

**研究論文**

# **Community-based Model on Care for Older People: A Case Study in Hoa Binh and Hung Yen Provinces, Vietnam**

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收稿日期：2019 年 7 月 31 日，接受刊登日期：2020 年 6 月 22 日。

\* This work was supported by the Center for Innovative Research on Aging Society ( CIRAS ) from the featured Areas Research Center program within the framework of the Higher Education Sprout Project by the Ministry of Education (MOE) in Taiwan.

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## Abstract

Population aging is a dominant trend of the 21st century. Vietnam has entered an era of population aging. Caring for older people is facing many obstacles, particularly in the rural areas and remote areas, where the majority of population is ethnic minorities. These areas have limited financial capacity, high poverty rate, and low percentage of older people with pension.

This research used qualitative research methodology. After a comprehensive literature review, the primary data consisted of twelve in-depth interviews with club members and four focus group discussions with stakeholders and services providers. Also data collected during the fieldwork in four clubs in community (in two provinces) added to the comprehensive picture of community-based care for the Vietnamese older people.

The study was conducted to assess the results of the Intergenerational Self-Help Club model – the community-based model on care for and promotion of the roles of older persons after two years deployed in Hoa Binh and Hung Yen Provinces, Vietnam. The older people received more attention via the community-based intergeneration self-help, which creates opportunities for the older persons to improve the lives of themselves and their families to promote their roles and contribution to health care, income improvement and development in all aspects.

**Keywords: Intergenerational Self-Help Club (ISHC), Community-based model, Older people, Self-help, Community support**

# 以社區為基礎之老人照顧模式—— 以越南和平省與興安省為例

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## 中文摘要

越南已進入人口高齡化，而在照顧老人過程中亦面臨許多障礙，特別是在農村和偏遠地區的少數民族。

本研究為個案研究針對越南推動社區照顧兩個省分進行分析與討論。期能獲得社區為基礎老人照顧模式運作的機制。針對兩個省份之兩個代間互相照顧模式進行研究，並針對代間照顧模式的接受服務者，進行深度訪談。另外也針對代間互相照顧模式之利益相關者如地方政府、非營利組織與代間互相照顧團體委員會進行焦點團體討論。

代間互相照顧團體是越南目前以社區為基礎老人照顧的主要模式。社區老人通過以社區為基礎的代間互相照顧團體模式得到了更多的服務，此模式為老年人創造了改善自己和家庭生活的機會。

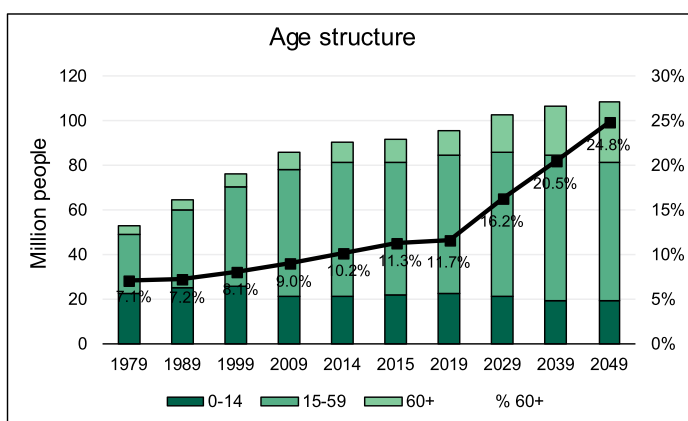
**關鍵字：**代間互相照顧團體（ISHC）、以社區為基礎模式、老年人、自助、社區支持

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\*\*\* 感謝教育部高等教育深耕計畫特色領域研究中心以及國立中正大學高齡跨域創新研究中心（CIRAS）的支持。

## I. Introduction

Vietnam is one of the most rapidly aging countries in the world, much faster than the country can adapt. In the period of 1979 - 2015, the population increased from 53.7 million to 91.5 million people; at the same time, the number of older persons also increased from less than 4 million (6.9% of the total population) to 10.35 million (11.3% of the total population) respectively (see figure 1). Since 2012, Vietnam's population has been considered to be an aged population, as the number of people aged 60 and over reached 10.2% of the total population (General Statistic Office, 2013) and it reached 12% of the total population in 2019 (General Statistic Office, 2020). The number of people aged 60 will become a country with a very aged population in 2038 with the proportion of persons 60 years and older forecast to reach 20.1% (General Statistic Office, 2020). It is projected that by 2049, older persons will account for approximately 25% of the population, i.e. one older person for every four persons in the population. The proportion of their aging population increased from 7.2% to 10.95% from 1989 to 2017 and entered into the aging society six years earlier than what had been anticipated in 2011 (Nguyen,T.H. 2019).



**Figure 1. Vietnam's age structure and the proportion of population aged 60 and older, 1979 – 2049**

Source: GSO, 2013; GSO, 2014; GSO and UNPF, 2016

Vietnam will face a status of “getting old before getting rich” (United Nations Population Fund, 2011); pace at which the population is growing old is rather high while the per capita income is only just reaching the level of a low middle-income country (about 2587 USD per capita in 2018) (General Statistics Office, 2018). This is an enormous challenge, which will require the government of Viet Nam to carefully plan strategies and policies from now on, in order to be adaptive to its rapidly aging population in the coming decades. The ageing population challenge presents a pressure in public expenditures and national productivity (Giang and Pfau, 2007). Providing care for older people in nursing home is not yet widespread and culturally acceptable in Vietnam. While a long-term, national and sustainable approach to aged care is required, community (home-based) aged care remains a popular practice and needs to be well understood.

Within the framework of HelpAge International support to the Government of Viet Nam has developed intervention models on care for and promotion of roles of older persons, Intergeneration Self Help Club adapted from the model initiated by HelpAge with additional design factors and activities to strengthen the model. Intergenerational Self-Help Club has been developed in Vietnam by HelpAge since 2005 and from 2016 Intergenerational Self-Help Club became a national aging adaptation model under the Prime Minister's Decision 1533 (The Prime Minister, 2016). An Intergenerational Self-help Club model is a community-based mechanism, aimed at improving the wellbeing of the poor and disadvantaged older people, their families and communities. The model is based on the combined approaches of Self-help, multiple generations, participation, capacity building and influencing. Intergenerational Self-help Clubs are multi-functional and include activities such as capacity building, healthcare, home care, livelihoods, self- help, access to rights and entitlement and social bonding (HelpAge International, 2016).

The study was conducted to assess the results of the Intergenerational Self-Help Club model - the community-based model on care for and promotion of the roles of

older persons after two years deploying in Hoa Binh and Hung Yen provinces. The study also assessed the model's impacts on direct and indirect beneficiaries and its spreading effect across the community. The data collected during fieldwork in four communities (in two provincials) add to the comprehensive picture of community-based care for the Vietnamese older people. The research study has three main objectives:

(1) Identify and analyze the role of stakeholders within Intergenerational Self-Help Club model;

(2) Assess outcomes of the intervention model on key aspects of the well-being of older people, including income generation, health care, and social participation; Assess the inclusiveness of the model across the community through reaching-out activities of the model to other people in the local community rather than members only;

(3) Identify and discuss the impacts of Intergenerational Self-Help Club to club members, local government and community.

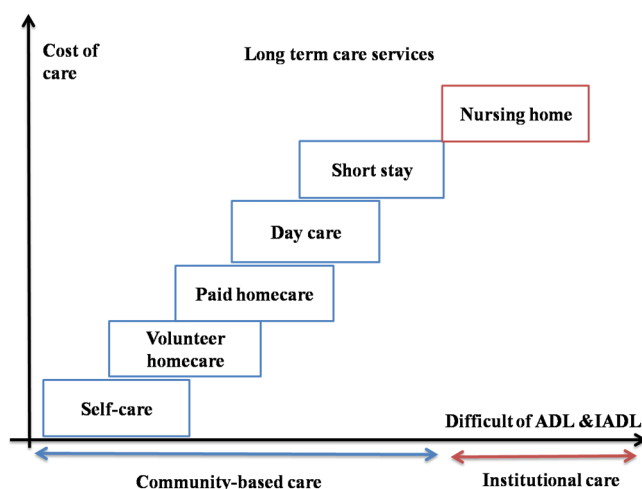
## **II. Background**

### **1. Community-based Care Model: A Different Approach to Care Outcomes**

In the 1990s, concern about the future affordability of long-term care and the autonomy and choice of older people prompted many developed countries to use “aging in place” as the guiding principle for devising a gerontologic care policy (Hennessy P, 1996). All countries that aim at “aging in place” will develop alternative means of care and deliver services to the older's homes to help older people continue to live at home (Weiner, 2011). As such, the plan has called for establishing a community-based care service system that would support diversified

services in family-based, home-based, community-based and residential cares. A widespread contemporary belief is that older adults with chronic disease or disability are best cared for in the community rather than in nursing homes (Clemens, E., T. Wetle., M. Feltes., B. Crabtree. and D. Dubitzky, 1994). Aging naturally in the community has become a key component of caring for older people, for maintaining independence, self-respect, privacy, and quality of care (Wu, S. C., and K. Y. Chuang, 2001).

