

Factors Associated with Community Volunteer Activities for Developing a Comfortable Living Environment for Elderly Subjects with Dementia : Considering Factors to Promote Caravan-mate's Activities

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Abstract

Objective The purpose of this study was to determine the factors influencing the activities of Caravan-mates to spread the knowledge of dementia in local communities (DCMs : Dementia Caravan-mates, who work to spread knowledge about dementia to communities in Japan), which include lectures as part of educational campaigns on dementia.

Design and Sample We targeted all 1996 registered DCMs in Hokkaido, who had attended the training based on the “dementia-caravan-campaign of 100 million supporters for people with dementia in Japan,” and administered self-reported questionnaires. The questionnaires comprised information about the basic attributes of the DCMs, their activities, the characteristics of their cities, and awareness of the DCMs about their activities.

Results From the total of 940 responses, there were 599 (63.8%) DCMs with the experience of undertaking activities, and 361 (38.4%) with the experience of serving as instructors for spreading awareness. The experiences of undertaking activities were significantly related to a sense of “enjoyable” and the possibility to incorporate “activities as part of regular work,” and “importance of DCM activities in the city health plan.”

Conclusions The survey suggested that maintenance of these conditions was necessary for the promotion of DCM activities.

Key words: elderly, dementia, community development, volunteer, Dementia caravan mates

Introduction

The number of elderly individuals with dementia has been increasing in Japan. The method of dealing with such a trend has become an important issue. In this context, the Japanese government published a strategy for establishing comprehensive regional care systems and facilitating dissemination of correct understanding of dementia entitled “Towards Establishment of Care Systems for the Aged while Supporting the Dignity of the Aged by 2015” (Ministry of

Health, Labor and Welfare, 2003). As a concrete step toward achieving this goal, the government started the Campaign, “Ten Years for Understanding Dementia and Developing a Community,” i.e., a campaign to develop local communities throughout the nation that would allow a normal lifestyle for all its members by providing support for people with dementia and their family members. This campaign is intended to, first, increase the number of people who understand dementia, show empathy toward people with dementia, deal politely and patiently with them and their families, and provide support to them. Second, is to facilitate development of local communities in which a normal daily living can be assured for elderly people with dementia at the initiative of the local citizens (Nationwide Caravan-mates Council, 2007). Within the framework of this program, namely, “Caravan-mate

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Program for Cultivation of One Million Dementia Supporters,” efforts have been made to raise “Caravan-mates,” who would deliver lectures to disseminate knowledge about dementia and concrete ways to deal with people with dementia to citizens and “Supporters” providing support to elderly people with dementia and their family members. By the end of 2009, five years after the program began, the number of Dementia Caravan-mates (DCMs) and Supporters was about 1.5 million, far exceeding the initial goal of one million (Ministry of Health, Labor, and Welfare, 2009).

Background

DCMs are practically positioned as individuals undertaking voluntary activities in concordance with the country’s policy of “Understanding Dementia and Developing Local Communities” (Nationwide Caravan-mates Council, 2007). DCMs comprise diverse people, including individuals occupationally involved in the care of people with dementia and citizens keen on expanding their social understanding about dementia on the basis of their experience as family group leaders. Japan has a “health promoter system (Hoken Suisin-in),” under which the government delegates the responsibility of voluntary activities to citizens. Recent studies have revealed that the nature and volume of activities undertaken by individuals registered with this system are diversity (Hoshino, Katsura, & Nariki, 2002). It has also been seen that there are differences in the motivation for participation in volunteer activities and benefits accrued from such activities (E.G. Clary et al, 1998).

To explore valid methods of organizing the Caravan-mate system and facilitating the program, the authors previously conducted a questionnaire survey by the mailing method in Hokkaido Prefecture to investigate the details of Caravan-mate activities and the awareness of the populace about their activities. These characteristics were analyzed in relationship to the population size of local communities (Takeu, Kudo, Wakayama, Kuwabara, Akeno, Sato, & Kawazoe, 2011), which demonstrated that attempts to make use of the characteristics of each local community are important in the promotion of the Caravan-mate program. The number of registered DCMs and Supporters has been increasing, but it remains unclear whether the registered individuals are active members. Moreover, what are the factors that might be associated with their participation or lack of participation in activities? We thus considered that investigating the current status of DCM activities and identifying factors that encourage or discourage undertaking

the activities. It may be useful to devise valid educational campaigns to stimulate the development of local communities that would be empathetic toward elderly patients with dementia and their family members.

