



Research on the Relationship between Community Service and the Subjective Well-being of the Elderly

Huali Pan^a, Zhiwei Sun^{*}, Jjingbo Wang, Ting Liu

Shandong Normal University, Jinan, 250000, China

^aE-mail: 9094611659@qq.com

^{*}E-mail: a1771470409@163.com

Abstract. Based on CLHLS tracking data and using structural equation model, this paper empirically analyzes the influence mechanism of community service on the subjective well-being of the elderly. The study found that basic services, the health level of the elderly, generational support and social activities have a direct impact on the subjective well-being of the elderly, and the extended services have no significant impact on the subjective well-being and health of the elderly. Community services indirectly affect the subjective well-being of the elderly through generational support and social activities. The health level has a mediating effect in the relationship between basic services and the subjective well-being of the elderly, and there is no significant mediation in extended services. effect. Based on this, it is recommended to strengthen community medical services, improve the professional level of community service personnel, pay attention to the spiritual needs of the elderly, mobilize the enthusiasm of the elderly in social participation, and enhance the subjective well-being of the elderly.

Keywords: Elderly; community service; subjective well-being; structural equation model; Pension services

1 Introduction

Population aging has become an inevitable trend in today's social development, and it is also an important manifestation of the progress of human civilization. The aging process of my country's population continues to accelerate, and the growth rate of aging ranks first in the world in 2019, which has brought huge challenges to my country's economic development and brought pressure to my country's social security, pension supply and public services. In November 2019, the State Council issued the "Medium and Long-Term Plan for Actively Responding to Population Aging", emphasizing that actively responding to population aging is a necessary guarantee for achieving high-quality economic development and an important measure to maintain national security, harmony and stability. Among them, improving the quality of life of the elderly, strengthening the construction of elderly care services, enhancing the subjective well-being of the elderly population, and actively supporting the elderly are important aspects of actively responding to population aging. In the report of the 19th National

Congress of the Communist Party of China, for the first time, the sense of happiness is related to the sense of gain and happiness. Well-being is the subject's evaluation of their quality of life, which is subjective, stable and comprehensive [1]. Now, with the transition from the pursuit of material life to the satisfaction of spiritual needs, well-being has gradually become an important indicator for measuring living standards, and the well-being of the elderly has also become a key issue in social research.

At present, the concept of only relying on children for family care has changed along with the shrinking family size. The elderly are more willing to accept social care, and the demand for community services is increasing day by day. The "13th Five-Year Plan" proposes an elderly care service system based on home-based elderly care, supported by the community, and supplemented by institutions, establishing the important position of community service in the supply of elderly care services. Community elderly care is an inevitable choice under the situation of the expansion of the elderly population in my country. Community elderly care services are the mainstream demand for socialized elderly care services. Targeted community elderly care services will have a positive impact on the quality of life of the elderly [2]-[4]. Existing studies have focused on community and elderly life satisfaction, and life satisfaction is only one aspect of subjective well-being. The academic community generally divides subjective well-being into three dimensions, including positive affect, negative affect and life satisfaction [5]. Starting from these three dimensions, this paper explores the relationship between community service and the elderly's subjective well-being, and studies how community service affects the elderly's subjective well-being.

2 Literature review

At present, the research on the subjective well-being of the elderly mainly starts from the aspects of individual characteristics and social support, and studies the influence on the well-being of the elderly. With the increase of age, the physiological, psychological state and surrounding environment of the elderly are changing, and these changes affect the subjective well-being of the elderly to varying degrees. Among them, the health status of the elderly is closely related to their subjective well-being, and the elderly with good health status have higher well-being [6] (Zhang Xiumin, 2017). Personality traits, mental health, etc., are also considered to be key factors affecting subjective well-being, and these factors can effectively predict the negative emotions and life satisfaction of the elderly [7] (Igone, 2019). The well-being of the elderly is also related to external support including social support and generational support. The external support received by the elderly varies under different living arrangements. The elderly who live with their children receive daily care from their children. Communication with emotions can relieve negative emotions and improve the happiness index [8] (Shen Ke, 2013). Although the role of social activities is inferior to that of family members and friends, its role cannot be ignored [9] (Christopher, 2005). Institutional factors related to medical services, social equity and social security for the elderly have a significant impact on the subjective well-being of the elderly [10] (Chen Xin, 2020). Different from foreign elderly people's pursuit of personal value realization, under the influence

