
2019 미국 사회복지 연구 연례학회
(SSWR (Society for Social Work and Research)
2019 annual conference) 참석 및 논문발표

2019. 1

KREI
한국농촌경제연구원

1. 출장개요

□ 출장명: 2019 미국 사회복지 연구 연례학회 (SSWR 2019 annual conference) 참석 및 논문발표

□ 출장목적

○ 2019 미국 사회복지 연구 연례학회 (SSWR 2019 annual conference) 참석 및 연구논문 발표

- 발표주제:

1. Double Barriers to Health Care Services for Rural Older Adults with Functional Disabilities (사전기초연구 결과)
2. The Effects of Social Cohesion and Living Arrangement on Entry into Long-Term Care: Longitudinal Study

(*영문초록 보고서에 첨부, 발표자료 별도 첨부)

※ 학회명 : SSWR 2019 annual conference

※ 학회일정 및 장소 : 2019. 1. 16 - 1. 20(5일간), San Francisco, USA

□ 출장기간, 출장자, 출장지

소속	출장자	직위	출장기간	출장지
농업·농촌 정책연구본부	안 석	부연구위원	1월 16일(수)~1월 21일(월) (3박 6일 - 여비는 3박 4일로 산정)	미국, 샌프란시스코

□ 주요 조사내용

○ 한국 농촌노인의 의료서비스 접근성, 사회자본과 장기보호 관련 연구논문 발표

- 발표:

1. Double Barriers to Health Care Services for Rural Older Adults with

Functional Disabilities

2. The Effects of Social Cohesion and Living Arrangement on Entry into Long-Term Care: Longitudinal Study

- 삶의 질, 노인, 건강 관련 분과 참석 ,

□ 주요 일정

일시	이동 및 주요 일정
1. 16(수)	<ul style="list-style-type: none"> ▪ 나주 → 인천공항 → 샌프란시스코 (1. 26일 도착)
1. 17(목)	<ul style="list-style-type: none"> ○ 학회 1일차: 학회 분과 참석 ◆ Longitudinal Data Analysis and Latent Growth Curve Modeling ◆ [Symposia] Virtual Reality Interventions for Addressing Family and Community Violence
1. 18(금)	<ul style="list-style-type: none"> ○ 학회 2일차: 학회 분과 참석 및 발표 ◆ Presentation: Double Barriers to Health Care Services for Rural Older Adults with Functional Disabilities (ePoster) ◆ [Workshops] Mapping Community Violence (and Ways to Stop It): Free Geographic Information Science (GIS) Software for Social Work Research ◆ Inequality, Poverty, and Social Welfare Policy (IP&SWP) [Symposia] Financial Well-Being across the Life Course
1. 19(토) ~ 1. 21(월)	<ul style="list-style-type: none"> ○ 학회 2일차: 학회 분과 참석 및 발표 ◆ Presentation : The Effects of Social Cohesion and Living Arrangement on Entry into Long-Term Care: Longitudinal Study (ePoster) ◆ Aging Services and Gerontology (A&G) ◆ Social Connections & Aging (Union Square 19 Tower 3, 4th

	Floor) Geriatric Rheumatology and Arthritis
	샌프란시스코(1.19(토) 출발) → 인천공항 → 나주(1.21(월) 도착)

2. 세부 출장 결과

(1) 국제 노인학과 노년간호학회 8회 컨퍼런스 참석

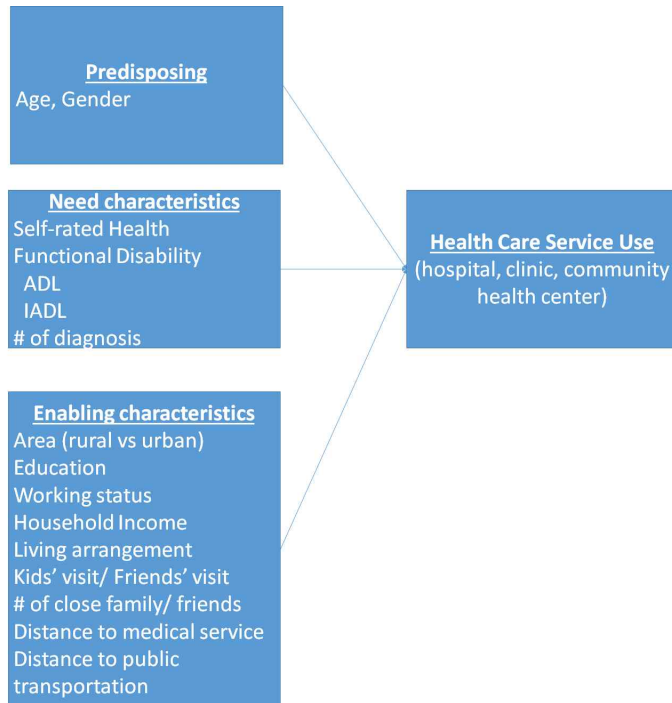
- Society for Social Work and Research는 미국 사회복지 연구자들의 학회로 미국 뿐만 아니라 한국, 중국, 캐나다 등 타 국가 사회복지 연구자들이 참여함. 연구 주제는 양적 질적 연구 방법, 아동복지, 노인, 정신건강, 약물, 에이즈 등 다양한 주제를 포함.
- 금년 Society for Social Work and Research 컨퍼런스는 젠더, 가족, 지역사회 폭력을 주제로 사회복지 영역에서 다양한 논의와 연구가 소개되었음.
- 금년 Society for Social Work and Research 컨퍼런스에서는 노인복지 역시 다루어 졌으며, 전통적인 관점에서 노인 돌봄을 접근하기 보다는 기술 (technology)을 이용하여 돌봄을 관리하고 그 효과성을 찾으려는 연구들이 소개되었음.
- 금년 Society for Social Work and Research 특히 여성에 대한 폭력과 인종차별에 대한 연구들이 다수가 발표되었음.

