

Study on The Differences in Housing Resources and Health of The Elderly from The Perspective of Social Stratification

Hao Yang *

Lingnan university, Hong Kong 99907, China

*Corresponding author: yh981763340@163.com

Abstract. At present, my country's population aging is accelerating. Under the policy background of advocating "healthy aging", it is urgent to improve the health level of the elderly and promote health equity for the elderly. Given that home-based care is still the mainstream elderly care model for the elderly in my country, the housing conditions and living environment of the elderly are closely related to their health. This study focuses on the relationship between the elderly's housing resource ownership and health. This paper analyzes the living conditions and health status of the elderly at home. On the basis of stratifying the elderly group according to the ownership of housing resources, it verifies the existence of health inequality between different housing resource stratifications of the elderly, and explores the impact of housing resource stratification on health inequality among the elderly.

Keywords: Stratification perspective; elderly; housing resources; health.

1. Introduction

Actively coping with population aging is related to the overall development of the country. The accelerated aging process and the extended life expectancy of the population will undoubtedly bring huge challenges to my country's aging cause. Due to some characteristics of the elderly population, such as decreased physical function and prominent health problems, elderly health services are particularly important [1]. The health status of the elderly is directly related to the care burden and medical expenses of the entire society. The health status, health equity, and temporal evolution and spatial distribution of this group will affect the overall development of the country and society. Especially in the context of the increasingly severe aging situation, how to improve the health level and quality of life of the elderly has become an important issue. Promoting the health of the elderly is the foundation and core of coping with the aging problem, and promoting "healthy aging" is the only way to actively cope with the aging of the population [2]. The so-called "healthy aging" aims to extend the healthy life expectancy of the elderly by maintaining their internal abilities and improving their external environment. In the "Healthy China 2030" planning outline released in 2016, "fairness and justice" is one of the important principles, and it is committed to promoting the equalization of basic public services in the health field, gradually narrowing the differences in basic health services and health levels between urban and rural areas, regions, and populations, achieving universal health coverage, and promoting social equity. In the current process of building a "six-in-one", comprehensive and continuous elderly health service system covering urban and rural areas in China, efforts are also made to promote the equalization of urban and rural and regional elderly health services [3]. It can be seen that the issue of elderly health equity has received more and more attention, and promoting elderly health equity has become a key construction direction for healthy aging in the future, which has important practical significance for the study of elderly health inequality.

2. Theoretical Analysis

2.1. Housing Resources

"Residential resources" is the core concept of this article. It breaks through the simple concept of "housing" and fills the concept with residents as the center. It mainly includes three levels of content: property resources, facility resources, and service resources. Its specific connotation is defined as follows:

"Property resources": Starting from the wealth attribute of housing, housing is regarded as the property of the residents. Its measurement indicators include housing ownership, housing type, etc.

"Facility resources": defined from the perspective of housing use by residents, it mainly refers to the internal conditions that the housing itself can provide for residents, and specific indicators include living space, housing quality, indoor facilities, etc.;

"Service resources": refers to the additional services brought by housing, which are mainly provided by the community where the housing is located, and the main measurement indicators are the type and quantity of community services.

2.2. Residential Resource Stratification

Housing resources are an important part of social and economic conditions. In this paper, the quality of housing resources is used as the basis for social stratification [4]. By constructing a corresponding scoring system and classification criteria, the elderly population is divided into three groups, namely, the "residential resource advantage group", the "residential resource middle group" and the "residential resource disadvantage group". Its specific connotation is defined as follows.

"Residential resource advantage group" refers to the elderly who score higher in the residential resource scoring system [5]. Relatively speaking, they have more beneficial residential resources and relatively better living conditions.

"Disadvantaged group in residential resources" refers to the elderly who score lower in the residential resource scoring system. Relatively speaking, they have fewer beneficial residential resources and their living conditions are relatively poor.

"Middle-level residential resource group" refers to the elderly group between the "advantage residential resource group" and the "disadvantage residential resource group".

2.3. Elderly Health

Health is a general term for physical health and mental health, and also includes subjective and objective aspects. In this study, the subjective health status and objective health status of the elderly are comprehensively used, among which the subjective health status is measured by self-assessed health, and the objective health status is shown by physical health status and mental health status.

