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Seon Hye Lee
Gyeongsang National University
Chang Heon Cheong
Gyeongsang National University
Hyun Jin Kim
Far East University
Ji Sun Lee
jisunlee@dju.kr
Daejeon University

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Housing resources, perceived support needs and residential preferences across hypothetical health scenarios among older adults in Korea: a cross-sectional study

Seon Hye Lee[1], Chang Heon Cheong[2], Hyun Jin Kim[3] and Ji Sun Lee[4]*

[1] College of Nursing, Sustainable Health Research Institute, Gyeongsang National University, Jinju, Republic of Korea

[2] School of Architectural Engineering, Gyeongsang National University, Jinju, Republic of Korea

[3] Department of Nursing, Far East University, Eumseong-gun, Republic of Korea

[4] Department of Nursing, Daejeon University, Daejeon, Republic of Korea

[*] Correspondence: Ji Sun Lee, jisunlee@dju.kr; 62 Daehak-ro, Dong-gu, Daejeon 34520, Republic of Korea

Abstract

Background. Residential preferences may depend on anticipated functional circumstances and the support required to remain at home. We examined associations of housing resources and perceived support needs with current-home preference across two hypothetical health scenarios and with alternative residential destinations.

Methods. This cross-sectional secondary analysis included 9951 self-responding community-dwelling adults aged 65 years or older from the 2023 National Survey of Older Koreans. Survey-weighted logistic and multinomial models incorporated clustering by 977 primary sampling units. Model-standardised probability contrasts and paired cross-scenario contrasts were estimated.

Results. Weighted current-home preference was 87.2% under maintained health and 48.9% under declining health, a paired maintained-minus-declining difference of 38.3 percentage points (95% confidence interval [CI] 35.7 to 41.0). Adjusted owner-occupancy contrasts were 9.3 and 15.1 percentage points, respectively; the declining-minus-maintained difference was 5.8 points (95% CI 0.6 to 10.9). Daily-living support need was associated with contrasts of −1.0 and −15.8 percentage points, respectively; the declining-minus-maintained difference was −14.8 points (95% CI −19.2 to −10.4). Under declining health, adjusted relative risk ratios comparing senior-housing with long-term-care-facility preference were 1.72 (95% CI 1.29 to 2.28) for housing-improvement need and 0.65 (95% CI 0.48 to 0.89) for daily-living support need.

Conclusions. Housing resources and perceived support needs were associated with scenario-specific and destination-specific residential preferences. These findings may inform discussions of future living arrangements and support requirements in geriatric care.

Keywords: aging in place; residential preference; older adults; housing; perceived support needs; long-term care; cross-sectional study

1 Background

Aging in place concerns more than continued residence in the same dwelling. Qualitative and conceptual research describes autonomy, continuity, social relationships and the fit between people and their environments as central dimensions [1-3]. A current-home preference therefore does not by itself establish that adequate assistance is available or that the dwelling remains suitable as function changes. The aging-in-the-right-place framework offers a related conceptual perspective, although the framework developed by Canham and colleagues specifically addressed older people experiencing homelessness and should not be treated as a validated model for all community-dwelling older adults [4].

Housing conditions and care resources may shape the options older adults consider. Reported barriers include home safety, accessibility, maintenance and access to services [5]. Korean research has linked housing and residential context with intentions to remain at home while receiving care [6]. Reviews also identify the importance of affordable services, caregiver support, social resources and socioeconomic inequalities [7-9]. These dimensions are not interchangeable: a need to improve the dwelling and a need for everyday assistance may have different implications for residential preference. Age-friendly environmental features have also been associated with intentions to age in place [10].

International stated-preference research indicates that preferences for care settings vary with the type and severity of functional or cognitive impairment [11]. A general preference to remain at home therefore provides limited information about how housing resources and support needs relate to preferences under different functional circumstances. Distinguishing family-proximate residence, service-providing senior housing and long-term-care facilities may also reveal patterns obscured by combining all alternatives to the current home. A previous Korean analysis examined unmet care and perceived service needs among older adults with functional limitations [12].

The 2023 National Survey of Older Koreans asked the same respondents about residential preferences under maintained health and declining health and assessed perceived services relevant to living at home [13]. These questions permit comparison within respondents, but they differ in both scenario wording and residential alternatives. Such information may help geriatric and community care teams discuss support requirements alongside preferences, consistent with person-centred assessment and care planning [14, 15].

