There are many factors that can predispose a population to increased or decreased utilization of health care services. They include: (1) socio-economic status, (2) physician supply, (3) policies and beliefs of a nation, (4) risk behaviours of a population, and (5) health status.

**How Does SES Have an Effect on Health Care Utilization?**

The socio-economic status (SES) of a community is a composite measure based on factors such as education, income, and demographic characteristics (sex, age, and ethnicity). It is believed that SES has a significant influence on utilization behaviour because of its effect on aspects such as need, recognition, and response to symptoms; knowledge of disease; motivation to get well; and access or choice of health services (Anderson, 1973; Hulka & Wheat, 1985).

- It is well documented that persons of lower SES experience a greater degree of disease and mortality. Despite these facts, research has shown that clinic and hospital use is not reflective of their circumstances -- especially among infants and children. This disparity in use by young persons of lower SES can result in a disproportionate amount of use when they are older (Hershey, Luft, & Gianaris, 1975).

- **Education** and **income** usually result in higher use of health care, especially preventive visits and clinic visits; however, educated persons experience less acute disease (Muller, 1986).

- Research has shown that **women** have a slightly higher rate of utilization than their male counterparts (Hulka & Wheat, 1985).

- **Age** is another significant aspect of SES. Although elderly persons use more health services, it is not equally distributed among the whole population.

- Research has shown how other factors, such as the presence of chronic disorders (health status), risk behaviours (e.g., smoking), and access to care, also play an important role in how and why the aged use health care. This is an excellent illustration of the multi-factorial nature of health care utilization and the faults of a shortsighted approach to health policy decisions (Anderson, 1973; Hershey, Luft, & Gianaris, 1975; Muller 1986).
**Can Physician Supply Impact on Health Care Utilization?**

**Physician supply** is not as multifaceted as SES and a large part of the literature illustrates that its relationships with health care utilization is straightforward. An increase in the proportion of doctors available or access to doctors in a community consistently results in an increase in health care utilization of all types. This indicates that many patients will use or be encouraged to use services when the physician services are made available (Barer, Evans, & Labelle, 1988; Hulka & Wheat, 1985).

**How Policy Changes and National Values Can Affect Health Care Utilization**

Government policies and the values of a country can have a direct effect on health care utilization. When a country wants to increase the use of health care by the population it can create policies in order to do so. The best example of this fact is the introduction of Medicare.

- Twenty years after the introduction of the Medicare system in Canada a number of researchers (Canadian and international) illustrated that health care systems like Canada's provide more access to health care for persons of lower SES (Barer, Evans, & Labelle, 1988; Muller, 1986).

**Risk Behaviour and Health Care Utilization**

Policies, such as the enforcement of wearing seatbelts in vehicles, have also helped to reduce the effects of risk behaviours that can have a significant impact on health utilization. Unfortunately, government efforts to reduce other risk behaviours such as smoking and alcohol and drug abuse have not been as effective. Research has shown that lifetime health costs of smokers are 47% higher despite the lower life expectancy of smokers (Hodgson, 1992; Rice et al., 1986).

**Health Status and Health Care Utilization**

Health status is the most important factor associated with increased health care utilization. There is consistent evidence that shows that lower health status of a population directly results in increased health care utilization of all types (i.e., clinic visits, physician visits, and hospitalization) (Anderson, 1973; Hershey, Luft, & Gianaris, 1975; Hulka & Wheat, 1985; Muller, 1986).

- A recent trend analysis of hospital utilization in Canada revealed that the characteristics of high users of hospital care are those with multiple chronic conditions and elderly persons with multiple chronic conditions and disabilities (Johansen, Nair, & Bond, 1994).

It is important to note that despite the enormous amount of literature on health care utilization no distinction is made between necessary and excessive utilization rates. Many authors argue that this is very difficult to measure and encourage policy makers to determine what levels of utilization have positive, negative, or indifferent effects on the health of the population (Hershey, Luft, & Gianaris, 1975; Muller, 1986).

Prepared by Mark Morreale, BA, MSc (Epid)  
September 29, 1998  
References upon request
References