3. Housing Resources and Health of the Elderly

There are differences in the health status of the elderly with different housing property resources. The differences in health status of the elderly with different housing ownership are mainly reflected in physical health and mental health [6]. The elderly whose housing ownership is owned by themselves or their spouses have better self-care ability in daily life than the elderly whose housing ownership is not owned by themselves or their spouses. The proportion of elderly who own housing ownership is 74.14% who can take care of themselves completely, while the proportion of elderly who do not own housing ownership is 64.40%. In terms of mental health, the elderly who own housing ownership have a lower risk of depression, which is 47.11%, while the proportion of elderly who do not own housing ownership with a risk of depression is 50.16%. This shows that the elderly who own housing property rights have better actual physical and mental health.

In terms of living space, elderly people with independent bedrooms are in better health. Specifically, the proportion of elderly people with independent bedrooms who self-assess their health is higher, 4 percentage points higher than those without independent bedrooms, the proportion of elderly people who can take care of themselves in daily life is higher, 9 percentage points higher than those without independent bedrooms, and the proportion of those with a lower risk of depression is 5 percentage points lower than those without independent bedrooms.

From the perspective of indoor facilities, there are also differences in the health status of the elderly with different indoor facility resource conditions [7]. The elderly who have natural gas, range hoods and air purifiers have better self-rated health and mental health. Specifically, compared with the elderly without natural gas, the proportion of elderly people who have natural gas who self-rated as healthy is nearly 4 percentage points higher, and the proportion of those at risk of depression is 12 percentage points lower; compared with the elderly who do not use range hoods, the proportion of elderly people who use range hoods who self-rated as healthy is 7 percentage points higher, and the proportion of those at risk of depression is 13 percentage points lower; compared with the elderly without air purifiers, the proportion of elderly people who have air purifiers who self-rated as healthy is 5 percentage points higher, and the proportion of those at risk of depression is 2 percentage points lower.

In terms of housing quality, elderly people who do not have leaky or musty houses are better able to take care of themselves and are less likely to have limited self-care. Among them, the probability of elderly people whose houses do not smell musty and have limited self-care is 0.78 times that of elderly people whose houses have a musty smell [8]. This result is significant at the 0.01 level. In terms of community services, for every increase in the number of community services, the probability of elderly people having limited self-care increases by 3.6%. Inferring the causal mechanism, this is because the current community service provision process provides for disabled elderly people. Focus on it, service resources are tilted towards it, resulting in a strong correlation between the elderly's limited self-care and the large number of community service projects they enjoy.

4. Improvement Measures

In the social context of accelerating the promotion of "healthy aging", in order to better improve the living and health conditions of the elderly and reduce health inequalities, based on the above research conclusions, the following policy recommendations are hereby put forward.

4.1. Targeted Assistance to Disadvantaged Groups in Housing Resources to Create A Livable Environment for the Elderly

In this study, the elderly with disadvantaged housing resources rated themselves as having poor health, and their physical and mental health were also poor. The disadvantages of housing resources are mainly reflected in the fact that they do not own their own housing, have insufficient living space, poor housing quality, incomplete indoor facilities, and lack community services. The study found that compared with other groups, the elderly with disadvantaged housing resources have poor self-care ability, which also makes them have higher demands on the safety functions and health performance of housing [9]. To this end, we should pay special attention to and help the elderly with disadvantaged housing resources, actively promote the aging-friendly renovation of the homes of these elderly people, focus on improving the health performance of homes, and create a more friendly living environment for the elderly.

First, we need to determine the list of people to be helped through preliminary investigation and research. Through a dual assessment of the physical condition and living environment of the elderly, we will provide special assistance to the elderly with family difficulties, poor living conditions, and poor health. Then we will focus on the actual needs of the elderly and determine the renovation plan. We must analyze specific problems, accurately match the needs, and try to achieve one plan for each household. Through private customized residential renovation, we can improve the living conditions

of the elderly with difficulties and disabilities to the greatest extent, improve the safety and comfort of the elderly at home, and protect the health of the elderly.

