys to rate their child's health as excellent, but there was no difference between boys and girls when the categories of excellent and very good were combined (Figure 4.1).

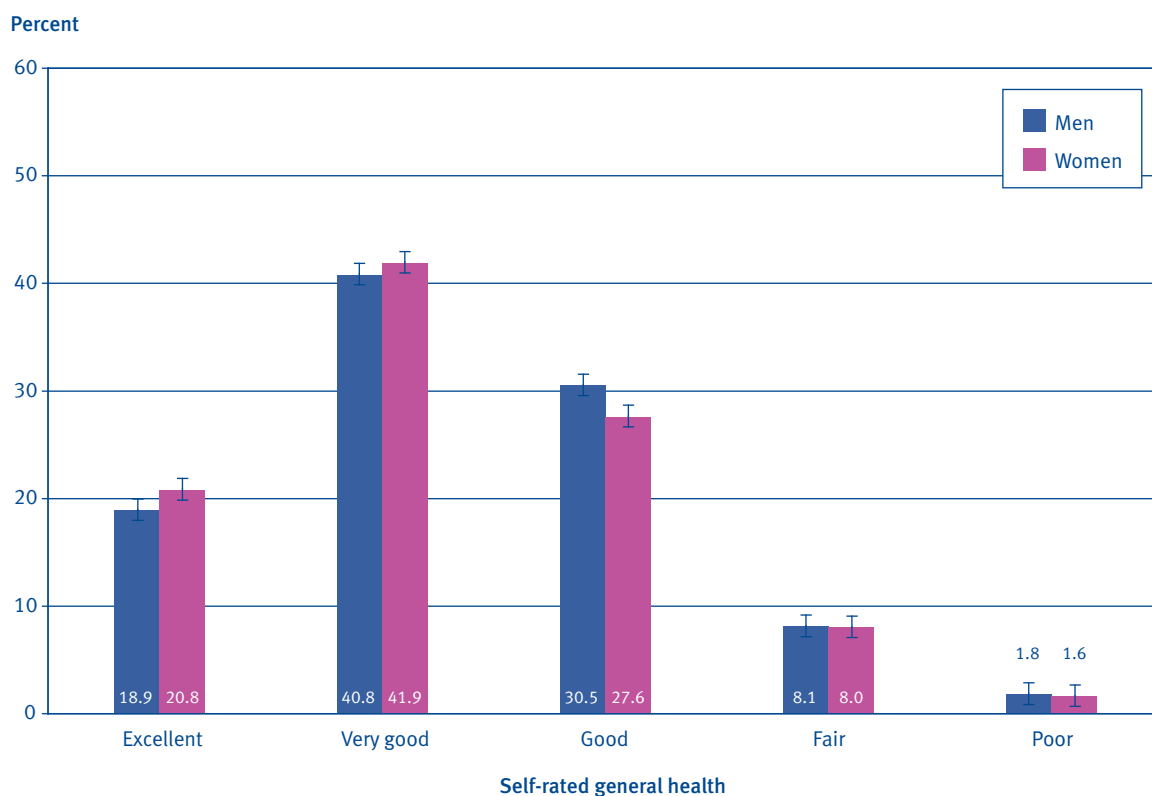
Figure 4.1: Parent-rated general health for children, by gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

Three out of five adults (60.6%, 59.3–62.0) rated their own health as excellent or very good. Women were more likely than men to rate their health as excellent or very good, adjusted for age (p-value < 0.05) (Figure 4.2).