Vietnam and many other countries have used “Aging in Place” as the guiding principle for devising elderly care policy. Community-based care or “Aging in place” is clear that helping older adults age in place is much cheaper than institutionalized care (see figure 2) (Marek, K. D., F. Stetzer., S. J. Adams., L. L. Popejoy., and M. Rantz, 2012). Many countries around the world, including Singapore, Japan, Taiwan, South Korea, and European countries are returning to community-based care (Tat Tat, Y. T., T. L. Tran., S. Prueksaritanond., J. S. Isidro., S. Setia., and V. Welluppillai, 2018) while maintaining long-term, centralized care facilities for a few older people who have high levels of complex care needs. Moreover, the experience of Taiwan’s community caring service has made it clear that the community-based care model should not only continue to care for the physical health of the elderly, but also provide relevant health lectures to allow the elderly People's psychology becomes pleasant (Ho, H. C., H. Y. Lin, P. F. Tai and H. L. Ho, 2016).



**Figure 2. Long term care services**

Source: HelpAge International (2018)

Community-based care can help with aging in place, less expensive than intensive care, potentially reducing the number of elderly people who need to enter nursing homes, reducing the number of days in the hospital and improve the quality of life (Low, L.F. and J. Fletcher, 2015) consistent with Vietnamese culture. Therefore it is very suitable for low-middle income countries like Vietnam. In Vietnam, the majority of long-term care for the elderly is currently being implemented by family members. The models of home and community care are still very sporadic and primitive.

In conjunction with an increase in the number of older people and the needs of care, several home-based and community-based care models for older people have been established in the past 10 years. These models provide services from a third party, including the models funded by the international project, the models implemented by the Government agencies, the models organized by Associations (Do, T. T. H. 2018), and the models undertaken by domestic private institutions including home-based care services provided by volunteers and lives support services. Community-based care models in Vietnam, the most comprehensive one is the Intergenerational Self-Help Club, with 8 operational areas (Joint Annual Health



Review, 2018). The remaining models applied in Vietnam can usually address parts of the long-term care needs of older people. Due to the diverse needs of older people, even partial scope of services contribute to the overall task of supporting Vietnamese families to care for older people.

## 2. Intergenerational Self-Help Club Model Meets the Care Needs of Individuals, Families, and Communities

Nearly ten years ago, population data indicated that Vietnam is reaching the end of its “demographic transition” marked by three emerging characteristics, i.e., decreasing fertility rates, decreasing mortality rates, and increasing life expectancy. As a result, the child population declined and the working- age population and older population have increased (United Nations Population Fund, 2011). Vietnam has entered an “aged phase” in the following two decades when the aging index increased from 35.5 in 2009 to more than 100 in 2032 (see table 1). Such trends and the pace at which the population is aging has created a number of big opportunities as well as challenges for Vietnam with regard to securing resources for the increasing older population.

**Table 1. Ageing index and Potential Support Ratio in Vietnam, 1979-2049**

| Year                           | 1979 | 1989 | 1999 | 2009 | 2019 | 2024 | 2029 | 2034 | 2039 | 2044 | 2049 |
|--------------------------------|------|------|------|------|------|------|------|------|------|------|------|
| <b>Aging index</b>             | 16   | 17   | 24   | 36   | 50   | 65   | 85   | 107  | 124  | 141  | 158  |
| <b>Potential support ratio</b> | 7.44 | 7.43 | 7.33 | 7.27 | 5.29 | 4.60 | 3.83 | 3.27 | 2.88 | 2.51 | 2.20 |

Source: General Statistics Office-GSO (2020)

Vietnam Aging Survey in 2011 showed that most caregivers for the elderly when they need support in their daily activities are spouses respectively, in the group of elderly living with spouse, the proportion of males getting support from their wife was high- above 80 percent, but the females receiving help from a husband was only 30 percent (Vietnam Aging Survey, 2011). In the group of older people who were

not living with their spouse, the proportion of older people getting support from a daughter or daughter-in-law was the highest. The proportion of elderly people who hire caregivers or health care workers who go to regular care is almost never or very limited (Vietnam Aging Survey, 2011). To date, studies on the community-based care for older populations in Vietnam have been very limited. Earlier studies on aging and the community in Vietnam mostly regard senior citizens as passive subjects of care, or welfare beneficiaries, whose needs should be responded to, rather than as equal citizens who can contribute to making any age-friendly communities or aging in community possible (Truong, S., T. Bui., D. Goodkind., and J. Knodel, 1997; Bui, T. C., T.S. Anh., D. Goodkind., J. Knodel., and J. Friedman, 2000). In brief, past studies on the care and support for the elderly in Vietnam have usually been understood merely in terms of living arrangements or household compositions of older people as a proxy for the care. These studies have not looked at the actual care at home or in community, its dynamics, how these operate and how it affects the well-being of older people in the rapidly changing socio-economic environment. Attaining this information is crucial important because the ultimate concern is the well-being of older people as Knodel and Debavalya (2007) pointed out. However, what is known about the well-being of the elderly in Vietnam is largely based on their living arrangements and the social support (Goodkind and Anh, 1999; Knodel and Anh, 2002) especially their economic well-being (Ofstedal, M. B., J. Knodel and N. Chayovan, 1999). In the past 5 years, there have been several evaluation studies on Intergenerational Self-help Club model, which pointed out that they had promoted long term health and active ageing. Clubs are multifunctional and make lasting improvements in the lives of members and their families. Establishing the clubs is affordable, the model is easily replicated and once established, the clubs are self-sustainable (Institute of Social and Medical studies, 2014; Development and Policy Research Center and United Nations Population Fund in Vietnam 2015). The literature marks the

appearance of study on the subjective equal citizens who can contribute to making any age-friendly communities or aging in community possible.

Western literature on gerontology, on the other hand, emphasizes “positive” gerontology with successful and productive aging based on activity and continuity theories of aging (Johnson and Mutchler, 2013). Older persons have been increasingly understood as contributing community members rather than simply clients or beneficiaries (Greenfield, E. A., M. Oberlink, A. E. Scharlach, M. B. Neal and P. B. Stafford, 2015). Instead of people who should disengage from earlier life and be institutionalized, older persons are now understood more as individuals who can age healthily “in place”, and more recently, actively “in communities”. The recently highlighted approach of aging in communities in the West signifies a shift “in the emphasis away from dwellings and towards relationships” (Thomas and Blanchard 2009). The most successful aging in community models are likely to be those that promote consumer choice, empowerment, and direct involvement in meeting their own, and others’ needs; a whole-person approach; convenience; and customization of the environments and communities they want and need (Blanchard, 2013). In sum, the goal of an age-friendly community initiative is to enhance older adults’ health and well-being; to strengthen their capacity to live in their own homes or communities safely and comfortably; and to facilitate their engagement in meaningful community roles (Greenfield, E. A., M. Oberlink, A. E. Scharlach, M. B. Neal and P. B. Stafford, 2015).

Vietnam and many other countries have used “Aging in Place” as the guiding principle for devising elderly care policy. On 2 August 2016, the Prime Minister of Vietnam officially approved the plan on the replication of the Intergenerational Self-Help Club model throughout the country. This decision has established targets, allocated budgets and defined responsibilities for implementation. Intergenerational Self-Help Clubs are sustainable, self-managed, multifunctional organizations which aim to enhance equitable and inclusive development. They have a number of

important benefits for local development including building livelihood security, improving health care, promoting participation in community life, promoting participatory government and supporting disaster response. Communities always play a crucial role in providing income sources and health and social care for older people. This is particularly true for older people living in poor settings. Together, older people and their communities can mobilise sufficient resources for maintaining and developing their livelihoods. They also provide mutual support – material, physical, and mental to each other (HelpAge International, 2018). Inter-generational self-help clubs, which were initiated by HelpAge International, are an excellent example of such a community role.

### **III. Research Method**

This research used qualitative research methodology; the word qualitative implies a focus on “the qualities of entities and on processes and the meanings that are not experimentally examined or measured” (Denzin and Lincoln, 2000, p.8). All of the interviews and focus group discussion were conducted by the author from 11 January to 25 February 2019 in Hoa Binh and Hung Yen Provinces, Vietnam. It was chosen as the research site due to the fact that it is considered as a successful of community-based model on care for older people in Northern Vietnam. All of the interviews and focus group discussion aim to collect information related to ISHC model in Hoa Binh and Hung Yen Provinces.

Fieldwork in Hoa Binh province and Hung Yen province, two areas in the North were carried out. These two areas are selected as they have the highest proportion of people aged 60 or over according to a statistical report General Statistics Office-GSO (2020). In addition, Hoa Binh and Hung Yen provinces are highly appreciated by the HelpAge International Organizations in Vietnam about the

effectiveness of Intergenerational Self-help Club model in helping older people in the community.