of traditional Chinese concepts, still working in labor after retirement has a negative impact on the subjective well-being of the elderly, and does not improve life satisfaction due to increased income [11] (Huang Wenjie, 2020). After retirement, the elderly will have a sense of loss and loneliness due to role change, which will lead to a decrease in their subjective well-being. Through targeted group psychological intervention, adjusting their coping styles, actively sharing and interacting can enhance positive emotions and promote mental health to improve the level of happiness [12] (Lei Zhen, 2014). It can be seen from the above literature that most researches on social support focus on the role of family and social security on subjective well-being, while community services are closely related to the lives of the elderly, while current research pays less attention to the effects of community-based elderly care services on the subjective well-being of the elderly Impact.

Community aged care services originated in the United Kingdom, with the goal of providing care and assistance services in the community to meet the living needs, medical needs and psychological needs of the elderly [13] (Webb, 1987). Scholars' research on community elderly care services mainly starts from the necessity, changes in supply and demand of elderly care services, and service effects. In recent years, the supply and demand of community elderly care services in my country has shown an upward trend, and the structure of community services has also changed with the times [14] (Zhang Xinhui, 2019). Community service has a positive effect on the self-assessment of the health status of the elderly. Through community life care, medical care services and the popularization of health knowledge, daily diseases can be prevented and treated. Through social entertainment activities organized by the community, the psychological problems of the elderly can be alleviated and the health level can be improved [15] (Zhang Renhui, 2019). At the same time, there are individual differences in the impact of community services, and daily care and spiritual comfort services can improve the life satisfaction of the elderly. In terms of urban-rural differences, compared with the improvement effect of community service on the life satisfaction of the urban elderly, the effect on the rural elderly is more obvious [16] (Ma Wenjing, 2019). In china, generational support plays an important role in the well-being of the elderly, and children provide parents with spiritual and financial support, but with changes in demographic structure and social support, community services and social security can have an impact on intergenerational support [17] (İmrohoroglu, 2018). Combining with previous research, we can see that community service has a multi-faceted impact on the life of the elderly. Therefore, on the basis of existing research, this paper starts from the three dimensions of subjective well-being, introduces health, social activities and generational support as mediating variables, and explores the relationship between community service and the subjective well-being of the elderly. Provide a reference for improving the level of community pensions and improving the happiness of the elderly

3 Data source and variable description

3.1 Data source

The data used in this study came from the Chinese Elderly Health Influencing Factors Follow-up Survey (CLHLS), a follow-up survey of the elderly organized by the Center for Healthy Ageing and Development of Peking University. Since 1998, CLHLS has conducted eight follow-up surveys on about half of the cities and counties in 23 provinces/autonomous regions/municipalities across the country, and the ninth survey will be launched in 2021. The survey content includes the elderly's personal health status, living conditions, basic family information, community supply and socioeconomic status, etc. The data are complete and representative. This paper selects the 8th CLHLS cross-sectional data released. Since this paper studies community service and the subjective well-being of the elderly, the age of the sample is less than 65 years old, community service, life satisfaction, personality and emotional characteristics, depression scale, etc. After the samples with missing relevant data were eliminated, there were a total of 10023 samples.

3.2 Variable description

Community service. Use the CLHLS questionnaire "What social services are provided for the elderly in your community: daily care, home visits to doctors and medicines, spiritual comfort, daily shopping, organizing social and recreational activities, providing legal aid, providing health care knowledge, and dealing with family and neighbor disputes." to measure, assign "no, yes" to 0 and 1 respectively. In order to facilitate the classification and analysis, the dimensionality reduction classification of 8 kinds of community services was carried out by principal component analysis. Through the test, the KMO value was 0.867, which was very suitable for factor analysis [18]. According to the factor analysis results in Table 1, this paper divides community service into two dimensions: basic community service and extended community service. The first dimension is basic community service, which includes four aspects: daily care, door-to-door doctor delivery, spiritual comfort, and daily shopping. The second dimension is the expansion of community services, which consists of organizing social and recreational activities, providing legal aid, providing health care knowledge, and dealing with family and neighborhood disputes.

