

21st Century COE Program, Nihon Fukushi University  
Working Paper Series, WP-2006-03-E

Development of Kyungrodang Senior Care Services in Korea

Keywords : senior care system, community senior care, health promotion

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May 18th, 2006

## I . Background and Necessity

### A. Increase on Elderly Population in Korea

The number of Korean elderly population shows a sky-rocketing increase, and the increase rate was told as it equivalents to almost four times faster than the average of western countries. The percentage of the elderly out of total population reached 7% in 2000, entering the 'Aging Society' , and which is expected to be increased up to 13% by 2013. Thus, Korea is facing the urgent needs to be furnished with the elder care facilities.

Table 1. Projection on The Aged (65+) Population & Aging Phenomena

years	Total population (thousands)	no.of elderly pop (thousands)	% of elderly/ Total pop	Aging index1)	Aged Dependency Ratio	Life Expectancy at birth
1990	42,869	2,195	5.1%	20.0	5.1	71.7 (in 1991)
2000	47,008	<b>3,395</b>	7.2%	34.3	7.2	76.5 (in 2001)
2005	48,294	4,383	9.1	47.4	9.1	77.5 (in 2003)

1)Aging index=  $(65+ \div 0 \sim 14 \text{aged pop}) \times 100$ ,

2) Aged Dependency Ratio= $(65+ +15 \sim 64 \text{aged pop}) \times 100$

\* Resource : Ministry of Statistics(2005), "the future estimated population", Social Statistics of Korea.( [http://www.nso.go.kr/nso2005/bbs/report/report10/view.jsp?currentPage=3&pageSize=10&category\\_id=0&start\\_date=&end\\_date=&stype=title&stext=&content\\_id=3544](http://www.nso.go.kr/nso2005/bbs/report/report10/view.jsp?currentPage=3&pageSize=10&category_id=0&start_date=&end_date=&stype=title&stext=&content_id=3544))

Among the facilities, the kyungrodangs, which corresponds to senior centers(SCs) in western countries, were emphasized to be developed to provide social activity programs in community. The SCs are strengthen in terms of accessibility for senior people because those are located at the residential area. Any of the elderly people reside at the village, they become automatically the members of the SCs, and all members were their neighbors and friends those who already have been shared acquaintance thorough out the whole of their lives at the same communities. Thus, many of the elderly feel comforts to sit at the SCs and also easy to access

the SCs.

No matter how convenient and comfortable for the elderly to access the SCs, the SCs don't have any activity programs nor services until the end of the 20<sup>th</sup> Century.

Those were traditionally built for the purpose of temporary board for the homeless elderly, so those didn't have any service concept applied. Those were used only for rooms to avoid rain or storm for temporary shelters. Economic success of the country also have promoted the residential condition, so those the SCs were not any longer used as a temporary residence, but rather used for the leisure time. The elderly people still continued to come out the SCs even after get their independent room at their residences. They spent time talking with neighbor elderly people those were grown up and got old together at the same village.

The SCs were pointed out by the author<sup>1</sup> at the Kyungi Province as those could use as a social activity program centers. In that case, the Government and the society could use the fifty-one thousands of SCs for senior care facilities. When transform those to senior care facilities, the strength and the magnitude number of kyungrodangs could create enormous effects on solving care needs of seniors.

## B. Increase on Kyungrodang and Users

Until 2005, the number of kyungrodangs rose upto 51,477 in nation-wide, which is 156.5% increase as compared to 1991 and 18.69% compared to 2001 (the table 2). The kyungrodang increase rate corresponds almost 10 times of population increase rate.

The kyungrodang members became 2,190,513 registered in nation-wide for the year of 2005. More than 40%<sup>2</sup> of elderly population use kyungrodang

The most dramatic increase rate was appeared during the 20<sup>th</sup> Century, kyungrodang numbers shown up 116.13% increase during 1991~2001. Such a doubling number was caused by enlargement of apartment region. Grand scales of New Town Plan, such as at Bundang, Ilsan, and other regions through out the whole countries were mandated to establish the kyungrodang by the law of construction.

Table 2. Increase Status of Kyungrodangs

(unit : thousands)

<sup>1</sup>. So-young Cho (1999) Policy Study Report on Senior Leisure Care System Development, Kyungki Province, (Seoul : Care Korea).

<sup>2</sup> \* Percent of the kyungrodang user / total elderly population =

$$(2,190 / 4,383 \text{ thousands}) * 100\% = 49.97\%$$

Years	1991 (A)	2001 (B)	Increase rate(%) 2001 vs 1991 (B-A)/A	2002	2003	2004	2005 (C)	Increase rate(%) 2005 vs 1991 (C-A)/A	Increase rate(%) 2005 vs 2001 (C-B)/B
No of Pop	43,296	47,354	9.37	47,615	47,849	48,082	48,294	11.54	1.98
No of g kyungrodang	20,068	43,372	116.13	46,589	48,800	51,287	51,477	156.51	18.69

Table 3. Number of Kyungrodangs and Members Registered (2005)

region	numbers no. of units	no. of kyungrodangs				no. of members		
		male use	female use	bi- gender	total	male	female	total
Seoul	25	127	243	2,288	2,658	56,743	86,603	143,346
Pusan	16	362	384	814	1,560	24,140	37,062	61,202
Daegu	8	31	79	1,064	1,174	32,266	44,844	77,110
Incheon	10	62	7	1,098	1,167	28,920	36,510	65,430
Kwangchu	5	80	103	767	950	17,829	28,473	46,302
Daecheon	5	37	40	596	673	13,521	19,145	32,666
Woolsan	5	6	18	610	634	8,906	15,756	24,662
Kyungki	43	526	330	6,592	7,448	152,852	189,466	342,318
Kangwon	18	68	40	2,259	2,367	53,770	60,105	113,875
Chungbuk	12	120	134	3,312	3,566	65,363	75,662	141,025
Chungnam	16	847	289	3,895	5,031	105,484	92,558	198,042
Cheonbuk	14	451	403	4,356	5,210	74,091	94,408	168,499
Chenonam	22	951	568	5,355	6,874	93,777	131,289	225,066
Kyungbuk	23	774	408	4,949	6,131	130,935	151,100	282,035
Kyungnam	20	540	466	4,689	5,695	89,356	136,033	225,389
Cheju	4	0	0	339	339	15,277	28,269	43,546
Total	246	4,982	3,512	42,983	51,477	963,230	1,227,283	2,190,513

\* resource : Korea Senior Association (2006, April )

## II. Methods

The purpose of this study was to see how the kyungrodang senior care system grew. The present situation of the participant kyungrodangs, personnel, and care services and programs were reviewed with comparison of those launched in 2000.

