

Optimizing Contact Between Older Adults and Senior Services: South Korean users' Perceptions of Gateway Institutions

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Abstract

In response to the growing need for effective policy implementation strategies for older adults in South Korea, we propose the establishment of a user-centered institution tightly integrated with policies, termed, “comprehensive gateway institution for older adults.” This research addresses the challenges 231 older adult users face when navigating various health policies. Our survey findings revealed that these users experienced difficulties in dealing with the current policy approach for older adults. The respondents expressed their expectations for improved service access through the proposed gateway institution. They emphasized the importance of universal access to services and the need for personalized offerings that consider their unique circumstances, physical abilities, and skills. By incorporating these research outcomes into practice, we can help lay the groundwork for more effective policies measures and create a system that better meets the needs of older adults in the future.

Keywords

accessibility for older adults, policy window, perceptions of older adults, integrated gateway institution

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What this paper adds

- South Koreans tend to rely on government agencies because the gateway institutions responsible for accessing and linking senior citizen policies and services are underdeveloped. Therefore, establishing a “comprehensive gateway institution for older adults” would enhance policy utilization by increasing the accessibility of information.
- The results indicate that older adult users expect better service access through gateway institutions. Further, standardization among gateway institutions would benefit older adults.
- Considering elements such as simplicity, integration, completeness, and inclusiveness is important in the context of service access for older adults when establishing a comprehensive system.

manpower system, information delivery system, and inter-institutional collaboration strategies.

- A reference case for establishing versatile gateway institutions in other countries.

Introduction

Population aging is a critical subject in many countries around the world. The proportion of older adults has been increasing in many countries at varying rates. Older adults are becoming the majority of the population in South Korea (Korean Statistical Information Service, 2022); as such, the government must respond more actively to their needs. Various studies on the convenience of living and healthy aging are available, and the government has applied reliable outputs to national policies.

Applications of study findings

- The results can be used as data to establish a “comprehensive gateway institution for older adults.”
- The preferences of older adults can help determine aspects such as an institution’s location,

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State administrators have set up a dedicated window (or institution) for each policy to provide practical benefits for service recipients. As research outcomes and policies have increased, innumerable policy providers and windows (or institutions) have been generated. Each exclusive institution enables the securing of expertise in each specialized field. However, the segmented and diversified nature of these institutions is not suitable for older adults.

The excessive institution types create problems for older users in terms of figuring out each institution's application, and they feel challenged or confused when trying to find an appropriate institution. This causes them to hesitate and become confused in the face of policy approaches. Hence, we must consider how older adults can effectively approach these service providers. Some studies argue that we should focus on the influence of the structure of the delivery system and older consumers (Aday & Andersen, 1984), the single entry point system (Harrington et al., 2012), or the development of the delivery system (Feng, 2019).

Currently, arrangement policies regarding older users have remained unexplored in South Korea. In contrast, in some countries, including the United States, the concept of a user-centered policy approach is well developed. Since establishing a senior-oriented national administrative agency, the United States has been promoting user-centered policy information and counseling from the Department of Health and Human Services to the Area Agency on Aging (Yoo, 2001). Their "No Wrong Door System," introduced in the United States as a window for older adults' policies, is another example.

Therefore, this study argues that South Korea needs to expand the basis for user-centered policy approaches. This study assumes a gateway institution for senior services called "Comprehensive Gateway Institution for Older Adults" to be an institution suitable for this purpose. Such an institution will enable older adults to recognize service institutions and access them easily and more intuitively. Eventually, they will be able to use policies more conveniently.

The Definition of "Gateway Institution" in This Study

Currently, several institutions offer comprehensive information or specific services in the US and South Korea. However, no single institution has functions consistent with the institution defined in this study. Therefore, a specific definition is required before proceeding.

