Aging-in-Place and Nursing Home Entry in Jeju, Korea

Ann Ziebarth , University of Minnesota, St. Paul, MN USA
Young-eun Choi , University of Minnesota, St. Paul, MN USA
Eunju Hwang, Simon Fraser University, Vancouver, BC, Canada
Seung-hahn Koh, Jeju Development Institution, Jeju, Korea

UNIVERSITY OF MINNESOTA

Background

- With an increasingly aging population and declining fertility rate, long-term care services are needed, especially for the oldest old populations who tend to be functionally dependent and thus need more skilled services.

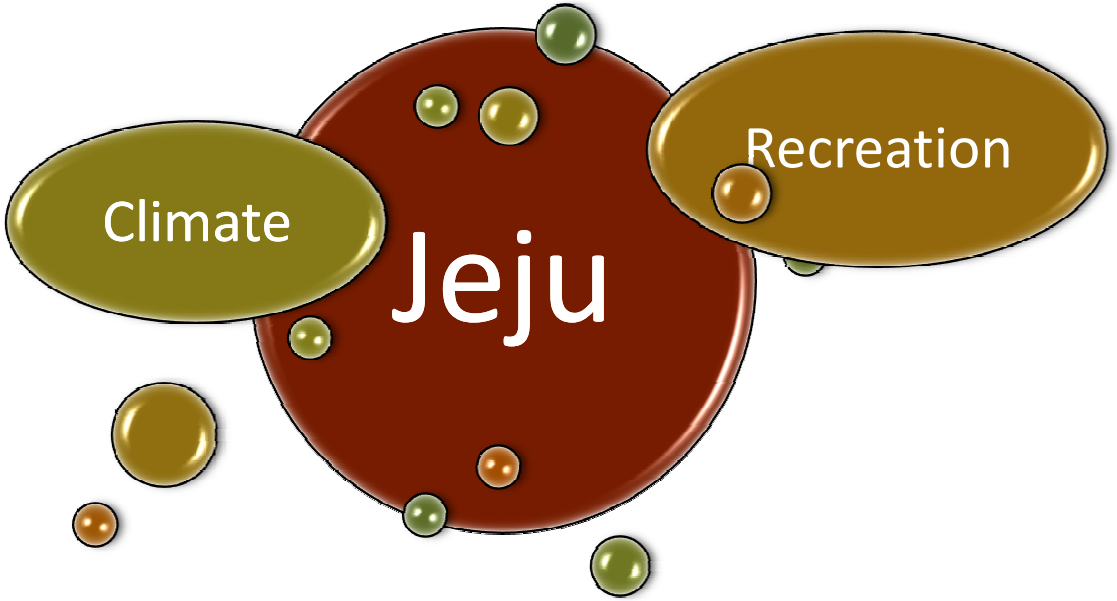
Up (2009)

South Korean Policy

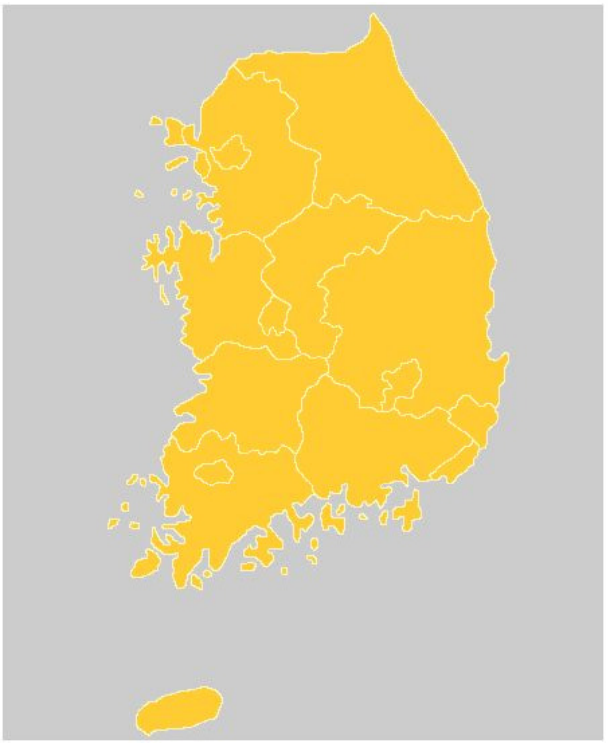
The Ministry of Knowledge and Economy
The Ministry of Health and Welfare

The Basic Act on Low Fertility and Ageing Society, 2005
the Act for Promotion of Senior Industry, 2006

Jeju – retirement market



Jeju Province



The highest percentage of the oldest old population in Korea live in Jeju Province.

