

# Health pessimism among black and white adults: the role of interpersonal and institutional maltreatment

Jason D. Boardman\*

*Department of Sociology, Population Program, Institute of Behavioral Science, University of Colorado at Boulder, 219 Ketchum Hall, 327 UCB, Boulder, CO 80309-0327, USA*

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## Abstract

Using data from the 1995 Detroit Area Study ( $N = 1106$ ) this paper finds that black adults report significantly worse self-rated health when compared to whites with similar levels of self-reported morbidity. This relationship, called health pessimism, persists despite statistical controls for age, gender, socioeconomic status, health care access, and health related behaviors. Interpersonal maltreatment is found to be positively associated with health pessimism and more importantly, when comparing adults who perceive similar levels of maltreatment, white and black adults do not differ with respect to health pessimism. This suggests that the increased risk of health pessimism among black adults is due in part to race differences in the perception of interpersonal maltreatment.

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## Introduction

Health pessimism can be described as a characteristic among otherwise healthy individuals who perceive their health to be relatively poor (Ferraro, 1993; Idler, Hudson, & Leventhal, 1999; Van Doorn, 1999). In other words, among health pessimists there is a notable mismatch between subjective (i.e., self-rated health) and objective (i.e., self-reported morbidity or physician assessed health) health status. Previous research has described the social antecedents of health pessimism such as socioeconomic status (Idler et al., 1999) and gender (Idler, Russell, & Davis, 2000) but few researchers have specifically examined the way in which race factors into an individual's global assessment of his or her current health status. Black adults are two times more likely than whites to report that their health is "fair" or "poor" (NCHS, 2000) but physical health

differences among blacks and whites do not account for this difference (Ferraro, 1993; Ferraro, Farmer, & Wybraniec, 1997; Maddox, 1962). To date, however, no existing research has investigated or identified the source of race differentials in the risk of health pessimism.

This paper examines the role of interpersonal and institutional maltreatment as an important determinant of an individual's assessment of his or her global health status paying particular attention to the notion that the perception of unfair treatment is an important mechanism through which health pessimism rates among black and white adults diverge. In doing so, this paper draws an important connection between work that focuses on the meaning that individuals attach to self-rated health items (Krause & Jay, 1994) with research on the perception of rude or discriminatory actions from others as an independent contributor to population health differences (Finch, Kolody, & Vega, 2000; Krieger 1990, 2000; Krieger and Sidney, 1996; Williams, Yu, Jackson, & Anderson, 1997).

\*Tel.: +1-303-735-0172; fax: +1-303-492-8878.

E-mail address: boardman@colorado.edu (J.D. Boardman).

## Race, maltreatment, and health pessimism

### *Race and health pessimism*

Self-rated health (e.g., “Overall, how would you rate your health?”) is one of the most widely used measures of overall health status. This is due in part to the relative ease with which this information can be collected but also because this single item has consistently been found to be a valid measure of current health status among adults. For example, Idler and Benyamini (1997) and Benyamini and Idler (1999) review 46 studies in which self-rated health is used to predict subsequent mortality and find that individuals reporting “poor” health status have a significant increase in risk of death in 40 of the 46 studies. They conclude by calling self-rated health “an irreplaceable dimension of health status and in fact that an individual’s health status cannot be assessed without it” (Benyamini & Idler, 1999, p. 34).

It is less clear if the robust relationship between subjective and objective health status is similar among members of different racial and ethnic groups. Indeed, the notion that social context shapes the way in which individuals understand their physical health is nothing new to sociologists (e.g., Suchman, 1964; Zola, 1966). In one of the first papers to identify health pessimists Maddox (1962) finds that compared to whites with similar levels of health, as assessed by trained medical examiners, blacks consistently report worse self-rated health. Using more recent data, Ferraro (1993) finds that although blacks and whites report a similar number of chronic illnesses ( $\mu_{\text{black}} = 1.88$ ;  $\mu_{\text{white}} = 1.74$ ) when asked to rate their health from 1 (Poor) to 5 (Excellent), the average for blacks is 2.66 and the average for whites is 3.09. Whereas the difference in the number of chronic illnesses is not statistically significant across the two groups, the observed difference in self-rated health is ( $p < 0.01$ ). Even after controlling for functional limitations and health-related efficacy, when comparing blacks and whites with similar levels of physical health, blacks continue to report worse self-rated health by roughly two-tenths of a point ( $p < 0.01$ ). These findings are bolstered by Ferraro et al. (1997) who use three waves of data over 15 years and find that despite statistical controls for the presence of chronic illnesses, activity limitations, and disabilities, black respondents continue to report worse self-rated health compared to white respondents with similar objective health status. More recently, Ferraro and Farmer (1999) control for access to health care (e.g., lack of medical insurance and use of a regular physician), health-related behaviors (e.g., smoking and obesity), functional health status, and self-reported morbidity and find similar results as Ferraro (1993); among blacks and whites with comparable physical health status, blacks report approximately

two-tenths of a point worse health on a five-point self-rated health item.

A similar relationship is found even when a different measurement of objective health status is used. For example, McGee, Liao, Cao, and Cooper (1999) test the criterion validity of self-rated health and find that the relative risk of mortality associated with reporting “fair” or “poor” health to be greater for white (RR = 2.5) compared to black (RR = 2.0) men. In other words, poor self-rated health is more strongly associated with worse physical health status among whites compared to blacks. Taken together, these studies consistently highlight the same finding: *comparing those with similar physical health status, blacks are significantly more likely than whites to report relatively poor self-rated health status*. Said differently, the prevalence of health pessimism is higher among black compared to white adults. To date, however, no existing studies have successfully accounted for this elevated risk of health pessimism among blacks.

### *Race and maltreatment*

This paper focuses on the possibility that the perception of maltreatment is associated with health pessimism and more importantly that race differences in perceptions of maltreatment helps to explain black–white differences in health pessimism. Sigelman and Welch (1991) analyze a number of nationally representative social surveys and find that among blacks, most believe that they have been treated unfairly within educational, residential, and employment settings at some point in their lives. According to Sigelman and Welch (1991, p. 165) among blacks “[n]early half believe that in their local area there is discrimination in housing and access to unskilled jobs, and two-thirds perceive discrimination in wages and access to skilled and managerial jobs.” They conclude by stating that “according to the world view of the typical black, significant racial discrimination persists and largely accounts for where blacks as a group stand today.” In other words, for blacks, perceptions of unfair treatment by white individuals and formal institutions are not understood as random or unrelated events rather, repeated exposure to rude, discriminatory, or hostile behaviors from others is a key aspect of global self-concept and agentive identity formation (Feagin, 1991; Hughes & Demo, 1989).

To illustrate, Table 1 presents prevalence rates of perceived maltreatment obtained from a sample of black and white adults residing in the Detroit Metropolitan area. Similar to the testimonials of blacks that Feagin (1991) reports, blacks are significantly more likely than whites to report that they have been treated with less courtesy and less respect, received poorer service, treated as though they are not smart, perceived that others were afraid of them, treated as though they were dishonest,

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