The data were collected through a survey and visiting interviews with the senior welfare centers and the kyungrodangs from the 1<sup>st</sup> of April till the end of August in 2005.

Targets of the study included all 44 senior welfare centers, which had launched the primary kyungrodang care program in the first year, 2000. In addition to the 44 primary launching centers, total 88 welfare centers surveyed and those are the total centers reported to the Ministry of Health and Social Affairs(MOHSAs) as providing the kyungrodang care programs. The senior welfare centers are the major organizations which take a responsibility for providing the kyungrodang care programs with the government financial supports. In general, one senior welfare centers provide mobile services to 20 kyungrodangs.

The kyungrodangs also were surveyed and interviewed to see cross-over confirmation on the senior welfare center's survey results. And At the end of July 2005, total 1,975 kyungrodangs were designated 'model kyungrodangs' by local governments in nation-wide. The model kyungrodangs were selected in terms of outstanding performance of kyungrodang care programs, as well as clean environment. 1,225 out of 1,975 kyungrodang, which is 62% of total model kyungrodangs were visited for the interviews.

The collected data were mostly analyzed with cross-tabs by SPSS 11.0 version.

The results were used to provide the MOHSA's policy for the kyungrodang care system development.

## III. Values of Kyungrodang

### A. Social Values for Commune-Piety Resources

History shows kyungrodangs(SCs) have been existed since Koryo Dynasty. The traditional SCs were used as Sarang-Bang, which equivalent to 'meeting rooms at western personal houses'. Rich families allowed public to use their rooms and out-side spaces for the needs of temporary

shelters among poor and elderly people in community. Such a out-side spaces have been developed 'kyungrodangs' . In tradition, the social values of kyungrodang were more recognized by club spaces gathering local people to share social relationship and communication. Among the users, some of elderly and poor people stayed for several days, but not for long-term use.

The kyungrodangs were more skewed to the value of temporary shelters right after Korean War, during 1950s~60s. Most of Korean people had lost their houses and shelters by the War. Most of large family members should have to share a room with children and parents, as well as their elderly grandparents and relatives. In such cases, most of the elderly people come out the room, and stayed outside : slept at roads and/or under trees. The kyungrodangs were the most valuable resources for the temporary shelters among those out-sleepers.

Such needs of temporary shelters led Korea Government policy and set a law to built at least more than one kyungrodang at every village. Since 1978 the kyungrodangs were mandated to be built one for every 100 households by the Law of House and Construction (act 55). And the legal requirement was changed to built one kyungrodang per 150 households.

The New Town Development Policy has expanded mammoth complex of apartments and The residential region, so those new built resident town brought dramatic increase on kyungrodang. With the legal requirement, the kyungrodangs are to continuously increased. Thus, the author raised policy issue<sup>3</sup> to utilize kyungrodangs for senior care facilities, so those could solve shortage problems of senior care resources. In order to use the kyungrodangs for senior care, the facilities required to get functions of service facilities. Thus, the author led implement projects through 1996~2001 in capital regions.

Kyungrodang Functions are defined as a 'senior leisure facility' by the Senior Welfare Law (act 26) in September 1998. These days the values of kyungrodangs are not any longer temporary shelters but rather social club house. Elderly residents at the community gather at the kyungrodang and share their talks and relationships. Every morning elderly people go out to kyungrodang, but had never had a regular program to lead their bodies and activities to work out with others. Elderly people just had shared talks and talks without any meaning. However, they are not any longer lonely at the kyungrodang.

Traditional piety of parents treat senior people in community like their blood-born parents regardless of their socio-economic status. Thus any senior people in community need for temporary boards and meals could use the kyungrodang. However, now the traditional treatment concept was succeed at kyungrodang, but for senior care service needs including meals. Board needs are treated at nursing home facilities, and kyungrodang treat social and leisure

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<sup>3</sup> So-young Cho et al. (2000.Feb), Actualization of Kyungrodang-based Senior Care System in Nation-wide. The Ministry of Health and Social Affairs' Policy Report 2000-2, (Seoul: Care Korea ).

activities and participation.

## B. Values of Health and Senior Care Resources

The value of kyungrodang(SC) was pointed out by Cho<sup>4 5</sup> in 1996. Cho emphasized the importance of kyungrodangs to be used as care basis for providing health and social services for the elderly in community. Through the implement projects<sup>6</sup>, the elderly were found in needs for a gathering place to tie themselves among peer groups, so those continued the care programs. The elderly often cease his/her care services without peer-influence. Most of the elderly drop the care services and programs without a specified reason but for just losing interests. They are in needs for being stick to each others, so those encourage others to continue their participation sharing their communication and friendship among the peer-attendants.

The kyungrodang is one of the most easily accessible places for the elderly people because it locates in their residential area. Besides, it is one of the most familiar places because many of the elderly neighbors have gathered at the Kyungrodang in along with their aging procedures passing years of their whole lives : most of the elderly there are friends and neighbors of the life-long acquaint.

Such a strength of convenient access and acquaintance was applied to set a health and social care programs at kyungrodang project, so that the elderly could continue their care programs.