Figure 4.2: Self-rated general health for adults, by gender (age standardised prevalence)



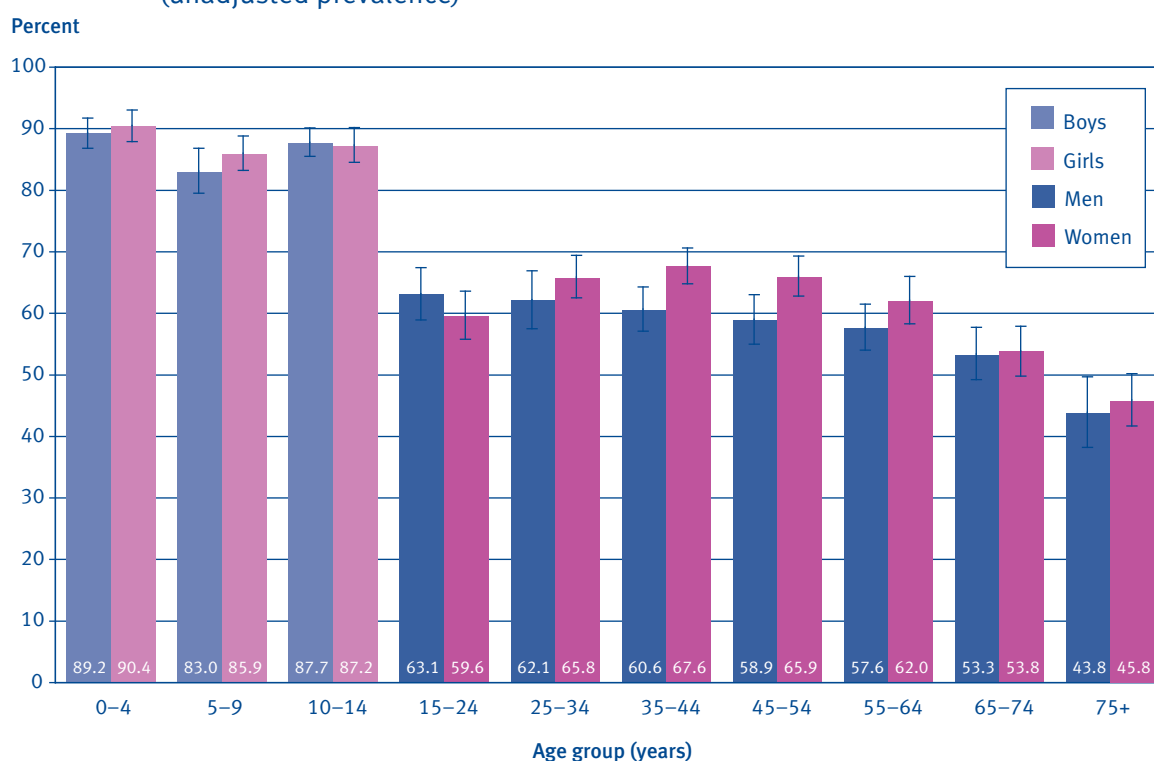
Source: 2006/07 New Zealand Health Survey

General health summary, by age group

Children’s health as rated by their parents was much higher than adult self-rated health. Boys aged 5–9 years had the lowest parent-rated health, and adults aged 75-years-and-over had the lowest self-rated health (Figure 4.3).

The proportion of men who said their health was excellent or very good was fairly stable at around 60%, with a steady decline in older age until less than 50% of men aged 75 years or over said their health was excellent or very good. The pattern for women was slightly different, with the proportion self-rating their health as excellent or very good improving in middle age and then declining in old age to the same rate as men. Women aged 35–54 years were significantly more likely than men of the same age to rate their health as excellent or very good (Figure 4.3).

Figure 4.3: Parent-rated and self-rated excellent or very good health, by age group and gender (unadjusted prevalence)