Research Question

The purpose of the present study was to determine the factors influencing activities of DCMs, as part of the educational campaigns on dementia.

Methods

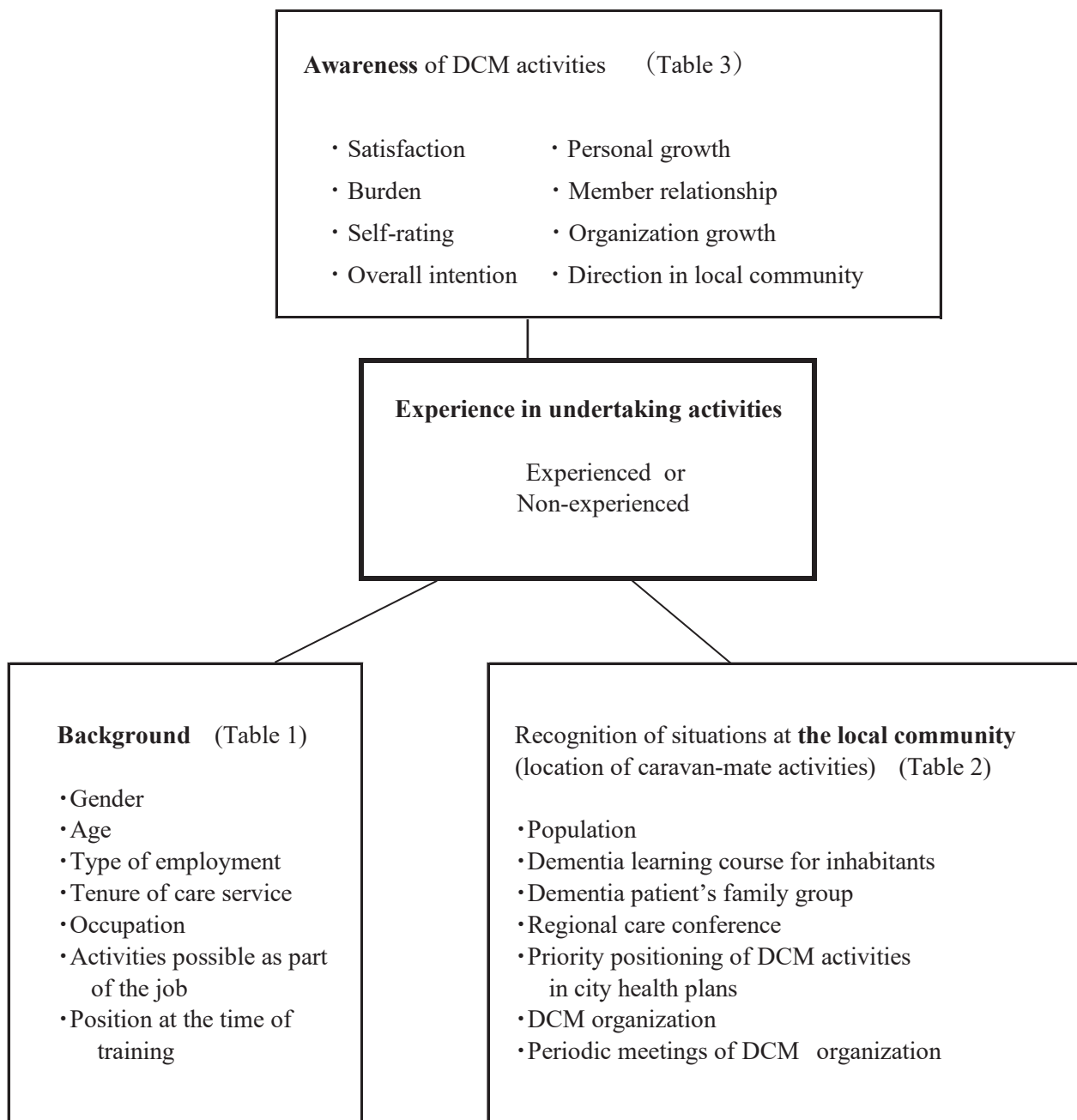
Design and sample

The survey involved 1,996 individuals registered as DCMs in Hokkaido in June 2008. They had received DCMs cultivation training under the Central Government’s “Caravan-mate Program for Cultivation of One Million Dementia Supporters.”