This study aimed to compare current-home preferences across two hypothetical health scenarios within the same community-dwelling older adults in Korea and to examine whether the adjusted associations of owner occupancy and perceived daily-living support need differed between scenarios. It also examined how housing-improvement and daily-living support needs were associated with preference for service-providing senior housing relative to long-term-care facilities under declining health. The study sought to inform person-centred planning for future living arrangements and support requirements.

2 Methods

2.1 Study design

This was a cross-sectional secondary analysis of the 2023 National Survey of Older Koreans [13]. Reporting was guided by the STROBE statement for cross-sectional studies [16].

2.2 Setting and participants

The source survey targeted adults aged 65 years or older living in community households. Face-to-face, tablet-assisted interviews were conducted from 4 September to 12 November 2023. The sampling design comprised 52 strata defined by region, urban–rural classification and enumeration-area type, with probability-proportional-to-size systematic selection of enumeration areas followed by systematic household selection [13]. All eligible older adults in sampled households could participate. The dataset contained 977 enumeration areas, which were treated as primary sampling units (PSUs).

The source dataset contained 10,078 records from 7,556 households. We excluded 127 proxy responses because the outcomes concerned respondents' subjective residential preferences. The analytic sample comprised 9,951 self-respondents from 7,502 households. All eligible self-respondents were included; no new sample-size target was set for this secondary analysis. Counts are unweighted unless explicitly described as weighted estimates.

2.3 Residential preference

Residential preference was assessed under two hypothetical health scenarios. Under maintained health and independent living, respondents could choose their current home, another home with a better environment, service-providing senior housing, or another option. Under declining health and difficulty living independently, options were the current home, living with a child or sibling including relatives, living separately near those family members, senior housing outside long-term-care insurance coverage, a facility covered by long-term-care insurance, or another option. Neither current-home option

explicitly specified receipt of home-based services. The binary outcome in each scenario was current-home preference versus preference for any other destination. Paired responses were classified as current-home preference in both scenarios, only under maintained health, only under declining health, or in neither scenario.

2.4 Housing resources, support needs and covariates

Owner occupancy was defined from household housing tenure. Dwelling satisfaction was measured on a five-point scale, with higher scores indicating greater satisfaction. Respondents separately indicated which services they considered necessary to continue living at home under declining health: housing improvement, daily-living support, safety support, visiting medical care, accompaniment for hospital visits or outings, and information-related counselling. Each perceived support need was analysed as a binary variable, using no perceived need for that service as the reference.

Covariates represented demographic characteristics, enabling resources and health-related conditions relevant to residential preference, organised using Andersen's behavioural model and its long-term services and supports (LTSS) adaptation [17, 18]. They included dwelling type, age, sex, spouse status, living alone, education, survey-defined household-income quintile, urban or rural residence, employment, chronic-condition count (0, 1, 2 or at least 3), functional limitation, depressive symptoms, self-rated health and physical difficulty. Education and household income each had five categories.

Functional status was assessed using seven basic activities of daily living (ADL) and ten instrumental activities of daily living (IADL). The number of activities requiring assistance was counted for each scale (ranges 0–7 and 0–10), and respondents were classified as having no limitation, IADL limitation only, or any ADL limitation. Depressive symptoms were defined as a score of 8 or higher on the 15-item Short Form Geriatric Depression Scale (SGDS). Physical difficulty was the number of affected domains among vision, hearing, chewing and mobility (range 0–4). Detailed variable definitions are provided in the supplementary material (Additional file 1, Table S1).

All model variables were complete for the 9951 self-respondents; no imputation or further exclusion for missing covariates was required.

2.5 Statistical analysis

Analyses were conducted using Python 3.12.14. The supplied population weights were rescaled to a mean of one. Covariance was estimated using a PSU-clustered sandwich estimator with a finite-cluster correction, accounting for dependence among respondents within the 977 enumeration areas, including household members. Official PSU-to-stratum assignments could not be verified, so the primary analyses incorporated weights and PSU clustering without stratification. Age was modelled using a centred natural cubic spline with three degrees of freedom.

