

**2008 Social Capital Global Network Workshop
on Social Capital and Health
October 10-11, 2008**

Social Capital, Education and Health Care Quality: The Case of Registered Nurses

Chris Brown Mahoney, PhD

**National Institute of Mental Health Post-Doctoral Scholar
Petrus Center on Health Care Markets and Consumer Welfare Policy
Global Center for Health Economics & Policy Research
University of California, Berkeley**

Timothy T. Brown, PhD

**Assistant Adjunct Professor of Health Economics
School of Public Health, University of California at Berkeley
Associate Director of Research and Training,
Petrus Center on Health Care Markets and Consumer Welfare**

**University of
California,
Berkeley**



Outline

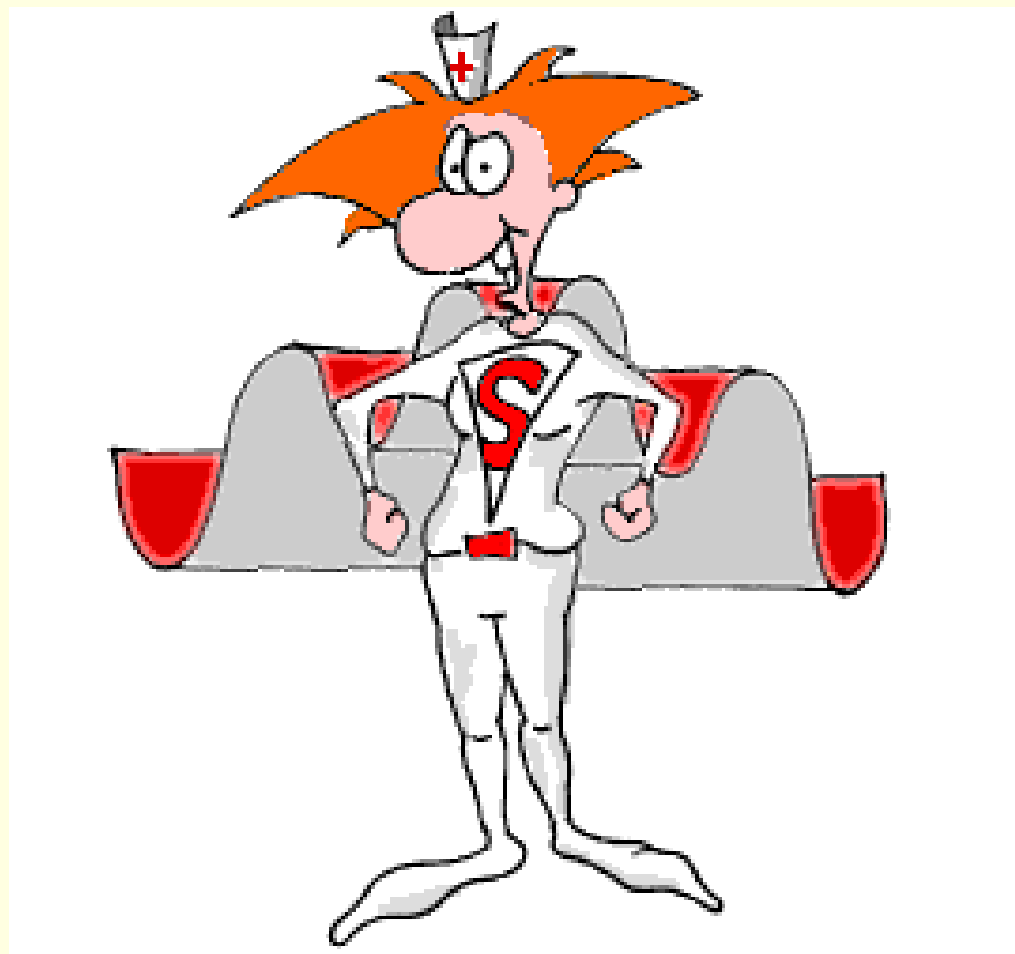
- Introduction
- Data and methods
- Results
- Discussion

Introduction

- Nursing quality matters in patient outcomes
 - Nurse-to-patients ratios
 - Level of nursing education
- Community Social Capital
 - Influence nurses to stay in given geographical area
 - Stronger influence on more highly educated nurses



Nursing Quality Matters!