A "Comprehensive Gateway Institution for Older Adults" is an institution or place where services, information, methods of use, guidance, and procedures in all fields related to older adults are concentrated. Although services or programs are not provided on-site, people can receive guidance or assistance in making use of elderly-related services. We also intend to define this

institution as the only gateway that older adults encounter when initiating services. The "Comprehensive Gateway Institution for Older Adults" is based on the following four principles.

Principle 1: Simplicity. As the current system has set up service providers and institutions based on respective fields, older adults should first judge which institution to visit if they need to use a service. The "Comprehensive Gateway Institution for Older Adults" reduces this initial process as it is the only intensive gateway. Ideally, users who need services spontaneously recall that this gateway is the first step to start linking them to services and to have staff visit or contact them beforehand. What this institution pursues is akin to the 911 system (119 in South Korea), which intuitively plays the role of an early first gateway in case of fire or emergency. This straightforward approach is the first principle that defines the suggested institution.

Principle 2: Integration. Specific fields (e.g., nursing care, jobs for older adults, home repair) are comprehensively offered at the "Comprehensive Gateway Institution for Older Adults." These integrated services enable users to identify necessary services and select them handily. Users can therefore receive any service by visiting the institution. This is similar to the schemes of department stores or supermarket chains that stock a variety of products to make anything the customers want to purchase available. This comprehensive service provision is the second principle of the institution.

Principle 3: Completeness. As previously stated, all senior services are integrated and concentrated in the "Comprehensive Gateway Institution for Older Adults." Because all services are offered, users can address all their needs by stopping at this one place. They can receive guidance for obtaining information, deciding on services, finding service providers, and requesting services. This one-stop system lets users acquire all processes up to ultimate support for older adults.

This works like hiring a personal assistant who takes care of an individual's schedule and tasks from the beginning to the end. Completing all these processes in one place is an essential principle of the institution. Thus, a streamlined and completion principle is significant, as seen in studies on the abandonment of services when procedures are complex (Long et al., 2005).

Principle 4: Inclusiveness. The institution must be open to all individuals who wish to use available services. Just like a neighborhood park is open to everyone in the community, the institution should not pick and choose users. Any self-checks for whether they are suitable should not be necessary, and age or physical ability irrelevant. Health and function decline markedly with age; therefore, the fewer the restrictions the better. An extensive system assists older adults who use services and

prepare for old age. The opinion on integration and coordination, combined with a prevention strategy, is valuable (Casanova et al., 2020). Therefore, the universality of every situation becomes the last definition of the “Comprehensive Gateway Institution for Older Adults” that this study aims for.

This institution, as defined in this study, runs all the functions of initial needs and demands related to older adults, and is based on these four primary principles. If the institution is actually established as defined in this study, it will dramatically reduce the user’s time and effort for searching, improving user convenience.

Method: Surveying the perceptions of older adults

As our main interest, we administered a questionnaire to identify users’ needs and desires concerning the “Comprehensive Gateway Institution for Older Adults.” This quantitative survey investigated the process of accessing various institutions when older adults decide to start receiving services. Moreover, we inspected respondents’ awareness of and experiences with using comparable institutions. Users’ experiences in terms of convenience and usability were evaluated on a 5-point Likert scale. Further, in assuming the installation of the “Comprehensive Gateway Institution for Older Adults,” questions asked about the user’s preferences and desires.

The questionnaires were created for people older than 60 years (legally classified as older adults or those close to that age) living in South Korea. South Korea is an aged society with a senior population of 18.4%. Those older than 60 years of age generally comprise a group in which the respondents or their dependents have experienced using senior services. In our survey, 58% of the respondents were 60–65 years old. In South Korea, a senior citizen is someone who is 65 years or older; 42% of the respondents corresponded to this age; 29.0% were aged 65 to 70, while 13.0% were 70 or older. The average age was 64.76 years (variance: 4.181), and the oldest was 81 years.