## IV. The Elderly Care Systems at Kyungrodang

### A. Components of the Kyungrodang Senior Care Systems (SCS)

The Elderly Care System at kyungrodang was developed to include four components : (1) health promotion, (2) social services and activity programs, (3) information & counseling, (4) self

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([http://www.nso.go.kr/nso2005/bbs/report/report10/view.jsp?currentPage=3&pageSize=10&category\\_id=0&start\\_date=&end\\_date=&stype=title&stext=&content\\_id=3544](http://www.nso.go.kr/nso2005/bbs/report/report10/view.jsp?currentPage=3&pageSize=10&category_id=0&start_date=&end_date=&stype=title&stext=&content_id=3544))

<sup>4</sup> So-young Cho et al. (1996.Feb), Technology Development for Elderly Health and Welfare Care Services at Ansong in Korea, Ansong City Policy Report 1996-1, The Institute of Reproductive Medicine & Population, Seoul National University.

<sup>5</sup> So-young Cho, Eung-Ik Kim (1996.Nov), A Study on Health Promotion Program for Bed-ridden Elderly Patients, WHO/WPRO Report 1996-2. The Institute of Reproductive Medicine & Population, Seoul National University.

<sup>6</sup> So-young Cho et al. (1996.Feb and Nov).

empowerment & community participation, etc.

Services and programs of the four components were delivered by each related organization in community : the first component, i.e. health promotion programs were mainly operated by a health center at the region where the kyungrodang is located. In addition, senior welfare centers brought health promotion programs as long as the centers provide health professionals with the programs.

The main components brought by senior welfare centers were about social services and activity programs.

The third component of information and counseling is to use information technology, so they could get counseling on facilities and government programs for solving their needs and problems.

The last component of the elderly person's self empowerment is to develop their independence to manage the kyungrodang and themselves to make active participation on the senior programs as well as community activity programs.

## B. Development of the Kyungrodang Senior Care Systems (KSCS)

The values of kyungrodang were applied and led the success of a leisure program development project conducted at nine cities and counties in 1999<sup>7</sup> : 96.5% of 80 kyungrodang members shown 'very satisfied' and 90.3% want to be continued. The strength of kyungrodang was again affirmed with the elderly care system development project in 2000<sup>8</sup> : health centers and welfare centers joined to deliver their services to the elderly people those are gathered at kyungrodang, so the centers didn't have to visit every one's home. 96.4% of 250 kyungrodang members were very satisfied and 98.6% asked to continue the programs.

The kyungrodang care system of 2000 was accepted by the Ministry of Health and Social Affairs(MOHSAs) to regulate the programs<sup>9</sup> in nation-wide. The MOHSA provides regular budget and full time social workers to progress all of the 220 kyungrodang programs since 2000.

Since the program was accepted for the regular system by the MOHSA, the variety of service providers and organizations participated and the programs have been expanded. The programs are developed and modified to use their regional resources, and the program components

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<sup>7</sup> So-young Cho et al. (1999.June), Kyung-ki Provincial Projects for The Eldely Leisure Program Development at Kyungro-Dang at 9 Cities and Counties, Kyung-gi Province Policy Report 1999-1-9, (Seoul: Care Korea ).

<sup>8</sup> So-young Cho et al. (2001.Jan), Implementation Project Report on Kyungrodang-based Senior Care System Development in Nation-wide. The Ministry of Health and Social Affairs Senior Welfare Policy Report 2000-2, (Seoul: Care Korea ).

<sup>9</sup> So-young Cho et al. (2001.Jan), *ibid.*, p.45.



were varied by provider agencies and personnel.

Thus, this survey was conducted to find changes and improvements on the kyungrodang programs by comparison of the present situation with the initiated in 2000. The results were summarized as follows :

### 1. The Improvement on The Kyungrodang Senior Care System

The achieved status of the Kyungrodang Senior Care(SC) Systems in 2005 is compared with those of the initiated in 2000. The results were shown by the table <표 4>.

When the SC system was launched in 2000, the program was driven mainly by the MOHSA and local governments where the KD was located. Passing five years, the variety of governments become participants providing programs and also providing financial supports, ministries of The Ministry of Culture & Tourism (MCT), The Ministry of Information & Communication (MIC), Rural Development Administration (RDA ). For an example, the MIC brought SCs information technology programs. MCTs deliver health promotion and exercise programs to SCs, and also RDA distributes exercise equipments for old farmers to make regular exercise programs at SCs.

44 senior welfare centers and local governments provided senior care services to KD. Local governments could choose the types of care system models : it could make a direct service provider model or hand it over to a senior-welfare center. The senior-welfare centers get the managerial ship from local governments, and deliver out-reach senior care services and programs to SCs. The number of providers also increased from 44 to more than 100 agencies in five years.

When initiated the programs in 2000, the provider delivers mobile services with five SCs. After five years, the number of SCs covered by a provider was increased

Table 4. Improvement on The Kyungro-dang Care System After Five Years of implementation

Year	2000	2005
Supportive Organizations	<ul style="list-style-type: none"> <li>• Government :</li> <li>-The Ministry of Health &amp; Social Affairs (MOHSA)</li> <li>• Local</li> </ul>	<ul style="list-style-type: none"> <li>• Government :</li> <li>-The Ministry of Health &amp; Social Affairs (MOHSA)</li> <li>-The Ministry of Culture &amp; Tourism (MCT)</li> <li>-The Ministry of Information &amp; Communication (MIC)</li> <li>-Rural Development Administration (RDA)</li> </ul>