We fulfilled below as ethical consideration. Before the survey was conducted, the objectives and methods of the survey were explained in writing and verbally to the unit in charge of DCM cultivation training of the local government, and consent for the survey was obtained. From the standpoint of protection of information about individuals, the address labels were affixed to the envelopes by the staff members of the local government unit in charge of DCM training, using DCM register. The envelopes mailed to each subject contained a letter written by the investigator. The letter included the aim of the study and information stating that (a) each subject was free to decide his/her participation in the survey at his/her own discretion, (b) the decision to not participate in the survey will bring no disadvantage, and (c) the data collected by the survey will be processed while maintaining anonymity (avoiding specification of individual subjects and local communities). In addition, the envelope contained an explanatory letter by the head of the unit in charge of DCM training and a consent form.

Measures

The survey was conducted in June 2008. An anonymous self-reporting questionnaire was mailed from the unit in charge of this program at the local government to the target subjects, the responses of which were collected by the researchers. The survey was designed to collect the following information, referring to the preliminary survey and relevant papers published previously. The framework of this study is shown in Figure 1.



DCM=Dementia Caravan-mates

Figure 1 The framework of this study

[1] Status of activities:

Presence/absence of experience of undertaking activities as DCMs (hereinafter referred to as “activities”), frequency of delivery of lectures, and presence/absence of experience of participation in discussions about activities, preparation of materials, site management, and consultation services for individuals with dementia and their family members.

[2] Background characteristics of the DCMs:

Gender, age, duration of living at a given place, type

of employment, duration of care of individuals with dementia, title at the time of training (affiliation and duties), and possibility of undertaking the activities as part of the job.

[3] Recognition about the local community:

Population size, importance of dementia-related learning courses for citizens, dementia family groups, regional care conferences, and priority importance of DCM activities in the city health plan, and organization and regular meetings of DCMs (answers pertaining to this section were selected from three alternatives: present, absent, or unknown).

[4] *Awareness of activities:*

The feelings of the

DCMs about participating in or undertaking the activities were analyzed through their satisfaction level with the activities, the sense of burden associated with participation in the activities, and self-rating of the activities. The satisfaction level with and the sense of burden associated with participation in the activities were investigated using a scale prepared by Murayama et al. (2006) for health promotion activities, with modifications to suit the evaluation of DCM activities. Five questions were included about the sense of satisfaction with the activities (questions about learning, self-growth, joy, preference, and pleasure), and the sense of burden associated with the participation in the activities was investigated with five questions: difficulty in human relationships, difficulty in undertaking the activities owing to busy work life, difficulty in speaking to an audience, feelings of heavy responsibility when undertaking the activities independently. Self-rating of the activities was performed on the basis of the responses to eight questions, selected with reference to the preliminary survey (Takeu, 2000) and previously published papers (Rifkin, Muller, & Bichmann, 1988; Hatono & Tsubokawa, 2001). The questions were related to “finding the activities useful at their job and daily living,” “cooperating with government and related organizations,” “increasing awareness in the dementia-related issues in the community,” “having opportunities to establish contact with many people,” “having awareness of the role of DCM,” “emerging sense of team work,” “getting new concepts or ideas,” and “sharing ideas and practice in a group.”