Weighted descriptive statistics summarised participant characteristics and residential preferences. The within-person difference in current-home preference was estimated from paired responses. Separate weighted logistic regressions were fitted for each scenario. Core models included owner occupancy, dwelling satisfaction and the covariates described above; extension models additionally included all six perceived support needs simultaneously. Standardised probabilities were calculated by setting the exposure of interest to each comparison level for every respondent, retaining the other observed covariates and averaging predicted probabilities over the survey-weighted sample. Adjusted probability contrasts were differences between these standardised probabilities.

Confidence intervals for standardised probability contrasts used the delta method and PSU-level influence functions, treating the observed weighted covariate distribution as fixed. Cross-scenario contrasts retained the covariance between responses from the same participants. Primary confidence intervals used t inference with 976 degrees of freedom. Owner-occupancy contrasts compared owner-occupied with non-owner-occupied households in the core models; daily-living support contrasts compared perceived need with no perceived need in the extension models.

For declining health, a weighted multinomial logistic model compared family-proximate residence, service-providing senior housing and long-term-care facilities, with the current home as the reference. Family-proximate residence combined living with family and living separately nearby. The model included all core covariates and six perceived support needs. Twelve respondents choosing another destination were retained in descriptive summaries but excluded from this model (n = 9939). Associations were reported as relative risk ratios (RRRs) with 95% confidence intervals. Direct within-model coefficient contrasts compared senior housing with long-term-care facilities.

Sensitivity analyses examined 52 candidate strata reconstructed from province, urban–rural grouping and household apartment status; categorical modelling of dwelling satisfaction; separate family destinations; and sampling variability in the weighted standardisation distribution, alone and with candidate stratification. The single-PSU candidate stratum was handled by grand-mean recentering, with an average contribution from the remaining strata examined as an alternative. The reconstructed strata were not treated as verified official strata. All analyses were exploratory, developed iteratively and not preregistered. Two-sided p values and 95% confidence intervals were calculated without multiplicity adjustment.

2.6 Ethics and data access

The study analysed de-identified secondary data without additional participant contact or intervention. Ethics and data-access details are reported in the Declarations. According to the original survey report, the protocol for the 2023 National Survey of Older Koreans was approved by the Institutional Review Board of the Korea Institute for Health and Social Affairs (IRB No.

2023-078), and signed informed consent was obtained before interviews. The present study involved no additional data collection, intervention or contact with respondents.

2.7 Use of a language model in analysis and manuscript preparation

ChatGPT (OpenAI; accessed October 2026) assisted with language editing, computational checks, and code for plotting model estimates and confidence intervals in Figure 1. The figure used aggregate numerical outputs; no synthetic observations or image-generation model was used. The authors reviewed the reanalysis results, approved the manuscript and retain responsibility for the code, analyses and interpretations.

3 Results

3.1 Participants and paired residential preferences

The weighted mean age was 74.0 years (SD 7.1), 56.0% were women, 80.2% lived in owner-occupied households and 17.7% had a basic or instrumental activity limitation. Current-home preference was reported by 8,840 respondents under maintained health and 4,981 under declining health, corresponding to weighted proportions of 87.2% and 48.9%, respectively. The within-person maintained-health minus declining-health difference was 38.3 percentage points (95% CI 35.7 to 41.0). Current-home preference in both scenarios occurred in 4,875 respondents (47.6% weighted); 3,965 selected the current home only under maintained health, 106 only under declining health and 1,005 in neither scenario (Table 1).

3.2 Housing resources and current-home preference

In the core model, standardised current-home preference was 80.0% for non-owner-occupied households and 89.3% for owner-occupied households under maintained health, an adjusted contrast of 9.3 percentage points (95% CI 6.0 to 12.6). Under declining health, the corresponding probabilities were 36.7% and 51.8%, a contrast of 15.1 points (95% CI 10.3 to 19.9). The difference between these absolute contrasts was 5.8 points (95% CI 0.6 to 10.9) (Table 2).