	Governments	<ul style="list-style-type: none"> <li>Local Governments</li> <li>Non-Government Organization : Korea Senior Association, , Community Chest of Korea, The National Counsel of Sports for All</li> <li>Non-profit Private Organization &amp; Personnel : Academic Societies(gymnastics, massage, social sports, traditional culture, folk music, barbers &amp; hair dressers, and professional societies &amp; associations, etc.), socio-economic associations, &amp; private groups, etc.</li> </ul>	
Service & Program Providers	<ul style="list-style-type: none"> <li>44 senior-welfare centers</li> <li>local governments</li> </ul>	<ul style="list-style-type: none"> <li>more than 100 senior-welfare centers</li> <li>local governments</li> <li>social groups &amp; NGOs</li> <li>Korea Senior Associations</li> </ul>	
Number of Kyungrodang beneficiaries	<ul style="list-style-type: none"> <li>220</li> </ul>	<ul style="list-style-type: none"> <li>more than 1,500</li> </ul>	
Average Budget /year/provider	Amount	<ul style="list-style-type: none"> <li>20,000,000won</li> </ul>	<ul style="list-style-type: none"> <li>35,100,000 won</li> </ul>
	Financing Sources	<ul style="list-style-type: none"> <li>MOHSA (50%)</li> <li>Local governments(50%)</li> </ul>	<ul style="list-style-type: none"> <li>MOHSA (50%)</li> <li>Local governments(24%)</li> <li>Senior related Projects (15%)</li> <li>Foundations's supports / donations (11%)</li> </ul>
Average Number of Personnel /providers	<ul style="list-style-type: none"> <li>1.0 social worker</li> </ul>	<ul style="list-style-type: none"> <li>1.8 social workers</li> <li>2.2 full-time aides</li> <li>15.0 full-time volunteers</li> </ul>	
Major Function of Kyungrodang	<ul style="list-style-type: none"> <li>leisure space for friends meeting</li> </ul>	<ul style="list-style-type: none"> <li>senior care facility in residential area</li> </ul>	

upto 20 SCs in average. In 2005, total number of SCs under the senior care system become 1,500 SCs raised from 220 SCs in origin.

The SC programs were sponsored by MOHSA in 2000, which is 50% of 20 millions for a provider. The rest 50% of budget was sponsored by local governments. The five years raised the average amount of project supports upto 35.1 millions won, and the financial supports were brought from the variety of sources, such as professional organizations and groups(15%), the providers' own budget and donations (11%) in addition to the MOHSA(50%) and local governments(24%).

As the budget and participants were increased, the number of personnel was also increased from 1.0 social worker to 1.8 social workers, and 2.2 full-time aides with 15.0 full-time volunteers.

In such an increase of interests and participants from community and governments, the kyungrodang become changed it's function from a meeting room for local elderly people spending leisure time to a senior care service facility .

## 2. Senior Care Services & Programs Delivered to Kyungrodangs

### a. Health Promotion Programs

The table 5 shows senior health promotion programs delivered to Kyungrodangs in 2005 . 80.3% of 1,225 SCs had a regular health promotion program, and the programs were delivered mainly by welfare centers and/or social workers (68.2%). Health Centers (27.2%), private hospitals ( 20.4%), and health professionals (29.2%) joined for the health promotion program delivery to SCs.

Private hospitals and health professional volunteers were not found when the program initiated in 2000. Both Senior and Social Welfare Centers brought community health resources to the SC health promotion programs : Senior Welfare Centers brought private hospitals to deliver 28.1% of their health promotion programs, and 35.3% of programs were taken by health professional volunteers. ; Social Welfare Centers brought more of health professional volunteers to run 54.8% of their health promotion programs.

Health centers had been joined since the initiation, and those covered 84.7% of SC health promotion programs in 2000. The health centers delivered health promotion programs to 27.2% of SCs in 2005. The local government model shown the lowest delivery(37.8%), and those were caused because they didn't retain service productive function. Other models, such as welfare centers maintained the service productivity with related personnel and resources, but the governments are based on administrative function for the priority, so those caused the lowest delivery. Even some programs delivered by the local government models are mostly shared with health centers and/or welfare centers in local.

94.2% of senior-welfare centers delivered health promotion programs to kyungrodang, and those were increased from 84.7% in 2000. The contents of health promotion programs also shown improved and varied because the variety of health professionals and organizations participated.

Table 5. Health Promotion Programs Delivered to Kyungrodangs

Unit : number of kyungrodangs (%)

Types of Providers Program Delivery	Number of Kyungrodangs conducting Health Promotion Programs (%)						Significance
	Senior-Welfare Centers (N=807)	Social-Welfare Centers (N=73)	Local Governments (N=307)	NGOs (N=23)	Korea Senior Associations (N=15)	Total (N=1225)	
Health Centers	187 (23.2)	31 (42.5)	88 (28.7)	23 (100.0)	4 (26.7)	333 (27.2)	<i>FF</i> =71.73 p=0.000
Private Hospitals	227 (28.1)	16 (21.9)	5 (1.6)	0 (0.0)	2 (13.3)	250 (20.4)	<i>FF</i> =135.6 p=0.000
Health Professionals' Volunteer activities	285 (35.3)	40 (54.8)	23 (7.5)	0 (0.0)	10 (66.7)	358 (29.2)	<i>FF</i> =144.9 p=0.000
Welfare cntrs and/or social workers	707 (87.6)	57 (78.1)	34 (11.1)	23 (100.0)	15 (100.0)	836 (68.2)	<i>FF</i> =627.9 p=0.000
Total	760 (94.2)	70 (95.9)	116 (37.8)	23 (100.0)	15 (100.0)	984 (80.3)	<i>FF</i> =416.4 p=0.000

b. Social Services and Activity Programs

Social services and activity programs delivered to kyungrodangs were shown by the table 6, and those covered 75.9% of 1,225 SCs.

Social services were provided to support the quality of kyungrodang seniors' life. The services were composed of social activity programs, education, services and the kyungrodang house repair, etc. Social activity programs are more likely hobby, recreation, travel, and social events such as birthday party, visiting neighbors, etc. Social education programs were mostly for learning Korean (English, Japanese, and others) language as well as computer program with information and communication skills.

More than 90% among the target kyungrodangs provided social services and activity programs. As contrasted to those welfare centers, local governments provided the low delivery rate (22.8%) of these social components. The low delivery rate was caused by the fact that the nature of senior and social welfare centers are social

service organizations, so those retain local resources and personnel enough to share the social resources for kyungrodang service delivery. However, the main duty of local governments is due to provide administrative services rather than social services, so that brought low delivery rate of social services and activity programs, regardless of how much resources they retained.