Table 1. Component matrix after community service rotation (owner-draw)

	Element	
	1	2
Living care	0.121	0.815
Door-to-door doctor delivery	0.302	0.401
Spiritual comfort	0.252	0.741

Daily shopping	0.203	0.753
Organizing social and recreational activities	0.675	0.371
Provision of legal aid	0.757	0.315
providing health care knowledge	0.797	0.106
dealing with family and neighborhood disputes	0.803	0.178

Health. Previous studies by scholars have shown that self-assessment of health status is practical in the study of personal health status, and can be used as a health indicator in survey research, and this indicator has been used to measure health status in a large number of subsequent studies [19]. Therefore, this paper uses "how do you think your own health status is now" in the CLHLS questionnaire as a measure of health, assigning a value of 1 to very poor health status and 5 to good health status, and the higher the score, the better the health status.

Generational support. Using the CLHLS questionnaire "who do you usually chat with the most", "who do you talk to first if you have something on your mind", "who do you want to talk to first if you encounter problems and difficulties", "currently, when you Who will take care of you when you are not feeling well or when you are sick", and assign a value of 0 for those without relevant generational support and 1 for those with relevant intergenerational support.

Social activity. Using the CLHLS questionnaire "Are you currently engaged in/participating in the following activities: Tai Chi, square dancing, visiting doors, socializing with friends, other outdoor activities, playing cards or mahjong, social activities (organized activities)", according to the frequency of participation, assign a value 1-5, 1 means no participation, 5 means almost every day, after the assignment, the scores of the six activities are averaged. The higher the score, the more frequent the activity.

Subjective satisfaction. Questions involving subjective satisfaction in the CLHLS questionnaire include three levels of life satisfaction, positive emotions, and negative emotions: (1) Life satisfaction, measured by "how do you feel about your current life", assigning a value of 1-5, and scoring the higher the satisfaction, the higher the level of satisfaction; (2) Positive emotions, which include "whether you can think about anything you encounter", "whether you like to keep things clean and tidy", "whether you feel energetic", "Are you full of hope for your future life", "Do you feel as happy as you were when you were young", and assign a value of 1-5, where 1 means never and 5 means always. Then add all the items of positive emotions to take the average, the final score range is 1-5, the higher the score, the higher the frequency of positive emotions; (3) negative emotions Do you have difficulty concentrating when you are doing things?" "Do you feel sad or depressed?" "Do you find it difficult to do things as you get older?" "Do you feel nervous or scared?" Feeling lonely" and "Do you feel unable to carry on with your life" measures, assign a value of 1-5, with 1 being always and 5 being never. All items of negative emotions are added up and averaged, and the final score ranges from 1 to 5. The lower the score, the more frequent the negative emotions.

The descriptive statistics of the variables are shown in Table 2.

Table 2. Descriptive statistics of variables (owner-draw)

Variable	Measurement content	Mean value	Standard deviation
Basic services (BS)	BS1 Daily care	0.090	0.285
	BS2 Door-to-door medical treatment	0.340	0.472
	BS3 spiritual consolation	0.130	0.340
	BS4 Daily shopping	0.110	0.308
Extended services (ES)	ES1 Organizing social and recreational activities	0.220	0.414
	ES2 Provision of legal aid	0.200	0.404
	ES3 Provide health knowledge	0.420	0.493
	ES4 Handling family disputes	0.320	0.467
Health (HEA)	HEA Self-assessment of health	3.470	0.887
Generational support (GS)	GS1 Do you often chat with your children		
	GS2 If you have something on your mind or idea, do you tell your children first	0.451	0.498
	GS3 If you encounter problems and difficulties, do you ask your children to solve them first	0.541	0.498
	GS4 Do your children look after you when you are unwell or sick	0.650	0.477
Social activities (SA)	SA Do you often participate in social events	1.691	0.638
Subjective well-being (SW)	SW1 Life satisfaction	3.910	0.788
	SW2 Positive emotions	3.600	0.671
	SW3 Negative emotions	3.941	0.650

4 Data analysis

4.1 Confirmatory factor analysis

In order to verify the reliability and validity of the data and model, it is necessary to test the reliability, validity and model fit of the data and model before data analysis. This paper uses spss25 and mplus8.0 for confirmatory factor analysis.