Of the respondents, 127 were men and 66 were women. For the question regarding self-assessed health, 8.3% answered very good, and 34.7% answered good. A total of 42.0% reported fair, 12.4% bad, and 2.6% very bad health. Additionally, as Internet connection is available almost everywhere for everyone, and it is easy to search for information, most South Koreans regardless of age are proficient in using the Internet. The results indicated that for the question regarding an individual’s ability to search for and access information, 68.4% and 13.5% responded good and very good, respectively. Bad and very bad were 4.7% and 0.5%, respectively.

During the COVID-19 pandemic, many people were reluctant to face strangers; therefore, we conducted the survey online. The survey was commissioned by a web-based company that facilitated the administration of the survey between June and July, 2021, among individuals

randomly recruited through its website and via email. Among the individuals registered in the survey agency, a certain age group was selected for this study. Participants were screened to ensure that they were older than 60; anyone younger than 60 was eliminated. As a result, 193 valid responses were obtained out of 231. We analyzed the data using the software SPSS, Version 25. We obtained the response rate for each question and the average value of the Likert scale standard, and we observed a significant difference in recognition among the groups.

Results

Approaches for Institutions

Older adults need various types of services in South Korea, including long-term care, home welfare, customized personal care, retirement preparation services, and community care; these services are seen as significant government-led policies. Moreover, there are lots of specific for-profit companies. These institutions promote and guide services, and those interested in the senior services acquire, select, and use information about these institutions through diverse means.

Survey asked how respondents obtained information about these institutions. (multiple responses, 436 cases) Following the result, participants reported acquiring information from various sources, of which “self-obtained through Internet searches” is the most prevalent at 28.9% ($n=126$), with “TV and radio ads” second, at 23.6% ($n=103$.)” The others are obtained “newspapers or various informational magazines (17.7%, $n=77$),” “family members (13.3%, $n=58$)” and “professionals such as welfare workers or public officials (6.4%, $n=28$).”

The questionnaire asked about the respondents’ experiences using organizations related to senior services. About half of the respondents had previous experience ($n=94$), while 99 had no prior experience, either by themselves or through their family members or acquaintances; the details are presented in Table 1.

Among the responses, we focused on institutions that respondents contacted first when they decided to use a service. Table 1 shows that less than one-third of respondents with prior experience had started using services through community centers or government agencies; 19.1% of respondents in the experienced group stated that they had started to use services through public corporations entrusted with government affairs. In comparison, in the group without experience, 70.7% of the respondents stated that they would most likely go to the community center to answer the question, “Where do you think the service should be started?” In South Korea, the government directly manages many welfare policy windows like community centers. Most of those with no experience accessed services through government institutions. This indicates that familiarity with government-led services

Table 1. Correlations Between Institutions Initially Visited and Experiences of Using Senior Services.

Service initiator (or initiation expected)	Experienced (N=94 [39*])		Inexperienced (N=99)	
	N	%	N	%
Community center The lowest level window directly managed by the government and local municipality	27 (11)	28.7	70	70.7
Various public corporations Public institutions aided by the government	18 (6)	19.1	7	7.1
Senior welfare center Institutions that provide leisure and learning activities for older adults, as well as social services	12 (7)	12.8	7	7.1
Community health center Government agencies that provide healthcare for all	5 (2)	5.3	3	3.0
Respective service providers for older adults Individual organizations provide each professional service	16 (4)	17.0	6	6.1
Other institutions	4 (2)	4.3	0	0
By themselves	12 (7)	12.8	6	6.1

*Is the response given when a person has directly experienced a service themselves.

must be considered when developing a service gateway in the future; as shown in the Table 1 far more people expect a service gateway directly managed by a government administration, such as a community center.

Perceptions of and desires for institutions

The next section addresses the perceptions and desires of the current system, using a 5-point Likert scale. The questions are based on the institutional principles defined above.

