An Exploratory Study for Improving the Housing Situation of Korean Elderly
Based on the Opinions of Housing Researchers and Welfare Facility Staff

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Abstract
The elderly population in Korea has dramatically increased in recent decades. Since 1970, it has increased by 342%. In addition, housing needs of the elderly are becoming more diverse than in the past, in terms of household types, economic status, health status, education level, family relationships, and housing experiences throughout their lifetimes. Seniors expect to live in a housing option appropriate to their preferences. In reality, however, there is a lack of sufficient housing alternatives to suit their needs. Thus, various housing alternatives need to be developed to allow Korean seniors to live as they want. This study surveyed the opinions of researchers and facility staff in the field of elderly housing to identify the opinions of residents-related characteristics and to investigate current problems/difficulties and improvement needs of the social, physical, and management aspects. It can be useful information that can facilitate the development of alternative plans for elderly housing in the future. A questionnaire with open-ended questions was distributed to 50 housing researchers and facility staff members.

Keywords: elderly welfare facilities; housing researcher; facility staff; service and programs; space planning; management

1. Research Background and Objective

One of the biggest changes worldwide in the 21st century is the emergence of aging societies. In particular, Korea shows an unprecedented increase in the elderly population. In 2000, the percentage of the Korean population aged over 65 reached 7.4%, making Korea an aging society. Statistics show that Korea will become an aged society by 2019, when the elderly population is projected to account for 14.4% of the total population, and will transform into a super-aged society by 2026, with a projected elderly population of 20.25% (Fig.1.).

Many other advanced countries, as well as some OECD (Organization for Economic Co-operation and Development) member countries, have shown a slower increase in the elderly population, giving them sufficient time to prepare their infrastructure to address related issues through trial and error, and have adopted appropriate measures. For Korea, however, the situation is different. As Korea has experienced a rapid increase in its aging population, it is not as well prepared for this new phenomenon. A number of problems exist, including family fragmentation due to the nuclear family, a reduced birth rate and a weakened tradition of children supporting their parents, due to changes in the traditional filial piety system. As a result, the welfare of the elderly needs more attention, especially in terms of housing issues.

Fig.1. Outlook for the Percentages of Elderly Population in OECD Member - Countries
(Lovour Force Statistic 2008, OECD Fact book 2008)

The Korean government has actively implemented a number of policies focused on assisting the elderly, such as increasing the supply of welfare facilities, and supporting the cohabitation of family members and the supply of related facilities. Nonetheless, the supply is far below demand. Providing new and diverse housing alternatives for seniors is an urgent issue for preparing an aging society.
Hence, this study surveyed the opinions of researchers and facility staff in the field of elderly housing to identify the opinions of resident-related characteristics and to investigate current problems / difficulties and improvement needs of the social, physical, and management aspects. It can be useful information to improve the housing situation of facilities and also the development of alternative plans for elderly housing in the future.

2. Research Methods
In the present study, an opinion survey of experts in the area of senior living arrangements was conducted. The survey took place from March through May of 2013.

A survey questionnaire, consisting of open-ended questions, was sent to 50 housing researchers and facility staff members working in relevant fields by e-mail or fax, and 24 respondents (A1~A8: facility staff members, B1~B16: researchers) returned their completed questionnaires. Their answers were reviewed by content analysis (Fig.2.).

3. Literature Review
3.1 Characteristics of Elderly Welfare Facilities in Korea
Fig.3. shows the current status of elderly welfare facilities in Korea. These facilities can be classified into long-term residence facilities and short-term service facilities. Long-term residence facilities provide a long-term stay like home and include elderly residential welfare facilities and medical welfare facilities. Short-term service facilities are basically places where the elderly, who live in their own homes, can visit for a short-term stay for several hours or for several days. These include leisure welfare facilities and community elderly services agencies.

Fig.3. also presents the characteristics of Korean elderly welfare facilities such as facility type, number of facilities, number of residents and user eligibility. In 2013, senior citizens living in residential or medical welfare facilities accounted for only about 2% of the total elderly population.

3.2 Previous Studies
As new residence alternatives have become necessary, due to the dramatic increase in the population of senior citizens, studies on elderly housing alternatives in Korea have been conducted in a variety of areas. Oh (2008.06) suggested that, with "aging in place" as the basis for development of residence alternatives and the lifestyle preference of Korean senior citizens, group homes and shared housing are suitable. Also, through an advanced evaluation study of users, Lee et al. (2012.02) concluded that a flexible model of senior citizens’ residence is required, one that allows for the incorporation of required services suitable for domestic circumstances, even if only on a small scale.