Analytical Strategy

After the data on each variable were processed, the data were analyzed by dividing the target subjects into two groups: those with and without experience of undertaking activities as part of the educational campaign. Analysis was conducted using cross-tabulation of each variable, the chi-square test, and the multiple logistic regression analysis. The significance level was set at 5%. For the purpose of multi-faceted clarification of factors associated with undertaking/not undertaking activities multiple logistic analysis was conducted using the two factors as dependent variables and the variables showing significant association as independent variables. This analysis excluded variables whose coefficient of correlation with undertaking/not undertaking of activities was above 0.5. The analyses were performed using a computer software for

statistical analysis (SPSS13.0J for Windows).

Results

Status of DCM activities and background variables (Table 1)

The questionnaires were sent to 1996 subjects by mail, however, of which 110 questionnaires were returned to the investigators due to incorrect addresses. Finally, 1886 subjects received the questionnaire. Of the 958 responses received, only 940 subjects were included in this analysis, whereas 57 subjects were excluded from the analysis due to incomplete information (effective response rate: 49.8%).

The percentage of respondents who had undertaken DCM activities was 63.7%, while that of respondents with experience of delivering lectures for educational campaigns was 38.4%. Further, the percentage of subjects who had participated in discussions was 19.0% and that of respondents who had experience in preparation of materials was 22.0%; the percentage of subjects with site management experience was 22.3%, and that of subjects with experience of consultation for individual cases was 13.7%.

The respondents comprised 247 males (26.3%) and 693 females (73.7%). There was no significant correlation between activities and gender. The respondents were predominantly under 60 years of age (77.2%). The percentage of respondents having the experience of activity was significantly lower in the subgroup of DCM aged over 60. Under type of employment, 67.1% worked “full-time,” 74.5% were “specialist,” and 62.6% engaged in “occupations enabling DCM activities as part of the job.” Occupational types also included care managers (39.6%), followed in frequency by care service facility employees (36.9%), nurses (14.9%), and public health nurses (11.3%). The percentage of respondents with the experience of activity was significantly higher among the respondents with positioning at the time of training as well as among care managers. The percentage of respondents with experience of undertaking any activities was significantly higher among family group members and volunteers.

Recognition about situations at the local community analyzed in relationship to experience with activities (Table 2)

The percentage of respondents with experience of activities was high in local communities with a population size of less than 100,000. The experience of undertaking activities was often affirmed by respondents: group members

Table 1 Background variables analyzed by experience in undertaking activities (n=940)

	N	Total (%)	Experienced (%)	Non-experienced (%)	<i>p</i> value
Total	940	100.0	100.0	100.0	
Gender					
Male	247	26.3	26.9	25.2	0.591
Female	693	73.7	83.1	74.8	
Age					
Less than 60 years	726	77.2	75.1	80.9	0.043
60 years and above	214	22.8	24.9	19.1	
Less than 30 years	492	52.3	53.3	50.7	0.497
30 years and above	448	47.7	46.7	49.3	
Type of employment					
Full time	631	67.1	67.8	66.0	0.613
Part time	309	32.9	32.2	34.0	
Tenure of care service					
Less than 5 years	302	33.3	31.6	36.5	0.140
5 years and above	605	66.7	68.4	63.5	
Occupation					
Non-specialist	240	25.5	26.5	23.8	0.352
Specialist	700	74.5	73.5	76.2	
Activities possible as part of the job	588	62.6	70.3	49.0	<0.001
Position at the time of training (multiple answers permitted)					
Care facility employee	347	36.9	36.7	37.2	0.888
Elderly support center employee	135	14.4	15.5	12.3	0.208
Government official	116	12.3	13.5	10.3	0.150
Care manager	372	39.6	36.9	44.3	0.027
Public health nurse	106	11.3	12.4	9.4	0.198
Nurse	140	14.9	13.7	17.0	0.183
Social worker	105	11.2	11.4	10.9	0.914
Care worker	262	27.9	29.2	25.5	0.227
Home helper	130	13.8	13.2	15.0	0.492
Family group member	101	10.7	13.0	6.7	0.003
Volunteer	163	17.3	20.0	12.6	0.004
Welfare commissioner	55	5.9	5.8	5.9	1.000

Excluding respondents with incomplete data

Table 2 Recognition of situations at the local community (location of caravan-mate activities) and activity Experience (n=929)

