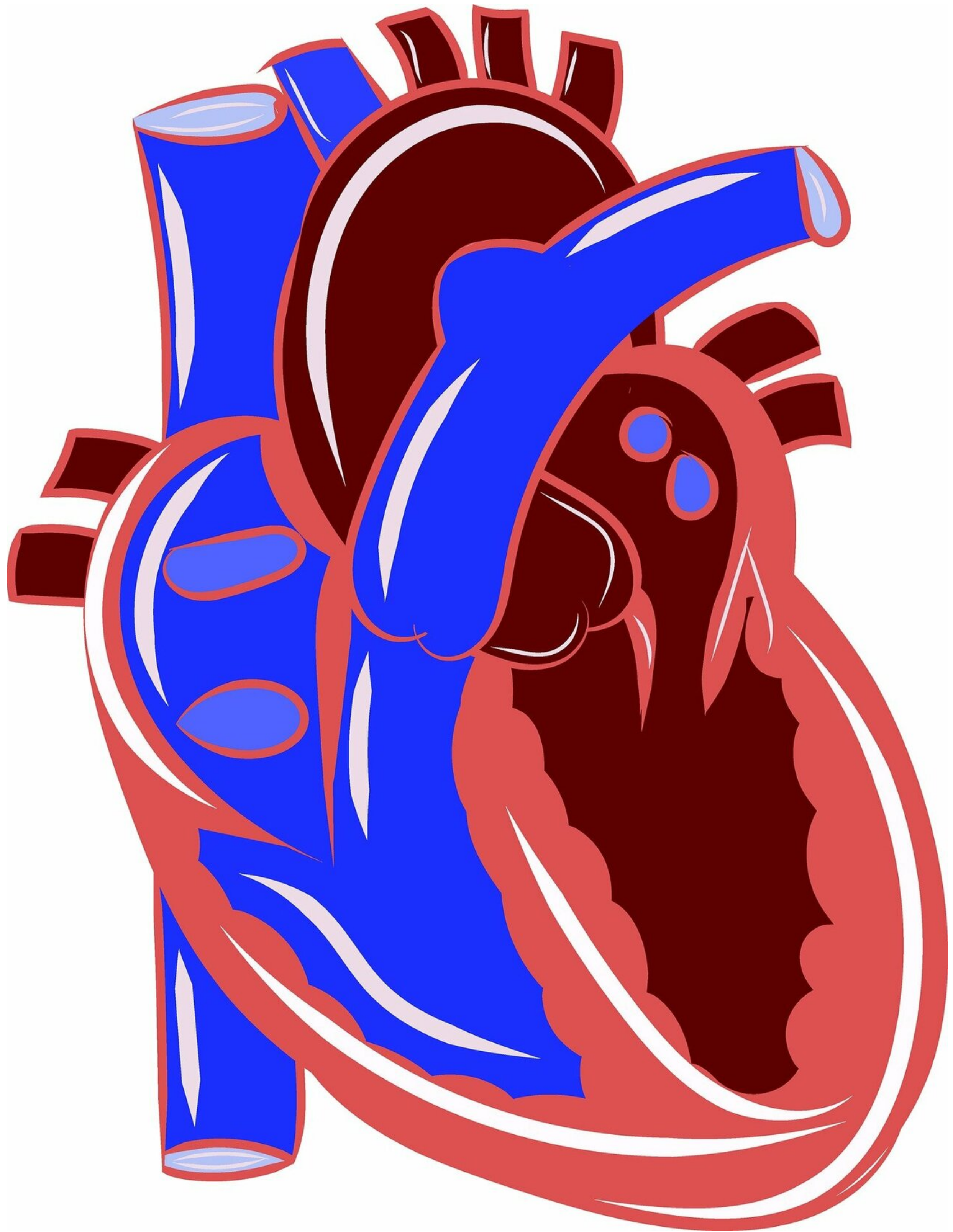
Self-perceived social standing may affect cardiovascular health of Hispanic/Latino adults

August 11 2021



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How U.S. Hispanic/Latino adults perceive their own social standing, relative to the general population may be an important factor contributing to their overall cardiovascular health, according to new research published today in the *Journal of the American Heart Association*.

According to the American Heart Association, in 2018, about 52% of Hispanic men and about 43% of Hispanic women in the U.S. had cardiovascular disease. Cardiovascular disease also caused the deaths of 30,584 Hispanic men and 25,983 Hispanic women of all ages.

Socioeconomic status (also called objective social status) includes occupation, education level and income—factors that can influence cardiovascular disease risk. This is the first study to suggest that for Hispanic/Latino people, subjective social status (self-perceived) can be used with objective social status (as measured by set criteria) in the assessment of overall cardiovascular health. Subjective social status, also known as relative social standing, reflects how a person compares with others in their community based on a number of perceptual and interpretative experiences, including how respected the person feels by others, a sense of social responsibility or meaning derived from their work, or fulfillment from other life activities that endorse social status beyond what objective indicators might convey (e.g. raising children, leading a spiritual community, and/or involvement in some other form of community volunteering or social advocacy).