The primary data consist of twelve in-depth interviews with club member and four focus group discussion with stakeholders and services providers. Also data collected during fieldwork in four clubs in community (in two provinces) add to the comprehensive picture of community-based care for the Vietnamese older people. Qualitative survey was conducted following two main approaches: Focus group discussion and in-depth interviews:

Focus group discussion with local state officials, project management Board and the management boards of Intergenerational Self-Help Club. In total, four Focus group discussion were conducted in 4 communities with Intergenerational Self-Help Club in Hoa Binh and Hung Yen Provinces. In each discussion, the researcher invited representatives of stakeholders and services providers, including: the elderly association, HelpAge International and members of the management boards of Intergenerational Self-Help Club (see table 3).

In-depth interviews with twelve Intergenerational Self-Help Club members; these members were selected randomly from the list of the club members to ensure representativeness of age, gender and financial status. Each club has three members selected for interviews. In total, twelve in-depth interview were conducted in 4 communities with Intergenerational Self-Help Club in Hoa Binh and Hung Yen Provinces (see table 2).

**Table 2. Sample Size: Fieldwork**

| <b>In-depth Interviews and Focus group discussion</b> |                        |                                   |  |                             |                            |
|---|------------------------|-----------------------------------|--|-----------------------------|----------------------------|
| <b>Locations selected</b>                             |                        | <b>Respondents (Older people)</b> | <b>Stakeholders and Services providers</b>     | <b>Respondents</b>          |                            |
|   |                        |                                   | HelpAge International                          | 1                           |                            |
| Hoa Binh province                                     | Chieng village club    | 3                                 | Local state officials: the elderly association | 1                           | Two focus group discussion |
|   | Civil group 18 club    | 3                                 | Members of the management boards of ISHC       | 10                          |                            |
|   |                        |                                   |  |                             |                            |
| Hung Yen province                                     | Tieu Quan village club | 3                                 | Local state officials: the elderly association | 1                           | Two focus group discussion |
|   | Kim Dang club          | 3                                 | Members of the management boards of ISHC       | 10                          |                            |
|   |                        |                                   |  |                             |                            |
| Total   |                        | 12                                |  | Four focus group discussion |                            |

Source: Design by author

Participation in the interviews was on a voluntary basis. Each personal interview generally and focus group discussion lasted between 1 to 1.5 hours and was conducted in a semi-structured manner. All interviews were conducted in Vietnamese. Interview participants provided full oral consent for the interviews which included having the interviews recorded with the use of an audio recorder. In order to garner further information to accurately reflect the nature of the research problem, interviews and group discussion employed as the means of data collection. The below table 3 and table 4 provide basic information of the respondents and focus group discussion.

**Table 3. The Respondents' Information**

| <b>Respondent Number</b> | <b>Age</b> | <b>Gender</b> | <b>Education level</b> | <b>Marital Status</b> | <b>Household category</b> |
|--------------------------|------------|---------------|------------------------|-----------------------|---------------------------|
| R1                       | 67         | Female        | Primary school         | Married               | Poor                      |
| R2                       | 70         | Female        | Secondary school       | Married               | Normal                    |
| R3                       | 75         | Male          | High school            | Married               | Normal                    |
| R4                       | 63         | Female        | Primary school         | Divorced              | near poor                 |
| R5                       | 65         | Male          | Primary school         | Married               | near poor                 |
| R6                       | 55         | Female        | High school            | Never married         | Normal                    |
| R7                       | 74         | Female        | Secondary school       | Widowed               | difficult situation       |
| R8                       | 69         | Male          | High school            | Married               | Normal                    |
| R9                       | 73         | Male          | Primary school         | Married               | difficult situation       |
| R10                      | 80         | Female        | Primary school         | Widowed               | Poor                      |
| R11                      | 62         | Male          | High school            | Married               | Normal                    |
| R12                      | 71         | Female        | Secondary school       | Married               | near poor                 |

Source: Design by author

**Table 4. Focus Group Discussion Information**

| <b>Focus group discussion number</b> | <b>Respondents</b> | <b>Participation</b>   | <b>Location</b>               |
|--------------------------------------|--------------------|--|-------------------------------|
| FGD No.01                            | 7                  | The elderly association, HelpAge International and members of the management boards of ISHC. | Chieng village-Hoa Binh       |
| FGD No.02                            | 7                  | The elderly association, HelpAge International and members of the management boards of ISHC. | Civil group 18-Hoa Binh       |
| FGD No.03                            | 7                  | The elderly association, HelpAge International and members of the management boards of ISHC. | Tieu Quan village-Hung Yen    |
| FGD No.04                            | 7                  | The elderly association, HelpAge International and members of the management boards of ISHC. | Civil group Kim Dang-Hung Yen |

Source: Design by author

The interview and focus group discussion protocol was semi-structured, with nine in-depth interview questions and nine focus group discussion questions; they were open-ended questions and other follow-up questions depending on the context. All interviews were audio-recorded, field notes were taken, and reflections right after every single interview were also recorded to improve the interview process and enrich the data sources. In the first stage of the study, twelve individual face-to-face, semi-structured interviews were conducted providing initial findings; these were verified, confirmed and extended in the second stage of the study using four focus group discussions. Interviews and focus groups were transcribed; all transcripts were initially read by researcher.

## **VI. Research Results**

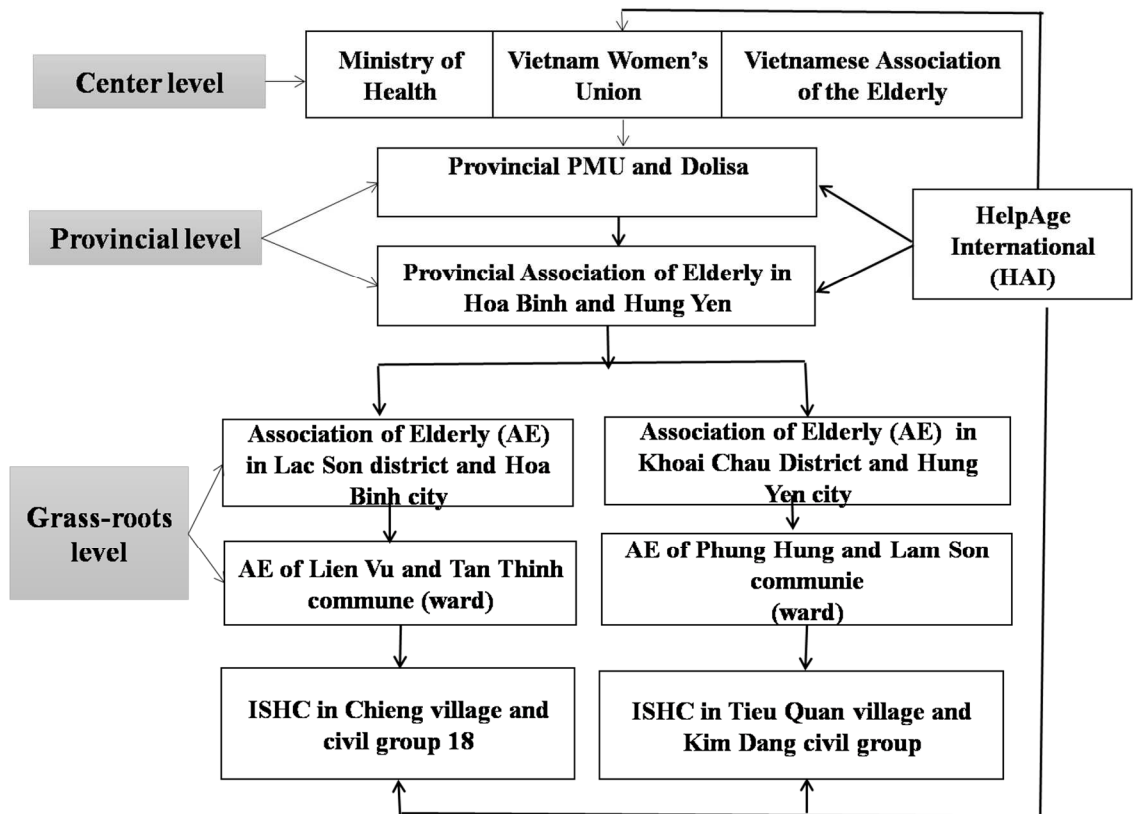
### **1. The Role of Stakeholders within ISHC Model**

Inter-generational Self-help Club received the enthusiastic help and support from HelpAge International in all aspects (such as finance, training, advocacy...) as well as obtained the support and cooperation among departments at the local level (such as Department of Labour, Invalids and Social Affairs, Elderly Association of the provinces; districts and communes). The close collaboration between the government and the unions also created advantages for the implementation of the capacity building activities of the club. Maintaining the institutions from center level, the provincial level to grass-roots level is critical to maintaining the operation and development of the clubs (see figure 3). Thus, the choice of an organizational structure of management bodies is important to club management and sustaining the club activities (Development and Policy Research Center and United Nations Population Fund in Vietnam, 2015). Despite the different circumstances and



conditions of different localities, a clear coordination and task assignment is necessary.