	N	Total (%)	Experienced (%)	Non-experienced (%)	<i>p</i> value
Total	929	100.0	100.0	100.0	
Population					
<10,000	224	24.9	26.8	21.4	<0.001
10,000 ≤ < 50,000	239	26.5	27.8	24.2	
50,000 ≤ < 100,000	97	10.8	13.0	6.6	
100,000 ≤ < 300,000	180	20.0	17.0	25.5	
≥ 300,000	161	17.9	15.4	22.3	
Dementia learning course for inhabitants					
Present	658	70.0	76.0	59.5	<0.001
Absent	112	11.9	10.7	14.1	
Unknown	170	18.1	13.4	26.4	
Dementia patient's family group					
Present	235	25.0	21.2	49.6	0.001
Absent	183	19.5	19.9	18.8	
Unknown	522	55.5	58.9	31.7	
Regional care conference					
Present	545	58.0	60.9	52.8	<0.001
Absent	119	12.7	14.4	9.7	
Unknown	276	29.4	24.8	37.5	
Priority positioning of DCM activities in city health plans					
Present	338	36.0	44.0	22.0	<0.001
Absent	170	18.1	17.7	18.8	
Unknown	431	45.9	38.3	59.2	
DCM organization					
Present	461	49.0	58.6	32.3	<0.001
Absent	236	25.1	24.4	26.4	
Unknown	243	25.9	17.0	41.3	
Periodic meetings of DCM organization					
Present	202	21.5	30.6	5.6	<0.001
Absent	386	41.1	43.6	36.7	
Unknown	352	37.4	25.9	57.8	

Excluding respondents with incomplete data

of demented patients and their families were recognized by the importance of these activities, the city health plan related to DCM activities, and recognition of the presence of DCM organizations.

Awareness of DCM activities (Table 3)

The respondents who had experience of undertaking activities had high-satisfaction and high self-rating levels in all the items evaluated. "Feel DCM activities enjoyable" was closely associated with the experience of undertaking the activities. Regarding the feeling of burden associated with undertaking the activities, respondents without experience of undertaking activities often indicated "difficulty in human relationships among DCMs."

Multiple logistic regression analysis (Table 4)

The presence of experience in undertaking the activities was significantly associated with the following: (1) activities possible as part of their job, (2) feel DCM activities enjoyable, (3) population are less than 100,000, (4) present of dementia patient family group, (5) priority positioning of the activities in the city health plan, and (6) DCM organizations.

Discussion

To explore valid means of facilitating activities for the development of local communities that would be empathetic toward elderly people with dementia, the authors attempted to identify factors associated with the experience of undertaking activities as part of educational campaigns among registered DCMs. In the survey, conducted by the mailing method, responses were received from about 50% of the subjects. The survey results are discussed below bearing in mind the possibility that there could have been a bias toward inclusion of subjects with a high level of awareness about the activities of DCMs.

Of all the individuals registered as DCMs, some were actually active, while others had no experience of undertaking any activities. Thus, there was a discrepancy between the registration as DCMs and the actual activities of DCMs. DCM activities could be roughly divided into two types: (1) educational campaigns to facilitate understanding about dementia among citizens through providing lectures at "supporter cultivation courses," and (2) activities related to consultation for individuals with dementia and provision of assistance for "supporter cultivation courses" through

participation in discussions and preparation of materials. Both types of activities are essential for the development of local communities that would be empathetic toward elderly people with dementia and their family members.

The likelihood of participation of DCM in activities was significantly associated with the following factors: community population of less than 100,000; ability to incorporate the activities as part of the job; having the feeling that the "activities are enjoyable"; awareness of the priority importance of the activities within the city health plans; and awareness of the presence of DCM organizations. Thus, the activities of DCM would appear to be stimulated by the presence of DCM organizations within an area of moderate size and the presence of governmental support through priority importance of the activities within the city health plan related to elderly citizens. As a condition for facilitating the participation of DCMs in activities, it would seem necessary to arrange a workshop atmosphere in which the DCMs can undertake educational campaigns for citizens as part of their job. The satisfaction and self-rating levels in respect of DCM activities were high among the respondents who had the experience of undertaking these activities. Moreover, in a previously reported study (Hoshino, Kastura, & Nariki, 2002), it was shown that volunteer activities improved the psychological functions (e.g., satisfaction level), self-efficacy feeling, and self-realization value of the volunteers. It has also been shown that DCMs tend to have motivation for self-help in respect of the goal of dissemination of understanding about dementia and work in groups, with a desire to expand linkage with colleagues as well as progression of the group (Takeu, Kudo, & Wakayama, 2010). DCM activities may be viewed as a type of activity that can satisfy these intentions.