10% increase in proportion of nurses with bachelor's degree associated with 5% decrease in likelihood of patients dying within 30 days of admission **Educational Levels of Hospital Nurses and Surgical Patient Mortality**. Aiken et al. *JAMA*. 2003

Nursing quantity matters

- ***Each additional patient per nurse increases likelihood of dying by 7% within 30 days of admission.*** Needleman (2002). Nurse-staffing levels and the quality of care in hospitals. *NEJM*
- ***Inverse relationship between RN hours per adjusted inpatient day and thrombosis, pneumonia, infection, pulmonary complications*** (standard hospital quality measures) Kovner (2002). Nurse staffing and post-surgical adverse events: An analysis of administrative data from a sample of U.S. hospitals, 1990-1996. *Health Services Research*

Structural Social Capital Measures

- Community Social Capital (CSC)
 - Demand Side: Aggregate Individual Level Responses to Community Level (Putnam)
 - Supply Side: Petris Social Capital Index



Putnam and Petris Social Capital Index

- Putnam's Measure

- **Membership** in voluntary organizations

- Data sources: Social Capital Community Benchmark Survey

- Petris Measure

- **Employment** in voluntary organizations

- Data source: County Business Patterns (U.S. Census)

- Match organizational types

- Compute community social capital measure as the ratio of:

$$\frac{\text{Total employment in voluntary organizations}}{\text{Total county population}}$$