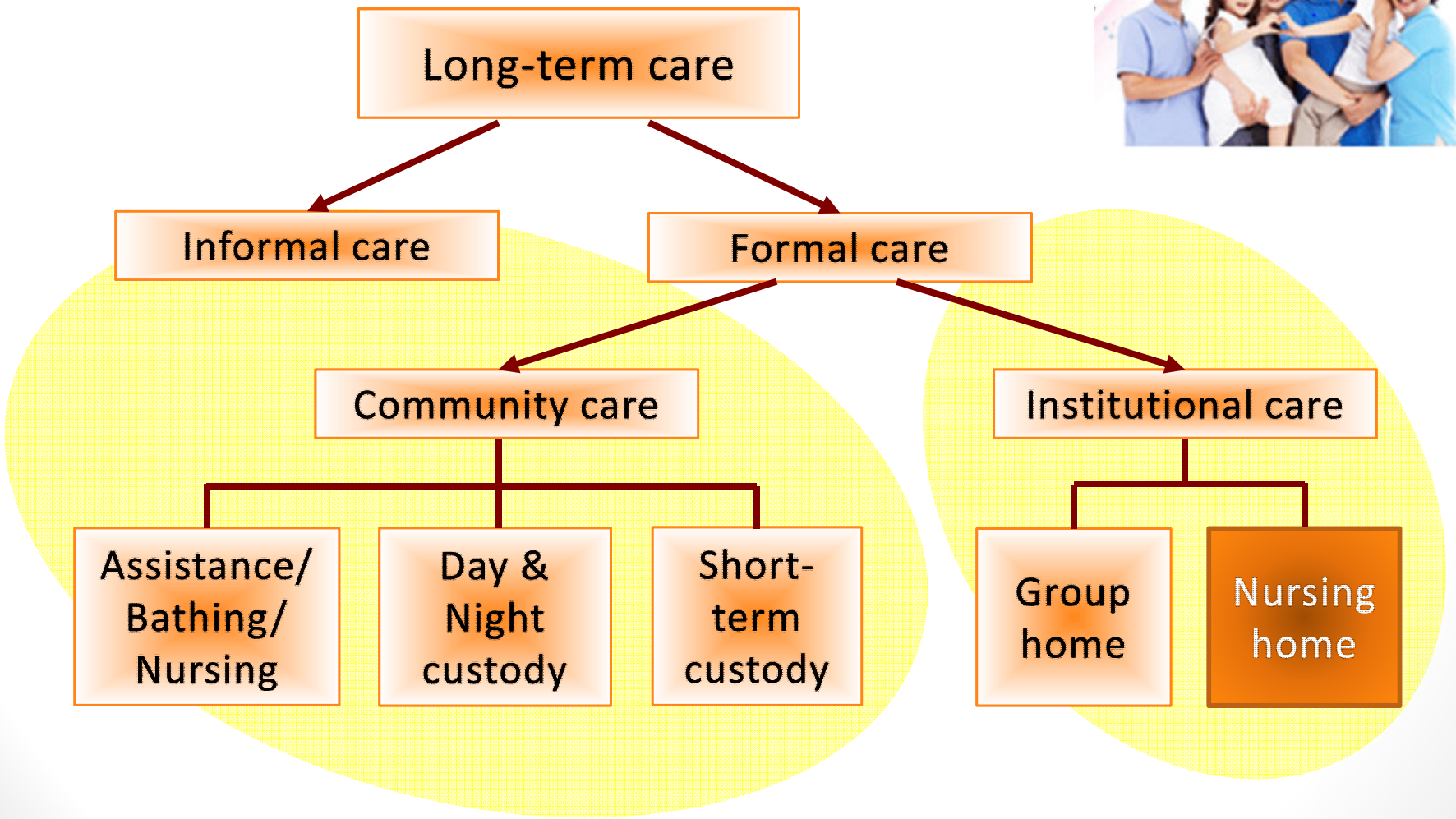
Backgrounds - Jeju

	Total		Over 65+		Over 85+	
	2000	2007	2000	2007	2000	2007
Korea	47,732,558	49,268,928	7.03	9.87	5.67	6.06
Seoul	10,311,314	10,192,710	5.42	8.29	5.91	5.92
Jeju	**542,368**	**559,258**	7.99	11.04	**8.88**	**8.74**