Table 6. Social Services & Activity Programs Delivered to Kyungrodangs

Unit : number of kyungrodangs (%)

Types of Providers Program Delivery	Number of Kyungrodangs conducting senior care services/programs (%)						Sig-nificance
	Senior-Welfare Centers (N=807)	Social-Welfare Centers (N=73)	Local Governments (N=307)	NGOs (N=23)	Korea Senior Associations (N=15)	Total (N=1225)	
Social Activity Programs.	534 (66.2)	59 (80.8)	33 (10.7)	23 (100.0)	15 (100.0)	664 (54.2)	<i>FF</i> =367.6 p=0.000
Social Education & Services.	578 (71.6)	52 (71.2)	24 (7.8)	23 (100.0)	10 (66.7)	687 (56.1)	<i>FF</i> =436.9 p=0.000
House Repair	552 (68.4)	48 (65.8)	28 (9.1)	23 (100.0)	10 (66.7)	661 (54.0)	<i>FF</i> =455.8 p=0.000
Total	750 (92.9)	72 (98.6)	70 (22.8)	23 (100.0)	15 (100.0)	930 (75.9)	<i>FF</i> =590.6 p=0.000

\* double counted

Social services and activity programs require the variety and the bulk of personnel. One of the most important factor of the social components' success depends on accessibility of the personnel and social resources.

The kyungrodang programs are now developed to get such social service manpower among the kyungrodang members. Such a personnel needs had created another social activity program at kyungrodang, so the senior members were recruited for the kyungrodang senior employment program to deliver the social services and program to their peer senior members.

c. Information and Counsel Programs at Kyungrodang

Information and counsel programs were managed in self-sufficient manner by kyungrodang members. It was emphasized to keep self-sufficiency on program intervention, so those led sustainability of the program and to be continuously managed by their members even after the implementation period.

Among the program components, information and counsel programs were prepared by 'education and activity programs'. The seniors, in one hand, got learning programs, such as computer and information technology class, and journalism class, etc. , and the other hand, they went out to activate what they learned for other members. Using such a senior member personnel, the programs were more accessible among the members and the self-sufficiency and autonomy were maintained.

The information technology learning programs shown the lowest rate(13.8%) : and those meant that 169 kyungrodangs out of 1225 were furnished with computer and internet system, so those allow all their members learn and use IT system at the 169 kyungrodang.

Those who didn't have any access to IT network at the kyungrodang used information board(20.7%), and other mechanism(15.9%) to disperse information and announcement. The news magazine(39.8%) were the new era of newly developed to show kyungrodang programs at the local. The magazines were especially developed to include information and news about all centers and members of kyungrodang.

Such information and news about themselves have tied members not to loose and those influenced to increase the frequency of their members participated.

Table 7. Information and Counsel at Kyungrodangs.

( Unit : number of kyungrodangs (%) )

Providers	Number of Kyungrodangs conducting senior care services/programs	Significance
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	(%)						
	Senior-Welfare Centers (N=807)	Social-Welfare Centers (N=73)	Local Governments (N=307)	NGOs (N=23)	Korea Senior Associations (N=15)	Total (N=1225)	
IT Education	164 (20.3)	0 (0.0)	1 (0.3)	0 (0.0)	4 (26.7)	169 (13.8)	<i>F</i> =127.9 <i>p</i> =0.000
Information Board	212 (26.3)	31 (42.5)	0 (0.0)	0 (0.0)	10 (66.7)	253 (20.7)	<i>F</i> =191.7 <i>p</i> =0.000
Other Informations	170 (21.1)	12 (16.4)	10 (3.3)	0 (0.0)	3 (20.0)	195 (15.9)	<i>F</i> =70.63 <i>p</i> =0.000
News Megazine	451 (55.9)	22 (30.1)	3 (1.0)	0 (0.0)	12 (80.0)	488 (39.8)	<i>F</i> =394.4 <i>p</i> =0.000
Counseling Srvs	592 (73.4)	34 (46.6)	1 (0.3)	0 (0.0)	7 (46.7)	634 (51.8)	<i>F</i> =618.1 <i>p</i> =0.000
Total	748 (92.7)	56 (76.7)	13 (4.2)	0 (0.0)	15 (100.0)	832 (67.9)	<i>F</i> =918.7 <i>p</i> =0.000

#### d. Senior Empowerment and Community Activities at Kyungrodangs

The kyungrodang members were traditionally composed of socio-economically indigent seniors. As the history of kyungrodang shown, the Korea government's policy was purposed to use the facilities shared by those seniors who did not have rooms and resting places at their private home. Indigent street sleepers could avoid night dew sharing the kyungrodang rooms with others in similar situation, and those had yielded their private spaces to their children. Thus, it was a nature of the indigent seniors gathering at kyungrodang, and which phenomena conveyed social message to society as those kyungrodangs were places for indigent seniors. With such a historical background, the kyungrodangs were regarded as indigent seniors' places.

The law of housing changed the situation and social recognition on kyungrodang. By the law, kyungrodangs have continuously increased the numbers built in apartment area and new town which are not indigent users. The increase on non-indigent members and this kyungrodang program project influenced the society and kyungrodang to change their identification. The members want to get empowerment of themselves.

The empowerment and community activity programs were composed of senior autonomy,

volunteer, job and community supports and resource management activities. Through those programs, the senior members were expected to get empower of themselves and go out to community sharing their relationship with others.

The autonomy activities include local fair and events participation, leadership training and social education programs. The empowerment programs were expanded among the program providers(62.9% and 65.8% of senior and social welfare centers), and the Community Chest of Korea became to sponsor the leadership training programs during 2005-2008, to boost the empowering effects. The local governments' programs were excluded from the Chest sponsorship, and led only 1.3% of the programs run.

In another hand, the government programs sponsored the kyungrodang members' voluntary activities. The governments' supports had led active participation, and 31.6% of government programs and 86.7% of the Korea Senior Association programs were reported for the voluntary activities.

Thus, kyunrodangs become agencies which provide opportunity and sponsors for voluntary activities. No matter who wants to empower and/or devote his/herself in community, once any senior person ask their participation, all could get opportunity and sponsorship for actualization of their wishes.

The community supports and resource management activities are to bring community sponsors and encouragement for the kyungrodang programs. Neighbors and family members of the kyungrodang seniors were called to sponsor for the program, as well as stores and other business groups also were knocked for the sponsoring or communication. 25.7% of total kyungrodang went out to bring the community resources, and NGO groups shown the most active participation for this component. Local government (3.3%) and the Senior Associations(0.0%) could need nor awared of the way of resource management, so the result shown the low participation.