Social Capital Community Benchmark Survey

Charity or Social Welfare
Organization

Professional, trade, farm or
business association

Hobby, Investment, or Garden club

Youth Organization

Neighborhood Association

Literary, Art, or Musical Group

Service or Fraternal Organization

Self-help Program

Parent Association or other School
Support Group

Political Group

Organization Affiliated with Religion

Seniors Groups

Sports Club, League, or Outdoor
Activity Club

Ethnic, Nationality, or Civil Rights
Organization

Other kinds of Clubs or Organizations

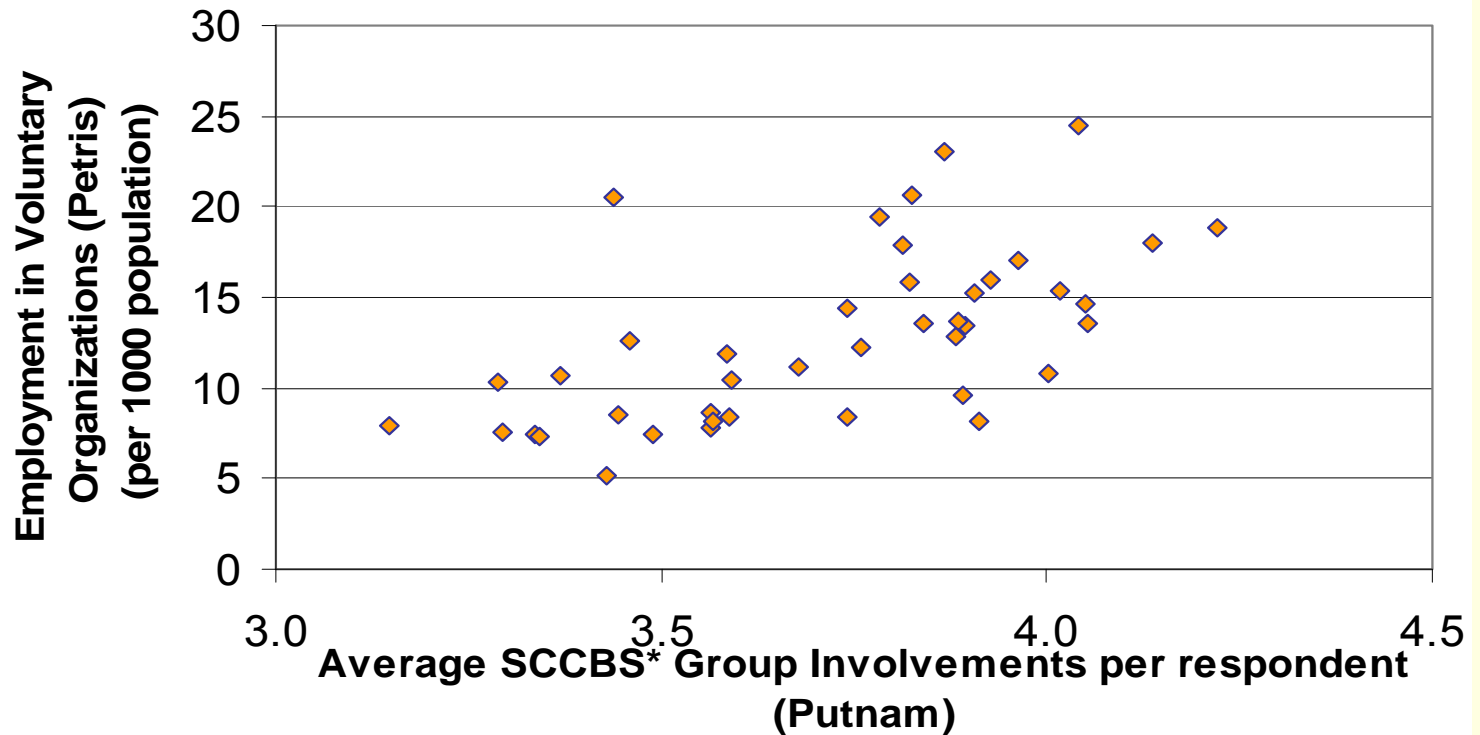
Veterans Group

Labor Union

Group that meets over the Internet*

* Putnam only

Petris vs. Putnam



Correlation: 0.60 ($p < 0.01$)

Data and Methods: Data

- National Sample Survey of Registered Nurses
 - Repeated cross-section: 2000, 2004
 - Covers all 50 states
 - Includes over 3,000 counties (check!)
 - 67,386 observations

Data and Methods: Dependent Variable

- Migration
 - *Did you move in the last year?*
 - 1 if move
 - 0 if stay

Variable means & standard deviations

Variable	Mean	Std Dev
Married	72.75%	44.52%
age 25-29	6.46%	24.58%
age 30-34	9.10%	28.75%
age 35-39	11.90%	32.38%
age 40-44	15.95%	36.61%
age 45-49	18.15%	38.54%
age 50-54	14.73%	35.44%
age 55-59	10.19%	30.25%
age 60-64	6.33%	24.34%
> age 65	5.42%	22.64%

Variable means & standard deviations (cont.)

Diploma	26.45%	44.11%
Baccalureate	30.99%	46.25%
Masters or higher	0.44%	6.63%
Petris Social Capital index	0.010298	0.005555
PSCI * diploma	0.004117	0.005924
PSCIB * Baccalureate	0.003404	0.006092
PSCI * Masters or higher	5.11E-05	0.000906
Unemployment (% - county)	4.84%	2.08%
Hospital beds per capita (county)	0.004257	0.003533
Physicians per capital (county)	0.003003	0.002296
Per capita income (county)	30396.85	8544.47
Children at home age < 18	7.7%	26.6%

Data and Methods: Model

$$\Pr(\text{move}) = \beta_0 + \beta_1 D + \beta_2 E + \beta_3 SC + \beta_4 SC \cdot E + \beta_5 C + \varepsilon$$

D = age, marital status, children

E = education (diploma, associates, bachelor, masters or higher)

SC = Petris Social Capital Index

C = county level measures (unemployment, hospital beds per capita, physicians per capita, per capita income)



Data and Methods: Econometrics

- Linear probability model \vec{l}
 - County-level fixed effects
 - Correction for heteroscedasticity
 - Accounts for probability weighting
 - Interaction effects need no adjustment
 - (as in probit)

Model estimates

Variable	Coef	Std. Err.
Married	-0.0408	0.0034
age 25-29	-0.1228	0.0177
age 30-34	-0.1868	0.0170
age 35-39	-0.2281	0.0167
age 40-44	-0.2482	0.0165
age 45-49	-0.2492	0.0164
age 50-54	-0.2454	0.0165
age 55-59	-0.2418	0.0167
age 60-64	-0.2371	0.0171
> age 65	-0.2564	0.0171
Diploma	0.0004	0.0074
Baccalureate	0.0172	0.0073
Masters or higher	0.0891	0.0397

Petris Social Capital index	-1.2581	0.5338
PSCI * diploma	0.7928	0.6344
PSCIB * Baccalureate	-0.0900	0.6521
PSCI * Masters or higher	-5.0388	2.1638
Unemployment (% - county)	0.0061	0.0007
Hospital beds per capita (county)	-1.5401	0.5534
Physicians per capital (county)	-0.3295	0.9028
Per capita income (county)	0.0000	0.0000
Children at home age < 18	-0.0235	0.0051
constant	0.2870	0.0184

Individuals in the reference group are unmarried, have a associates degree, have no children, and are aged < 25

** $p \leq 0.01$, * $p \leq 0.05$

67,386 observations

All regression models include county fixed effects



Discussion

- Community Social Capital aids in retention of nurses
 - Retention highest among best trained nurses
- How to use this information to motivate changes that impact healthcare availability and quality?