(1) Reliability and Convergent Validity

The reliability and convergent validity analysis are shown in Table 3. Nunnally proposed that the Cronbach's α coefficient of the latent variable is greater than 0.7, which means it has high reliability and is acceptable if it is above 0.6 [20]. From Table 2, it can be seen that the questionnaire has good reliability. In order to improve the convergent validity, the items with factor loadings less than 0.5 were deleted. After deleting BS2, the factor loadings were all greater than 0.5, the significance estimate/standard error Z-value was greater than 0.96, and the P-value was less than 0.001.

All questions in the questionnaire items are significant. Combined reliability (CR) refers to the internal consistency of all items of latent variables, and CR is greater than 0.7. An average extraction variance AVE greater than 0.5 indicates good convergent validity, and about 0.36 is acceptable^[21]. Overall, the research sample has good reliability and validity.

Table 3. Reliability and convergent validity (owner-draw)

0 Varia- ble	Item	Cronbach's a	Factor load- ing	Composite Reliabil- ity	Convergence Validity
BS	3	0.721	0.654~0.709	0.725	0.468
ES	4	0.801	0.644~0.789	0.807	0.513
GS	4	0.887	0.717~0.924	0.888	0.667
SW	3	0.696	0.562~0.85	0.716	0.465

(1) Model fit

Model fitting usually uses indicators such as X^2/df , CFI, TLI, RMSEA, and SRMR as the evaluation criteria. Since the chi-square distribution is affected by the number of samples, the larger the sample, the larger the chi-square value [22]. Several metrics are used to judge model fit. The fit index of each model is shown in Table 4. $CFI=0.961>0.9$, $TLI=0.950>0.9$, $RMSEA=0.049<0.08$, $SRMR=0.037<0.08$, which are in line with the recommended index values, indicating that the model has a good fit and the final model as shown in Figure 1.

Table 4. Model Fit Index (owner-draw)

Fit index	Suggested value	Model metrics
X^2/df		24.722
CFI	>0.9	0.961
TLI	>0.9	0.950
RMSEA	<0.08	0.049
SRMR	<0.08	0.037

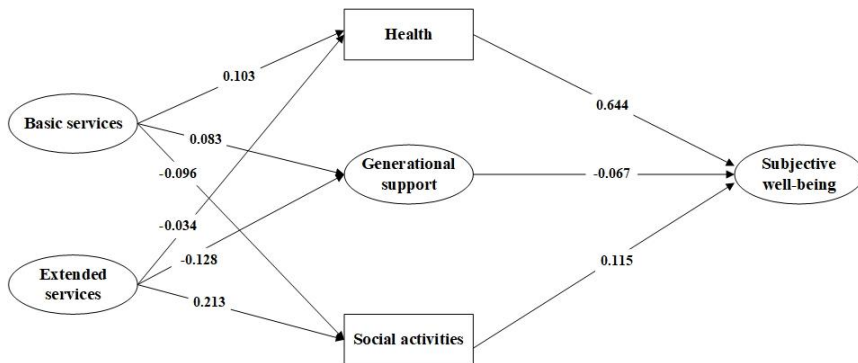


Fig. 1. Path map of the relationship between community service and the elderly's subjective well-being(owner-draw)

4.2 Path analysis

The direct path is shown in Table 5. Basic community service has a positive and significant impact on the health level of the elderly ($\beta = 0.103$, $p < 0.001$) and generational support ($\beta = 0.083$, $p < 0.001$), and has a positive and significant impact on social activities ($\beta = -0.096$, $p < 0.001$) was negatively significant, and was significantly affected by fitness ($\beta = 0.664$, $p < 0.001$), generational support ($\beta = -0.067$, $p < 0.001$), and social activity ($\beta = 0.115$, $p < 0.001$) in turn affected the subjective well-being of the elderly ($\beta = 0.104$, $p < 0.001$). Extended service had no direct and significant effect on subjective well-being of older adults ($p = 0.528 > 0.001$), but did affect generational support ($\beta = -0.128$, $p < 0.001$) and social activity ($\beta = 0.213$, $p < 0.001$) by affecting generational support ($\beta = -0.128$, $p < 0.001$), indirectly affects subjective well-being. Expanding service had no direct effect on fitness levels ($p = 0.064 < 0.001$).

