



## Compared to whom? Subjective social status, self-rated health, and referent group sensitivity in a diverse US sample

Lisa S. Wolff<sup>a,\*</sup>, S.V. Subramanian<sup>b,1</sup>, Dolores Acevedo-Garcia<sup>c</sup>, Deanne Weber<sup>d</sup>, Ichiro Kawachi<sup>b</sup>

<sup>a</sup> Health Resources in Action, Research and Evaluation Department, Boston, MA, United States

<sup>b</sup> Harvard School of Public Health, Department of Society, Human Development, and Health, Boston, MA, United States

<sup>c</sup> Northeastern University, Bouvé College of Health Sciences, Boston, MA, United States

<sup>d</sup> Porter Novelli, Strategic Planning and Research, Washington, DC, United States

### ARTICLE INFO

#### Article history:

Available online 16 March 2010

#### Keywords:

Subjective social status  
Self-Rated Health (SRH)  
Socioeconomic status (SES)  
Income  
Perception  
USA

### ABSTRACT

Emerging research has revealed that subjective social status (SSS), or how people perceive their position in the social hierarchy, is significantly associated with multiple health outcomes. Yet few studies have examined how this association is affected by the person or group to whom respondents are comparing themselves. While previous studies have used distal referent groups when assessing SSS, scholars have suggested that individuals may prefer to make comparisons to those who share similar characteristics to themselves. Overall, there has been little empirical analysis assessing the health impact of comparing oneself to one referent group over another. Using a diverse, national US sample ( $n = 3644$ ), this study explores whether the relationship between SSS and self-rated health is sensitive to the referent used for social comparison. Data are from respondents who completed the ConsumerStyles and HealthStyles mail surveys and who have assessed their SSS against four referents: others in American society, others of the same race or ethnicity, neighbors, and parents at the same age. Self-rated health was the dependent variable, while we controlled for household income, education, home ownership, race/ethnicity, and other covariates. In logistic regression models, SSS using each of the four referents was significantly associated with self-rated health, but the model using the referent of others in American society had the strongest association with self-rated health and was the most parsimonious. Findings validate previous studies which typically have used a more distal referent such as others in American society in exploring the SSS–health relationship. However, future work should explore whether this referent is salient to diverse population groups when making social comparisons. Researchers may also want to consider using SSS as an additional status measure since it may capture more subtle differences in the status hierarchy than traditional economic measures.

© 2010 Elsevier Ltd. All rights reserved.

### Introduction

Social status is a multidimensional concept whose measurement has been the topic of much debate. Scholars have suggested that social status indicators are comprised of different types of measures, some assessing actual economic resources and others capturing prestige-related characteristics (Krieger, Williams, & Moss, 1997; Oakes & Rossi, 2003; Wilkinson, 1997). Health status has been found to be strongly associated with economic measures such as household income or wealth as well as with rank-related indicators such as occupational prestige (Lynch & Kaplan, 2000; Wilkinson, 1997). More recently, a growing number of studies has

also indicated that subjective social status (SSS)—how people perceive their position in the social hierarchy—is significantly associated with health status, independently of objective economic indicators (Adler, Epel, Castellazzo, & Ichovics, 2000; Ostrove, Adler, Kupperman, & Washington, 2000).

The association between SSS and health has been quite consistent when the outcome is a global self-rated health measure. Self-rated health is considered a robust indicator of physical health status and a strong predictor of subsequent mortality (Idler & Benyamini, 1997; Singh-Manoux et al., 2006), although several validation studies have found racial/ethnic differences in self-rated health perceptions among various cultural groups both within the US. (Borrell & Dallo, 2008; McGee, Liao, Cao, & Cooper, 1999; Ren & Amick, 1996) and in other countries (Agyemang, Denktas, Buijnzeels, & Foets, 2006; Jylhä, Guralnik, Ferruci, Jokela, & Heikkinen, 1998). While some questions have emerged regarding the use of self-rated health as a health indicator across cultures,

\* Corresponding author. Tel.: +1 617 451 0049.

E-mail address: [lwolff@hria.org](mailto:lwolff@hria.org) (L.S. Wolff).

<sup>1</sup> SVS is supported by the National Institutes of Health Career Development Award (NHLBI 1K25 HL081275).

higher SSS has been consistently found to be significantly associated with better self-rated health in several different population sub-groups, including White healthy women (Adler et al., 2000), White and Chinese-American pregnant women (Ostrove et al., 2000), British civil servants (Singh-Manoux, Adler, & Marmot, 2003), Hispanic adults in Texas (Franzini & Fernandez-Esquer, 2006), rural Chinese residents (Yip & Adler, 2005), and Taiwanese senior citizens (Hu, Adler, Goldman, Weinstein, & Seeman, 2005). In some cases, SSS has been shown to have a stronger association with health than objective social status (OSS) measures. In a national sample of American adults, a multivariable analysis of cross-sectional data showed that SSS was a stronger independent predictor of self-rated health than traditional economic indicators (Operario, Adler, & Williams, 2004), while the longitudinal Whitehall-II study of British civil servants found that SSS was a better predictor of health status over time than income or education (Singh-Manoux, Marmot, & Adler, 2005).

