1. Research Design

We adopted an ecological model to examine the relationships between social quality and community health outcomes using national datasets consisting of 230 local governments. To this end, we developed measures for evaluating SQ in accordance with the level of the respective local community and to find the explaining factors (Korwade & Sharma, 2016).

2. Dataset

The data for the study came from the survey of “Social Quality of Local Community in Korea” which was conducted for more than once in June to November 2010 by the Seoul Broadcasting System (SBS) in partnership with the Institute for Social Development and Political Research (ISDPR) at Seoul National University. The survey targeted residents of the Seoul metropolitan area to identify the dimensions of social quality and the measures of the resulting community health outcomes. The survey was conducted using the Chehar survey system.

3. Measures

According to the previous study, we empirically collected usable indicators from 270 local governments in South Korea (Jung, 2014). The dependent variables were comprised of nine indicators associated with health status: life expectancy at birth, infant mortality rate, suicide rate, fertility rate, unemployment rate, and three educational attainment indicators. The independent variables were comprised of 24 indicators associated with various aspects of health and social quality indicators. These indicators include demographic, economic, and infrastructure aspects at the local level.

4. Statistical Analysis

First, descriptive statistics of the SQ indexes were calculated by cities, towns, and districts. Second, we analyzed correlations of the six SQ indicators and community health outcomes by regional type. Third, we compared four representative types of the social quality indicators.”

Background and Objectives

Studying on social quality (SQ) started in 1990 in Europe (Farrell & Demeyer, 2000). The emphasis on the planner of welfare, and the individualization of citizenship recognition resulting from the decline of the welfare state and the union of state and market (Ronit, 2000, 2006). However, in SQ examinations based on the present paradigm in which an ecological approach is utilized, it is enough to show that SQ indicators include those that measure the degree of engagement in social and economic life. Although SQ has been recognized to play a role in social welfare, political participation, and education are higher. However, the medical service still showed negative influences on the SQ indicator analysis, and the reason for this is that policies of the local government fail to use the medical resources more effectively for the over-density of the population in metropolises as explained previously. Meanwhile, according to the result of the regression analysis based on the regional type, the social welfare influenced the most on the health level of local government both in metropolises and small/medium-sized cities. In addition, education and political participation had a positive effect on the health indicator of local government in metropolises. However, none of the social quality indicators had any meaningful influence in counties. Therefore, small/medium-sized cities need to promote the health of the local government through improving social welfare, and metropolises need to consider the complex relationship among other indicators while increasing the level of social welfare and education.

Material and Methods

1. Effects of social quality indicators on community health outcome by regional type

We conducted regression analysis, which adjusted population density, ratio of aged population, financial independence, and per capita estimated GDP, on the determinants of the health outcomes of local governments. In this, the health outcome of local government was expressed in health indicator of local government in metropolises and small/medium-sized cities. In addition, education and political participation had a positive effect on the health indicator of local government in metropolises. However, none of the social quality indicators had any meaningful influence in counties. Therefore, small/medium-sized cities need to promote the health of the local government through improving social welfare, and metropolises need to consider the complex relationship among other indicators while increasing the level of social welfare and education.

Discussion and Conclusions

The concept of SQ has received public attention because it presents the concept of holistic harmony in addition to each city's health, but its meaning has not yet been described fully (Bock, van der Maesen, & Walker, 2001). The present study emphasizes the relationship between SQ and health outcomes and present measures that can be used to overcome previous SQ study limitations. By using a modified SQ framework, we examined regional disparities among 270 local governments in South Korea and analyzed the SQ-related disparity determinants. According to the results, first, we established an ecological model based on SQ theory and elucidated the social context of SQ for health parameters. Second, this study made modifications to the integrative models presented in previous social capital studies. Third, this study supports the replication of traditional theories that social support is formed through close ties among individuals and that social integration is produced as a result of the particular values and norms of the community. Distinctions between nature and growing societies in Europe have been studied, but such studies have been undertaken in developing countries in Asia. Currently, most studies are at the early stage of developing appropriate SQ indicators (van der Maesen & Walker, 2005; Bernstein & Phillips, 2000). Moreover, these studies are the collective health of the community, based on active participation and problem-solving by residents at the community level. Finally, the results of this study can help governments identify the current gaps in the provision of SQ and the potential for improvements in SQ to achieve improvements in health status if SQ-related policies are undertaken by community residents (Walker, 2009; Hartman, 2015).