Regarding Principle 1 (Simplicity), the questions pertained to the ease of access offered by the gateway institution during users' initial visit. For Principle 2 (Integration), the questions inquired about comprehensive and sufficient usability for obtaining information and counseling. Questions on Principle 3 (Completeness) related to whether all processes (from acquiring information to service applications or connections with providing institutions) could be completed within the institution. Finally, questions on Principle 4 (Inclusiveness) addressed perceptions on providing universal services, regardless of physical ability or age (Table 2).

The most important questions asked whether elderly-related services are comprehensively obtainable in one place (questions E, F). The proportion of negative answers (*no* or *definitely no*) reached 45.0%; further, 75.2% and 55.0% of respondents expressed a desire for universal services (G, H) that should be provided, regardless of physical health or age.

The results presented in Table 3 are part of the findings depicted in Tables 1 and 2 in more detail. It is the correlation between the group that had experienced related services for older adults and had not yet experienced it. We performed an independent samples *t*-test to compare the

means of the two groups. Table 3 summarizes their significant findings.

There were some differences between the groups. In correlating the two groups, those who had never experienced services for older adults showed lower awareness of which institution to visit first to receive services than those with experience (A). They rated the simplicity of guidance for visiting method and making a reservation as lower (B). They also judged that it would be more insufficient to obtain various pieces of information comprehensively (C) or counselling and assistance (D) than those with prior experience.

This demonstrates that the current diverse system is more unfamiliar or abstruse for the inexperienced. We can also infer causality about individuals unconditionally flocking to government agencies, based on the previous results.

We observed another significant correlation by combining Table 2 with the subdivision of the experienced group. Concerning the 94 respondents who had previous experience with institutions, we extracted two groups (multiple or single) regarding the number of institutions they used until they reached the actual service. Of them, 64 respondents reached a service by going through several institutions to obtain information, receive guidance, and applying for it. Only 30 cases reported completing all procedures through the institution they visited first. We conducted an independent samples *t*-test and analyzed the difference between the means of the two groups. Table 4 shows the significant results among the two groups regarding perceptions of and desires for services for older adults (presents a list of factors that have been shown to be significant).

Sixty-four respondents who went to multiple organizations to obtain the desired service responded that

Table 2. Perceptions and Desires Regarding Elderly-Related Service Institutions That Exist Already (1 point = very negative, 5 points = very positive).

	Statistics		Percentage (%)				
	Mean	SD	Very negative	Negative	Average	Positive	Very positive
A. Level of awareness of which institution to visit first	3.30	1.00	2.1	22.3	30.6	34.2	10.9
B. Easiness of guidance for visiting method and making a reservation	3.06	0.843	2.1	23.3	44.6	26.9	3.1
C. Convenience in obtaining various pieces of information comprehensively	3.02	0.869	4.1	22.8	42.0	29.5	1.6
D. Convenience in obtaining counseling and assistance	3.06	0.864	2.1	23.3	45.6	24.4	4.7
E. Level of information acquisition through one institution	2.87	0.978	4.1	37.8	29.5	23.8	4.7
F. Level of service linkage through one institution	2.81	0.907	3.6	40.4	28.5	26.4	1.0
G. Preference for providing services regardless of physical condition	4.01	0.901	.5	6.2	18.1	42.0	33.2
H. Preference for providing services regardless of age	3.47	1.182	5.7	18.1	21.2	33.2	21.8

Note. SD = Standard deviation.

Table 3. Meaningful Results of the Independent t-Test with Experience, Perception, and Desire by Dichotomized Respondents (Refer to Tables 1 and 2).

