Methods: 1207 urban community seniors were screened and the volunteered disabled or frail seniors were enrolled. The geriatric team and community health care works were organized to provide geriatric health care services for the intervention group.

Results: 103 seniors who were frail or disabled were selected for intervention, with 105 similar seniors as control. The mean age of the intervention group was 78.8 ± 8.3, as well as 79.4 ± 8.2 of the control group. After 1 year intervention, the improvement of ADL score has no difference between two groups, but the health status of the intervention group were more stable or improved than control (73.7% vs 57.1%, p=0.023). We also found that, in the intervention group, it is likely that the seniors with poor family or social support may have more ER visits and hospitalizations, which may also affect the medical intervention.

Conclusion: For the disabled seniors in urban community of Beijing, the in-door health care services might be more doable. Only health care services without the supports of assist living may reduce the effectiveness of home medical services. It is important for the government to combine assist living with medical services for the seniors.

FACTORS RELATED TO QOL AND WELL-BEING OF THE ELDERLY WHO NEED HOME CARE AND THEIR CAREGIVERS

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Aim: For the elderly with reduced life function, it is desired to maintain the quality of life (QOL) and well-being as possible as they can. In this study, we aimed to elucidate QOL and well-being status of the elderly who needed home visits by physicians and their caregivers, and to examine the factors related to them. Methods: We registered the elderly patients living in the community who needed home visits by physicians in Kashiwa-city, Chiba, Japan. We conducted a questionnaire survey of them and their caregivers. The survey items were ESAS-r-J, EQ-5D-5L-J, WHO-5-J, SDM-Q-9-J for the elderly patients, EQ-5D-5L-J, WHO-5-J, SDM-Q-9-J and J-ZBI_8 for the caregivers. Results: We got answers from sixty elderly patients and fifty-three their family caregivers. For the questionnaire "Are you living worthwhile lives?", only 15.8% elderlies answered "Yes". We examined the correlation between each survey item. WHO-5-J score of the elderly was positively correlated with their health status (r=. 4550, p=. 00070), EQ-5D-5L-J score was negatively correlated with the level of certification of care needs (r=-. 4321, p=. 00071). For the caregivers, WHO-5-J score was positively correlated with EQ-5D-5L-J score (r=.4189, p=.00222), health status (r=.5706, p=.00002), and was negatively correlated with J-ZBI_8 score (r=-.5796, p=.00001). Conclusions: The health status felt by the elderly themselves was supposed to have the relationship with the mental health. To sustain the caregivers' own health status and to reduce care burden were important for maintaining well-being and QOL of the caregivers.

SESSION 4500 (POSTER)

INVOLVEMENT IN THE COMMUNITY THROUGH VOLUNTEERING AND CIVIC ENGAGEMENT I

THAI VILLAGE HEALTH VOLUNTEERS: CAPACITIES FOR PROVIDING COMMUNITY-BASED AGED CARE

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Village health volunteers have a long history in Thailand. Their major roles are to provide self-care and to communicate health information to people, including the elderly, in a community. This study aimed to assess their capacities in providing community-based aged care using empowerment assessment rating scales. The instrument qualitatively assessed nine community empowerment domains: participation, leadership, organizational structure, program management, problem assessment, asking-why (critical assessment of a problem), resource mobilization, links with others and roles of outside agents. Each domain comprised five phrases representing levels of capacities. Two groups of village health volunteers participated and were separately assessed for the capacities using a workshop approach, in which the participants actively engaged in the assessment. The phrases in each domain that closely reflected the capacities were chosen and could be altered to describe actual situations. Both groups demonstrated their most developed strengths in program management and resource mobilization. For example, they received sufficient support for their community projects, such as social visits to the elderly. The least developed capacities included participation, problem assessment and asking-why. For example, community members did not have an active role in defining community health problems of the elderly. This study suggests that involving community members in problem assessment and promoting effective information sharing among village health volunteers are key strategies to improve capacities of village health volunteers, especially in the least developed domains, in providing aged care in a community.

REACHING ALL CORNERS OF A RURAL STATE TO INFUSE GERIATRICS INTO PRIMARY CARE PRACTICE

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Critical shortages in Geriatricians, especially in rural areas, require innovative training models. Building upon its strong partnerships across the state with various agencies, the University of North Carolina at Chapel Hill (UNC-CH) reaches rural communities through numerous methods. These include targeted webinars; statewide symposia on behavioral health and falls prevention; regional trainings; and quarterly coalition meetings that can be attended in person or via teleconferencing. Using these mixed methods to deliver education on geriatric topics provides the opportunity to reach

rural audiences where they are and at convenient times for them.