Table 5. Direct paths in the mediation model (owner-draw)

Direct path	Estimate	S.E.	Est./S.E.	P-value
BS→HEA	0.103	0.019	5.303	***
BS→GS	0.083	0.021	4.047	***
BS→SA	-0.096	0.02	-4.891	***
ES→HEA	-0.034	0.019	-1.849	0.064
ES→GS	-0.128	0.02	-6.546	***
ES→SA	0.213	0.019	11.353	***
HEA→SW	0.644	0.008	77.116	***
GS→SW	-0.067	0.01	-6.488	***
SA→SW	0.115	0.01	11.209	***

BS→SW	0.104	0.019	5.469	***
ES→SW	-0.012	0.018	-0.631	0.528

Notes: *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

In order to study the mediating effect of community service and subjective well-being, the Bias-corrected bootstrap was used to repeatedly extract 1000 samples. When the 95% confidence interval CI did not contain 0, the mediating effect was established. The model contains six indirect paths: (1) Basic service → Health → Subjective well-being; (2) Basic service → Generational support → Subjective well-being; (3) Basic service → Social activity → Subjective well-being; (4) Expanded service → Health → Subjective well-being; (5) Expanded service → Generational support → Subjective well-being; (6) Expanded service → Social activity → Subjective well-being. The Bootstrap results are shown in Table 6. Except that extending service affects the subjective well-being of the elderly through health level, all other indirect paths are established.

Table 6. indirect paths in mediation mode (owner-draw)

Indirect path	Estimate	S.E.	Est./S.E.	P-value	Bootstrap 1000 times 95% CI	
					lower limit	upper limit
BS→HEA→SW	0.172	0.034	5.058	***	0.108	0.242
BS→GS→SW	-0.015	0.005	-3.114	**	-0.026	-0.007
BS→SA→SW	-0.029	0.008	-3.728	***	-0.046	-0.015
ES→HEA→SW	-0.037	0.022	-1.726	0.084	-0.084	0.003
ES→GS→SW	0.015	0.003	4.357	***	0.009	0.023
ES→SA→SW	0.041	0.006	7.152	***	0.031	0.054

*** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

5 Conclusions

In the community elderly care service, basic service has a positive direct impact on the subjective well-being of the elderly, and the expansion service has no significant impact on the subjective well-being of the elderly. As an important area for the daily communication and activities of the elderly, community is an indispensable part of the elderly care service. The change of pension mode increases the demand of the elderly for community services, especially door-to-door medical treatment and delivery, providing health care knowledge and dealing with family and neighborhood disputes. The main reason why basic service promotes the improvement of subjective well-being of the elderly is that community service is an interactive service, which alleviates the negative emotions and increases the positive emotions of the elderly through daily care and

communication of the elderly through community support. The expansion of community services such as legal support and dispute handling is in its infancy in China [23]. Although the elderly have high demand for this, the impact on the subjective well-being of the elderly is not significant because of the low professional level and poor availability of such services.

The health level of the elderly has a positive impact on the subjective well-being of the elderly. The basic community elderly care service affects the health level of the elderly, but the extended service has no direct impact on the health level of the elderly. The health level of the elderly has a mediating effect on the relationship between basic community service and the subjective well-being of the elderly. Health is considered to be one of the factors most closely related to well-being. Elderly people with poor health can affect their subjective well-being due to illness pain and psychological stress [24]. The health awareness of the elderly will increase with age, and their health needs will also increase. The basic community elderly care services such as daily care and medical security provided by the community can give full play to the function of social elderly care and satisfy the elderly's daily health care aspects. needs, which is beneficial to their physical and psychological healthy development. Although some communities provide health knowledge services for the elderly, they only play the role of prevention and health care, and have no significant impact on the health status of the elderly. By providing basic health services for the elderly, the community has a positive impact on the health of the elderly, thereby improving the subjective well-being of the elderly.