*It requires clear coordination, assignment and management mechanism from the center level, provincial level to grass-roots level. The direct management agencies are the Provincial Project Management Board and the Elderly Association. The project keeps only a supporting role (Source: FGD No.01).*



**Figure 3. Organisation Structure of ISHC Model in Hoa Binh and Hung Yen provinces**

Source: Design by author

In addition on to the support of the government, most related local authorities and mass organizations at all levels supported the establishment of Inter-generational Self-help Clubs. In both provinces the Elderly Association coordinated with the the Provincial Project Management Board and Provincial Department of Labour, Invalids and Social Affairs (Dolisa).

*The success or failure of club activities depends on the participants. The club activities receive the active response and attention from both local authorities and people. That is the motivation for the implementers* (Source: FGD No.04).

The role of local authorities and NGOs as implementing bodies is crucial in engaging older people. Non-government organizations (NGOs), public welfare organizations, and volunteers were tasked with providing services and financial assistance to the economically disadvantaged and destitute (Wu, 2011). Previously, HelpAge International have supported each club 75 million to help clubs operate reliably, clubs do not need to provide the counterpart fund (Development and Policy Research Center and United Nations Population Fund in Vietnam, 2015).

*ISHC receives financial support from the non-governmental organization (HAI) with 75 million dong to implement club activities* (Source: FGD No. 04).

The initial fund<sup>1</sup> of about VND<sup>2</sup> 75 million /club in the first two 2 years helped the clubs operate reliably and sustainably. Many poor older persons had access to support to improve their life. The role of older persons was promoted and they were no longer dependent on other people or treated unequally. The sense of mutual support and responsibility to the local communities was improved, which in turn helped the local governments and the state to address the problems related to older persons and achieve sustainable poverty reduction.

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<sup>1</sup> **The initial fund** used to start a business or invest in an organization, an activity, a model. The funds, or capital, may come from a bank loan, a government grant, outside investors, or NGOs. The money is used to cover such startup costs (Source: Business dictionary).

<sup>2</sup> Vietnam Dong (1USD~23.000VND)

However, due to the lack of counterpart fund<sup>3</sup>, the revolving fund<sup>4</sup> of the club is relatively limited, the number of people having accessed to loans and the amount of loans are small. This leads to smaller interest amount, which affects the operation fund of the club and restricts the ability of the club in supporting disadvantaged people in the communities.

*In the beginning, the club only had a fund of 75 million provided by the HelpAge International. The number of people having accessed to loans and the amount of loans are small. Therefore the amount of interest is small and limits the club's ability to support the community (Source: FGD No. 03).*

From 2016, newly established clubs received the counterpart fund from the province; the counterpart fund of the province plays an important role in supporting and maintaining the operations of the club the clubs and achieved better results than only with the initial support of the Project and the contribution of members and philanthropists.

*When we launched the club, we have VND 25 million (counterpart fund) to operate. After having received VND 75 million of project fund, the loan offering activities were implemented, 50% of the interests was retained to fund club activities. Currently the club fund has more than VND 10 million to maintain stable operations ( Source: FGD No.01).*

Hoa Binh and Hung Yen provinces received the counterpart fund from the province, the clubs were able to sustain their activities and achieved certain results only with the initial support of the Project and the contribution of members and philanthropists. However, due to the support of counterpart fund, the revolving fund of ISHCs plays an important role in supporting and maintaining the operations of the

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<sup>3</sup> **The counterpart funds** were not placed in specific accounts as they were merged with counterpart funds arising from other donors.the counterpart funds are used to further fund development (initial fund) (Wikipedia).

<sup>4</sup> **A revolving fund** is a fund or account that remains available to finance an organization's continuing operations without any fiscal year limitation, because the organization replenishes the fund by repaying money used from the account. Revolving funds have been used to support both government and non-profit operations (Wikipedia).

club. Thus, the number of people benefited from the loans (the number of loans) is much higher.

With the support of HelpAge International, the project staff, the staff of Elderly Associations, and the members of club management boards at central/provincial/district levels were trained on building capacity in planning; project management, supervisory skills, and deployment of activities, health improvement and livelihood development (micro-credit and savings).

*Training on HelpAge International (5 days) focused mainly on the contents including: norms and activities of the project, skills and rules of project management, financial management, office and staff management; system of reporting and financial system, policies and regulations of the project, etc (Source: FGD No.04).*

ISHCs were managed by the Club Management Board. Club Management Board have five people, including one chairperson, one vice chairperson and three members, the organizational structure of the club management board and the current number of club members was reasonable and ensured the implementation of the workload planned.

*It is okay for the club management board with 5 people. We select staff depending on job requirements; maybe 1 person is in charge of 2 jobs. In my opinion, we need no more 5 people including male, female, old and young people so that they can support each other. It is the meaning of inter-generation (Source: FGD No.03).*

*With 5 people in the club management board, the activities still are taken place fully and effectively (Source: FGD No.02).*

*Our club management board is good. All of these 5 people's education level is 10/10. The president of the team is retired teacher. The vice-president is the president of OP Association. The accountant is a village head (Source: FGD No.04).*

In addition to the active support of HelpAge International, the Inter-generational Self-help Club model would not be successful without the support of the local authorities. The Commune People's committee directly approved the establishment of the clubs. Thanks to the support of the local authorities and the Elderly Associations, 15 Clubs in Hoa Binh and Hung Yen operated reliably, established its credibility among the people and local governments in supporting poverty reduction and improving quality of life of the older persons.

*The club activities mostly took place in the cultural house of the commune or village, and sometimes in the village temple/pagoda; thus, without the support of the authorities, it would be difficult to operate successfully* (Source: FGD No.01).

Despite their limited financial capacity, some local governments tried to raise fund and seek support sources for the clubs, e.g. approval of the club's golden heart book, asking for donations in cash or in kind from philanthropists, local businesses and enterprises in the surrounding areas. When the Project's support for the club's monthly operations is no longer available in addition to the initial fund the provincial budget is of great importance. It also demonstrates the role and responsibility of the local authorities in fulfilling their commitment to support the club activities.

All Inter-generational Self-help Clubs have a local partner that belongs to this formal civil society network. The two most common partners are the Vietnamese Association of the Elderly and the Vietnam Women's Union. During the establishment and management of clubs, the system of the Elderly Associations and Women's Union played an important role in establishing, maintaining and seeking resources from the community and society for the clubs. They have contributed greatly to the success of the model.

*The Elderly Association work in collaboration with relevant agencies to implement the plan with technical support from HelpAge International Vietnam (HAIV) (Source: FGD No.01).*

*The Elderly Association has the key role in sustaining the clubs. Without the participation of the Elderly Association, the model would not be successful (Source: FGD No.04).*

## **2. The Operation Results of the ISHCs**

From Jan to Feb 2017, 15 Inter-generational Self-help clubs were established in the two provinces of Hoa Binh and Hung Yen. After two years of implementation, the models are operating effectively and receiving relatively positive assessments from the stakeholders. The Inter-generational Self-help Club model also has shown its humanities and suitability community support activities in various activities, especially via self-help activities and community support activities. The remaining four activities include social and cultural activities; rights and interest-related activities; club fundraising; and raising awareness and knowledge on all aspects for members, which support the success of the four activities with the best results. Intentionally, the four activities showing summary situation are first being briefly discussed as follows.

*-Cultural activities:* Each Club has a cultural team practicing regularly to perform in the club meetings and exchange sessions with other clubs. 98% of the club members in Hoa Binh and 95% of the club member in Hung Yen appreciated that these activities were organized frequently in the club meetings, whereas 93% in Hoa Binh and 91% in Hung Yen assessed these activities were very useful (Hoa Binh Elderly Association Report, 2018).

*Club fund raising activities:* Various fund-raising activities were carried out in the clubs and received support from the local government, for example, the golden

heart notebooks, club fees, interest from the revolving funds, etc. In Hoa Binh and Hai Duong, the money obtained from the golden heart notebooks was transferred apart to the club's revolving funds and used to help the people in need.

*Right and interest related activities:* The annual report of Hoa Binh and Hung Yen Elderly Association (2018) showed that the club members, in general, grasped the rights of the elderly, such as the rights to prior medical examination, to health care, and to be guided by the clinics (94% in Hoa Binh; 90% in Hung Yen); the right to longevity celebration for those who were 70 years old or older (92% in Hoa Binh; 95% in Hung Yen); and the right to receive monthly allowance for the poor older persons that had no support from their families (91% in Hoa Binh; 89% in Hung Yen).

*Raising awareness and knowledge on all aspects for members:* The communication activities to raise awareness and knowledge for members were organized at the monthly meetings of the clubs, including knowledge on crop cultivation, animal husbandry, small business, gender equality, domestic violence prevention, health care, diet, and prevention of the elderly common diseases. The annual report of Hoa Binh and Hung Yen Elderly Association (2018) also showed that the club members were well aware of these regulations and policies. Specifically, most of the respondents knew about the laws, such as the domestic violence prevention law (93% in Hoa Binh; 91% in Hung Yen), gender equality law (86% in Hoa Binh; 88% in Hung Yen), and the elderly law (80% in Hoa Binh; 77% in Hung Yen).