Evaluation metrics include participant evaluations; attendance at training events; satisfaction with educational products; and outside funding. Coalition longevity and attendance are also indicators of value.

As a result of our combined efforts, statewide policy and funding in addressing geriatric issues have both been enhanced. Evaluation results of trainings indicate that attendees gained new ideas and strategies to address geriatric topics in their organizations and increased their understanding of evidence-based programs. The success of the coalitions has attracted additional grant funds to rural North Carolina such as the Administration on Community Living falls prevention grant to deliver evidence-based falls prevention programs. Additionally, funders such as the Kate B. Reynolds Charitable Trust have sponsored numerous behavioral health coalition and statewide program initiatives.

Reaching rural areas that have limited resources requires a variety of distribution channels and strong partnerships. Educational trainings and products create concrete value that can then be leveraged into statewide action, which impacts policy and funding.

WHY HAS OLD-AGE POVERTY BECOME WORSE IN SOUTH KOREA? RESULTS FROM DECOMPOSITION ANALYSIS

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Unlike most western welfare states, lately industrialized countries in East Asian region have faced a serious problem of elderly poverty. Particularly, the recent South Korean experience is very suggestive in that it evidently shows what would happen to the elderly in the world without mature old-age income security programs. As a case study of Korea, this study aims to show which factors worsen old-age poverty in the era of population aging and assess their contributions quantitatively. By applying the Oaxaca-Blinder decomposition method, we examine contributions of changes in both characteristics of the elderly and their income structure to the worsening elderly poverty. Furthermore, we develop a budget incidence simulation model to decompose effects of income structure changes into changes in income components such as market income, private transfer, and public transfer. Data come from the Household Income and Expenditure Survey administered by Korea Statistical Office. Results show that the worsened elderly poverty since the mid-1990s was largely explained by two factors: the rapidly increasing number of elderly households living apart from their adult-child and the growth of the old elderly. The gradually rising public transfer income, although it more than offset the decline in both private transfer and market income, was found to be insufficient to prevent the rising poverty trend due to the drastic demographic changes.

PROTECTIVE FACTORS FOR SUICIDE THAT ARE COMMON ACROSS AREAS WITH LOW SUICIDE INCIDENCE

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The purpose of this research was to identify the protective factors for suicide in the areas with low suicide incidence（ALSI）. This research was conducted in ALSI and the areas with high suicide incidence (AHSI) within Kyoto Prefecture Japan, based on interviews, followed by questionnaire surveys of a stratified random sample of residents per area (930 surveys distributed with a 91.7% response rate).

Compared to AHSI, ALSI showed a weak sense of exclusion and class-consciousness, with an evaluation system of others based on personality and ability, plus little reluctance to seek help, showing an overall low tendency toward vulnerability against suicide risk factors (feeling of giving up easily or having an inclination toward suicide). The phenomenon appeared more strongly in the elderly.These points also coincided with the protective factors for suicide identified in our previous research.

The increase of suicide rate of ALSI after the collapse of bubble economy was the smallest in the neighborhood.

DIFFERENCES OF HEALTH LITERACY WITH COUNTRY OF ORIGIN AMONG ELDERLY PEOPLE LIVING IN JAPAN

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In Japan, the ageing rate is high among the ethnic minority groups. However, health literacy within the scope of ageing and ethnocultural diversity is limited. This study aimed to assess and explore the associated factors of health literacy with respect to multiplicity of languages among the elderly people living in Japan. Face-to-face interviews were conducted to 40 non-Japanese native speakers (Vietnamese, Korean, and Chinese). Health literacy was measured with the 14-item health literacy scale which assesses three dimensions of health literacy (functional, communicable, and critical). Health literacy scores were the highest among Chinese speakers, followed by Korean and then Vietnamese speakers. A Kruskal-Wallis test showed that the critical health literacy scores differed significantly with the country of origin (p-value = 0.004). A linear regression model showed that higher education, younger age, good Japanese language skills, and multiple sources of health information were associated with adequate health literacy. The open-ended questions explored that 85% of the participants did not face any difficulty in communication with health workers, as they had either an interpreter or translation support within their family. Chinese speakers reported that they tried to get health information from Japanese, as they could assume the meaning from Chinese characters (*Kanji*). Korean participants said they were too old to learn and seek health information. The Vietnamese participants said that they relied on doctors or that "God gave health". This study suggests that healthcare workers should realize the complexity of providing services and information to these minority sections of the population.

LOCAL NETWORKS CAN MANAGE DEMOGRAPHIC CHANGE AND KEEP UP THE QUALITY OF LIFE FOR SENIOR CITIZENS

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In Germany demographic change is already visible: especially in rural areas population is decreasing and at the same the remaining population is getting older which is connected