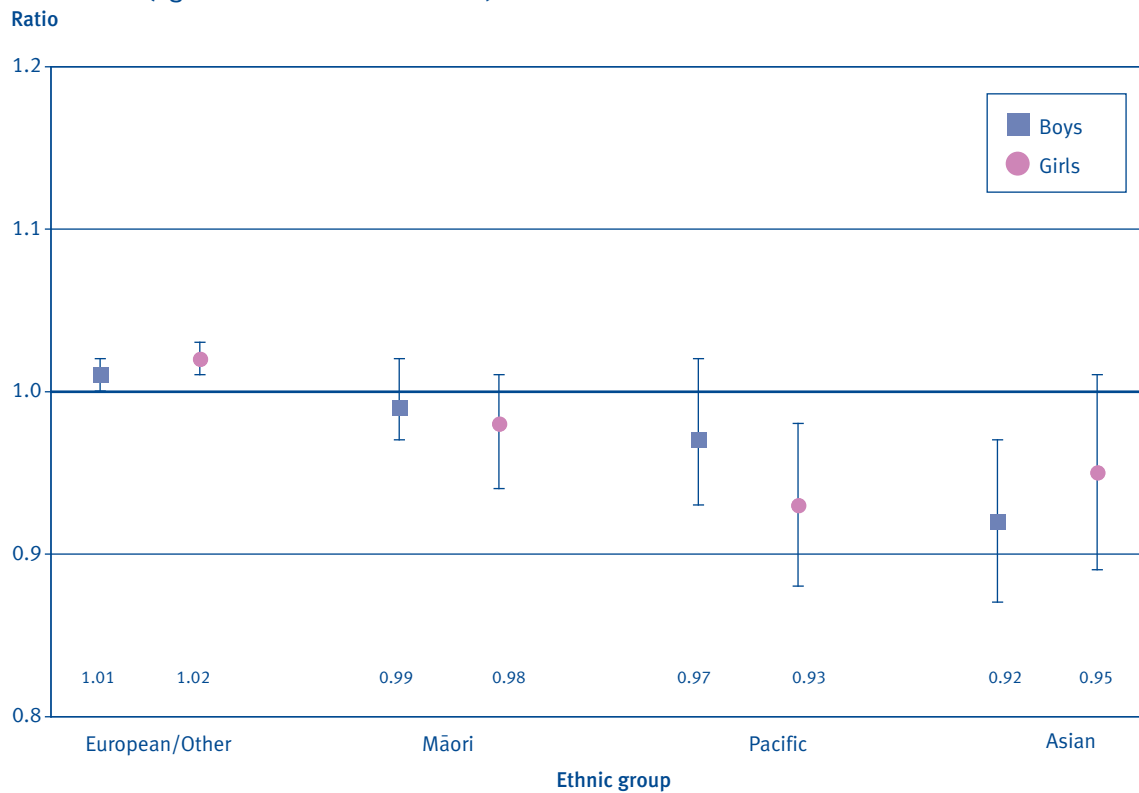


Source: 2006/07 New Zealand Health Survey

General health summary, by ethnic group

Adjusted for age, European/Other girls were slightly more likely than girls in the total population to have excellent or very good parent-rated health (Figure 4.4). Asian boys and Pacific girls were less likely to have excellent or very good parent-rated health.

Figure 4.4: Excellent or very good parent-rated health for children, by ethnic group and gender (age standardised rate ratio)