In the following section, we evaluate how Inter-generational Self-help Club performed health care, income improvement, home-based care, and community support activities and define what the appropriateness and effectiveness of these activities were.

### Health Care Activities

For the older persons, health is one of the important issues and requires close attention. In acknowledgement of this issue, the Inter-generational Self-help Club has organized many health care activities. The residents' participation in various community activities or organizations is the actual manifestation of their attitudes towards the community. The purpose of participation is to improve service quality and enhance health outcomes; that of empowerment is to promote mutual respect and the level of accountability. The overall focus should be on improving social health and well-being (Gregson and Court, 2010). In Hoa Binh, the clubs organized health examinations two times per year for members. In Hung Yen, in 2017, the clubs also organized one health examination for members over 60 years old and in 2018 organized 2 examinations for all members. The clubs also actively collaborated with District Health Centers and Commune Health Stations to provide health examinations for members of the clubs; for example, Chieng Village club (Hoa Binh) organized 6 examinations, the highest frequency among 15 clubs.

*Before joining the club, I never went for health examinations, only when I was sick, I go to see the doctor for treatment. The club organizes medical examinations for us 3 times a year, detects health problems early, gives advice and effective treatment directions (Source: R2).*

Besides, enhancing “prevention is better than cure”, the clubs also organized monthly exercises, provided health scales, blood pressure measurement, health check and counseling for older people at the clubs. Propaganda of health care and promotion for older people in the clubs were very well focused. The physical exercises were regularly maintained by the clubs. According to annual report of clubs, 90% to 95% members of the clubs had physical exercises at least 3 times per week.

*We carry out many exercises for older people in the clubs. Tai chi exercises are popular in the clubs. We also conduct propaganda about diseases prevention*



*and the causes of diseases of the 21st century, using herbs at the local areas, rehabilitation and Tai chi exercises ( Source: FGD No 1).*

However, there is difference in organizational approaches in the two provinces. In Hoa Binh province, members of the clubs exercised altogether in one place 3 times per week. In Hung Yen, due to scattered population in a large area and difficulty to set out suitable time, members were divided into groups or practiced at home. This is a flexible approach and suitable with each area and each club, as the effective and sustainable organization of activities is considered their key purpose. The members also maintained exercises at home.

Club provided or supported near poor and poor older people to buy health insurance cards, at the same time, encouraged club members to buy voluntary insurance. The rate of members who had health insurance also increased considerably. In Hoa Binh, the health insurance rate before entering the club is 52 %; currently, this rate is 81 % (29% increase) (Hoa Binh Elderly Association Report, 2018) and in Hung Yen province from 55% to 79%(24% increase) (Hung Yen Elderly Association Report, 2018). In some clubs, the increase is significant, such as civil group 2 club (from 44% to 83% – 39% increase, nearly by double), Chieng village club (35% increase).

*When participating in the club activities, we were propagated by the club's management board about the benefits of having a health insurance card and the management board helped us with the procedures for registering to buy health insurance cards (Source: R4).*

*The clubs have done through and fully activities of encouraging members to buy voluntary health insurance cards (Source: R6).*

### **Income Generation Activities**

Labor force participation by older workers is relatively high in developing countries, though their employment opportunities and remuneration tend to decrease with age. Assumptions regarding a decline in the average productivity of workers

with age have not been confirmed by empirical studies (Barrientos, Gorman, and Heslop, 2003). The contribution of older workers to economic activity is largely undervalued; a phenomenon that may render older people progressively more vulnerable to unfavorable socioeconomic conditions. Common perceptions about older workers include beliefs that the elderly are physically unable to do their jobs, have a high rate of absenteeism, are less productive and are less receptive to innovations than younger people (Czaja, 2007).

ISHC model is the only model in Vietnam that provides support for income generation activities for the older people, who are poor, near-poor or have difficult situations, to promote their roles. Although the role of the older people in production activities is considered limited, in many cases the elderly still have to and still wish to engage in economic activities within their capabilities (Stroebe, A., F. J. C. Swanepoel., N. D. Nthakheni., A. E. Nesamvuni., and G. Taylor, 2008). In this approach, the clubs offered revolving loans to the elderly so that they can access fund to develop household economic models and generate sustainable income.

*Mrs. Lan is 67 years old. In September 2017, she borrowed VND 5 million to buy the bean mill (VND 2 million) and raw material such as beans and peas (VND 3 million). Previously, Mrs Lan and her husband worked only in their paddy field. After borrowing money from ISHC's fund, they changed to making tofu. Currently, the monthly income of her family is about VND 3 million; bean remaining is used for live stock raising. They have repaired houses and plan to scale up their business. Mrs. Lan also conveyed her experience on making tofu to other members (Source: FGD No.02).*

The clubs provided a chance to the elderly to promote their roles in household economic development via the establishment of income generating groups and provide them with access to loans. The club in Chieng village (Hoa Binh) formed four income generating groups; some other clubs, e.g. the Tieu Quan club in Hung yen had three income generating groups. The club members also regularly

exchanged information and experiences on effective cultivation and animal husbandry techniques.

*We now have a group of 5 members who keep freshwater fish. There is another group of members who raise 100 cows. Some other households are raising chickens and breeding frog (Source: FGD No.03).*

*Mrs. Hung is 75 years old. Through the club, she received communication training and livelihoods support to boost enhance his business knowledge and skills. The club gave her a small loan of five million Vietnamese dong (US\$215) to purchase two pigs and some pig feed. She used the pigs' waste to make natural compost to grow rice, corn, and sweet potatoes and, after one year, she had sold piglets to not only pay the loan but also make a profit. She used the money to cover family expenses and invest in a duck-raising business (FGD N0.01).*

*Since joining the club, I am happier, healthier and more confident. I'd never imagined that my family could escape poverty during my old age (Source: R10).*

Loan offering is carried out actively in the ISHCs. To date, 10 Inter-generational Self-help Clubs in Hoa Binh have offered loans to 150 borrowers, 5 ISHCs in Hung Yen have offered loans to 79 borrowers (Hoa Binh and Hung Yen Elderly Association report, 2018). In particular, Civil group 18 and Chieng village clubs (Hoa Binh) have the highest number of borrowers (20 and 18 persons respectively) (Hoa Binh Elderly Association report, 2018).

The older people often have difficulty in accessing loans from banks due to the loan procedures as well as the provisions relating to age, ability to repay loans and the collateral. However, in practice, many older people are still capable of engaging in production activities, and still want to contribute to household economic development; yet, they have difficulty in accessing loans. The loans from the club have partly resolved this problem of the older persons. In addition, through their participation in the clubs, the elderly received technical support on crops and

livestock from the management board or agriculture extension workers. They could also share more effectively.

*Banks here do not lend older people aged 60-70 (Source: R1).*

*Our older people face many difficulties when dealing with bank loan procedures. Thanks to the club for giving us loans to invest in farming and breeding, it is helping to improve our family life (Source: R5).*

### **Home-based Care Activities**

The social costs of hospitalization of the elderly are growing (Tsuji I, Kuwahara A, Nishino Y, Ohkubo T, Sasaki A, Hisamichi S, 1999) and the majority of elderly people prefer to stay in their homes, even if they have a serious disability (Salvage AV, Jones DA, Vetter NJ, 1989). This is the reason that many older people in the community need the help from volunteers. Home-care activities, which were carried out by the volunteers, were among those that reflect clearly the humanity of ISHC model. They demonstrated the spirit of assistance and sharing with the people in difficulty situations of the community.

*Since the club has been here, there are two women who come to help me regularly, usually twice per week: they take my blood pressure and help with bathing. I remember that last year, when I had a heart attack and nobody was at home, I thought I would die. Fortunately, a woman from the club came to help me as usual, and she went with me to the hospital (Source: R10).*

*I help the old and lonely people in the community alongside other volunteers. Actually I and one other woman are now looking after two old women who live alone. We help with bathing, washing clothes and house cleaning (source: R11).*

Although home-care activities took a significant amount of time of the volunteers, with their dedication and devotion, these activities were performed relatively well in the clubs. In Hoa Binh, the total number of volunteers is 75 people; 60 of them are home-care volunteers, who have assisted 87 cases since the club establishment (Hoa Binh Elderly Association Report, 2018). In Hung Yen, 45 of 65

volunteers are home-care volunteers, and helped 72 cases (Hung Yen Elderly Association Report, 2018). Notable clubs for home-care activities are Chieng village Club (Hoa Binh) and Tieu Quan village Club (Hung Yen).

