Aging, Social Capital, and Utilization of Health Services in Canada

Audrey Laporte, Assistant Professor of Health Economics at the University of Toronto – mailto: audrey.laporte@utoronto.ca
Eric Nauenberg, University of Toronto – mailto: eric.nauenberg@utoronto.ca
Leilei Shen, University of Toronto – mailto: s_leilei@hotmail.com

Abstract

This paper provides results from ongoing research that seeks to better understand the dynamic between social capital and health care utilization. Initial cross-sectional (2001) results of our work in Canada suggests that Individual and community social capital operate differently with the former enabling better access to health care services while the latter serving as a substitute for these services. This begs the question of why these different levels of social capital behave very differently vis-à-vis health care utilization.

To further this work, we have obtained longitudinal data through the Ontario Ministry of Health and Long Term Care for 2006 linked back to the initial (2001) Canadian Community Health Survey (CCHS waves 1.1 and 1.2) and Canadian Census responses on social capital. We estimate two-part models of utilization for annual GP visits, hospital emergency department visits, hospitalized days, home care visits, and prescriptions filled with special attention paid to the impact of community and individual social capital. We control for the effect of diet, substance abuse (smoking, alcohol consumption), immigrant status, community migration levels, baseline health status (# of chronic conditions), a regular source of primary care, income, education, and labour force participation. Individual social capital (ISC) is measured in two components: a four-point likert scale regarding how connected a person is to their community and on the frequency of religious service attendance. Community Social Capital (CSC) is measured at the metropolitan level using employment levels in religious and community-based organizations [NAICS code 813XX]—a.k.a., Petris Index). In the next phase of research, we plan to engage the public through focus groups and questions inserted in population-based surveys to determine which factors (e.g., education) and issues mediate the relationship between social capital and health care utilization.

The initial cross-sectional results showed that a 1% increase in the Petris CSC index produced a 2% decrease in overall GP visits with the impact concentrated in the population 65+, The impact from increased ISC was in the opposite direction and also smaller in magnitude than for CSC. The results of the quantile regression indicated that the effect of CSC is most prominent in the middle ranges of utilization while that of ISC is mostly at the lower end. We anticipate that the longitudinal analysis will produce results with larger magnitudes but maintain the opposing relationships observed. The focus groups and survey work undertaken will then help answer why the two forms of SC behave differently and describe the different mechanisms through which each likely operates.