3.3 Daily-living support need across scenarios

In the extension model containing all six support-need items, the standardised probability of current-home preference under maintained health was 86.9% among respondents perceiving a need for daily-living support and 87.9% among those not perceiving this need, an adjusted contrast of −1.0 percentage point (95% CI −4.1 to 2.1). Under declining health, the corresponding probabilities were 43.5% and 59.3%, a contrast of −15.8 points (95% CI −19.9 to −11.7). The difference

between the two scenario-specific contrasts was −14.8 percentage points (95% CI −19.2 to −10.4). The corresponding adjusted odds ratios for daily-living support need were 0.90 (95% CI 0.66 to 1.24) under maintained health and 0.51 (95% CI 0.43 to 0.61) under declining health. The association for information-related counselling under declining health was imprecise (adjusted odds ratio 1.14, 95% CI 0.94 to 1.37) (Table 2; Figure 1).

3.4 Alternative destinations under declining health

Under declining health, weighted preferences were 48.9% for the current home, 2.5% for family co-residence, 4.3% for a separate residence near family, 16.5% for service-providing senior housing, 27.7% for a long-term-care facility and 0.1% for another destination. Relative to current-home preference, perceived daily-living support need was associated with greater relative preference for service-providing senior housing (adjusted relative risk ratio 1.56, 95% CI 1.19 to 2.05) and long-term-care facilities (2.38, 95% CI 1.92 to 2.95). For housing-improvement need, the adjusted relative risk ratios were 1.68 (95% CI 1.26 to 2.23) for service-providing senior housing and 0.98 (95% CI 0.80 to 1.19) for long-term-care facilities. Direct senior-housing versus long-term-care contrasts were 1.72 (95% CI 1.29 to 2.28) for housing-improvement need and 0.65 (95% CI 0.48 to 0.89) for daily-living support need (Table 3).

3.5 Sensitivity analyses

The focused sensitivity analyses gave similar estimates and uncertainty for the four principal model-based contrasts. With 52 candidate strata and grand-mean recentering, the declining-minus-maintained contrast was 5.8 percentage points (95% CI 0.6 to 10.9) for owner occupancy and −14.8 points (−19.2 to −10.4) for daily-living support need. Categorical dwelling satisfaction gave corresponding contrasts of 5.7 (0.6 to 10.9) and −14.8 (−19.2 to −10.4) points. Direct senior-housing versus long-term-care RRRs ranged from 1.71 to 1.72 for housing-improvement need and 0.65 to 0.66 for daily-living support need across the displayed applicable specifications.

Including sampling variability in the standardisation distribution, alone or with candidate stratification, produced cross-scenario confidence intervals that were unchanged at one decimal place. The alternative singleton adjustment did not change the interpretation of the principal contrasts.

4 Discussion

Residential preferences and their associations with housing resources and perceived support needs differed across the two hypothetical scenarios. Daily-living support need was associated with lower current-home preference particularly under

declining health, while housing-improvement and daily-living support needs showed different associations with senior-housing and long-term-care-facility preference. Comparing adjusted probability differences within the same respondents and directly contrasting the two destinations clarified these patterns. The findings describe conditional residential preferences; they do not establish whether remaining at home is feasible or whether an alternative will subsequently be used.

The stronger negative association between daily-living support need and current-home preference under declining health is broadly consistent with international stated-preference evidence linking greater dependency to preferences for formal care [11]. The present study compares residential preferences under maintained health and anticipated difficulty with independent daily living within the same respondents. It also quantifies how adjusted associations with housing resources and perceived support needs differ between these scenarios on an absolute probability scale. However, formal care may be provided at home or in residential settings, so the findings should not be interpreted as a universal preference for institutional care when support needs increase. In addition, the support-need items were framed around deteriorating health, and the two scenarios offered different residential alternatives. These features may partly explain the observed contrasts and preclude attributing them solely to health deterioration.

The destination contrasts suggest that alternatives to the current home should be examined separately. A housing-improvement need was more positively associated with senior-housing than long-term-care-facility preference; daily-living support need showed the opposite pattern. One possible interpretation is that respondents relate environmental changes and everyday assistance to different residential options. However, the survey did not establish the costs, service intensity or availability of each option, and the observed associations cannot identify the reasons for an individual choice. Conceptual work on aging in the right place and qualitative work on constrained residential choice offer interpretive perspectives, with important differences in their populations and settings [4, 19].

Owner occupancy was positively associated with current-home preference in both scenarios. This finding complements evidence from OECD countries linking socioeconomic and social resources to the ability to age in place [9], although the present study measured stated preferences rather than subsequent residential outcomes. For international housing and care research, the distinction between preferring to remain at home and having the resources to do so is important. Tenure should therefore be considered alongside housing accessibility, affordability, caregiver capacity and access to services. The observed association does not establish that non-owners face involuntary relocation or that owners have adequate support; these possibilities require direct measurement.

