

POSTER PRESENTATION 7 : OTHERS

The impact of social capital, economic resources and health behavior on self-assessed health of older people in South Korea

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Purpose This study identifies the impact of social capital, economic resources, and health behavior on self-assessed health in later life. Most of the preceding studies have looked at only the influence of economic resources (Lee and Han, 2020) or only the influence of social capital, so that multidimensional influence factors of economic, social, and health behavior that affect health in old age. There are limitations that have not been explored. This study aims to examine the multidimensional effects of social capital, economic resources, and health behavior of older people self-assessed health and to derive implications for social policy, Gerontechnology, and the environment based on this. **Method** This study analyzed secondary data of 6,488 people over 65 years old from the eighth wave (Year 2020) of the Korean Longitudinal Study of Aging. Multiple regression was used to evaluate the effects of social capital (the number of times meeting close people, the number of participating groups, the volunteer experience), economic resources (basic old-age pension receipt, national pension receipt and pension receipt), and health behavior (alcohol, smoking, exercise, health checkup) on self-assessed health of older people in South Korea. **Results and Discussion** The results of this study verified the multiple regression model of social capital, economic resources, and health behavior (Table 1). The more the number of meetings with close people, the greater the number of participating groups, the more positive the self-assessed Health of older people. The volunteer experience was not statistically significant. The effects of economic resources on health were somewhat different. Older people who receive the basic old-age pension paid to the lower 70% of their income showed a negative evaluation of their health compared to older people who did not receive it. Alternatively, self-assessed health was not statistically significant when the recipients of the national pension, and the recipients of the private pension. Older people who do not drink alcohol, do not smoke at all, and exercise more than once have a negative evaluation of their health. However, older people who have had health checkups more than once in the past two years have shown a positive evaluation of their health compared to those who do not. The explanatory power of the research model was 30.5% ($R^2 = .305$, $F = 109.391$, $p < .001$). The discussion of this study is as follows: First, the influence of social capital on self-assessed health of older people was statistically and consistently important. Second, the health of older people was generally found to be unhelpful in economic resources. Third, a careful interpretation is needed of the effects of health behavior on the health of older people. It is necessary to verify it through a more sophisticated model in the future. From the perspective of Gerontechnology and the environment, this study suggests the basis of the technical necessity for the health promotion policy of older people. The health of older people in South Korea can be improved when the mobility and communication technology where they can meet close people frequently, the building and road environment where older people can meet, and convenience facilities are improved.

References

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Table 1. Multiple Regression Predicting Self-assessed Health of Korean Older people

Dependent variable	Self-assessed Health
constant value	2.380***
Frequency of contact with close people	.022***
Number of participating groups	.109***
Volunteer experience in the past year	.241
Basic old-age pension receipt ★	-.069*
Public pension receipt ★	.025
Private pension receipt ★	-.052
Healthy Behavior (Non Drinking, Non Smoking, Regular Exercise) ★	-.141***

POSTER PRESENTATION 7 : OTHERS

Health checkup ★	.098**
Gender-Female ★	.136***
Generation -70s ★	-.116***
Generation -80s ★	-.279***
Not Poor ★	-.035
Education	.076***
Depression level	-.018***
Life satisfaction (economic status satisfaction)	.009***
Life satisfaction (overall life satisfaction)	.003**
R^2	.308
Adjusted R^2	.305
F	109.391***

Note 1. : ★ Dummy variables

Note 2. : P value “ * ” $p < .001$, “ ** ” $p < .01$, “ * ” $p < .05$**