

Relationship between Community Social Characteristics and Health at Older Ages:

A Quasi-Experimental Study in 156 Religious Communities

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## ABSTRACT

Several studies have found an association between individual health and community social characteristics such as community cohesion, social capital, and trust amongst community members. However, interpreting the causality of the relationships has been difficult due to potential confounders, selection effects, and the conflation of compositional and true contextual effects which may have biased results. We reduced these problems by approximating experimental conditions through analyzing data from Catholic order members aged 50+ living together in religious communities. We used multi-level Group Actor-Partner Interdependence Models and cross-sectional questionnaire data ( $N=1041$ ,  $k=156$  communities,  $M_{age}=73.25$  years) to test whether individuals' health was associated with his/her feelings of connectedness with other people, his/her own involvement in social conflict as well as the level of conflict and connectedness of the other members of his/her community. We tested whether the relationships between health and individual and community social characteristics varied by age and/or gender. Our results show that living in a community with higher levels of conflict was associated with worse health, especially at older ages. Women reported better health than men in communities with higher levels of connectedness. Higher connectedness was associated with better health, especially among men. Personal involvement in conflict was unrelated to health. These findings suggest that living in communities with higher levels of conflict is negatively related to health and that gender differences in health are influenced by community connectedness. The results offer further evidence that at least some community social characteristics are causally related to health.

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