Kim et al. (2012.11) proposed two types of urban living housing, age-segregation and age-integration, where senior citizens can live in 1–2 person households. As a local community-based small sized housing alternative for seniors, Yeom et al. (2014.12) proposed a senior share house (SSH), in which one senior individual can share living arrangements with another by utilizing the existing housing already resided in by one of them.

Choi et al. (2011.04) suggested that small-scale common residence facilities for elderly people should be established to provide a comfortable life during old age in a home-like atmosphere, where older people lacking help from family can receive care (as they would in a group home) while living near their Original home.

Doihara et al. (2015.08) in Japan proposed group living as an alternative housing plan that can solve the social problem of elderly people's isolation. Group living is based on the concept of “independence and coexistence”; residents purchase necessary life-supporting services in the region for themselves. Moreover, it is run by an entrepreneur that provides life-supporting services and a producer of regional resources.

Even though, these existing studies suggested ideas and/or solutions on housing for the elderly, consideration of more diversified housing alternatives is still needed.

4. Results
4.1 Opinions of Residents-related Characteristics
1) Residents' main reasons for moving into, selecting, and leaving facilities
Questions were asked to staff members of welfare facilities regarding why residents use the facilities, how they select a facility, and why they choose to move out of a facility (Table 1.). Staff members of elderly welfare housing responded that the elderly residents rely on the facilities out of fear of a medical emergency or other emergency, which they may not be able to handle if they lived alone in a house or apartment. In addition, staff members also indicated

![Fig.2. Research Framework](image)
that the elderly residents rely on the facilities to provide companionship to alleviate their loneliness and have no means to support themselves.

Furthermore, respondents indicated that other factors influence seniors' decision to move to a facility, including recommendation by their children, the promise of a safe and comfortable residence, and the availability of economic support from their children to cover the facility fees.

In contrast, in the case of elderly care facilities; the number of residents is on the rise, because family members find they cannot provide proper care for their elderly parents. In addition, a decline in the negative perception of such facilities is a significant factor in the increase of residents. In the past, it was thought that children should not allow their parents to be taken care of by these facilities. Currently, the perception that elderly care facilities can provide better service to the elderly than they can receive at home is more prevalent.

Various answers were offered regarding why the specific facility was chosen by elderly residents. They talked a lot about the fact that they chose the specific facility because it is located in the city and has high accessibility. That is, if the facility is located near the center of the city, it is more convenient for children or relatives to visit, and the elderly feel less alienated from their families. Therefore, it seems critical that facilities be located in or near a city. In addition, respondents indicated that they select a specific facility based on a positive assessment of the facility by people they know, as well as favorable word of mouth.

The primary causes of residents leaving a facility included death, the expense involved in living in the facility, and disputes with other residents.

2) Residents' satisfactory and unsatisfactory aspects of facilities

In terms of what was the most satisfactory to residents about living in a facility, staff members indicated the various program activities. They also mentioned the provision of regular meals and a healthy diet, as well as the provision of medical services and convenient access to hospitals. Also, the elderly residents feel that they are safe and enjoy "being protected" by the facility staff. They might also perceive that their health improved after moving-in and that life became brighter than when they lived on their own.

To the questions related to special requests and complaints from the elderly residents, the staff responded that some residents ask for additional care and services from staff, beyond what is normally provided. These requests are caused by the residents' perception that not enough staff are available, even when more staff are present than is required by the related law. Staff reported that some residents request food distribution and food care on the grounds that they are incapable of free movement. When residents request special services but do not intend to pay more, some conflicts can arise between residents and facility managers (Table 2.). In addition, as the many residents living together have different backgrounds, some have a hard time with interpersonal conflict, limitations to privacy, and infringement on their private life.

4.2 Problems with the Operation of Welfare Facilities and Improvement Needs

To discover any current problems and difficulties related to operating residential and medical welfare facilities for the elderly in Korea and to identify possible plans for improvement, we asked staff members about management problems and asked questions of expert researchers regarding improvement needs in the facilities. To analyze the contents of the answers, we have classified their answers into three categories and five sub-categories, including services and programs, space planning, operational management, resident management, and staff management (Table 3.).
Table 1. Main Reasons for Moving into, Selecting and Leaving Facilities (as revealed by facility staff)

| Reasons for moving into facility | Reasons for selecting facility | Reasons for leaving facility |
|----------------------------------|--------------------------------|-----------------------------|
| Nursing home                     | - Limited provision of care from family members (A1), (A5), (A7) | - Surrounding environment and convenient transportation (A2), (A3), (A7) |
|                                  | - Decrease in negative perception of facilities (A5)             | - Word of mouth (A2), (A3)  |
| Elderly welfare housing          | - Anxious about lack of ability to deal with emergency situations (A6) | - Facility is located in the city and has high accessibility (A6), (A9) |
|                                  | - Loneliness (A9)                                                 | - Positive assessment of facility by others (A9)                      |
|                                  | - Difficulties living alone (A9)                                  | - Expectation of services in the luxurious facility and of community activities with other senior citizens (A6) |
|                                  | - Healthcare and prevention (A6)                                  |                                                                           |
|                                  | - Recommendation by children and financial support from children (A8) |                                                                           |