*The volunteer home-care activities are really humanities. Not only the visiting and assisting in housework, but also taking the older persons to the hospital as done well. They promote the sense of community. They look after the older persons as if these people are their real parents (Source: R7).*

*I and Minh have been assisting Mr Hung's family for the past few months. We take turns to look out for them. Usually, we try to come and help at least twice a week. Sometimes, it is even 2-3 times a day. Most of our tasks include house cleaning, cooking, accompanying the older couple when they feel lonely (Source: R6).*

If we are looking for a motivation to sustain a voluntary system like this over time (apart from “simple” altruism), it will presumably lie in the expectation of reciprocity. This is what makes the age group from which the volunteers are usually drawn so significant (Jarold A. Kieffer, 1986). Perhaps they feel close enough to old age to see the advantages of setting up a system that they themselves may call on in the not very distant future.

### **Self-help and Community Support Activities**

Together with volunteer-based home care activities, the community support activities represent the spirit of humanity and strengthen the solidarity among members and the community (World Health Organization, 2017). In terms of relevance, first of all, the activities to support the community not only met the club members’ needs but also met the huge demand of people who have difficulty in communities that were not members of the club (United Nations, 2017).

*In each month, team leaders need to pay attention to find at least one case that need the club’s help (among club members, their family member or community member). This should be someone who encounters sudden difficulty and need*

*assistance from the club. For example, a family is short of people available to harvest or plant in planting and harvesting season, or someone has an accident or sickness or if there is a wedding or funeral, or the family just built a new house or there are damages from nature disasters, etc (Source: FGD No. 02).*

Clubs organized community activities with related agencies and departments. In addition, clubs perform activities in helping and taking care of people with disabilities and/or were in difficulties in local area. These activities received attention and support from the community such as mobilization to set up “Golden hearts fund from local sources and older people

*We help families in difficulty in the community...we help club members, who are in sickness or in economic difficulty or their children working at a long distance, to do house works (FGD No.04).*

*The fund from “Golden heart” was now used to assist those who needed support when they suffered from sickness or were in financial difficulty due to emergencies or the death of a family member (Source: R9).*

Community support was demonstrated in many specific, diverse and creative activities such as encouraging the community to provide monthly rice for the disadvantaged people, people living alone, and sick people; to build houses; to help with house repairs; to harvest and sell fruits and vegetables; to open charity kitchen to cook for poor patients (100 to 150 sets each time); to support the community via cleaning roads and monuments; building roads; donating land for traffic road without compensation; helping the locality to achieve the new rural development status, etc.

*Once every 2 months, the club will open a charity kitchen to provide 100 to 150 sets for the poor and disadvantaged people in the village (Source: R11).*

*As a member of the club, I have participated in club activities to help people in the community, such as helping with house repairs [after storm damage] for old and poor people (Source: R5).*

*Every month the club cleaned the roads, cultural houses, the village temples - pagodas. The total working days reached 150 days, contributing to preserving the environment (Source: FGD No.04).*

After two years of implementation, all clubs met or exceeded the indicator: every month, the club provides help to at least one needed case and/or support to the community. In Hoa Binh, the total number of cases of ten clubs is 210 (including 120 cases in the community and 90 club members). In Hung Yen, the total number of cases of five clubs is 105 (including 56 cases in the community and 49 club members) (Hoa Binh and Hung Yen Elderly Association Report, 2018).

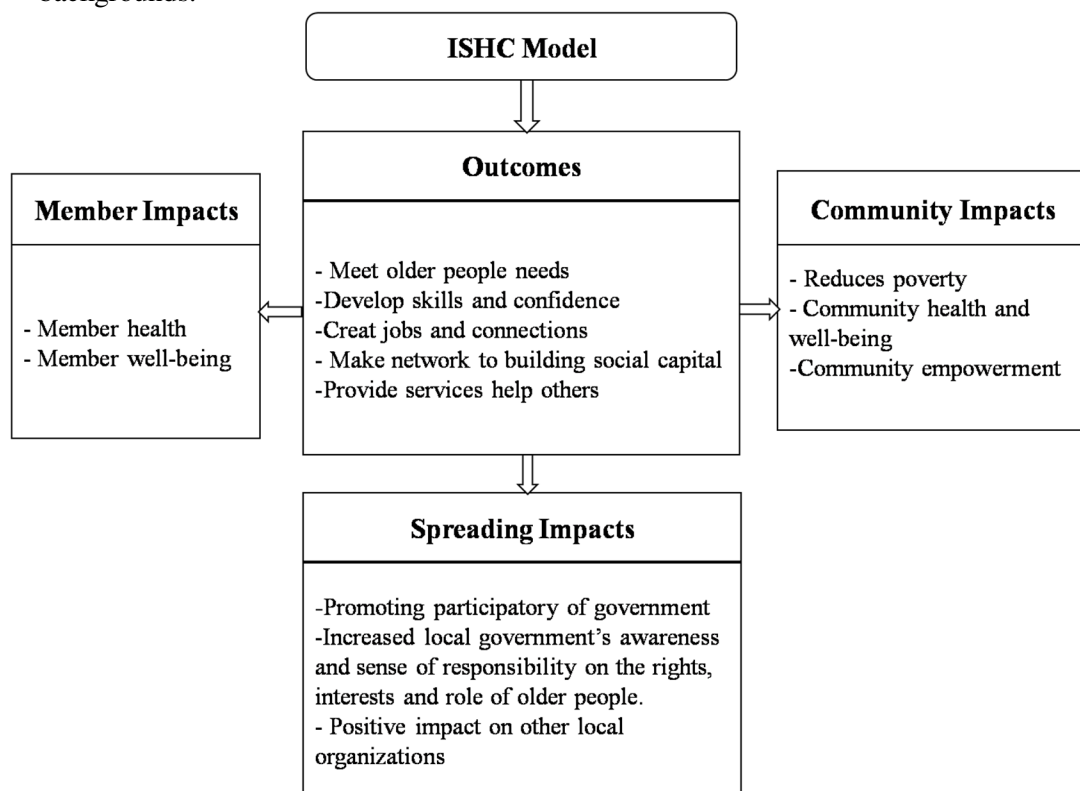
*The number of difficult cases received the help of Chieng club is 26. The club members contributed 28 labour days; repaired 03 houses and built a new house for poor households. The total amount for repairing and building house was VND 2,650,000 (Source: FGD, No.01).*

*Tieu Quan club asked many people in the community for the help. The results of self-help and community support activities are demonstrated in the following information: 3 wheelchairs, for disabled people worth VND 6,000,000; 5 coffins worth VND 10,000,000; 1 scholarships worth VND 5,500,000; 2 bicycles worth VND 3,000,000; 30 notebooks with the total value of VND 1,480,000 (Source: FGD, No.03).*

### **3. Impact of ISHC Model**

The depth of interviews and focus group discussions are specifically in the community-based care for older people. In this section, we evaluated impacts of ISHC model through the following aspects: member impact, community impacts and spreading impacts. The Intergenerational Self-Help Club model not only helps older people improve their health and family income but also promotes support for the community (see figure 4). The model proves to work well in different settings

including ethnic minority, rural and urban religions regardless of their cultural backgrounds.



**Figure 4. Impact of ISHC Model**

Source: Design by author

The depth of interviews and focus group discussion are specifically highlighted in the community-based care model for older people. Intergenerational Self-Help Club is an important aspect of a sustainable community care strategy. It not only can increase the motivation of older people life but also change in health, change income, improve skills and knowledge for older people (Development and Policy Research Center and United Nations Population Fund in Vietnam, 2015). Therefore, the Intergenerational Self-Help Club model can improve the stand of living and welfare of the community, and increases the sense of mutuality among the community residents, thus reducing the poverty rate of older people and their family.



### **Impact to ISHC members**

The health care component with specific activities was highly evaluated for its benefits to the elderly and selected as the most favorite activities of the club by many club members (Nguyen, V. D. 2014). In addition to free health check-ups organized by the project, the club members were also advised and guided about health care and prevention of common diseases such as blood pressure, diabetes, appendicitis, stroke, bones and joints diseases, etc by the club management board and staffs of commune health stations in the club monthly meetings. Thanks to the advice and guide the members themselves actively practice self health care at home as such as applying diet, keeping hygiene and exercise appropriately.

*Almost all members of the clubs (92%) said that they were approached with information about the prevention of non-communicable diseases and self health care at home. These activities were carried out regularly in the club meetings. In addition, members of the clubs also accessed health information from the health stations and other organizations (Source: FGD No.02).*

Health care activities improved awareness and self-awareness of older people about self-health care with the spirit of “prevention is better than cure”.

*I can say that, before clubs are being set, people here do not go for health check until they find health problems. Periodically, clubs organize health check and blood pressure measurement. (Source: FGD No.04).*

Health care activities met the needs and aspirations of older people in living happily, healthily and usefully to their family and community.

*The new model is relevant to needs and aspirations of older people in living happily, healthily and usefully. We found that it is good to replicate this model. It is because of its significance in helping older people live usefully; we can publish and conduct the activities easily and smoothly (Source: FGD No.03)*

In general the majority of club members had quite positive feedback on their health improvement since they joined the club. Many members, thanks to regular

exercise and application of knowledge about health care, have alleviated some diseases such as hypertension, kidney stones, bones and joints related diseases.