<Table 6-4> Senior Empowerment and Community Activities at Kyungrodangs

( Unit : number of kyungrodangs (%) )

Providers	Number of Kyungrodangs conducting senior care services/programs (%)						Significance
	Senior- Welfare Centers (N=807)	Social- Welfare Centers (N=73)	Local Governments (N=307)	NGOs (N=23)	Korea Senior Associations (N=15)	Total (N=1225)	



<u>Senior Autonomy Activities</u>							
Community fair & events participation	144 (17.8)	0 (0.0)	1 (0.3)	0 (0.0)	10 (66.7)	155 (12.7)	<i>FI</i> =131.775 p=0.000
Leadership training	508 (62.9)	48 (65.8)	4 (1.3)	23 (100.0)	5 (33.3)	588 (48.0)	<i>FI</i> =469.915 p=0.000
sub-total (%)	508 (62.9)	48 (65.8)	4 (1.3)	23 (100.0)	5 (33.3)	588 (48.0)	<i>FI</i> =469.915 p=0.000
<u>Senior Volunteer Activities</u>							
Personal services	49 (6.1)	2 (2.7)	7 (2.3)	0 (0.0)	10 (66.7)	68 (5.6)	<i>FI</i> =49.761 p=0.000
Environmental Clean services	99 (12.3)	12 (16.4)	33 (10.7)	0 (0.0)	3 (20.0)	147 (12.0)	<i>FI</i> =6.375 p=0.152
Other volunteerism	63 (7.8)	10 (13.7)	60 (19.5)	0 (0.0)	0 (0.0)	133 (10.9)	<i>FI</i> =33.263 p=0.000
sub-total (%)	184 (22.8)	19 (26.0)	97 (31.6)	0 (0.0)	13 (86.7)	313 (25.6)	<i>FI</i> =43.72 p=0.000
<u>Senior Job Activities</u>							
Information & Supports for Recruit	55 (6.8)	0 (0.0)	60 (19.5)	0 (0.0)	0 (0.0)	115 (9.4)	<i>FI</i> =50.100 p=0.000
Job & Working Activities	57 (7.1)	3 (4.1)	30 (9.8)	0 (0.0)	0 (0.0)	90 (7.3)	<i>FI</i> =5.232 p=0.226
Sub-total (%)	112 (13.9)	3 (4.1)	90 (29.3)	0 (0.0)	0 (0.0)	205 (16.7)	<i>FI</i> =53.502 p=0.000
<u>Community Support &amp; Resource Management</u>							
Residents & local group's voluntary services for kyungrodang	581 (72.0)	17 (23.3)	26 (8.5)	1 (4.3)	2 (13.3)	627 (51.2)	<i>FI</i> =459.048 p=0.000
Local resources & donations for Kyungrodang supports	260 (32.2)	22 (30.1)	10 (3.3)	23 (100.0)	0 (0.0)	315 (25.7)	<i>FI</i> =196.948 p=0.000
sub-total (%)	620 (76.8)	39 (53.4)	36 (11.7)	23 (100.0)	2 (13.3)	720 (58.8)	<i>FI</i> =446.651 p=0.000
Senior Empowerment &	696 (86.2)	56 (76.7)	150 (48.9)	23 (100.0)	15 (100.0)	940 (76.7)	<i>FI</i> =171.84 p=0.000

Community Activities (%)							
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## V. Recommendation for Community Senior Program Development

The average number of kyungrodang members was 50.47 persons registered and 27.78 persons were daily users. They shown 74.98 years old in nation-wide average. 11.8% of the 1,225 kyungrodang members answered they were socio-economically secured, and 26.9% were not satisfied with their living status. The secured kyungrodang paid more membership fee than the others, and also it led better annual budget.

The annual budget of kyungrodangs was 2,600,000 won in national average. The average amount of annual budget of Seoul Kyungrodangs were 3,280,000won which is about 150% of other regions. The members pay about 27,560won for monthly membership fee.

### A. Increase on the Senior Care System Participant Kyungrodangs

The care system was launched with 36 kyungrodangs(40.9%) in 2000, and the other 47 kyungrodangs(53.4%) were entered during 2001 and 2005, so those marked 250% increase rate during the past 5 years.

The major reasons for the increase phenomena were due to accessibility and program components. The Kyungrodang-based senior care system relieved the seniors' mobility problems because it located within their residential area. The four program components, i.e. ①health promotion, ② social services and activ program components led the health promotion program effects ; information and counsels helped social activity program participation. The five components compensate each other when needed.

Financial supportive programs were also increased in along with the program participants rise. Presently, the aide sources are developed to include both financial and personnel aides. When launch the system in 2000, all program was run by the annual budget 20,000,000won sponsored by the MOHSA, and found the budget was rised upto 50,318 in 2005. Kyungrodangs in Seoul shown the best budget, 64,970,000won per annum in average, and which is almost twice than other regions. Other Metropolitan cities shown 38,904,000won in average, and 48,273,000won in provincial regions in 2005. Thus, all kyungrodang programs shown twice increase on their budget as compared to those in 2000.