4.1 Strengths and limitations

The analysis retained paired responses, distinguished residential destinations and reported adjusted absolute probability differences alongside ratio measures. Functional measures were derived from the original ADL and IADL items, and PSU-level covariance retained dependence within the survey clusters and across the two questions. Direct multinomial contrasts compared destinations within the same model rather than inferring differences from separate significance tests.

Several limitations affect interpretation. First, this cross-sectional study measured hypothetical preferences rather than subsequent residence, service uptake or preference-concordant outcomes. The maintained-health and declining-health questions differed in both health context and response options. Their contrast therefore combines differences in functional framing and available residential alternatives. Neither current-home option specified home-based services, and the separately assessed service needs cannot be treated as an embedded condition of the declining-health question. Second, perceived need is not unmet need, actual service availability or the effect of providing a service. Simultaneous adjustment for six potentially correlated needs yields conditional associations. Unmeasured affordability, caregiver capability, local supply and place attachment may contribute to the estimates; their direction and magnitude cannot be determined from these data [3, 7].

Third, excluding proxy respondents limits applicability to older adults unable to report their own preferences and may underrepresent greater cognitive or functional impairment. The original weights were used without recalibration after this exclusion. Fourth, the source documentation defined household dwelling type but did not establish official PSU-to-stratum assignments or equivalence between household dwelling type and sampling-frame enumeration-area type. Although candidate strata matched the 52 published PSU counts and gave similar focal intervals, this does not establish full reproduction of the sampling design. Singleton corrections were analyst-selected. Primary standardisation treated the observed covariate distribution as fixed; adding its sampling variability in sensitivity analyses made little difference to the focal cross-scenario intervals. Finally, analyses were exploratory, developed iteratively and not preregistered, and no multiplicity correction was applied. Estimates should be interpreted together rather than as independently confirmed findings.

4.2 Implications for geriatric care and future research

For geriatricians, nurses and community care teams, these findings suggest a reason to ask about residential preferences under explicitly described functional and support conditions. A discussion during comprehensive assessment, discharge planning or review of emerging functional difficulties could explore which everyday activities require assistance, what the home environment permits, who could provide support and which alternative settings the older person would consider acceptable. This proposed use is consistent with person-centred integrated care and attention to self-determination, but its effect on

clinical outcomes was not evaluated here [14, 15]. Nurse care-coordination research provides a practice context for repeated assessment and service coordination, rather than evidence that the current survey analysis tested such an intervention [20].

For practice and research across different care systems, the findings suggest the value of considering dwelling adaptations and everyday assistance as distinct topics in residential planning. Discussions could describe locally available options in terms of physical accessibility, the type and intensity of assistance, affordability and proximity to family. Cross-national qualitative research highlights the importance of social, cultural and environmental context in older adults' experiences of place [21]. Accordingly, the Korean survey's senior-housing category should not be assumed to correspond directly to assisted-living or residential-care categories elsewhere. The study offers an approach to examining conditional preferences, while the transferability of its association patterns requires evaluation. It does not establish the effectiveness or cost-effectiveness of any housing or care model.

Future studies could use harmonised functional scenarios and descriptions of support to compare preferences across countries, while explicitly documenting locally available residential alternatives. Within each setting, keeping the alternatives constant while varying functional circumstances would help distinguish scenario effects from differences in the choices presented. Longitudinal follow-up could examine subsequent residence, service use and concordance between preferences and actual living arrangements. Linking individual responses to local service supply, costs and caregiver capacity would help assess how associations vary across care systems. Evaluation of scenario-based discussions should establish whether they improve shared planning before their routine implementation is recommended.

5 Conclusions

Housing resources and perceived support needs were associated with residential preferences across hypothetical health scenarios among older Korean adults. Distinguishing current-home preference from specific alternatives identified different associations for housing-improvement and daily-living support needs. The findings may inform person-centred discussions of future residence and required support in geriatric and community care. Because the survey questions differed in health context and residential options, these associations do not establish causal effects, actual relocation or the effectiveness of service provision.

