Background and purpose
In Japan, the integrated community care system aims to enable people to continue to live in their home towns to the end of their lives. Based on the concept, one of the activities of a Community General Support Center (CGSC) is to provide preventive intervention based on a Community Support Project.

Methods
In order to compensate the checklist by finding people who do not respond the checklist, the CGSC staff evaluated the files of 592 subjects participating in the MRI-performed Kurihara project to identify (1) activities they cannot do that they did in the past, (2) decreased activity levels at home, (3) loss of interaction with people other than their family, and (4) need for medical interventions. This information was classified into categories of (A) “no life concerns”, (B) “undecided”, and (C) “life concerns”.

Results
The numbers of subjects in categories A, B, and C were 291, 42, and 186, respectively. Medical intervention was most common in patients with Alzheimer’s disease (AD) and exercise was most common in those with vascular dementia (VaD). All subjects with VaD were in category C, but only 50% applied to Long-Term Care Insurance (LTCI).

Discussion
Judgment of life concerns by the CGSC staff may have some clinical validity. The results of the study suggest the presence of people who do not apply the LTCI thus resulting to “hide” in the community, probably due to apathy or depressive state.