Generational support has a negative impact on the subjective well-being of the elderly. Both types of community services have a negative impact on generational support. Generational support has a mediating effect on the relationship between community service and the elderly's subjective well-being. With the change of family generational relationship, the elderly pay more and more attention to the mental adjustment effect brought by social pension [25], and the willingness of parents and children to pursue independent space is strengthened, and children may provide too much care for parents. Increase the psychological burden of the elderly, leading to a decrease in their subjective well-being. In addition, the relationship between generational support and the subjective well-being of the elderly is affected by factors such as health and marital status. The gradual miniaturization of the family structure, the weakening of the concept of "raising children to prevent old age", and the increasing social and life pressures of young people make the community take on the task of meeting some of the needs of the elderly. Life and spiritual-related elderly care services can enhance self-efficacy, help the elderly to regulate their emotions, and promote the improvement of subjective well-being.

Social activities have a positive impact on the subjective well-being of the elderly. Both types of community services have a significant impact on the social activity participation of the elderly. The basic community service has a negative impact, and the extended service has a positive impact. Social activities have a mediating effect on the relationship between community service and the elderly's subjective well-being. After the elderly retire, their social roles, social objects and social scales have all changed, and they are eager to be noticed by the society [26]. Social activities should be used to bring spiritual comfort to the elderly, reduce their loneliness and loss, and improve their

subjective well-being. As a social entity, the community has a socialization function, providing a social platform for the elderly, by providing extended community services for the elderly, organizing social and recreational activities, and satisfying the elderly's desire for communication. The reason for the negative impact of basic services on social activities is that the disabled elderly with poor physical condition and low mobility are more in need of basic services, and they need more basic communities such as daily care and door-to-door medicine delivery. At the same time, the demand for social activities is lower than that of the high-energy elderly, which means that the more basic services provided by the community, the less the elderly need for social activities. The perfect community elderly care service is an important carrier to realize "active aging"^[27]. In the community, various cultural and recreational activities are organized and carried out to mobilize the enthusiasm of the elderly to participate in social activities, enrich their spiritual and cultural life, and enhance their relationship with the elderly. The emotional connection of community neighbors and friends promotes positive emotions and relieves negative emotions, thereby increasing subjective well-being.

Therefore, the government and the community should focus on expanding the coverage of community elderly care services, improving the quality of community elderly care services, and providing professional training to relevant personnel of elderly care services, so as to implement the awareness of social elderly care responsibility, and maximize the role of the community to meet the needs of the elderly. people's growing and diverse community needs. By increasing capital investment in community health service construction, the accessibility of medical services will be enhanced, and the level of medical teams will be improved. Set up a medical team to regularly visit the elderly to conduct physical and mental health examinations, provide psychological counseling services for the elderly, and reduce the generation of negative emotions. Pay attention to the spiritual needs of the elderly, increase activity centers for the elderly and actively maintain and manage them, gain an in-depth understanding of the social needs of the elderly, mobilize the social enthusiasm of the elderly, relieve anxiety and loneliness, and achieve "happy old age".

In addition to health level, generational support, and social activity, there are other factors that influence the relationship between community service and the well-being of senior supervisors, and future research can examine and explore other pathways. In addition, due to data limitations, specific community service levels cannot be obtained. In order to better understand a series of problems faced by the elderly in China, it is necessary to expand the sample and conduct monitoring to understand the dynamic changes in the level of specific services in the community and the changes in the degree of influence on the subjective well-being of the elderly.

Authors

Author Profile: Pan Huali (1972 -), female, born in Ningjin, Shandong Province, Ph. D., associate professor, mainly engaged in research on tourism resource development and planning. E-mail: 9094611659@qq.com.

Corresponding author: Sun Zhiwei (1998 -), male, Han nationality, born in Yantai, Shandong Province, is a master's student. His research direction is regional tourism development and management. E-mail: a1771470409@163.com.

