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# Association between Subjective Health and Social Contacts among Older Americans: A Comparison between Kin Ties and Non-kin Ties

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## INTRODUCTION

- The detrimental effects of social isolation and loneliness on health are well-documented.
- Old adults are more likely to experience social isolation and loneliness because of the death of loved ones, sensory impairments, or worsening of health (CDC, 2019, Flowers, 2017).
- Evidence shows that social networks and social contacts have health protective effects. However, it is less clear about whether contacts from kin ties or non-kin ties have a stronger association with health (Bekalu, et.al 2019).
- Using survey data collected during the early stage of the COVID-19 pandemic, we compared the strength of the association between kin ties (children and families) and non-kin ties (friends) on Self-rated Health.

## OBJECTIVES

- Assessing the association between self-rated health and the frequency of social contact across different ties

## METHODS

- Data are taken from a sub-sample of the 2020 Health and Retirement Study participants (aged 50 or over) who completed the “Leave-behind” questionnaire (N=3,019).
- Self-rated Health was measured by a single item, “What would you say about your health? Excellent (coded 1), very good, good, fair, or poor (coded 5).
- The five responses were dichotomized by collapsing “excellent” through “good (coded 0)” and “fair” through “poor” (coded 1).
- Frequency of social contacts was measured by asking participants, “on average how often do you meet up, speak on the phone, write or email, and communicate by social media” with your non-cohabitate children, other families, and friends?
- Frequencies across different contact methods, ranging from “three times or more a week” to “less than once a year,” were summed up and treated as a continuous measure.
- Hierarchical logistic regression models were employed to evaluate the strength of association between the frequency of social contacts and self-rated health for each type of the ties while controlling for gender, race, age, years of schooling, and a count of 5 chronic conditions.

## TABLE

**Table 1: Hierarchical Logistic Regression Assessing the Association between Self-Rated Health and the Frequency of Social Contacts Across Different Ties**

Predictors	Model 1	Model 2	Model 3
Race (white=1)	1.47(1.20, 1.80)***	1.49(1.21, 1.83)***	1.48(1.20, 1.82)***
Age in 2020	1.0 (.99, 1.01)	.99 (.98, 1.01)	.99 (.98, 1.00)
Gender	1.37(1.13, 1.66)**	1.42(1.17, 1.72)**	1.45(1.19, 1.76)**
Years of schooling	.83(.80, .86)***	.83(.80, .85)***	.83(.80, .86)***
Number of Chronic conditions	1.00	1.00	1.00
0 chronic condition	2.06(1.49, 2.85)***	2.07(1.50, 2.86)***	2.07(1.50, 2.87)***
1 chronic condition	4.63(3.37, 6.38)***	4.67(3.39, 6.44)***	4.66(3.38, 6.43)***
2 conditions	8.92(6.34, 12.54)***	8.97(6.38, 12.63)***	8.97(6.37, 12.63)***
3 or more conditions			
Contacts with friends	1.05(1.03, 1.07)***	1.03(1.01, 1.06)**	1.02(1.00, 1.05)
Contacts with non-cohabitate families other than children	---	1.03(1.01, 1.06)**	1.02(1.00, 1.05)
Contacts with non-cohabitate children	---	---	1.03(1.01, 1.06)**

\*p<.05; \*\*p<.01; \*\*\*p<.001

## RESULTS

- The result indicates that women, the less educated, the non-whites, and people with more chronic conditions were more likely to rate their health as poor.
- When the frequency of friend ties was first entered, along with other covariates, frequent contact with friends was significantly associated with better self-rated health (Odds Ratio=1.05, p<.001).
- The frequency of contact with children was later added to the models and it was significantly associated with better self-rated health (OR=1.03, p<.001).
- However, friends and other family contacts were no longer associated with self-rated health in the full model.

## CONCLUSIONS

- Our findings suggest that, while more frequent social contacts were positively associated with self-rated health, frequent contacts with children had a stronger association with better self-rated health than non-kin ties.
- More studies are required to understand the link between self-rated health and the frequency of social contact across different ties

## LIMITATIONS

- Self-report measures are inherently liable to inaccuracies of under or over-reporting.
- The fragmented and universal use of social media muddles the validity of self-report measures.
- There could be a loss of attrition of subjects or mortality.

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