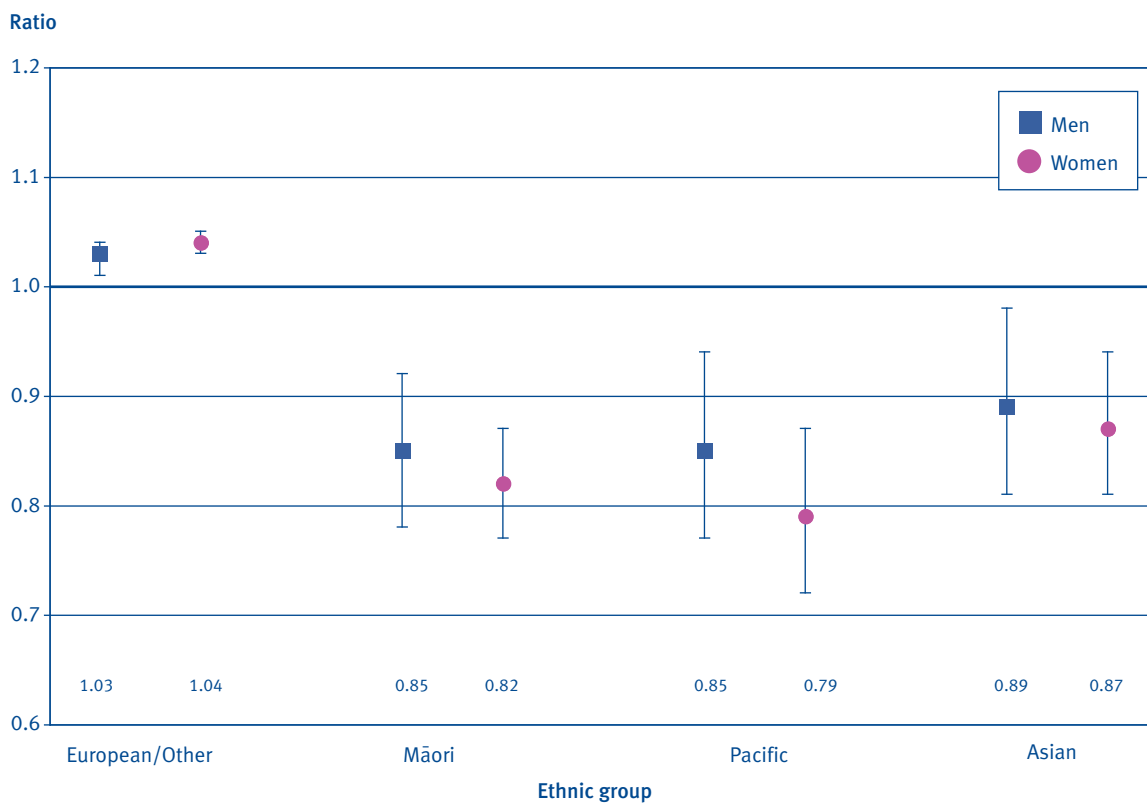


Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged from birth to 14 years. Total response standard output for ethnic groups has been used.

Adjusted for age, Māori men and women, Pacific men and women, and Asian men and women were all less likely to report excellent or very good self-rated health, whereas European/Other men and women were more likely to report excellent or very good self-rated health, compared to men and women in the total population (Figure 4.5).

Figure 4.5: Excellent or very good self-rated health for adults, by ethnic group and gender (age standardised rate ratio)



