

# Low self-rating of social status predicts heart disease risk

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How a person defines their own socioeconomic standing (SES) within their community can help predict their risk of cardiovascular disease, but only among Whites, not Blacks, finds a recent study in *Ethnicity and Disease*.

"We know objective measures of SES like income, education, and occupation and how that influences [cardiovascular disease risk](#) can be 'measured' by an outsider, but we wondered about the influence when a person evaluates their own social standing, even as they struggle to meet basic needs," says lead study author Allyssa Allen, M.Ed., a doctoral candidate in human services psychology at the University of Maryland in Baltimore County.

The researchers used data from participants enrolled in the 2010 Baltimore-based, Healthy Aging in Neighborhoods of Diversity across the Life Span (HANDLS) study. They calculated cardiovascular disease (CVD) risk using the Framingham 10-year risk equation and analyzed SES using the MacArthur Scale of Subjective Social Status.

Allen and colleagues found that, as expected, lower social standing and lower self-rating were associated with higher CVD risk, but were surprised that this was true for Whites only. "We actually expected the opposite due to the influence of racial discrimination on perceived social standing and cardiovascular [disease risk](#)," she said. The findings persisted even after adjusting for poverty, [body mass index](#), depression and the use of high [blood pressure medication](#).

"People may rate social standing based upon how active they are in the community, the level of respect they receive, their material wealth, education, occupation, spiritual and ethical values and social responsibility—more than just income," Allen explained.

Allen suggests that clinicians could ask patients about their own perceptions of SES. "That opens the door to talk about how much difficulty they have getting to doctors' appointments, obtaining medication and eating healthy food. We might also use this assessment for CVD risk on a population level."

"The [social environment](#) in which we live has a critical impact on our health and well-being," said Susan Everson-Rose, Ph.D., M.P.H., an associate professor of medicine and associate director at the Center for Health Equity at the University of Minnesota. "This is true for men, women, children, and people of all racial or ethnic groups. This new study demonstrates that perceptions of one's place within the community social milieu may matter for heart health, perhaps more so for whites than for blacks. The social characteristics people consider when

positioning themselves on the SES ladder likely vary widely so the reasons for the seeming race differences in this study are unknown."

Racial disparities retain a stubborn hold on public health outcomes, she said. "Within the U.S., black-white disparities in [cardiovascular disease](#) risk factors and outcomes have persisted despite advances in treatments, greater understanding of disease pathology and better access to health care. We need to do more work to understand how the social environment may play a role in these disparities."

Provided by Health Behavior News Service

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