*Since I joined the club, I also feel healthier. Frankly, thanks to club my health is better: my blood pressure is getting stable because to physical exercises and health education sessions. I have been given knowledge which helps me to control my blood pressure and diabetes, like eating less sugar, rice and meats, eat more vegetable and fruits (Source: R3).*

The ISHC model is a holistic intervention which looks after not only the health needs of older people but also some of the social determinants that may impact on health, such as isolation or poverty and is national policy as of 2016 (World Health Organization, 2017). The income of Intergenerational Self-Help Club members increased after joining the clubs (United Nations, 2017). In Hoa Binh, the average income of members increased from VND 20.66 million/person/year (before joining the clubs) to VND 30.75 million /person/year (increase by 10.09 million) (Hoa Binh Elderly Association Report, 2018). In Hung Yen, the average income of members increased from VND 21.23 million/person/year (before joining the clubs) to VND 27.35 million/person/year (increase by 6.12 million) (Hung Yen Elderly Association Report, 2018). The total average income of club members in Hoa Binh is higher than of those in Hung Yen. This can be attributed to the larger involving fund for income generation in Hoa Binh clubs. The local governments in Hoa Binh provided counterpart fund to the project with the support of HelpAge project.

*I got loan of VND 5,000,000 (USD 217) from club and bought 300 small chickens. The income from the chickens is about VND 2,500,000 per month. Before, I did not have fund for breeding, but thanks to loan fund from club the income of my household is getting stable (Source: R7).*

The income generation activities have contributed to reducing the rates of poor/near poor households in the clubs. Its goals include raising income thresholds and quality of life for poor and marginalized groups in community through capacity

building and creating sustainable and diversified livelihoods (Narayan and Petesch, 2002). Hoa Binh had a total of 100 members who escaped poverty and the figure in Hung Yen is 41 (see table 7). Most of those members were considered sustainable poverty reduction, while some others moved from poor to near-poor category and were expected to escape poverty in the near future.

**Table 5. Poverty Rate Before and After Participating in the ISHCs**

| Club                   | Total number of member | Poverty rate before participating in the club (%) | Poverty rate after participating in the club (%) | Total member escaping poverty |
|------------------------|------------------------|---|--|-------------------------------|
| <b>Hoa Binh</b>        | <b>558</b>             | <b>33.86</b>                                      | <b>15.7</b>                                      | <b>100</b>                    |
| Civil group 18         | 55                     | 32.0  | 14.2   | 10                            |
| Chieng village         | 60                     | 34.3  | 14.7   | 12                            |
| Ha Son village         | 53                     | 32.7  | 14.5   | 9                             |
| Yen Hoa village        | 59                     | 36.0  | 15.4   | 12                            |
| Ninh Ngoai village     | 54                     | 35.2  | 16.7   | 10                            |
| Civil group Phuong Lam | 61                     | 30.3  | 15.15  | 9                             |
| Civil group Su Ngoi    | 55                     | 37.2  | 22.32  | 8                             |
| Suoi Nay village       | 50                     | 31.2  | 12.48  | 9                             |
| Rong Tam village       | 54                     | 35.7  | 16.9   | 10                            |
| Mun village            | 57                     | 34.0  | 14.3   | 11                            |
| <b>Hung Yen</b>        | <b>286</b>             | <b>31.4</b>                                       | <b>16.73</b>                                     | <b>41</b>                     |
| Tieu Quan village      | 59                     | 34.5  | 17.25  | 10                            |
| Luong Hoi village      | 54                     | 32.1  | 17   | 8                             |
| Civil group Kim Dang   | 55                     | 30.1  | 15.05  | 8                             |
| Duyen Linh village     | 62                     | 29.7  | 18.15  | 7                             |
| An Thi 3 village       | 56                     | 30.6  | 16.2   | 8                             |

Source: Hoa Binh and Hung Yen Elderly Association Report, 2018

*In the 2000s, half of the households in our village fell into poverty, but in recent year the number of households in the village increased and after Intergenerational Self-Help Club model is established in the village, the club*

*has worked hard to help poor members improve their incomes. Now the poverty rate in the Chieng village club was reduced to 14.7%, specifically there are four poor member households and four near-poor household...(Source: R3).*

*Before, my family had only one income source from agriculture. Every month our expenditure was higher than our income so my family's life was always difficult. We spent all of money to buy food; there wasn't any money to buy other things such as new clothes and household utensils. Thanks to the loan from Intergenerational Self-Help Club, the family began selling fruit, coffee and tea, we now have more income from selling. The loan from Intergenerational Self-Help Club is improving our life quality... (Source: R12).*

The impact of ISHC activities in policy mobilization for older people on the community was huge. The club members themselves recognized their role and ability in club activities in particular and community activities in general (Institute of Social and Medical Studies, 2014). Older people enhanced their awareness and knowledge about social and economic development, health care after participating in mobilizations of implementing local policies. Older people in different areas have the opportunity to exchange information and experiences with each other.

### **Community Impact and Spreading Impact of ISHC Model**

After more than two years of implementation, the club model had many positive impacts to its members as well as effects on the community. The effectiveness of the club's activities not only encouraged club members to participate active, but also attracted the participation of many other people in the community (World Health Organization, 2017).

*The clubs helped both club members and non-members in the community enhance the physical and spiritual sharing and integration between village people. Club members have opportunity to discuss and contribute their voice to the club activities such as visiting and supporting people in the community (Source: FGD No.02).*

*The people in the community are happy to find that club members help each other in difficult time, enable women to complete their tasks. They praise the clubs for the supportive spirit (Source: R8).*

Many people, after seeing the benefits and interesting activities of the club, applied to join and become new members of the club. In addition, the club's physical exercises, health examination, community support activities engaged the participation of many other people in the community. Club activities not only brought benefits to the beneficiaries and stakeholders as mentioned, but also created cohesion and share among members as well as between members and the community. This was the connection string which created effective operation of the club.

*I am old and have not participated in any clubs until this kind of club. I found so many usefulness of it such as activities for the whole community, loan support for families and individuals in difficulty to raise chicken and ducks or cattle, visits to difficult, sick and old people. Although financial support provided is not high, the spiritual support is significant (Source: R10).*

*I like this club. The club has been established for nearly 2 years and I highly appreciate when the club visits and encourages the lonely, sick and poor people. I am very happy about it (Source: R2).*

Social recognition is sought, and this confirms earlier findings that positive intergenerational interaction and perceived acknowledgement and respect lead to better well-being in old age (Cheng, 2009; Tabuchi, M., T. Nakagawa., A. Miura., and Y. Gondo, 2015). Intergenerational Self-Help Club helped older people improve their confidence and integration with the community. The club members also participated in advocacy activities and advising their children and grandchildren, to raise their awareness on complying with and participating in implementation of local policies such as the new rural program, sanitation and environmental protection, etc.

*Older people themselves receive the information and benefits of the Intergenerational Self-Help Club. They also disseminate the information received to their children and family members. Before joining to the Intergenerational Self-Help Club, they had low self-esteem. After taking part in the Intergenerational Self-Help Club activities, their thinking changed positively, they lived happily and felt that they were useful to their family and community (Source: FGD No.01).*

*The clubs members are self-disciplined, feel more proud and excited in helping the community. Many people in the community, particularly young people also involve in the club activities, especially in sanitation and environmental protection activities (Source: FGD, No.04).*

The spreading effects of Intergenerational Self-Help Club model are also demonstrated in the transferring of knowledge gained from the club to the households' members and the community, thereby contributing to improving the knowledge, awareness, farming (cultivation and husbandry) technique, the role of the elderly, related laws and policies.

*Participating in the Intergenerational Self-Help Clubs, particularly in monthly meetings, the members were communicated on knowledge about crops, livestock, small business activities, knowledge on gender equality, prevention of domestic violence, knowledge on health care, reasonable diet, how to prevent common diseases of older people (Source: FGD, No.02).*

The good implementation of club activities also had spreading effects to the local governments as it increased their awareness and sense of responsibility on the rights, interests and role of older people.

*In Tieu Quan village club-Hung Yen province, the club members actively contributed VND 7 million from the club fund to support one poor household to repair house. This action affected the local government and then they contributed VND 5 million to complete the house (Source: FGD, No.03).*

*The Intergenerational Self-Help Club proposed two cases and suggested the local government to support building houses for these two difficult cases. After the review, the local government approved to support these two cases (Source: FGD, No.01).*

Apart from the positive impacts of the Intergenerational Self-Help Club model to the community as mentioned above, the club clearly has the impact to other organizations in the localities, because community development involves local empowerment through organized groups of people acting collectively to control decisions and actions that affect them as a community (Rubin and Rubin, 2008). The organization of the club's activities organization is systematic and appreciated for its effectiveness other local organizations such as the Elderly Association, Women Union, and Farmers Association have learned much from it.