(2) Society for Social Work and Research 연구논문 발표

- 발표논문 요지

1. Double Barriers to Health Care Services for Rural Older Adults with Functional Disabilities

- 노인의 의료서비스 이용에 영향을 미치는 요인의 영향력을 연구함.

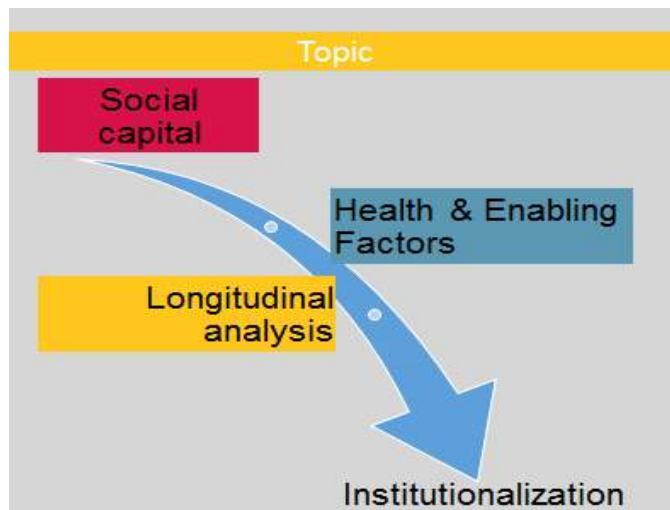


- 분석 결과 농촌 노인이 도시 노인에 비해 더 자주 의료서비스를 이용하는 것으로 나타남.
- 하지만, 일상생활활동을 고려했을 때 일상생활활동에 어려움을 겪는 농촌노인은 유의미하게 의료서비스 이용이 감소함.
- 즉 농촌에 거주하는 일상생활활동에 어려움을 겪는 노인은, 농촌 환경에서 오는 서비스 접근성의 어려움과 함께, 일상생활활동 어려움으로 인한 신체적 어려움을 동시에 겪게됨.

2. The effects of social cohesion and living arrangement on entry into long-term care: Longitudinal study

- Social cohesion과 건강, 거주 형태 등이 long-term care(요양병원, 요양원)에 입원(institutionalization)에 미치는 영향을 패널데이터를 이용하

여 survival analysis를 함.



- 분석 결과 social cohesion은 institutionalization에 긍정적인 영향을 줌. social cohesion은 network를 통해 정보 접근을 용이하게 하고, institute에 대한 접근성을 향상 시켜 institutionalization에 영향을 줌.
- 일상생활활동(ADL) 역시 건강 요인으로 ADL에 어려움이 있는 경우 institutionalization을 하게 됨.
- Institutionalization에 preventive factor는 홀로 거주하지 않고 가족이나 타인과 함께 생활하는 것으로 나타남.
- 가족 또는 타인과 거주하는 형태는 ADL의 영향력을 감소시키는 교차효과가 있어서, ADL에 어려움이 있더라도 가족 또는 타인과 거주하는 경우 institutionalization하는 경향이 낮아짐.

Abstract

1. Double Barriers to Health Care Services for Rural Older Adults with Functional Disabilities

Overview

This study examined the interaction effect of functional disability and geographic area (rural and urban) to identify the disparity in accessing health

care services between rural and urban older adults. Findings suggest that rural older adults suffer from double jeopardy accessing health care services: functional difficulties and rural area.

Background

Rural older adults with functional disabilities deal with various difficulties in using health care services. Functional disabilities limit older adults from access to health care services. Rural areas are supposed to be lacking in health services and health care professionals, which results in a long distance to access to health care facilities. Therefore, it can be expected that rural older adults with functional disabilities experience double barriers in using health care services. In this study, relationships among functional disabilities, geographical characteristics, and health care use was explored. In addition, the interaction effects of functional disabilities and rural area on health care use was tested.