	Experienced (N=94)		Inexperienced (N=99)		Sig. (2-tailed)	t-test for equality of means	Levene's Test for equality of variances	
	Mean	SD	Mean	SD			F	Sig.
A. Level of awareness of which institution to visit first	3.53	0.924	3.07	1.023	0.001	-3.282	0.280	0.597
B. Easiness of guidance for visiting method and making a reservation	3.19	0.807	2.93	0.860	0.030	-2.181	0.834	0.362
C. Convenience in obtaining various pieces of information comprehensively	3.18	0.867	2.86	0.845	0.010	-2.614	1.147	0.286
D. Convenience in obtaining counseling and assistance	3.19	0.859	2.94	0.855	0.042	-2.043	0.325	0.570

Note. SD = Standard deviation; F = F-distribution; Sig = Significance probability.

Table 4. The Significant Results of the Independent Samples t-Test with the Number of Institutions Going Through Services Until the Actual Service was Provided, and Respondents' Perceptions and Desire as Variables (Refer to Table 2).

	Multiple institutions (N=64)		Single institution (N=30)		Sig. (2-tailed)	t-test for equality of means	Levene's test for equality of variances	
	Mean	SD	Mean	SD			F	Sig.
D. Convenience in obtaining counseling and assistance	3.06	0.833	3.47	0.860	0.033	-2.170	1.443	0.233
E. Level of information acquisition through one institution	2.83	0.901	3.30	0.915	0.021	-2.356	0.000	0.991
F. Level of service linkage through one institution	2.77	0.886	3.20	0.925	0.031	-2.185	0.133	0.716

Note. SD = Standard deviation; F = F-distribution; Sig = Significance probability.

Table 5. Users' Inconveniences Regarding Services for Older Adults (Choose 2 Options, a Total of 386 Cases).

Dissatisfaction with using an institution	Frequency	Percentage (%)
Lack of diversity of services types	36	9.3
It is difficult to know whether a suitable institution can solve problems	104	26.9
Scarce amount of service providing institutions	43	11.1
Excessive restrictions on qualifying for service use	117	30.3
Complicated process in use	20	22.3

human assistance, such as counselling was insufficient compared with a case of single passing (D).

Table 5 outlines the respondents' dissatisfaction with current elderly-related services.

As mentioned earlier, there are already enough services for older adults in South Korea. We found that users did not desire quantitative services, but rather the quality of these services. As very few participants had received real benefits in numerous services, they hoped they could belong to a service with increased service universality.

The need for a gateway institution

Following the above survey, we examined the demands for and configuration of the "Comprehensive Gateway Institution for Older Adults" as a gateway institution for elderly-related services.

As shown in Figure 1, 95.8% of respondents stated it would be good to have a "Comprehensive Gateway Institution for Older Adults" as a gateway institution to initiate services. In using services, 77.2% wanted anyone to be able to use services more universally, rather than limiting users to government-set standards. We proposed

two types of gateways to reduce problems (unfamiliarity, hesitation) when visiting for the first time.

In the first type, the main body of operation and organizational structure are unified. This collectively-designated single type center serves users with the same manual and is established in numerous areas. The other gateway involved access among various windows related to senior services, no matter which route is chosen; this is similar to the system of "No Wrong Door" in the United States (U.S. Department of Health and Human Services, Administration for Community Living, 2022). This system type has different operators and organizations. However, it allowed users to obtain information and support, regardless of which route is selected. The former is the final type of gateway institution proposed in this study, while the latter is the existing system that the study considers to be ideal. Assuming that there were different preferences for regional, cultural, and social differences, we compared the types of institutions. Regarding system preference, 67% of the respondents chose the former: a single representative system; only 33% desired the latter system.

In the last phase, we explored preferences for using the "Comprehensive Gateway Institution for Older Adults." These opinions are important because they can serve as a basis for establishing a system for visiting and using institutions. Table 6 presents the questionnaire and results.