ities, ③ information and counsels, ④ self-empowerment and community participation,

inter-acted among components. Social activities and self empowerment

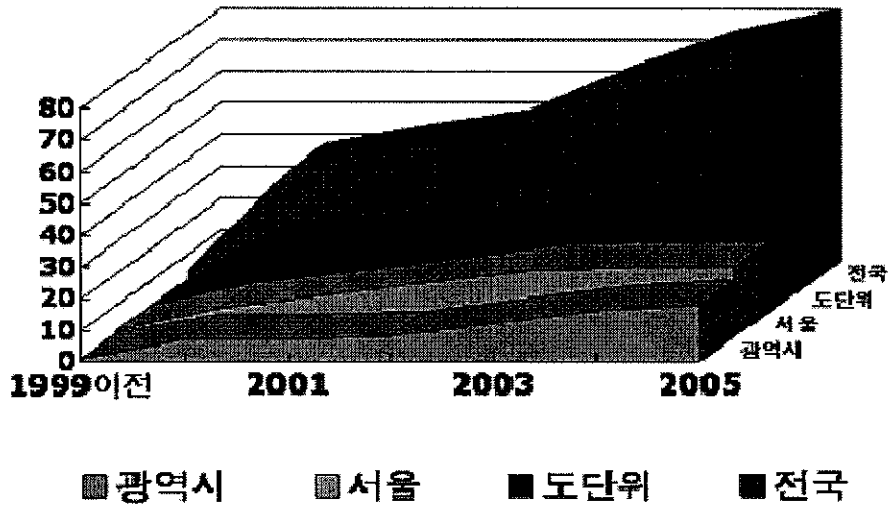


Fig 1. The Increase on Kyungrodang Joined to the Senior Care System

#### B. Increase on Service Providers for Senior Care System

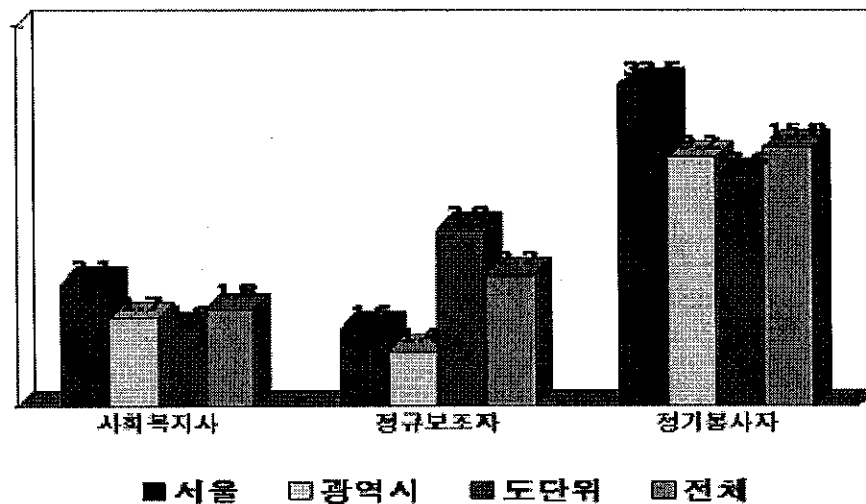
The Kyungrodang care system was operated by four types of local senior service delivery organizations. The major organizations were senior-welfare centers(65.9%), social welfare centers(6.0%), local government (25.1%), Non-government organizations (1.9%), and Korea Senior Association(1.2%). The senior-welfare centers were advantageous providing mobile services to kyungrodangs because those maintained a pool of service personnel and resources. The elderly people at local also familiar with the senior-welfare centers, so seniors shown positive rapports with the senior-welfare delivery mechanism. The local government and the senior associations are the organizations those had been direct management of kyungrodang : the governments provided infra-structure of buildings, facilities and managerial costs. Thus, some of local governments added the senior services into their traditional supports through this system; and the Korea Senior Association have been managed kyungrodang members since 1970s, and added senior service programs into their traditional amity activities.

In addition to the major senior service delivery organizations, local health organizations and other types of private and social organizations were also joined the system. Mostly health services were delivered by health centers(27.2%) and private hospitals and clinics(20.4%). And sports, hobby and other social associations and groups delivered the related social activity programs.

One of the most distinguished changes were appeared by the information technology programs. The seniors were interested new technology use, so they could adapt themselves better. They used information technology for solving the variety of their needs. The Ministry of Information(MIC) and private information company, such as Micro-Soft(MS), became confluent with this system providing senior computer training programs. The seniors share e-communication and information with other senior members.

The Ministry of Health and Social Welfare(MOHSA) provide one full-time social worker for when launched this system in 2000. The five years of experience motivated local governments to provide additional personnel. The Municipal City of Seoul, and Woolsan and some other cities provided one additional social workers, in addition to the MOHSA's one social worker. 1.8 social workers were assigned in nation-wide average, so those marked 181% increase rate and more than 50% of local governments provide one social workers of their own.

In addition to social workers, 2.2 full-time aides and 15.0 regular voluntary personnels in average were found in 2005, which were not assigned in 2000. The senior service organizations add their-own aides and voluntary personnel to solve their personnel needs of this system. The temporary supply became regular and full-time aides working five years, and now formulate sub-infra personnel structure.



<Fig 2. Personnel Comparison by Region >

C. Health Promotion Programs and Services at Kyungrodangs

Since launched the Kyungrodang care system, all kyungrodangs were asked to make the four kinds of programs and services implementation as used of today. During five years passed, though programs and services shown the similar types, the quality and the contents were varied more than those were in 2000. Through the five years, more of professional groups and individuals heard about the programs and started to join the system.

Among the variety of programs, the priority was on health promotion programs. Social services and activities, information and other community programs were used to support and/or to be combined with health programs.

a) Health Promotion Programs were the priority demands among the senior people. The kyungrodang members asked health education, physical strengthening programs, rehabilitation, exercise and health activities. Coping with the priority of needs, the variety of health organizations brought professional health services and programs. When launched, the MOHSA sponsored senior/social welfare centers to deliver health promotion programs.. However, welfare centers were not used to provide health services, so most of the health promotion programs were composed of health education and exercise programs. The welfare centers were in needs for bringing more of health organizations and professionals to co-participate the kyungrodang programs.

The variety of health organizations, such as health centers(27.2%), private clinics/hospitals(20.4%), and health professional groups/individuals(29.2%) delivered health services in both regular ( 1.57 times in month ) and irregular (0.59 in month) basis.

In order to maintain health behaviors, the members need to gather to encourage their peer senior members to continue the required health tasks.

b) The health promotion programs were managed with social and community activities. When they joined social relationship and community activities, they become active leaders to follow health behaviors and to enjoy health customs.

Social Activities and Services brought fun and tied members to attend other programs also. As health promotion programs require be patient and felt boring regardless of how important and needed for themselves, this social components support the seniors not to cease the program. The program practice rate shown the variety in regions.