Source: 2006/07 New Zealand Health Survey

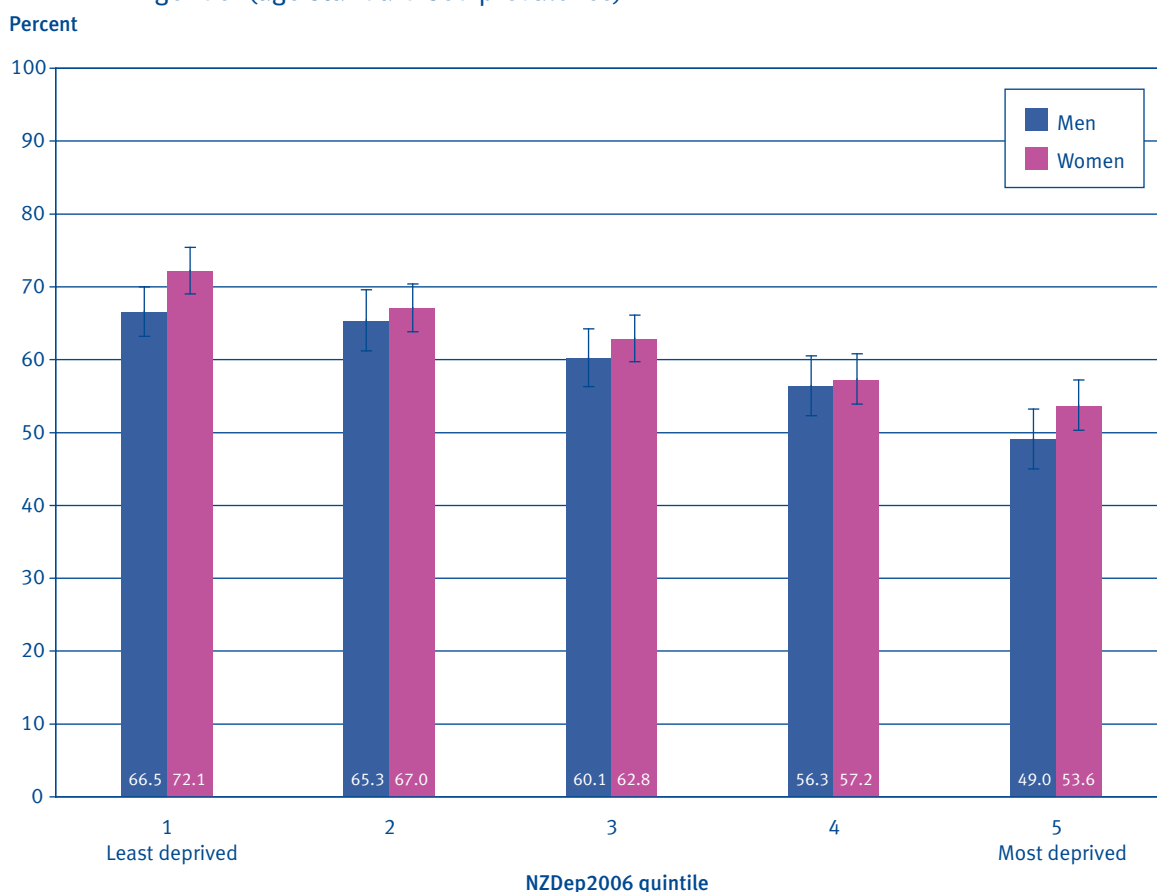
Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

General health summary, by neighbourhood deprivation

Adults living in the least deprived neighbourhoods (NZDep2006 quintile 1 or 2) were more likely to self-rate their health as excellent or very good than adults living in the most deprived neighbourhoods (quintile 5) (Figure 4.6).

This relationship was similar for children, but only statistically significant for girls (92.5%, 89.3–95.8 in NZDep2006 quintile 1 compared with 82.6%, 79.0–86.2 in quintile 5) (graph not shown).

Figure 4.6: Self-rated excellent or very good health in adults, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

Health Status

General health summary, by DHB area

There were no differences by DHB in the proportion of parents who rated their child's health as excellent or very good. For adults, only Waikato DHB area was significantly different to the national rate, with proportionately fewer adults in that area rating their own health as excellent or very good (Table 4.1).

Table 4.1: Parent-rated and self-rated excellent or very good health for children and adults, by DHB area (unadjusted)

DHB area	Prevalence for children (95% CI)	Number of children	Prevalence for adults (95% CI)	Number of adults
Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui	86.5 (83.8–89.3)	99900	60.3 (57.7–62.9)	226400
Waitemata	85.5 (81.7–89.2)	88900	61.6 (58.0–65.2)	233300
Auckland	86.4 (82.4–90.3)	64500	60.7 (56.6–64.8)	195800
Counties Manukau	85.4 (82.2–88.5)	94900	60.2 (56.4–63.9)	194000
Waikato	85.1 (81.5–88.7)	64900	56.7 (53.4–60.0) –	147100
Bay of Plenty / Taranaki / MidCentral	87.2 (83.6–90.8)	85900	60.2 (57.1–63.2)	211400
Wairarapa / Hutt Valley / Capital and Coast	89.0 (85.5–92.5)	79700	60.8 (57.1–64.5)	210800
Canterbury	90.4 (86.7–94.1)	82200	63.2 (59.6–66.8)	234400
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	89.6 (85.5–93.7)	84300	60.7 (57.3–64.1)	238500
New Zealand total	87.2 (85.9–88.5)	745100	60.6 (59.3–62.0)	1891800

