

농촌지역 돌봄 여건을 고려한 고령자 주거지원 방안 연구

Study on Housing Support for Elderly Considering Care-services in Rural Areas

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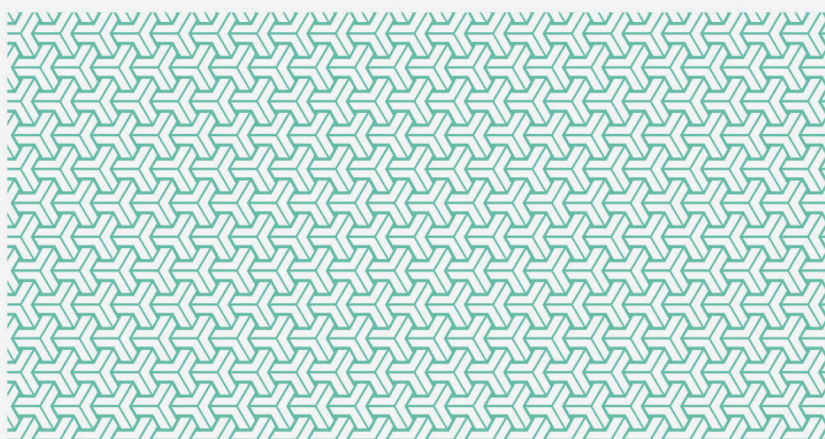
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In December 2024, South Korea has entered super-aged society, with individuals aged 65 and older accounting for more than 20% of the total population. With the rapid growth of the elderly population and elderly households, it is crucial to address the national financial burden through comprehensive measures, particularly in the areas of health insurance, long-term care insurance, and welfare budgets. The government has been promoting a community-integrated care policy that enables individuals to continue living in their communities, considering the demand for reducing medical expenses for hospitalization or admission of the elderly and “ageing in place”. Moreover, in March 2024, they established the legal basis for integrated community care for those in need such as elderly and individuals with disabilities, by enacting the “Act on the Community-Integrated Support for in Medical and Long-term Care” (abbreviation: Integrated Care Support Act).

This study aims to provide guidelines and identify key tasks for housing support for the elderly in rural areas, with a particular focus on their care needs and the nature of service supply in these regions. Uiseong County, currently implementing a pilot project for integrated medical-care support, was selected as the case study site. Based on an analysis of care demand and service availability (supply), spaces were categorized, and housing support measures were proposed for each category. Care demand was analyzed based on factors like the population aged 65 and older, the number of individuals qualified for long-term care, the projected population aged 65 and older in 10 years, and residential density (ranging from clustered to dispersed residential structures). Service supply was examined using the locations of public health centers, health sub-centers (clinics), customized care service providers, and the proximity between home-visit caregivers and their care recipients.

Using variables related to care demand and service supply, the 182 administrative districts (ri) in Uiseong County were clustered into four regional categories based on care demand and service supply levels: high-demand with sufficient services (Type A), moderate-demand with adequate services (Type B), low-demand with insufficient services (Type C), and low-demand with limited services (Type D). Building on these categories and the analysis of Uiseong County’s integrated medical-care

support project—including health and medical services, long-term care and caregiving, daily living support, community-to-community caregiving initiatives, and the integrated care support program—the following guidelines for housing support were proposed.

First, the direction of housing support should be tailored to the regional categories defined by care support characteristics; second, a diverse range of supply methods should be pursued, emphasizing the reallocation and utilization of existing resources rather than large-scale projects; third, the development of independent hubs should be prioritized to enhance the efficiency of community-level care and daily living support; fourth, clear prioritization and justification for home renovation projects should be established. Lastly, proactively linking housing support initiatives to care support projects is proposed as a direction for integrated housing and caregiving support. The relationship between the overall housing support strategy and the specific housing support tasks within Uiseong County's medical-care support pilot project is illustrated below.

Finally, housing support tasks were proposed for each cluster based on the regional categories defined by care demand and service nature. Clusters A and B, characterized by high service accessibility, should focus on developing senior welfare housing and standard care-assured housing with existing services, while also incorporating home renovation efforts. Clusters C and D, characterized by low service accessibility and high but dispersed demand, require the development of hub-type care-assured housing or community-level hub spaces to improve service access, with structured home amendment projects. Identifying priority areas for the development of senior welfare housing, care-assured housing, and service hub spaces.

Housing support within rural community care projects requires clear directions and strategies that address the unique characteristics of rural areas. These include the patterns of aging populations, dispersed care needs, a high proportion of elderly residents living in aging single-family homes, their strong community attachment, their desire for ageing in place (AIP), and preference for single-family housing. To address these

challenges, we adopt a typological approach, categorizing regions by analyzing their supply and demand on community-level care service. Rural areas differ significantly from urban areas, characterized by heterogeneous spatial features such as dispersed residential areas, low-density housing patterns, unique land use practices, limited public transportation, and a predominance of single-family homes. We are able to calibrate implementation strategies by spatial units of specific projects at the levels of administrative districts (ri), towns (eup), townships (myeon), regions, and counties. This categorization could also be utilized when defining care service regions.

To advance housing support projects, it is crucial to diversify approaches grounded in local government conditions and spatial typologies, while simultaneously addressing the shortage of care service supply through community-level care and hub spaces. These hub spaces can be developed by expanding existing facilities, such as senior centers and community halls, or by repurposing underutilized village resources (vacant houses). Priority should be placed in communities where robust community-based care systems are already operational. In the long term, the integration of hub spaces for services such as home-visit medical care, nursing, health management, and rehabilitation is anticipated to enhance the efficiency of care delivery while increasing social engagement among elderly residents. For the nationwide rollout of housing support under the integrated care system in March 2026, it is crucial to define its concepts and mechanisms through enforcement ordinances and policy improvements. It is essential to establish and utilize housing-related data for care recipients for building a data-driven framework, clarifying roles, and ensuring effective implementation of housing support initiatives.

This study conducted a comprehensive analysis of care demand and service supply characteristics in rural areas, employing a typological approach to regional categorization. Upon these findings, we proposed methodologies and tasks for housing support that could be integrated with care services. However, the study's scope was limited to a single case study in Uiseong County, and the lack of data for analyzing care demand and supply presents challenges in generalizing the findings to rural areas as a whole. Therefore,

we suggest enhancing the methodology by expanding the variables used for regional categorization and encouraging the inclusion of additional local governments in future research to ensure greater applicability and precision. Lastly, it is imperative to develop new housing support models that facilitate seamless integration with care services.

주제어

Rural Area, Elderly, Housing Support, Uiseong-gun, Elderly care-service, Community Medical and Care-service for Elderly