Korea National Statistical Office, 2007

Long term care services

The Ministry of Health & Welfare (http://www.mw.go.kr)



Previous findings

- After the elderly entered to a nursing home, it lessens the burden of their children (Kim, 2001; Lee, 2008)
- The cost of nursing home care was more effective than home care (Kim, & Yang, 2005).
- Nursing home care becomes an alternative source for long term support, physically, emotionally, and economically.

Research purpose

The aim of the study is to help care services providers and policy makers conceptualize nursing home care needs in Jeju.

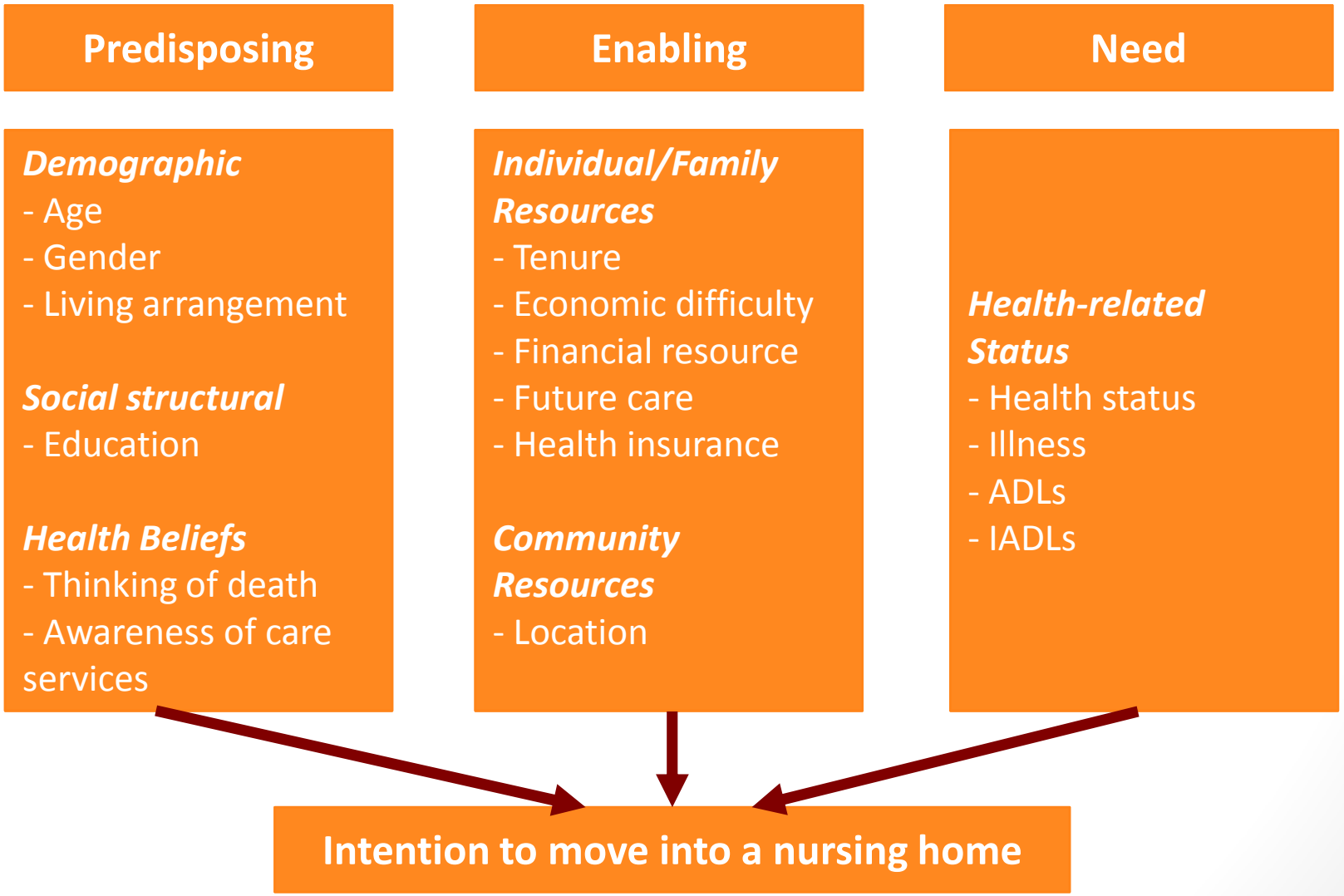
Data and methods

- **Interviews**
  - Interviews with 349 elderly individuals age 85+ were conducted in 2008 by the Jeju Development Institute .
  - Face-to-face surveys using a structured questionnaire.