Source: 2006/07 New Zealand Health Survey

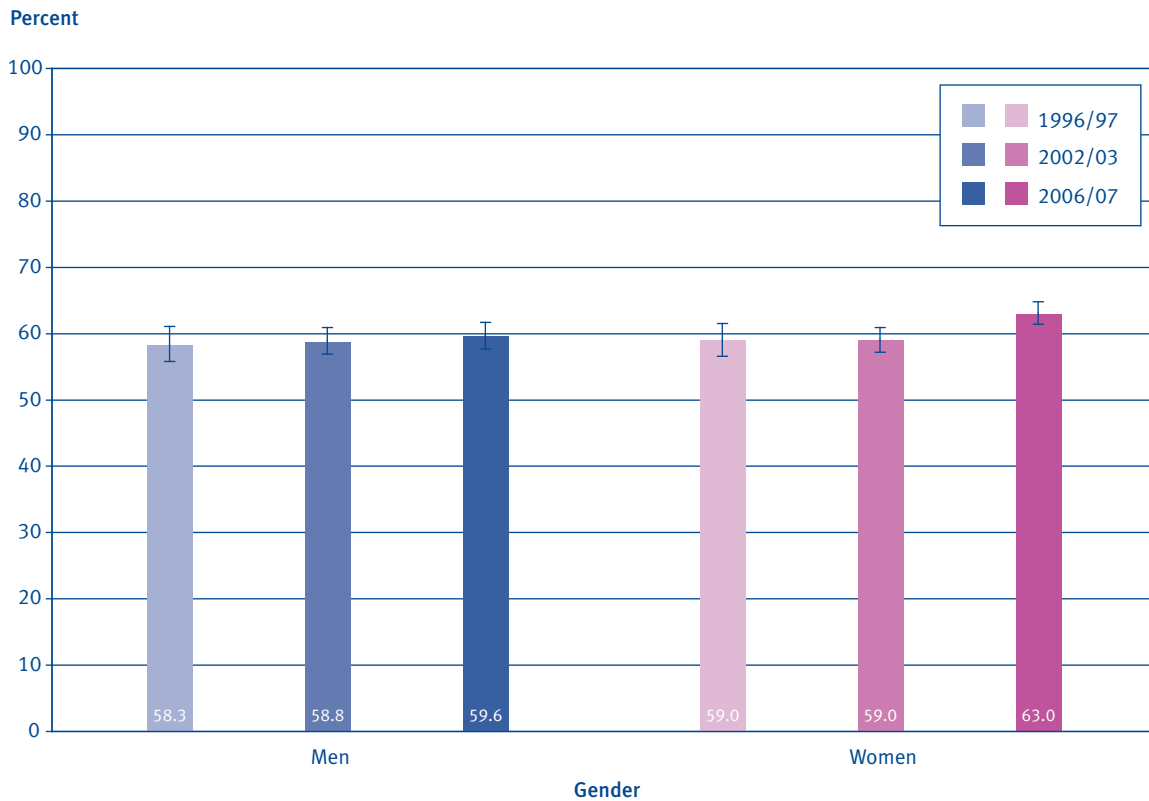
Notes: Estimates indicated with a + are significantly higher than the national rate, and estimates indicated with a – are significantly lower than the national rate. Data are based on direct survey estimates and could be confounded by different population characteristics in each DHB. Due to small sample size, some DHB areas have been combined. Survey population is the estimated resident population living in permanent private dwellings at 31 June 2007.

Time trends in general health summary for adults

There is no comparable time trend for children in the general health summary.

Between 2002/03 and 2006/07 there was a small but significant increase in the proportion of women who rated their health as excellent or very good, adjusted for age (Figure 4.7). Looking at Māori specifically, between 1996/97 and 2006/07 there was no change in the proportion of men and women reporting excellent or very good health, adjusted for age (graph not shown).

Figure 4.7: Self-rated excellent or very good health for adults, by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)



Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.