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Chapter Title: Comment on "Self-Reported Disability and Reference Groups"

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Comment David M. Cutler

Arthur van Soest and colleagues have written a very interesting paper on reference groups and self-reported health. The basis of their paper is a simple correlation. People with more "disabled" friends are more likely to be "disabled." The quotation marks around disability refer to the fact that the entire notion of what it means to be disabled is up in the air, given that it is not a perfectly measurable term. The magnitude of this correlation is large: 20 percent of those who are moderately, severely, or extremely limited report that their reference group has a few or many disabled people, compared to only 5 percent of those who are not limited.

The question is why this is the case. Van Soest and colleagues put forward two explanations. The first explanation is that it is a reporting effect. People who know more disabled people are more aware of what disability means and, hence, view their own health as worse. The second theory is sorting of friends: disabled people find it more pleasurable to be with other disabled people, and nondisabled people prefer the company of other nondisabled people.

One cannot tell these two theories apart without some objective evidence. In this case, the objective evidence consists of assessments of disability for hypothetical individuals who are asked of all people—that is, vignettes. If the issue is perception of health status, then having more friends who are disabled will lower the trigger point for calling a person disabled. This will show up as greater reports of disability among the vignettes. If the issue is selection of friends, in contrast, that will not be the case. Rather, there will be a correlation between the error term in the self-assessment of disability and the error term in the share of friends who are on disability. That is, people who happen to have more friends who are disabled will themselves be more disabled. But this will not affect the vignette answers.

Somewhat surprisingly, van Soest et al. conclude that the reporting effect is the dominant explanation. People report vignette individuals as more likely to be disabled when they have more friends who are disabled. And conditional on *X*s (most importantly age), people who self-report disability are no more likely to have friends who are disabled.

The lack of evidence for sorting of friendships is intriguing and puzzling. How can it not be that disabled people know more disabled people? One institutional detail that would help flesh out these findings is to know more about who people consider their friends in the Netherlands. If friends are largely work-related, one would be hard-pressed to imagine this correlation

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not existing. After all, work is not a place where disabled people gather. If friendships were formed around neighborhoods, churches, soccer teams, or other leisure pastimes, in contrast, the idea is more plausible. Thus, it would be nice to see a bit more about how the Dutch social structure influences these findings.

The use of vignettes in this setting is novel and important. The authors have done an excellent job of framing and analyzing the vignette data. They talk about vignettes in other papers, but it would be nice to know a bit more about how plausible the responses to them are. The authors note that, on average, people judge vignettes with greater problems to be more disabled. But the outliers are curious. For example, consider the question: [*Jim*] *enjoys work very much. He feels that he is doing a very good job and is optimistic about the future. "Does Jim have a health problem that limits the amount or type of work he can do?"* The vast bulk of people rate Jim as not at all limited. But .5 percent of the sample—about ten people—report that Jim is extremely limited or cannot work. Do these people simply misunderstand the question? Are they playing games with the interviewers? Do the same people report strange answers to other questions? It would be good to explore the unusual responses in more detail. For example, are people consistent, in the sense that everyone ranks the vignettes that are objectively in worse health as more limited than the ones in objectively better health?

There is one other theory that the authors do not explore but that would be good to consider. It may be that having disabled friends makes one feel worse. For example, disabled people may complain about their health, and this may lead a person to notice their own health limitations more. In terms of the model in the chapter, having disabled friends may translate the same physical health impairment into a greater degree of self-perceived limitation.

There are a couple of ways the authors can test this. First, they could use an objective standard. For example, if it is known that two people can each walk one mile in about the same time, does the person with more friends who are disabled report themselves as more limited? Alternatively, it may be that the authors can look at self-assessments along the scales likely to reflect self-perceived limitations the most, given the objective conditions of their life. For example, do people with more disabled friends report more pain, even given a set of health impairments? Is emotional status worse for people with more disabled friends, even given their relationships and job characteristics? It may be that the translation from objective health status into true self-perceived health differs across individuals.

In sum, this is an excellent chapter that makes a good deal of progress on a very difficult question.