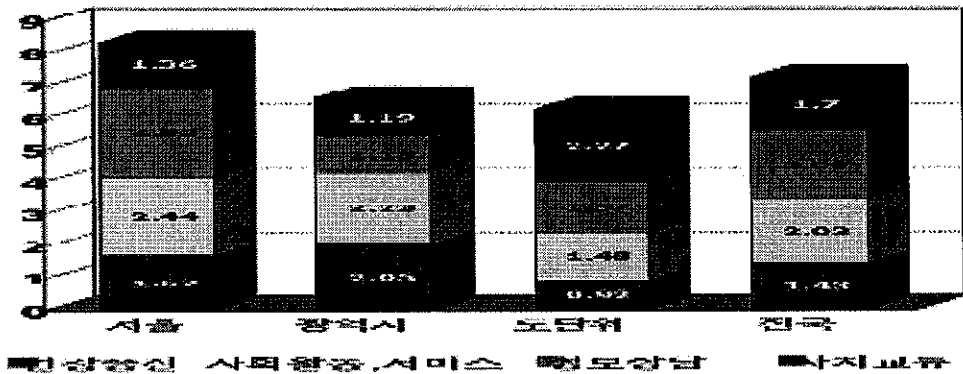
c) World Health Organization emphasized the importance of social relationship among seniors. health promotion tasks<sup>10</sup> were recommended to practice (1) active social activities, (2) balanced nutrition, (3) maintenance of exercise and activity, (4) community relationship, etc. Thus, through

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<sup>10</sup> WHO(1996) Things To Do To Stay Healthy, WPRO.

kyungrodang program participation, the senior members get involved with social and community relationship and such a social life again supports their individual behaviors. The seniors share lunch at kyungrodangs and learned how to keep balance on nutrition. Their group activities with communities allow them to enjoy social participation and to improve their ability to join with societies using information technology and other communication skills. The information on health maintenance again influence their health promotion behaviors as well as active participation.

d) The kyungrodang programs traditionally<sup>11</sup> were chess(87.5%), and going out outing or excursion(30.3%), etc. But after this program launched, the senior people faced purpose of their activities. They pursued health promotion (67.9%) and social activities and services (54.0~56.1%), community activities and participation (76.7%), information and counseling (67.9%), and information technology training program(13.8%), etc. hatting with neighbors(30.3%). The average on delivery frequency of kyungrodang program components were as shown by the figure 3.



<Figure 3. Frequency of Kyungrodang Program and Services Delivery (unit: time/month)>

e) Korea experience on kyungrodang programs were summarized as follows :

<sup>11</sup> K.O.Lee et al. (1992) A Study on Kyungrodang Activation, (Seoul : Korea Institute of Health and Social Affacirs).

The multi-components should include health and social aspects together. The social components tie social relationship and increase participation among senior members of the program.

The importance of social components was found by a prior project implemented during 1995-7<sup>1 2 1 3</sup>. The traditional programs of health centers had only a health component in most cases, but the senior patients couldn't continue the program participation though chronic and degenerative diseases require continuous treatment over long-term. The bulk of drops among the senior participants program cessation was one of the most difficult issues to be solved to continue the health promotion programs. Major reasons for the drops were depend on how boring the participants felt and how difficult to access in both geographic and emotional terms.

The importance of social relationship and participation for senior health promotion program was emphasized by the World Health Organization(WHO). The WHO introduced health promotion tasks for the seniors to include social factors, such as "making friends, "laughing", "going outside", etc<sup>1 4</sup>. The social roles and relationships, cultural communications are frequently included for the quality of life indicators<sup>1 5</sup>.

The Kyungrodang program components combined both health and social sectors. The health component was the first one, and called by health promotion programs. The health promotion programs shown one of the priority needs among the seniors, and the attendance wouldn't be such a highly continued with popularity without combination of social activity programs. Social relationship was formulated in along with social activity program participation. Through the activity program participation, the senior accompanies tied other participants not to loose. Social pleasure shared with senior neighbors those met every day at kyungrodangs brought up the seniors to continue the health promotion programs with pleasure.

Social services and programs delivered the opportunity for learning language, calculation, and other social skills, so those necessary issues for the elderly life pulled the members to come out every morning. The necessary skills and benefits led the

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<sup>1 2</sup> E.I.Kim & S.Y.Cho(1997), Health Promotion Program Development for Bed-ridden Patients in Korea, WHO Report submitted to WHO/PAHO.

<sup>1 3</sup> E.I.Kim & S.Y.Cho(1995), Health Promotion Program Development for The Elderly based on Health Centers in Korea, Ansong City Health Policy Report, 1996-97.

<sup>1 4</sup> WHO (1996). Ibid.

<sup>1 5</sup> S.R.Walker & R.M.Rosser ed. (1993) Quality of Life Assessment : key issues in the 1990s ( Hingham : Kluwer Academic Publishers).

kyungrodangs became one of necessary facilities among the community senior people and their family members.

Information and counsel programs supported the seniors adapt themselves into modern social life. The seniors' isolation and loneliness were caused because they were not aware of information on the fast changes on modern society and generations. Thus, this program component brought information and technology skill learning programs and counseling skills for peer senior members. The computer class shown popularity among the seniors, and blackboard, new paper and/or magazines were developed by kyungrodang members.

Senior empowerment and community activities are to encourage the seniors to manage kyungrodang self-sufficient and independent. The kyungrodangs retain strength on its accessibility, so those shown the highest number of facilities. However, such a huge number brought the magnitude of expenses. Thus, one of the priority policy on kyungrodang programs should be based on self-management among the members. The empowerment skill of the senior themselves enable them to develop supporters and community resources for their needs. Through active participation on community activities, the seniors enhance their social relationship and involvement.

For the empowerment programs, any members could get jobs and opportunity for employment by information and arrangement from kyungrodang. During the year of 2006, about 100,000 jobs were distributed through kyungrodang network to get the seniors empowerment.

The five years of kyungrodang projects had improved infra-system, which were appeared by number of the project participating kyungrodangs and personnel provided, the kinds of programs, etc.