- **Respondents drawn from a stratified random sample**
  - 20 villages (ri) in Jeju Province with the highest number of residents (85+) were identified
  - The 85+ elderly residents within the 20 villages were identified
  - 3) A random sample of these elderly residents was selected

Conceptual Model of this study

based on the Behavioral Model of Andersen and Newman (1973)



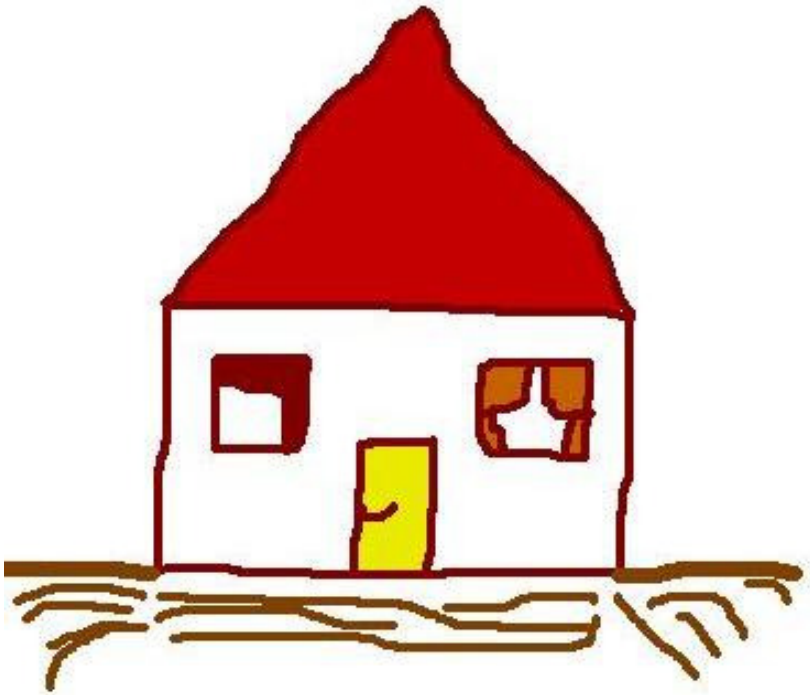
Key Results

- Elders living independently or living with spouses or children were all unlikely to anticipate moving to a nursing home
- Awareness of ***institutional care services*** increased the likelihood of intentions to move into a nursing home
- Awareness of ***community care services*** decreased the intention to move into a nursing home
- Nursing home admission will likely increase when elderly people experience difficulty in instrumental activities of daily living(IADLs)

Recommendations

- In recognizing such advantages of potential retirement community, Jeju should establish relevant strategic plans for senior industry.
- Given the demographic trends in Jeju province, development of nursing homes is timely to address the practical needs.
- Awareness of institutional care services as an important factor for nursing home entry. There is a need to enhance information about nursing home resources targeted to elderly residents and their families.

Thank you!



Key Results

- *Predisposing factors* – age, gender, living status, thinking of death (+) and awareness of services [institutional care (-) and community care (+)] were found to be significant factors for intentions to move to nursing homes
- *Enabling factors* – tenure, future caregiving needs, and health insurance were significant
- *Need factors* – only the sum of the instrumental activities of daily living (IADLs) (+) was significant