In South Korea, even people older than 60 are proficient in using smartphones and online devices. This trend was reflected in the 50.8% of respondents who stated that only online access would be sufficient for an institution. Regarding the time of institutional use, 56.5% of respondents expressed wanting to prepare for retirement in advance; therefore, such issues must also be contained within the gateway institution. As for the level of assistance to receive, 39.4% wished to receive counseling or help only when they require it. However, the desire to receive support for all phases was also a big part. We found that when people perceive their health as poor (correlation coefficient: -0.156^* , $p < .05$) or consider

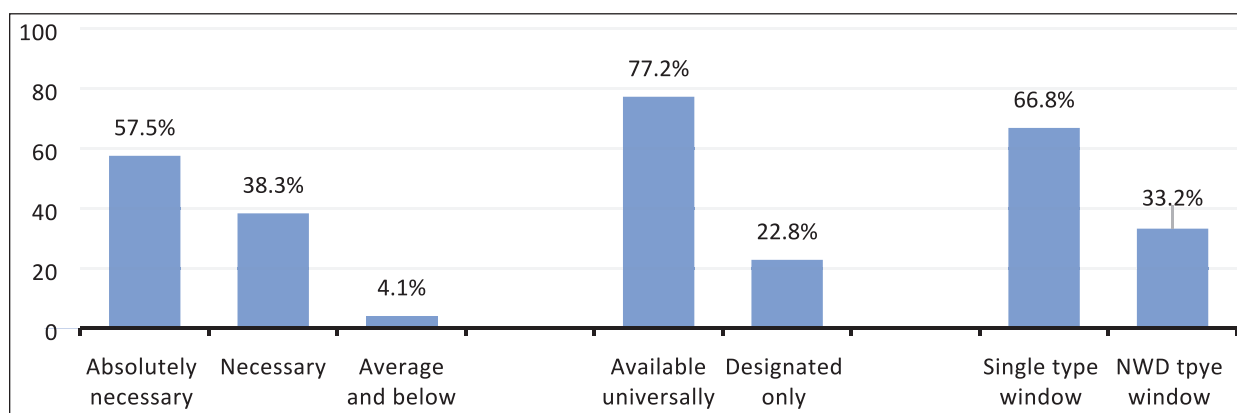
**Figure 1.** Users' needs for a gateway institution.

Table 6. Specific Details on User Preferences for the “Comprehensive Gateway Institution for Older Adults.”

Question	Distractors	Percentage
The most comfortable way to contact the institution	Directly visit the institution	18.1
	Talk to the person in charge over phone only	19.7
	Connect through online devices or smartphones	50.8
	Receive services by having a person in charge come to one's own home	11.4
Appropriate timing for optimal use	When older or when something uncomfortable happens	43.5
	When preparing for old age in advance	56.5
Assistance level (would like to receive)	Getting help with every process involved in getting services	37.3
	Only the phase when assistance is needed	39.4
	No need (the institution prepares the basic settings, and the user takes care of everything)	23.3
Number of visits	Once a year	5.7
	Once per season	30.6
	Once a month	14
	Whenever the user wants	49.7
Preference of the aided service with the institution	Receive home-visit personal care beforehand, and visit the institution	49.7
	For regular personal care, whether the institution is being used or not	25.9
	No need for home-visit personal care	24.4
Level of the necessity of a representative landline number	Inquire about the location and task of the institution in advance by calling the representative number	17.1
	Get a brief consultation with the representative number in advance and visit the institution	53.4
	Resolve every need with the representative number, and avoid visiting the institution as much as possible	25.9
	No need to make a phone call; go directly to the institution	3.6

themselves to be inexperienced with smart devices (correlation coefficient: -0.192^{**} , $.01 < p$), they prefer greater dependence. This means that even if the preference for autonomy is high, users' needs can change according to an individual's physical and mental abilities. However, users also desire autonomy in their service delivery (Simon-Rusinowitz et al., 2000). Thus, it is necessary to establish a universal system that all groups can use.