On the basis of these findings, we may say that approaches tailored to the current status of activities are needed to stimulate DCM activities. First, for the DCMs who are registered but remain inactive, the following measures may be expected to be useful: (1) organization of DCMs and meetings in each area with a population of less than about 100,000; (2) importance of DCM activities within the framework of local government's public health, welfare, and care insurance plans; (3) measures to develop a workshop-like atmosphere, where in DCMs can undertake activities flexibly even during working hours (Lindsey & McGuinness, 1998). Second, for DCMs with some experience of participating in activities, it would be essential to reduce the feeling of burden arising from such activities. As far as the role of a lecturer for dementia "supporter cultivation courses"

Table 3 Awareness of DCM activities in relation to experience with activities (N = 940)

	N	Total (%)	Experienced (%)	Non-experienced (%)	<i>p</i> value
Total	940	100.0	100.0	100.0	
Satisfaction					
Learn more	736	87.0	89.8	81.2	0.001
Achieve self-growth	731	86.0	89.3	79.1	<0.001
Feel satisfaction	506	61.0	69.7	43.2	<0.001
Prefer DCM activities	557	66.2	73.6	51.6	<0.001
Feel DCM activities enjoyable	466	57.7	66.4	39.5	<0.001
Burden					
Difficulty in human relationships	343	41.6	38.8	47.4	0.020
Too busy for DCM activities	531	61.5	59.7	65.0	0.137
Difficult to talk before an audience	552	64.3	64.8	63.3	0.704
Feel heavy responsibility	567	66.1	64.2	70.0	0.107
Self-rating					
DCM activities useful for own job and daily life	653	76.6	83.9	61.4	<0.001
Cooperating with government	515	61.7	71.8	40.3	<0.001
Increasing awareness in the community	581	69.1	75.7	55.2	<0.001
Can contact many people	577	68.5	72.9	59.5	<0.001
Aware of the role of DCM	422	48.8	56.2	33.7	<0.001
Sense of team work	527	63.4	68.0	53.8	<0.001
New concepts/ideas formed	530	63.5	66.2	57.8	0.021
Can share views and practice	518	62.1	66.9	52.0	<0.001
Overall intention					
Desire to continue activities	708	80.4	86.9	67.9	<0.001
Personal growth					
Desire to learn more	879	96.4	96.7	95.7	0.462
Desire to provide personal consultation	823	90.8	91.5	89.7	0.401
Member relationship					
Desire to participate in discussions	742	81.9	84.5	77.2	0.007
Organization growth					
Desire to cooperate with government	809	89.7	92.5	84.5	<0.001
Direction in local community					
Increase understanding in the community	893	97.3	98.0	96.0	0.092
Desire to develop a community friendly to those with dementia	905	98.5	89.0	97.6	0.157

Excluding subjects with incomplete data

No. of respondents answering "Think so very much" or "Think so moderately"

Table 4 Multiple logistic regression analysis to identify factors associated with DCM activities

Presence/ absence of activities	Factor	Category	Odds ratio	95% CI
Background variable	Age	0 = less than 60 years	1.48	0.93–2.34
		1 = 60 years and above		
	Activities possible as part of the job	0 = No 1 = Yes	2.15	1.49–3.12*
Awareness	Feel DCM activities enjoyable	0 = No 1 = Yes	2.18	1.46–3.27**
		Increasing interest in dementia-related issues in the community through DCM activities		
	Desire to continue activities	0 = No 1 = Yes	1.4	0.87–2.25
	Local community	Population	1 = 100,000 and over 0 = Less than 100,000	2.72
	Dementia patient family group	0 = Absent/unknown 1 = Present	1.5	1.01–2.22*
	Priority positioning of DCM activities in the city health plans	0 = Absent/unknown 1 = Present	1.91	1.29–2.83**
	DCM organization	0 = Absent/unknown 1 = Present	2.21	1.53–3.18**
	Constant		0.13	
Excluding subjects with incomplete data		p<.005* p<.001**		