1) Social Aspect - Services and programs

The staff in the elderly care facilities pointed out difficulties caused by "Limited medical support (vehicle and labor)" and "Difficulty in participation in programs due to old age," which appear to be caused by the fact that the elderly care facilities such as nursing homes care for many elderly in the later stage of life who require more intensive care. On the other hand, elderly welfare housing staff pointed out that they face difficulty acquiring new customers because of a lack of customers having sufficient financial resources.

In the researchers' opinions, "various programs proper for elderly are required," "The proper facility and medical staff are provided at all times," and "Provision of various kinds of meals is needed." These services are required for the healthy and active life of the elderly" and shall be the basics for the elderly residential facilities.

2) Physical Aspect - Space planning

The staff of elderly care facilities mentioned that problems related to space planning include "Privacy problems arising from joint living in 4-person rooms" and "Lack of programs and conversation space," while the staff of elderly welfare housing revealed that problems include "prompt action is hard to take in an emergency as the space is private" and "active senior residents hate the equipment which makes the facilities look like a hospital or welfare facility."

In addition, researchers pointed out the opinion that "Design is required to take into consideration the elderly (universal design for disabilities)" and "Reduction in size and variation of public spaces are required," thus emphasizing the necessity of improving elderly residential facilities and the efficiency of space planning.

3) Management Aspects

(1) Operational management

In the area of operation and management, the staffs of elderly care facilities pointed out that the caring fee should be raised to reflect the real situation, while elderly welfare housing staff answered that there is a "financial difficulty as the resident elderly hates to pay the additional fee," thus indicating that they suffer from financial difficulty.

The researchers mentioned that there is a "Lack of regulations concerning management and operation." Thus, as Korea lacks the same experience running an elderly welfare system compared to advanced nations, more emphasis should be placed on the preparation of government regulations regarding management and operation of facilities. In addition, a number of opinions were offered on the need for preparation of "Indicators of assessment on the soundness of the owners of the facilities." As a result, the transparency of operation should be enhanced, so that consumers can trust in and take advantage of the benefits offered by the facilities.

(2) Resident management

In the area of resident management, nursing home staff and elderly welfare housing staff answered that "The facility cannot evict the residents even if they fall under the conditions of eviction as they have no place to go" and "It is hard to evict residents who are not complying with the regulations for joint living." On the other hand, the researchers answered that improvements are needed, such as "Formation of relations between staff and residents," "The residents organization needs to be organized and activated," and "A committee is required for the confirmation of new residents and leaving residents and an auditing system..."
| Management Aspects | Services and programs | Social Aspect | Physical Aspect |
|-------------------|-----------------------|--------------|----------------|
| Staff management  | - Difficulty in raising the salary for staff due to the lack of operating funds (A2), (A4), (A5) | - Limited medical support (vehicle and labor) (A1), (A3) | - Privacy problem arising from joint living in 4-person rooms (A1), (A4) |
|                   | - Difficulty in operating the facilities due to the high rate of staff turnover (A5) | - Limited support for the program manager (A2), (A3) | - Fire extinguishing equipment (A4), (A6) |
|                   | - Insufficient staffing, due to the lack of operating funds (A6), (A8), (A9) | - Difficulty participating in programs due to old age (A2), (A4) | - Problems in the traffic line in emergencies (A1) |
|                   | - Various programs appropriate for the elderly are required (B3), (B4), (B5), (B6), (B7), (B10), (B15) | | - Lack of programs and conversation space (A2) |
|                   | - Provision of appropriate facilities and medical staff at all times (B2), (B8), (B16) | | - No elevator in the building (A4) |
|                   | - Provision of various kinds of meals (B4), (B6), (B9) | | - Difficulty in taking prompt action in emergencies, as the space is private (A5) |
|                   | - Strengthened service for individuals, such as cleaning and laundry (B4), (B14) | | - Resident dislike of equipment that makes the facilities look like a hospital or welfare facility (A5) |
|                   | - Difference in the service of leisure/culture, depending on the facilities (B11), (B13) | | - Threshold is not removed/the sprinkler is not installed (A8) |
|                   | - Introduction of home doctor and health management system (B6) | | - Design that takes into consideration the needs of the elderly (i.e., universal design for disabilities) (B2), (B6), (B7), (B8), (B10), (B13), (B15), (B16) |