References

1. Diener E. Subjective Well-Being. [J]. *Psychology Bulletin*, 1984, 95(3): 542-575.
2. Ge Yanfeng, Wang Liejun, Feng Wenmeng, Zhang Bingzi, Liu Shenglan, Ke Yanghua. Challenges and Strategic Choices of Healthy Aging in China [J]. *Management World*, 2020, 36 (04): 86-96
3. Cheng Xiangyu Is the "community based" elderly care service effective -- a test based on the quality of life of the elderly [J]. *Social Security Research*, 2019 (03): 25-32
4. Ko H, Park Y, Cho B, Lim K C, Chang S J, Yi Y M, Noh E, Ryu S. Gender differences in health status, quality of life, and community service needs of older adults living alone. [J]. *Archives of Gerontology & Geriatrics*, 2019: 239-245.
5. Wu Mingxia. 30 years of western theoretical development on subjective well-being [J] *Psychology Trends*, 2000 (04): 23-28
6. Zhang Xiumin, Li Weiqun, Liu Yingyuan. Analysis of the current situation and influencing factors of subjective well-being of the elderly in the community [J]. *Population Journal*, 2017, 39 (03): 88-96
7. Igone E, Itziar E, Elena U. Subjective well-being among the oldest old: The role of personality traits [J]. *Personality and Individual Differences*, 2019, 146.
8. Shen Ke, Cheng Lingguo, Wei Xing. How does the living mode affect the happiness of the elderly? [J] *World Economic Journal*, 2013 (06): 89-100
9. Christopher P, Nansook P, Martin E P. Orientations to happiness and life satisfaction: the full life versus the empty life[J]. *Journal of Happiness Studies*, 2005, 6(1).
10. Chen Xin, Yang Hongyan. Research on the impact of social comparison and time comparison on the subjective well-being of the elderly [J]. *Journal of Huazhong Agricultural University (Social Science Edition)*, 2020 (01): 102-110+167
11. Huang Wenjie, Lv Kangyin. The impact of "giving up" on the subjective well-being of the elderly -- an empirical analysis based on CHARLS data [J]. *Taxation and Economy*, 2020 (03): 22-31
12. Thunder shock The impact of group psychological intervention on the mental health and well-being of the elderly in the community [D]. *Shandong University*, 2014
13. Webb, Adrian L. Social work, social care and social planning: the personal social services since Seebom [M]. *Longman*.1987.
14. Zhang Xinhui, Li Jianxin Research on the dynamic change and balance of supply and demand of community elderly services based on the data of CLHLS 2005-2014 [J]. *Social Security Review*, 2019, 3 (02): 122-136
15. Zhang Renhui, Su Qun. The impact of community home-based elderly care services on the health of the elderly [J]. *Scientific Research on Aging*, 2019, 7 (11): 60-69
16. Ma Wenjing, Zheng Xiaodong, Fang Xiangming. The impact of community elderly care services on life satisfaction of the elderly [J]. *Journal of South China University of Technology (Social Science Edition)*, 2019, 21 (01): 94-107
17. İmrohoroğlu A, Zhao K. Intergenerational transfers and China's social security reform. *The Journal of the Economics of Ageing* [J]. 2018, 11, 62-70.
18. Kaiser H F, Rice J. Little Jiffy, Mark IV. Educational and Psychological Measurement [J]. 1974, 34 (1), 111-117.

19. Maddox G L, Douglass E B. Self-assessment of health: a longitudinal study of elderly subjects[J]. *J Health Soc Behav.*1973,14(1): 87-93.
20. Nunnally J C. *Psychometric Theory* [M]. McGraw-Hill.1994.
21. Fornell, Claes U, David F. Evaluating Structural Equation Models with Unobservable Variables and Measurement Error [J]. *Journal of Marketing Research.*1981, 18(1): 39-50.
22. Qiu Haozheng, Lin Bifang. *Principle and Application of Structural Equation Model* [M]. Beijing: China Light Industry Press. 2009
23. Chen Qianqian, Hao Yong. Research on the impact of community elderly care services on the improvement of mental health of the elderly [J]. *Northwest Population*, 2020, 41 (03): 79-91
24. Carol Graham. Happiness and health: lessons--and questions--for public policy. [J]. *Health affairs (Project Hope).*2008: 72-87.
25. Wang Yongmei, Du Peng. Research on the behavior and attitude of the elderly towards social elderly care services -- taking the six districts of Beijing as an example [J]. *Population Research*, 2018, 42 (06): 74-86
26. Liu Xiguo. How do social activities affect the life satisfaction of rural elderly? [J] *Population and Economy*, 2016 (02): 40-47
27. Xie Lili, Wang Bin. Social participation model and influencing factors of the elderly in China from the perspective of active aging [J]. *Population Research*, 2019, 43 (03): 17-30

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