List of abbreviations

ADL, activities of daily living; CI, confidence interval; IADL, instrumental activities of daily living; ICOPE, Integrated Care for Older People; IRB, institutional review board; KIHASA, Korea Institute for Health and Social Affairs; LTSS, long-term services and supports; OR, odds ratio; PSU, primary sampling unit; RRR, relative risk ratio; SD, standard deviation; SGDS, Short Form Geriatric Depression Scale; STROBE, Strengthening the Reporting of Observational Studies in Epidemiology.

Declarations

Ethics approval and consent to participate

Ethical approval for this study was not required as it is a secondary analysis of a de-identified dataset.

Clinical trial number

Not applicable.

Consent for publication

Not applicable.

Availability of data and materials

Participant-level data are not distributed by the authors. The data were obtained from the Korea Institute for Health and Social Affairs (KIHASA) with permission. Researchers seeking access must obtain prior approval from KIHASA through the Health and Welfare Data Portal (https://data.kihasa.re.kr), in accordance with the provider's access requirements and terms of use [22]. The analysis code and aggregate outputs supporting the reported estimates are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

SHL: conceptualisation, methodology, formal analysis, data curation, funding acquisition, project administration, writing—original draft, and writing—review and editing. CHC: conceptualisation, interpretation of the housing and residential-environment framework, and writing—review and editing. HJK: methodology, writing—original draft, and writing—review and editing. JSL: methodology, visualisation, literature synthesis, and writing—review and editing. All authors reviewed the reanalysis results and read and approved the final manuscript.

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Patient and public involvement

Patients and the public were not involved in the design, conduct or reporting of this secondary analysis.

Authors' information

ORCID identifiers: SHL, 0000-0002-3524-8896; CHC, 0009-0002-8571-0142; HJK, 0000-0003-1740-7408; JSL, 0000-0002-2393-010X.

Supplementary information

Additional file 1. Supplementary methods and Tables S1–S5 (.docx). Variable definitions and coding, participant characteristics, combined adjusted logistic estimates, unadjusted focal associations and a consolidated sensitivity comparison.

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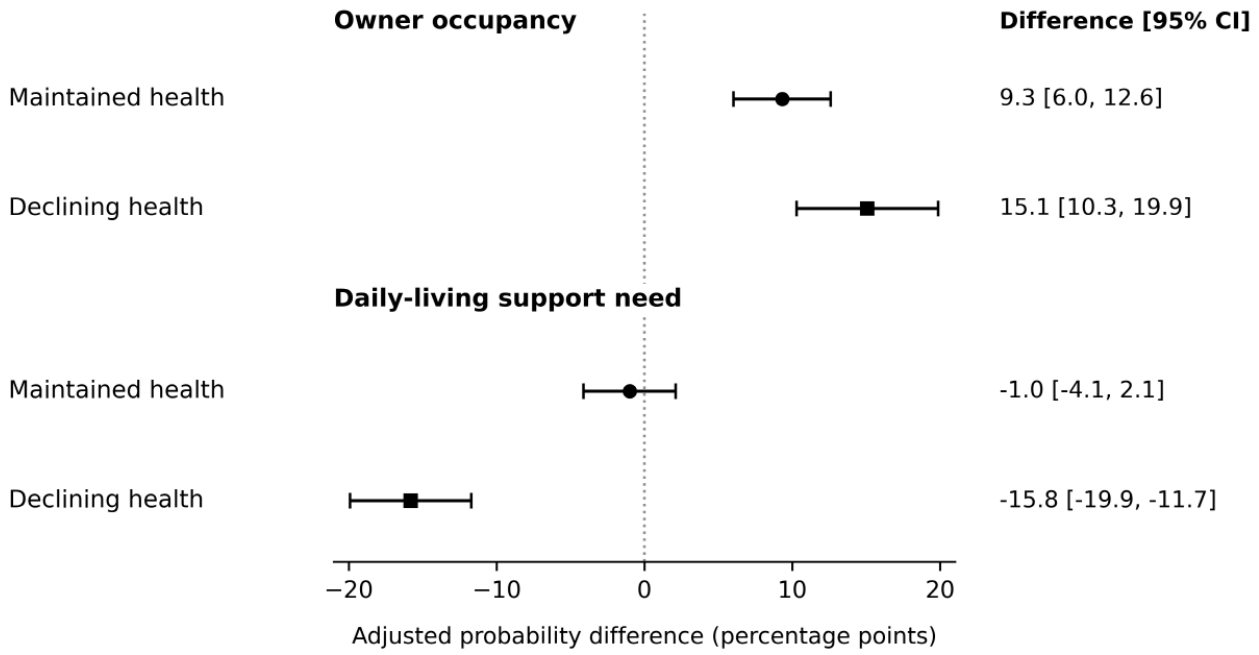


Figure 1. Adjusted probability differences in current-home preference across hypothetical health scenarios.