| Operational management | - Difficulty in achieving profitability, as residents hate to pay additional fees (A5), (A7), (A8) | - Difficulty in achieving profitability, as residents hate to pay additional fees (A5), (A7), (A8) | - Lack of regulations concerning management and operation (B2), (B5), (B12), (B13), (B14) |
|------------------------|---------------------------------------------------------------|-----------------------------------------------|---------------------------------|
|                        | - No support from the government for fee-based facilities, yet strengthening of regulations (A8) | - No support from the government for fee-based facilities, yet strengthening of regulations (A8) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
|                        | - Difficulties in operation (staff opinions)                  | - Difficulties in operation (staff opinions)                  | - Increase of donation (B1) |
|                        | - Various programs appropriate for the elderly are required (B3), (B4), (B5), (B6), (B7), (B10), (B15) | - Various programs appropriate for the elderly are required (B3), (B4), (B5), (B6), (B7), (B10), (B15) | - Expansion of private operation system (B7) |
|                        | - Provision of appropriate facilities and medical staff at all times (B2), (B8), (B16) | - Provision of appropriate facilities and medical staff at all times (B2), (B8), (B16) | - Lack of regulations concerning management and operation (B2), (B5), (B12), (B13), (B14) |
|                        | - Provision of various kinds of meals (B4), (B6), (B9) | - Provision of various kinds of meals (B4), (B6), (B9) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
|                        | - Strengthened service for individuals, such as cleaning and laundry (B4), (B14) | - Strengthened service for individuals, such as cleaning and laundry (B4), (B14) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
|                        | - Difference in the service of leisure/culture, depending on the facilities (B11), (B13) | - Difference in the service of leisure/culture, depending on the facilities (B11), (B13) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
|                        | - Introduction of home doctor and health management system (B6) | - Introduction of home doctor and health management system (B6) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |

| Areas of improvement (researcher opinions) | - Formation of relations between staff and residents (B2), (B5), (B10) | - Committee for the confirmation of new residents and exiting residents and an auditing system are required (B11), (B13), (B16) | - Need of the system of staff in charge (B1), (B6) |
|------------------------------------------|---------------------------------------------------------------|----------------|--------------------------------|
|                                          | - Provision of different services, depending on the manager of the facilities (B2), (B6), (B14), (B16) | - Regular meetings between residents and family (B4) | - An active residents' organization is needed (B7) |
|                                          | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) | - Need of the system of staff in charge (B1), (B6) | - Total residents' management system required (B9) |
|                                          | - Increase of donation (B1) | - Need of the system of staff in charge (B1), (B6) | - Total residents' management system required (B9) |
|                                          | - Expansion of private operation system (B7) | - Need of the system of staff in charge (B1), (B6) | - Total residents' management system required (B9) |

| Difficulties in operation (staff opinions) | Elderly welfare housing | Elderly care facilities | Areas of improvement (researcher opinions) |
|-------------------------------------------|-------------------------|-------------------------|------------------------------------------|
|                                          | - Limited medical support (vehicle and labor) (A1), (A3) | - Limited acquisition of new customers is due to the lack of customers having sufficient financial resources (A5) | - Various programs appropriate for the elderly are required (B3), (B4), (B5), (B6), (B7), (B10), (B15) |
|                                          | - Limited support for the program manager (A2), (A3) | - High cost associated with the provision of good facilities and services (A5) | - Provision of appropriate facilities and medical staff at all times (B2), (B8), (B16) |
|                                          | - Difficulty in operating the facilities due to the high rate of staff turnover (A5) | - Design that takes into consideration the needs of the elderly (i.e., universal design for disabilities) (B2), (B6), (B7), (B8), (B10), (B13), (B15), (B16) |
|                                          | - No support from the government for fee-based facilities, yet strengthening of regulations (A8) | - Reduction in size and variation of public space (B2), (B4), (B5), (B7) | - Lack of regulations concerning management and operation (B2), (B5), (B12), (B13), (B14) |
|                                          | - Difficulties in operation (staff opinions) | - Difficulty in achieving profitability, as residents hate to pay additional fees (A5), (A7), (A8) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
|                                          | - Various programs appropriate for the elderly are required (B3), (B4), (B5), (B6), (B7), (B10), (B15) | - Provision of different services, depending on the manager of the facilities (B2), (B6), (B14), (B16) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
|                                          | - Provision of appropriate facilities and medical staff at all times (B2), (B8), (B16) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
|                                          | - Provision of various kinds of meals (B4), (B6), (B9) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
|                                          | - Strengthened service for individuals, such as cleaning and laundry (B4), (B14) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
|                                          | - Difference in the service of leisure/culture, depending on the facilities (B11), (B13) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
|                                          | - Introduction of home doctor and health management system (B6) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) | - Indicators of assessment on the soundness of the owners of the facilities (B2), (B3), (B4), (B10) |
is required." Therefore, a means of communication and mutual understanding of the positions of staff and residents is needed.  