Methods

This study used the data from the National Survey of the Actual Living Condition of the Elderly in Korea (2014). A total of 9,768 older adults aged 65 and over were included in the present study. Influential factors in access to health care services were categorized into personal characteristics (age, sex, education, working status, marriage status, living status), enabling factors (household income, number of family, number of friends, frequency of family visit, frequency of friend visit, distance to health care facility, distance to public transportation, rural and urban), and need factors (self-rated health, number of chronic diseases, functional disability) based on a health behavioral model introduced by Andersen (1995). The dependent variable was measured by use of health care service (hospital, clinic, community health center) in the last month. Logistic regression was conducted to identify the influential variables using health care services and test the interaction effect of functional disabilities.

Results

The results suggested that enabling and need factors were significantly associated with use of health care services. Older adults who have more friend visits have greater odds in using health care services than those who have friends visit rarely ($p < .01$). Among need factors, health status and number of chronic diseases were significantly associated with the use of health care services ($p < .001$). Older adults with difficulties in IADL only were more likely to use health care services than those who had no difficulties (OR = 1.34, $p < .05$). Rural older adults have 1.24 times greater odds of health care service use compared with their urban counterparts ($p < .01$). However, rural older adults with difficulties in ADL and IADL (interaction effect) were significantly less likely to use health care services compared to their counterparts (OR = .51, $p < .05$).

Discussion and Implications

Without considering interaction effects between functional disability and rural area, results might be misinterpreted as better accessibility of rural older adults to health care services. Once functional disability and rural area were

considered, rural older adults with ADL and IADL difficulties were less likely to use health care services than urban counterparts. Rural older adults are more likely to suffer from functional status and accessibility to health care services. Accessibility to health care is essential to improving health status. In particular, accessibility to health care for older adults is a key factor in reducing health disparities (Carter-Pokras, & Baquet, 2002).

2. The effects of social cohesion and living arrangement on entry into long-term care: Longitudinal study

Overview

Using a longitudinal analysis (Cox regression), this study focused on the effects of living status and social cohesion on older adults' entry into long-term care, nursing homes or assisted living facilities. Social cohesion was not a preventive factor for entry of long-term care. Those who live with others were significantly low entering long-term care compared to older adults living alone. Furthermore, living status (living with others) moderated effects of functional disabilities on entry into long-term care.

Purpose

Research shows that individual characteristics, health status, and living arrangement were identified as predictive factors of entry into long-term care. Among significant factors of long-term care, functional disability (ADL) is considered to be the strongest predictor of entry into long-term care. As a protective factor, social cohesion is regarded as a favorable neighborhood factor that influences older adults' physical and mental health. However, the longitudinal effects of social cohesion

To identify longitudinal effects of social cohesion and moderating effect of living status on entry into long-term care, this study used 6 waves of the National Health and Aging Trends Study (NHATS; 2011 - 2016)

Method

Using cox hazard regression, this study conducted a longitudinal analysis to investigate the longitudinal effects of social cohesion and living status on entry into long-term care.

Based on a health behavioral model introduced by Andersen (1995), influential factors in entry into long-term care were categorized into personal characteristics (age, gender, education, race), enabling factors (long-term care insurance, Medicaid, social cohesion, living arrangement), and need factors (mental health, chronic conditions, functional disabilities (ADL), self-rated health).

Results

As for need factors, functional disability was strongly associated with entry into long-term care (HR = 1.60, $p < .001$). Mental health status (phq4) was significantly associated (HR = 1.09, $p < .01$).

Among enabling factors, Medicaid and long-term care insurance were significantly associated with entry into long-term care (HR = 1.89, $p < .001$, and HR = 1.31, $p < .05$ respectively).

Contrary to expectation, social cohesion was not a protective factor for entry into long-term care. Older adults who perceived higher social cohesion were more likely to enter long-term care (HR = 1.13, $p < .001$).

Living arrangement was identified as a strong predictor for entry into long-term care (HR = .28, $p < .001$). The interaction between living with others and functional disability was significant (HR = .74, $p < .001$).

Discussion

In this longitudinal study, social cohesion increased the likelihood of older adults' entry into long-term care. This finding implies that social cohesion might play a role in diffusing health-relevant information and increasing access to long-term care services (Echeverría, Diez-Roux, Shea, Borrell, & Jackson, 2008). Therefore, social cohesion might be regarded as an enabling factor of health behavioral model instead of a protective factor that improves individual health and delays the entry into long-term care.

This study also revealed that living arrangement (living with others) is the most significant protective factor decreasing the likelihood of entry of long-term care. In addition, this study identified the moderating effect of living arrangement (living with others) in protecting against facilitative effects of functional disability on entry of long-term care.