During the overall assistance and renovation process, professional teams can be entrusted to conduct research and evaluation, and through government procurement of services, communities and residences in need of renovation can be retrofitted to be suitable for the elderly. Community renovation includes installing elevators, adding safety handrails, laying barrier-free passages, etc., to create a barrier-free environment in the community. The interior renovation of the residence can be done by anti-slip treatment of the ground, installation of night lighting devices, addition of auxiliary equipment, etc., to create a residence suitable for elderly care at home.

4.2. Pay Attention to the Living Conditions of the Elderly in Rural Areas and Narrow the Health Inequality Between Urban and Rural Areas

Through the analysis of the living conditions of the elderly group, it is found that there are significant differences in residential resources between urban and rural elderly people. Since rural elderly people mostly live in detached houses, there is a lack of installation and renovation of unified supporting facilities. Housing The infrastructure in rural areas is not perfect, and many elderly people's houses have even become dilapidated due to disrepair. Therefore, we must pay attention to the housing renovation of rural elderly people [10]. In the next government work, we must continue to promote the renovation of rural residential supporting facilities. project to improve the living conditions and environment for rural elderly people and help reduce health inequalities between urban and rural elderly people.

First, we must continue to promote the transformation of natural gas. Many rural elderly people still use firewood as their main kitchen fuel, which will produce a large amount of harmful substances during use, not only causing environmental pollution, but also greatly damaging the health of the elderly. Promoting fuel transformation, improving the construction of natural gas pipelines, promoting the entry of natural gas into households, and increasing the penetration rate of natural gas in rural areas will play an important role in improving the health status of rural elderly. The second is to continue to promote the quality repair and renovation of houses. In recent years, the country has adopted a series of poverty alleviation policies to help poor rural families renovate dilapidated houses. However, there are still many rural families whose houses have problems such as leakage and musty smell. In the follow-up, during our work, we should continue to pay more attention to the quality of housing for the elderly in rural areas, especially for the elderly living alone. It is recommended to provide regular door-to-door inspection and maintenance services to help them discover safety hazards and reduce the health damage caused by housing problems to the elderly.

4.3. Increase Community Service Supply and Build Elderly-friendly Communities

For the elderly, the community is another important living space carrier outside the family, and it undertakes important management and service functions. It is crucial to build an elderly-friendly community, give full play to the community functions, and build a high-level and wide-coverage community service system to achieve healthy aging. Especially for the elderly without spouses and living alone, daily family care is absent, the role of community services is prominent, and community services are urgently needed to provide auxiliary care. On the one hand, it is necessary to develop community home-based elderly care services, improve the level of community health services, increase the supply of home and community medical and nursing services, provide home medical services for the elderly, and help families meet the care needs of the elderly by providing day care and temporary care. In addition, the community should actively organize spiritual and recreational activities, improve the level of social participation of the elderly, and promote the mental health of the elderly. For the elderly without spouses, the elderly mutual assistance activities can be organized to improve the loneliness of the elderly and reduce the occurrence of depression in the elderly. On the other hand, it is necessary to improve the community service system, strive to increase the coverage of community services, include more elderly people in the scope of community services,

and let community services benefit as many elderly people as possible. In addition, it is worth noting that the current rural community construction is relatively weak. In future work, we must coordinate the construction of urban and rural communities, focus on strengthening the comprehensive service functions of rural communities, and strengthen the construction of comprehensive service facilities in rural communities.

5. Conclusion

From the perspective of social stratification, this study uses residential resources as a classification basis and divides home-based elderly people into three residential resource groups. Through empirical analysis, the differences in health outcomes between the levels are verified, indicating that the stratification of residential resources will also lead to health inequality. This study is no longer limited to traditional income, occupation, and education indicators in stratification. To a certain extent, it extends the classification criteria of social stratification and supplements the health inequality caused by the distribution differences of residential resources, an important socioeconomic factor. At the same time, when explaining the health inequality between residential resource stratifications, the material resource attributes of residential resources themselves are not ignored, and the explanatory paradigm of materialism is continued, verifying the direct impact of material factors on health inequality among the elderly. In general, residential resources are both a material factor and a socioeconomic factor. By studying the impact of the quality of residential resources on the health inequality of home-based elderly people, it not only helps to understand the root causes of health inequality among the elderly, but also provides solutions to reduce health inequality.

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