Points show model-standardised probability differences (percentage points); bars indicate 95% confidence intervals accounting for clustering within 977 primary sampling units without stratification. Owner occupancy (owner-occupied vs non-owner-occupied) was estimated using the core model; daily-living support need (perceived need vs no perceived need) was estimated using the extension model, which includes all six support-need items. Maintained health denotes preserved health and independent daily living; declining health denotes worsening health with difficulty in independent daily living.

Table 1. Sample characteristics and residential preferences

Characteristic or preference	Unweighted, n	Weighted, %
Analytic sample	9951	—
Women	6127	56.0
Owner-occupied household	7994	80.2
Any basic or instrumental activity limitation	1648	17.7
Current home: maintained health	8840	87.2
Current home: declining health	4981	48.9
Current home in both scenarios	4875	47.6
Current home only under maintained health	3965	39.6
Current home only under declining health	106	1.3
Current home under neither scenario	1005	11.5
Declining health: family co-residence	259	2.5
Declining health: separate residence near family	396	4.3
Declining health: service-providing senior housing	1489	16.5
Declining health: long-term-care facility	2814	27.7
Declining health: other	12	0.1

Note. N = 9951. Counts are unweighted; percentages are survey-weighted. Weighted mean age was 74.0 years (SD 7.1). The paired difference in current-home preference (maintained minus declining health) was 38.3 percentage points (95% CI 35.7 to 41.0). CI = confidence interval; SD = standard deviation.

Table 2. Standardised current-home preferences across hypothetical health scenarios

Characteristic	Scenario	Reference group (%)	Comparison group (%)	Adjusted probability difference, percentage points (95% CI)
Owner occupancy	Maintained health	80.0	89.3	9.3 (6.0 to 12.6)
Owner occupancy	Declining health	36.7	51.8	15.1 (10.3 to 19.9)
Daily-living support need	Maintained health	87.9	86.9	−1.0 (−4.1 to 2.1)
Daily-living support need	Declining health	59.3	43.5	−15.8 (−19.9 to −11.7)

Note. N = 9951. CI = confidence interval. Reference groups are non-owner-occupied households and respondents without perceived daily-living support need. Owner-occupancy estimates use core models; daily-living support estimates use extension models additionally including all six need indicators. Probabilities are standardised over the observed survey-weighted covariate distribution; CIs account for clustering within 977 primary sampling units. Declining-minus-maintained contrasts were 5.8 percentage points (95% CI 0.6 to 10.9) for owner occupancy and −14.8 percentage points (95% CI −19.2 to −10.4) for daily-living support need.

Table 3. Destination-specific adjusted associations under declining health

Characteristic	Family-proximate residence, RRR (95% CI)	Service-providing senior housing, RRR (95% CI)	Long-term-care facility, RRR (95% CI)
Owner occupancy	0.63 (0.45 to 0.89)	0.62 (0.47 to 0.81)	0.46 (0.36 to 0.59)
Housing-improvement need	1.07 (0.77 to 1.49)	1.68 (1.26 to 2.23)	0.98 (0.80 to 1.19)
Daily-living support need	1.44 (1.02 to 2.05)	1.56 (1.19 to 2.05)	2.38 (1.92 to 2.95)

Note. RRR = relative risk ratio; CI = confidence interval. Current-home preference is the outcome reference. Predictor references are non-owner-occupied households and absence of the respective perceived need. Family-proximate residence combines family co-residence and a separate residence near family. Models include all core covariates and all six perceived support-need items. Twelve ‘other’ responses were excluded from regression analyses only (n = 9939). Direct senior-housing versus long-term-care-facility RRRs were 1.72 (95% CI 1.29 to 2.28) for housing-improvement need and 0.65 (95% CI 0.48 to 0.89) for daily-living support need.