#### *SSS and self-rated health*

It has been suggested that SSS captures the averaging of standard status indicators. While the measure is associated with psychological factors such as negative affect, it is thought that these factors mediate, rather than confound, the relationship between SSS and health (Operario et al., 2004; Singh-Manoux et al., 2003). Similarly, the measure of self-rated health is correlated with psychological factors, yet it is still considered a strong indicator of subsequent morbidity and mortality. Although SSS and self-rated health are both subjective measures, previous research has concluded that their association is not driven by common method bias.

Since psychological factors are hypothesized as being significant mediators in the pathway of how SSS may affect one's health status, research has begun to explore the mechanisms underlying this relationship. Discussions on the psychological processes involved in the social status-health relationship have tended to focus on the relative deprivation perceived by people who are lower on the social hierarchy (Baum, Garofalo, & Yalli, 1999; Wilkinson, 1999) which may affect health via stress-related processes (Kubzansky & Kawachi, 2000; Wilkinson, 1999). Evidence suggests that the negative psychological effects associated with low social status—such as chronic stress, anxiety, and negative emotions—can lead to the adoption of harmful coping behaviors such as smoking and drug use and can trigger a number of harmful physiological changes that can increase the risk of coronary heart disease, depression, the common cold, and a number of other conditions (Adler et al., 2000; Baum et al., 1999; Schnittker & McLeod, 2005).

However, it remains unclear whether the relationship between SSS and health status is consistent across populations, specifically among racial/ethnic minority groups. Relevant studies with large samples either have ignored race/ethnicity entirely or controlled for it in analyses. The few studies that have focused on racial/ethnic differences in the relationship between SSS and health have been with small samples and have generally yielded insignificant results for Blacks and mixed results for Hispanics. In models adjusting for OSS indicators, no significant relationship was found between SSS and self-rated health among Black and Hispanic pregnant women (Ostrove et al., 2000) or Black men (Adler et al., 2008). However, Franzini and Fernandez-Esquer (2006) did find that SSS was significantly associated with self-rated health among low-income Hispanic adults in Texas.

#### *Referent group sensitivity*

There is also scant research empirically documenting the extent to which the relationship between SSS and health might be

sensitive to the referent group used for social comparison. Most public health studies examining SSS have used a more distal referent when asking respondents how they rate themselves within the social hierarchy. Typically, research has explored the relationship between SSS and health by using the referent group of others “in [our] society” (Ostrove et al., 2000; Singh-Manoux et al., 2003) or by asking respondents to indicate the occupational group (e.g., manager, foreman) or social class (e.g., lower class, working class, middle class) of which they consider themselves to be a member (MacLeod, Smith, Metcalfe, & Hart, 2005; Veenstra, 2005). While most public health studies examining SSS have used a more distal referent group for SSS measures, social psychologists have suggested that referent choice may be situational and comprise of more proximal referents. According to this line of research, referent choice is likely to vary with the respondents' personal characteristics, including group identification, demographic characteristics, and performance-related abilities (Wood & Taylor, 1991). Specifically, individuals in low status groups, such as racial/ethnic minorities, may be more likely to make comparisons with referents in their own group or to other low status groups (Leach & Smith, 2006; Suls & Wills, 1991), although the evidence in this area has not been entirely consistent (Guimond, 2006; Kulik & Ambrose, 1992; Leach & Smith, 2006). People may also prefer to make temporal comparisons, evaluating their present circumstances to themselves or others in the past (Guimond, 2006; Suls & Wills, 1991).

Referent salience is important because SSS ratings by racial/ethnic group appear to be differentially sensitive to the referent group used in the comparison. In a multiethnic sample, Blacks and Hispanics were both more likely than Whites to perceive their income level to be lower than their friends and relatives, while only Blacks were more likely than Whites to consider their incomes lower than the national norm and those with the same education (Stiles & Kaplan, 2004). Among Cherokee and White Appalachian youth, Whites surprisingly rated their SSS lower than Cherokee youth when compared to the national norm, but when the referent was their peer group, White youth rated their peer SSS higher than Cherokee youth did (Brown et al., 2008).

With few exceptions, there has been little empirical analysis assessing the health impact of comparing oneself to one referent group over another. Siahpush et al. (2006) reported that, after adjusting for objective economic measures, SSS with the referent group of “others in your local area” was significantly associated with smoking status among Australians in a metropolitan sample. Analyses from a national Canadian survey found that SSS with the referent group “parents at the same age” was not significantly related to self-rated health, yet using the more distal referent of “other Canadians” for social comparison yielded a significant association between SSS and health in adjusted models (Dunn, Veenstra, & Ross, 2006). However, for the temporal comparison, this Canadian study asked whether, in general, “people your age are financially better off...as their parents at the same age” rather than specifically asking respondents about *their own* status compared to *their own* parents, a measurement limitation the authors note as possibly affecting their findings (Dunn et al., 2006). In their study of low-income Hispanic adults, Franzini and Fernandez-Esquer (2006) asked participants to whom they were comparing themselves when they responded to their SSS survey question. Nearly half the sample reported using the referent group of Mexicans in the US, while others compared themselves to people in the US/Anglos and to Mexicans in Mexico. While SSS was significantly related to self-rated health in this study, analyses assessing the relationship between SSS comparisons to alternative referent groups and health status were not reported (Franzini & Fernandez-Esquer, 2006).

Download English Version:

<https://daneshyari.com/en/article/7338401>

Download Persian Version:

<https://daneshyari.com/article/7338401>

[Daneshyari.com](https://daneshyari.com)