	Total (A)		Over 65+ (B)		Over 85+ (C)	
	N		B/A (%)		C/B (%)	
	2000	2007	2000	2007	2000	2007
Korea	47,732,558	49,268,928	7.03	9.87	5.67	6.06
Seoul	10,311,314	10,192,710	5.42	8.29	5.91	5.92
Busan	3,796,506	3,587,439	6.03	9.65	4.55	4.69
Inchon	2,524,253	2,493,261	5.43	7.69	5.29	6.11
Daegu	2,545,769	2,664,576	5.90	8.86	4,97	5.07
Gwangju	1,371,909	1,413,444	5.64	8.05	6.52	6.41
Deajeon	1,385,606	1,475,659	5.47	7.72	5.82	6.19
Ulsan	1,040,225	1,099,995	4.05	6.02	5.69	5.81
Kyonggi	9,219,343	11,106,211	5.69	7.84	5.53	6.02
Kangwon	1,554,688	1,503,806	9.26	13.45	6.15	6.67
Chungbuk	1,497,513	1,506,608	9.09	12.36	5.89	6.43
Chungnam	1,921,604	1,995,531	11.19	14.31	5.76	6.41
Jeonbuk	1,999,255	1,862,277	10.29	14.32	5.89	6.60
Jeonnam	2,130,614	1,929,836	11.94	17.23	6.16	6.55
Gyeongbuk	2,797,178	2,681,364	10.75	14.57	5.80	6.57
Gyeongnam	3,094,413	3,196,953	8.44	11.09	4.89	5.56
Jeju	**542,368**	**559,258**	7.99	11.04	**8.88**	**8.74**

Variables			% Coded 1(n)	Coding schema
Dependent				
	Intention to move		28.1(98)	1 if yes, 0 no
Independent				
Predisposing				
	Age		65.0 (227)	1 if 85-89 yrs old , 0 over 90 yrs old
	Gender		72.2 (252)	1 if female, 0 male
	Living arrangement	alone	47.0 (164)	1 if yes, 0 otherwise
		with a spouse	22.9 (80)	1 if yes, 0 otherwise
		with children	23.5 (82)	1 if yes, 0 otherwise
	Education		23.2 (81)	1 if school, 0 no school
	Thinking of Death		76.2 (266)	1 if yes, 0 no
	Knowledge of community care services		23.5 (82)	1 if aware, 0 no
	Knowledge of institutional care services		92.8 (324)	1 if aware, 0 no
Enabling				
	Tenure		63.6 (222)	1 if own, 0 otherwise
	Economic difficulty		3.35 (1.12)*	5 scales; 1 never difficult – 5 very difficult
	Financial resource	From Children	28.9 (101)	1 if yes, 0 otherwise
		From Government	45.3 (158)	1 if yes, 0 otherwise
	Future Care	For Themselves	25.8 (90)	1 if yes, 0 otherwise
		From Children	54.7 (191)	1 if yes, 0 otherwise
	Health insurance		63.3 (221)	1 if have, 0 no
	Location		84.5 (295)	1 if suburban & others, 0 urban
Need				
	Health status		3.67 (0.99)*	5 scales; 1 very good – 5 very bad
	Illness		81.4 (284)	1 if yes, 0 no
	Sum of ADLs		3.85 (1.61)*	5 items with 0 – 5 (6) scale
	Sum of IADLs		4.29 (1.87)*	6 items with 0 – 6 (7) scale

Predictor			B	S.E.	OR(sig.)	95% C.I.
Predisposing						
	Age		.383	.313	1.466	.794 – 2.708
	Gender		.558	.445	1.746	.731 – 4.174
	Living arrangement	alone	-1.822	.710	.162**	.040 – .650
		with a spouse	-2.459	.776	.086**	.019 – .392
		with children	-2.622	.767	.073**	.016 – .327
	Education		.292	.495	1.338	.507 – 3.533
	Thinking of Death		.765	.381	2.149**	1.019 – 4.532
	Knowledge of community care services		-.926	.394	.396**	.183 – .858
	Knowledge of institutional care services		1.114	.625	3.047*	.895 – 10.372
Enabling						
	Tenure		-.622	.347	.537*	.272 – 1.060
	Economic difficulty		-.031	.156	.970	.714 – 1.318
	Financial resource	From Children	.447	.459	1.564	.637 – 3.842
		From Government	.388	.377	1.475	.704 – 3.087
	Future Care	For Themselves	-1.088	.436	.337**	.143 – .793
		From Children	-1.712	.435	.180***	.077 – .423
	Health insurance		-.693	.301	.500**	.277 – .902
	Location		-.281	.407	.755	.340 – 1.676
Need						
	Health status		-.173	.183	.841	.588 – 1.204
	Illness		.453	.488	1.572	.604 – 4.092
	Sum of ADLs		.141	.115	1.151	.918 – 1.442
	Sum of IADLs		.376	.103	1.456**	1.189 – 1.784