*The exchange and sharing of experiences and knowledge between members of the clubs with the Women Union on gender equality and domestic violence; between the clubs and the Farmers Union on experience in household economic activities, these activities were promoted and scaled up in the other clubs (Source: FGD No.02)*

*The Intergenerational Self-Help Club and the commune elderly association reviewed the cases of older persons who are eligible for social policies so that no case was missing. The club also made timely reports and recommendations to the local government to provide support to the cases of older persons who live alone and need assistance (Source: FGD No. 04)*

## **V. Discussion**

Taiwan's community care-related research often starts from a professional standpoint, rarely discusses and plans service plans from the community's point of view. Although Taiwan's recent research on caring bases has gradually focused on

the role of the community, the community care mechanism analysis planning and operation are still mostly centered on administrators rather than elderly people who use programs in the community (Chiu Min-ko, Fu Hsiu-Hsiu, 2014). Rothman (1974) identified three models of community organization and macro practice. Originally developed in 1970, Rothman's three models of community practice have probably been one of the most influential conceptualizations of macro community work practice: Locality development (Bottom-up); Social planning (Top-down), and social action (Inside-out). The locality development model is as bottom-up because it is a self-help, participatory model of change. The Intergenerational Self-Help Club model also is as bottom-up because it is based on the combined approaches of self-help, multiple generations, participation, capacity building and influencing. There has been continuing dependency on external support from local government and non-governmental organizations.

The study was conducted to assess the results of the Intergenerational Self-Help Club model, which is seen as a model of community organization. In order to achieve sustainable development, Intergenerational Self-Help Clubs capitalize on the spirit of self-help, mutual assistance and self-determination. Therefore, it is necessary to strengthen the autonomy of club members, organize them together, promote individual change and community change through cooperation among club members and community residents, build up their capabilities, and protect their right. In order to ensure sustainability, the club needs to have the following elements.

**Firstly**, the choice of an organizational structure of management bodies is important to club management and sustaining the club activities (Development and Policy Research Center and United Nations Population Fund in Vietnam, 2015). Despite the different circumstances and conditions of different localities, a clear coordination and task assignment is necessary. HelpAge International only plays a role of technical and financial support for Intergenerational Self-Help Clubs to form and develop, when HelpAge International withdraws its role, Intergenerational Self-



Help Clubs need to maintain their own activities and continue to develop. Because professionals cannot change the community for residents, they must do that themselves (Rothman, 1974). Local government and NGO organization can provide encouragement, support, expert knowledge, and other resources. They can work side-by-side with the club members to create the conditions that make change and empowerment possible. They can help club members develop knowledge, skills, and self-confidence needed to challenge the status quo. But the club members themselves must define the problem and develop a plan for dealing with it.

**Secondly**, human resource sustainability is one of the remarkable features of the Intergenerational Self-Help Club model which is the inter-generation. Thus the review has proven that sustainable human resource management has a significant impact on organizational performance (David, C., S. George. and H. Bill, 1999). Intergenerational Self-Help Club is not just a club for the elderly; it also attracts the participation of young people (under 55 years old), not only as the club members but also as members of the management board. The participation of young people helped promote the health, youth and knowledge, enhanced the understanding, sharing, and mutual support on the basis of the strengths and weaknesses of each generation, and ensured the constant connection and continuity of the club activities (Development and Policy Research Center and United Nations Population Fund in Vietnam, 2015). However, as 70% of the club members are older people, the risks related to aging and the change in membership of the management board where new people are not trained difficulties to the operation of Intergenerational Self-Help Clubs. To solve this problem, HelpAge has supported the provinces in training of core staff. The core trainers were selected from a number of provincial agencies to support the clubs.

**Thirdly**, financial sustainability is one of the necessary and sufficient conditions to maintain the operations of the club. Thus, in addition to critical access to financial capital given directly to the organizers, social capital, particularly

linking ties, and stakeholder relationships, changing government policies was also a necessary and sufficient condition for the organization's capacity to realize its long-term viability over the longer term (Ann Dale and Lenore Newman, 2008). The fact showed the effective operation of Intergenerational Self-Help Clubs; the cost is not high compared to the achieved results (poverty reduction, health improvement, care for the elderly, etc.). From the initial support of VND 75 million/club of HelpAge, after two years, the club's fund is still maintained and developed to provide loans to more members for production expansion. The clubs were active in seeking social resources through the golden heart book to raise fund for the club. Some clubs received contribution from people who are working far away, local officials and businesses, or sought local interest-free loans such as the Poverty Alleviation Fund, Elderly Care Fund, etc. Particularly in Hoa Binh, the authorities at province and district levels involved in mobilizing resources for the counterpart fund to support the club activities.

## **VI. Conclusion and Suggestion**

### **1. Conclusion**

Intergenerational Self-Help Club model was a new model, but the implementation results in recent years had clearly confirmed its effectiveness and superiority. Recent related research of the Development and Policy Research Center, United Nations Population Fund and Institute of Social and Medical studies (Institute of Social and Medical Studies, 2014; Development and Policy Research Center and United Nations Population Fund in Vietnam, 2015) clearly showed this. It could be seen that, Intergenerational Self-Help Club had promoted the power of community, connection and sharing between generations, organizations and individuals to support, improve and enhance the physical and spiritual life of older

people and disadvantaged groups in particular and people in the community in general.

Respondents in this study pointed out the importance of stakeholders as the main characteristic. This can be due to the fact that each partner of stakeholders plays many roles in Intergenerational Self-Help Club model development. The role of HelpAge International is a turning point in community-based care model for older people in Vietnam because they are able to fill or reduce the gap between the top and bottom of society by including diverse stakeholders and sustainable practices of Intergenerational Self-Help Club model development in the areas. The partners at central level had full proficiency to develop, coordinate, implement and monitor and supervise the project intervention on health, livelihoods and promoting rights for older people. The partners at provincial/district level were qualified in management, organizing and directing activities for older people locally, and they had the ability to advise the authorities on interventions that solved older people's issues. The clubs' management board felt confident to manage, maintain club activities at the present as well as later when the support from NGOs ended.

After two years of establishment and implementation, the Intergenerational Self-Help Clubs in Hoa Binh and Hung Yen have operated reliably and have basically achieved the initial goal which contributed to improve the quality of life and health care for older people. The activities were fully and actively implemented, attracted the participation and positive responses not only of club members but also of other people in the community, and brought some positive impacts to club members and the community. These results were demonstrated in the following aspects: (1) creating opportunities for the older people to increase their income; (2) caring for and improving older people's health; (3) promoting the role of the older people in the community, providing opportunities for the older people to participate in social activities.

With remarkable results after two years of implementation, the replication of the ISHC model in other provinces of Vietnam is necessary. However, for effective replication, some critical conditions should be ensured, similar to the conditions for sustainability: needs to have great attention of the government, authorities, and unions. In order to accomplish such attention, it requires the mobilization of organizations and agencies from the central to local levels. In addition, financial resources, especially, relating to ensuring the revolving fund for income-increasing activities, and training on club management and operation are critical for replicating the model.

## 2.Suggestion

For Vietnam, the Intergenerational Self-Help Club model is considered the best kind of club with a profound, comprehensive approach. Up to now, these clubs have been operating effectively, helping to promote the independent strength of the older people, having positive and multidimensional effects on care and promoting the role of older people. However Intergenerational Self-Help Club model still have many issues to address along the way towards sustainable development. According to Taiwan's development experience, community-based action services have become increasingly pluralistic, although the government or the entrusted unit actively handles the relevant programs, already appears to guide community development tools over the phenomenon whether professional or worker training force, are forgotten in the process of chasing resources grassroots organizations should play a counterforce social change and justice and equity promotion (Ho, H. C., H. Y. Lin, P. F. Tai and H. L. Ho (2016). So I propose the following suggestions:

(1) **For NGO Association:** It is necessary to survey and assess the needs of local older people, local resources and the attention of the local governments as well as the acceptance of the people with the Intergenerational Self-Help Club model

before its establishment. Before new clubs were established, HelpAge should explore the demand and the acceptance of the local people to ensure that the clubs meet the needs of the beneficiaries of Intergenerational Self-Help Club model. In addition, the assessment of the level of interest and resources of each locality is also important.

**( 2 ) For Local Government, Related Agencies and Associations:** Coordination among the HelpAge, the local governments, related agencies, and associations at all levels and the Intergenerational Self-Help Clubs are very important. After the end of external support, the authorities at all levels should direct club management board to have a good operation, management and maintenance of club activities, maintain schedules of club activities, manage club funds, develop the project funds, strengthen knowledge enhancement for club members and community residents in all aspects, help the subject health cared for the effectiveness of club activities, replicate the club model and increase the number of participants.

**( 3 ) For Intergenerational Self-Help Clubs:** The clubs need to develop operational regulations, activity orientation for each phase and in the long-term even after the external assistance ends. The active connection with related stakeholders to mobilize resources for the club after the end of the project is extremely important. It is necessary to consult with local authorities to maintain the club model when the support from NGOs ended.

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