is concerned, it would be desirable to provide training to improve the skill of delivering lectures and presentations and establish a system for cooperation, which can stimulate the lecturers to gain confidence. It is also essential to provide opportunities for enabling DCMs to share knowledge and skills and learn from each other. For those individuals who do not wish to serve as lecturers, but agree with the design of the program, it would be useful to have them participate in the activities in any way that they wish, to provide support to these individuals to facilitate their continued involvement and provide opportunities enabling a close linkage among DCMs with similar intentions. In a previous study (E.G., Clary, Snyder et al, 1998), it was shown that the motivation level and benefits accruing to individuals are important in volunteer activities. What motivates individuals to participate in volunteer activities includes not only altruistic motivation (desire to help other people) but also social motivation (desire to derive satisfaction from social activities) (Morrow-Howell & Mui, 1989). Establishment of relationships with friends and colleagues is also regarded as one of the factors that can stimulate the desire to undertake activities (Yanagisawa et al, 2008). To promote participation in DCM activities as well as continued involvement, it would seem important to provide support to the intrinsic motivation of individuals and to the subjective stance of individuals, such that they may contribute through ways convenient to them (Flynn, 1995; Armbruster, Brady, & Thompson, 1999), respect the freedom of these individuals, and promote cooperation with colleagues.

The results of the present study endorsed the findings of the previous report that a high percentage of family group members and volunteers are involved in some type of activity and non-specialist DCMs may also desire to be involved in educational campaigns about dementia for citizens (Shimegi, 2005). The contribution and involvement of citizens are important in developing local communities that would be empathetic toward elderly people with dementia and their family members. DCM, composed of family group members and volunteers, are expected to act as representatives of and consultants familiar to the citizens. It would be desirable for specialists, non-specialists, and individuals, who can undertake similar activities as part of their jobs and other diverse individuals, to form links with citizens for achieving the goals of the DCM program, while making use of the advantages of each group.

Limitations of the study and open issues

This study, based on the data obtained from

respondents in a local community, is limited in respect of the generalizability of its findings. The satisfaction level, feeling of burden, and self-rating of DCM activities were evaluated using a scale originally developed for health promoters, but with modifications to suit DCM activities. Therefore, further evaluation is needed on these parameters.

Conflict of Interest

No conflict of interest has been declared by the authors.

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認知症の人が暮らしやすい地域環境づくりのための ボランティア活動に関連する要因 —認知症キャラバンメイトの活動に焦点を当てて—

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抄 録：

目的：本研究の目的は、認知症の理解を広げるためのわが国の認知症キャラバンメイト（DCM）の北海道における活動志向性とその関連要因を明らかにすることである。

研究方法：北海道におけるDCM登録者1,996人を対象に、自記式調査票を用いた郵送調査を行った。調査票の構成は、DCMの活動志向性、活動経験、活動自治体の特性（人口、自治体の高齢者保健福祉計画におけるDCMの位置づけ、DCM組織の有無等）、DCM活動に関する思い（満足感、負担感、自己評価、活動継続意思等）である。

結果：有効回答940人のうち、DCMとしての活動ありは599人（63.8%）であり、講師や啓発の活動経験ありは、361人（38.4%）であった。DCMとしての活動経験の有無には「活動を楽しんでいること」「通常の仕事の一部として活動」「自治体の高齢者保健福祉計画にDCMが位置づけられていること」が有意に関連していた。

考察：DCM活動の促進のために、楽しみながら、通常の仕事として活動を行うこと、及び、地域レベルで高齢者保健福祉計画等に認知症の理解の啓発が位置づけられることの重要性が示唆された。

キーワード：高齢者、認知症、地域づくり、ボランティア、認知症キャラバンメイト

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