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**Social Networks and Health Service Demand:  
Evidence from the U.S. and China**

Comments by:

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# The social determinants of health service demand

Large literature on social determinants of health and health behavior

Little is known about social factors affecting the demand for health care

Complex good/service (multiple dimensions, limited/asymmetric information, etc.): in addition to individual considerations and calculations, social influence are likely to matter

- Information, peer effects, conformity, etc.

Obvious relevance for policy (in cases of both excess and shortage of demand)

# The social determinants of health service demand

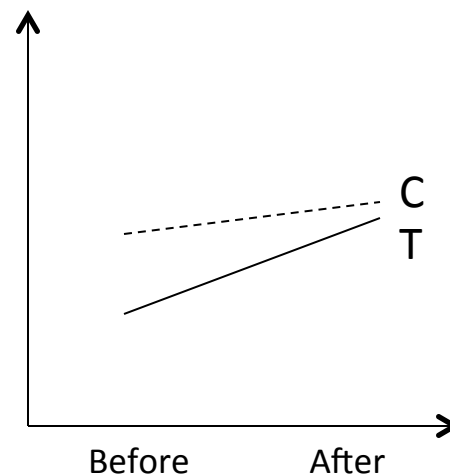
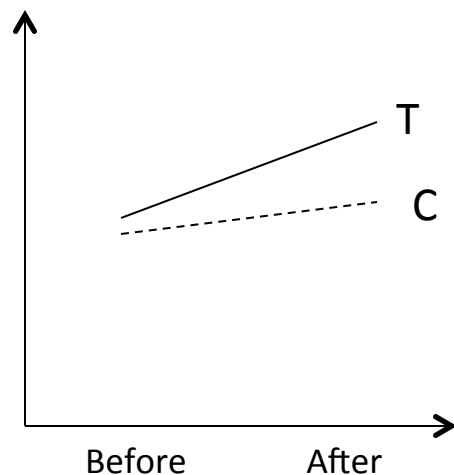
Hard questions to address empirically

- Empirical constructs for social factors (social position, social networks, etc.)
- Likely unobservable heterogeneity
- “Reflection problem”

# Opportunities from the CHNS data and “cellphone” experiment

Explore the details of the natural experiment

- How were the upgraded provinces determined?
  - Defend the comparability of treatment and control



Offer more institutional details? Show trends in raw data in various provinces?  
Add control variables to the regressions?  
Look at borders? (more homogenous area)

# Opportunities from the CHNS data and “cellphone” experiment

Treatment or intent to treat?

- Cellphone service introduction is an “initial assignment” and not necessarily actual treatment
  - More direct measures of social connections (and use cellphone experiment as instrument)?
  - Distinguish (e.g.) rural from urban areas (enhanced cellphone service may affect social connections more in more dispersed communities)

Explore mechanisms

- E.g., information vs. social pressure, role of leading individuals, etc.