As for the number of visits to institutions, 49.7% of the respondents said it should be available at any time, rather than unilaterally designating the time. This response can influence the institution's capacity and the scope of the installation area. Currently, in South Korea, home-visit services by a social worker is an auxiliary welfare element for older adults. Considering this system, we inspected the preference for aided service when using a “Comprehensive Gateway Institution for Older Adults.” We learned that those with the highest demand (49.7%) hoped to use visiting-type counseling before making use of the institution. In particular, those in poor health expressed the wish to use the institution after regularly using visiting-type personal care (correlation coefficient: -0.148^* , $p < .05$).

Emergency numbers such as 911 in the United States and 112 and 119 in South Korea have a high level of

recognition, as these helplines are commonly used. As this questionnaire addressed access to service initiation, we asked whether such representative landline numbers are helpful or compatible with an approach to the “Comprehensive Gateway Institution for Older Adults”; 17.1% of the respondents said that the representative numbers are helpful to check for locations and information on using an institution. Furthermore, 53.4% of the respondents preferred to receive a brief consultation via a representative number before visiting an institution. This outcome will be meaningful in constructing wired and mobile routes when planning the recognition and access of institutions.

Our results confirmed user perception, desires, and demand through questionnaires. These findings will be useful in establishing a specific direction and outline for the “Comprehensive Gateway Institution for Older Adults.”

Conclusions and Proposals

We expected to observe a synergistic effect between the development and implementation of the policy. As part of our main interest, we strove to examine the “Comprehensive Gateway Institution for Older Adults” as a policy window, to assist users. In our model, this

institution will be the sole gateway to access services for older adults, which comprehensively integrates information and service guidance. Each service phase can be resolved entirely within the institution, which can be universally used by anyone. This characteristic adheres to our definition of the “Comprehensive Gateway Institution for Older Adults.”

Our survey of South Korean users revealed certain facts regarding this kind of institution. First, with the current system, people face difficulties accessing and using existing institutions to initiate services; older adults’ awareness of an institution alone is inadequate. Currently, the several non-unified service windows confuse users in terms of how to connect to these services. We noted a slight difference in responses, depending on users’ experiences. Second, most respondents agreed with establishing the “Comprehensive Gateway Institution for Older Adults” as an initial gateway to solve current inconveniences. They reported expecting it to improve the service system and services. Third, they expressed hope that the institution would be more comprehensive, autonomous, and universally available. Because of the institution’s inclusiveness, it was considered to encompass individuals’ utility among both disabled individuals and the general majority. There were expectations that the “Comprehensive Gateway Institution for Older Adults” would operate positively to help users enter services actively.

Despite these significant findings, this study has several limitations. Opinions differ on whether a gateway should be adopted as the beginning step of service, and whether it should be controlled by a centralized organization (probably government). Although a bottom-up approach is necessary, one study showed that a top-down is also crucial in certain areas (Menec et al., 2015). Political and cultural situations as well as individuals’ living situations and geographic populations will become factors that can divide positive and negative points in realizing an introduction to gateway institutions. Moreover, there are several other factors to consider, such as the density of population or aged population, the level of infrastructure, and the accessibility of transportation.

However, aging and the matter of improving the quality of later life are universal concepts that do not vary across races and cultures. Also we can affirm that there is a consensus that users have to be at the center of the service. Scholars continue to discuss the rights for “gray consumers” (Powell, 2005) who have been acknowledged more actively in consumer-centered/oriented policies (Kodner, 2003). However, no unified solution or direction has been applied thus far. Therefore, the attempt to introduce the system in this study will be an example for countries that will face rapid population aging in the future.

At this point, many studies are progressing through the thesis–antithesis–synthesis process. Therefore, the gateway institution proposed and examined in this study will also have value as part of the process, rather than the final one. Just as a certain phone number comes to

mind when an emergency occurs, we hope that users remind the “Comprehensive Gateway Institution for Older Adults” representative to launch elderly-related services. This will be helpful in combining the user’s wishes and desires confirmed in the study with the pros and cons of the current system. We hope this will lead to research on institutions with high user-centeredness and usability.

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