(3) Staff management

In terms of staff management, nursing home staff pointed out that there are problems such as "The raising of salaries for staff is hard due to the lack of operating funds" and "Due to the high rate of staff turnover, it is hard to operate the facilities." As for elderly welfare housing, the staff answered, "Due to the lack of operating funds, there are not sufficient staff," thus indicating many problems with respect to the lack of staff and financial difficulties.

In addition, the researchers suggested that there is a need for "Training for the strengthening of the capability of staff" and that improvement is needed related to "The insufficient number of staff" and "Preparation of a stable welfare system for staff." These responses indicate that job stability within the welfare facilities is not adequate, due to the working environment, which includes low wages and non-regular work. These should be improved.

5. Conclusions and Suggestions

This study was designed to discover experts’ opinions to improve seniors’ housing situations and provide information for developing better housing alternatives for Korean seniors in the future. Based on the results of this study, the following suggestions were presented.

1) Space planning of facilities

First, various kinds of facilities should be developed that consider the needs of the consumers. Depending on the situation, facilities could be combined to achieve a better effect. More welfare facilities should be constructed for the low- and middle-income elderly. For the elderly who have no or lack financial resources, private facilities also need to be expanded. In addition, for convenient movement between facilities, depending on the health situation of the elderly, it is recommended to introduce assisted living units or a concept that is a combination of residential welfare facility and elderly care facility, to create a continuing care retirement community (CCRC), which has been introduced in advanced welfare countries. This concept has not yet taken root in Korea.

Second, facilities should have a stable environment with respect to location and surrounding conditions. When welfare facilities for the elderly were first introduced in Korea, they were mainly located in areas far away from the city or downtown. However, if elderly residential facilities are located near or inside the city, as recommended, so that the elderly do not feel alienated from their families or the local community with which they are familiar, location will be an issue that needs to be addressed.

Third, in terms of space planning, it is recommended that the universal design concept be introduced in which guidelines for the facilities are systemized and education, control, and supervision be strictly applied. As indicated by the staffs’ answers to the need for the installation of an elevator, fire extinguishing equipment, sprinklers, and the removal of the threshold, priority should be given to promoting the safety and independent living of the elderly when planning elderly housing. Moreover, the design of elderly housing should avoid elements that create the atmosphere of a hospital or institution.

Fourth, facilities should be converted to create more small-sized spaces. Many elderly care facilities typically have a 4-person room system. However, this arrangement creates a problem related visual and/or acoustic to privacy for the elderly. Thus, to preserve these privacy, creating more 1-person and 2-person rooms, as well as small-sized elderly housing are potential solutions.

2) Management of facilities

First, except for high-priced, fee-based welfare facilities, ordinary elderly welfare housing and elderly care facilities cannot afford to provide proper diagnosis and continuous treatment of elderly residents. Therefore, cooperation with nearby hospitals is necessary, along with treatment rooms in the facilities themselves, for regular health check-ups to help prevent disease and for treatment of disease when required.

Second, the elderly who reside in welfare facilities may feel alienated or bored. In addition, as they are away from their children or other family members, they may be skeptical about living in a welfare facility, particularly if they are not interested in undertaking a new hobby or activity, such as is offered at many facilities. Thus, it is necessary to provide various kinds of leisure programs appropriate for the diverse age groups of elderly in the facilities, particularly in elderly welfare housing. Not only emotional activities, but also activities that promote rehabilitation of impaired physical functionality, programs related to hobbies, liberal arts, and physical exercise should be provided.

Small-group programs are preferred over large-group programs, because small groups help promote mutual exchange that occurs during leisure and culture-related activities.

Third, for hiring high qualified staff members a renewed staff standard should be prepared in local and central government level. Part-timers and volunteers may also be used in the facilities. Also, appropriate wages and salaries should be provided to facility personnel, as the low wages and poor work environment lead them to leave the welfare facilities for other jobs.

Fourth, the government should review the potential for financial support of private welfare facilities having financial difficulties. In addition, given the lack of regulations on the control and operation of facilities, more segmented and clear provisions and evaluation indicators should be developed.
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