"People who have migrated to the U.S. often experience a change in subjective social status that could affect their cardiovascular health. For example, a person who was previously a teacher or lawyer in a Latin American country such as Colombia or Mexico, may find their employment prospects constrained in the U.S. by language issues and

incompatible professional credentials. For them, the migration experience coincides with a diminished social status by objective standards; that is, they might only be able to find employment in the low-wage service sector such as driving a taxicab. This outcome affects the person's sense of social standing," said lead study author Lissette M. Piedra, Ph.D., M.S.W., an associate professor in the School of Social Work at the University of Illinois at Urbana-Champaign. "However, consider the person who is from a rural Latin American community with serious labor shortages and extremely low wages. In the U.S., they may continue to occupy low-income jobs relative to the general population, yet the actual pay for the same job in the U.S. may be many-fold greater than what was possible in their country of origin. Even though there hasn't been a change in education level or skills, the increased income may result in a completely different self-perceived social standing.

"Our subjective experience influences how we take care of ourselves and how we interact with others. Over the life course, these every day actions can have a significant impact on our health," she added. "The clinical implication is that a perceived sense of high social status could be protective, especially at the population level, where small differences that compound over time matter."

The researchers used data from participants enrolled in the national Hispanic Community Health Study/Study of Latinos (HCHS/SOL) to examine the relationship between subjective social status and cardiovascular health. The HCHS/SOL cohort consists of first- through third-generation immigrants (or, in the case of Puerto Rico, migrants) Hispanic/Latino adults from diverse backgrounds (Mexican, Puerto Rican, Dominican, Cuban, and Central and South American). The data offered diversity of heritage backgrounds, geographic residency and social economic status that reflects the overall demographics one would expect in a national sample (except for age). For this analysis, from 2019 to 2020, researchers accessed data on 15,374 adults, ages 18 to 74

(median age of 41), living in The Bronx, New York; Chicago; Miami and San Diego.

Subjective social status (self-perceived social standing) was calculated using the MacArthur Scale of Subjective Social Status, a 10-rung social ladder, where the top rung represents people who have the highest prestige and success, and the bottom rung represents people with the least. Study participants were asked to place themselves on that ladder, relative to others in the U.S. population.

HCHS/SOL collected biometric data and self-reported data. Cardiovascular health was defined as ideal, intermediate and poor according to the American Heart Association's Life's Simple 7 (LS7), a composite score of seven modifiable heart-healthy factors: smoking status, physical activity, diet, body mass index, blood pressure, cholesterol and glucose levels. A composite cardiovascular health score was calculated by adding scores across the 7 indicators (scores range from 0-14; higher scores indicate better CVH).

The analysis found:

- Overall, more than three-fourths of the study participants were born in countries outside of the U.S.
- Average subjective social status (self-perceived social standing) among all participants was 4.4 (on a scale of 1 to 10).
- Less than half of the study population had ideal LS7 cardiovascular health scores in four or more metrics of cardiovascular health.
- An increase in subjective social status was associated with a higher overall cardiovascular health score. This association persisted even after adjusting for objective social status (occupation, income and education levels), demographic and health factors.

- Higher subjective social status was also positively associated with ideal measures of body mass index, physical activity and fasting blood sugar levels.

"When evaluating an individual's cardiovascular health, we should consider their subjective experience. Clinicians could ask patients how they see themselves, and then ideally, we might have interventions that may help to elevate their sense of autonomy and self-perceived social status," Piedra said. "As our findings indicate, subjective social status could provide especially important insights into the cardiovascular health of Hispanic/Latino people."

A major limitation of this study is that the MacArthur Scale social ladder is a tool that only demonstrates a broad association. In the HCS/SOL study, participants were asked about their perception of their own social status at only one point in time. "Ideally, the question would be more specific, including a reference to family, community, country and occupation," Piedra noted. In addition, since the study was not longitudinal, it's not known if or how these associations might change over time.

More information: Association of Subjective Social Status With Life's Simple 7s Cardiovascular Health Index Among Hispanic/Latino People: Results From the HCHS/SOL, [DOI: 10.1161/JAHA.119.012704](https://doi.org/10.1161/JAHA.119.012704)

Provided by American Heart Association

Citation: Self-perceived social standing may affect cardiovascular health of Hispanic/Latino adults (2021, August 11) retrieved 25 April 2024 from
https://medicalxpress.com/news/2021-08-self-perceived-social-affect-cardiovascular-health.html

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