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RESEARCH ARTICLE

NEEDS ANALYSIS SURVEY FOR HEALTH PROMOTION OF OLDER PEOPLE IN TAIPEI CITY

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ABSTRACT

The objective of this study was to analyze the current living conditions and health promotion needs of older people. Needs within each health promotion dimension were investigated through a cross-sectional questionnaire survey. Participants in this study comprised people 65 years or older living in the 12 administrative districts of Taipei City. The participants were sampled using stratified random sampling and were divided into two groups based on age, 65–74 years and 75 years and older. The valid samples totaled 1122, and a structured questionnaire was utilized for data collection. The questionnaire content comprised demographic information and health promotion needs. According to the research results, the types of health promotion activities in which older people wished to participate included health screening activities, dementia prevention activities, immunization, health and wellness lectures and activities, and other arts and crafts courses or learning programs. Of these activity types, the proportion of older people who wished to attend health and wellness lectures and activities was relatively high, and the health information items about which they most wished to obtain were exercise and wellness information. With regard to health promotion strategy, it is recommended that (1) more relevant health promotion activities and courses be held; (2) use of smart phones or tablets be taught; (3) the accessibility of activity information be increased and venues be expanded; (4) the number of courses on dementia prevention and care be increased; (5) community service centers be established; (6) the number of spiritual courses be increased; and (7) the implementation of community health promotion policies be accelerated.

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INTRODUCTION

The advancement of medical facilities and improvements in public health and the quality of the environment have increased the average lifespan of people in Taiwan. Consequently, the aging population has also increased rapidly. As of the present year (2018), Taiwan has officially become an aged society. The aging index is also predicted to rise to 20.1% in year 2025, becoming a "super-aged" society (Ministry of Health and Welfare, 2016). Countries worldwide are also influenced by aging populations. Therefore, many international organizations and developed countries have formulated coping strategies addressing the issue of health promotion for older people. These coping strategies include *The Ottawa Charter for Health Promotion* drafted by the World Health Organization in 1986 during the First International Conference on Health Promotion, Ottawa for the advancement of health promotion. The objectives were mainly to "build healthy public policy," "create supportive environments," "strengthen

community actions," "develop personal skills," and "reorient health services" (WHO, 2002). Moreover, the concept of active aging was proposed, which has become the main framework referenced by countries around the world when formulating their health policies for older people. Active aging is defined as "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age" (WHO, 2002). The United Kingdom, United States, Japan, and other developed countries followed these recommendations in formulating health promotion policies for older people. The categories involved in the policies of these countries included "health maintenance for the elderly," "chronic disease prevention," "promotion of productivity in the elderly," "independent and autonomous living," and "raising the quality of life." Suitable supportive measures were actively taken in consideration of factors such as culture, gender, health condition and behavior, physical and social environment, social support, and socioeconomic status, such as creating a supportive environment for the health of older people; formulating, announcing, and implementing health promotion laws; integrating resources and employing diverse marketing strategies for enhancing awareness and methods of healthy aging; applying intervention measures that

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effectively encourage older people's continuous participation in health promotion; enhancing the competence and service quality of professional caretakers for older people; improving the lifestyle habits of older people; narrowing the gap of health inequality; and developing a monitoring index for the health of older people. These efforts reiterate that the issue of health promotion for older people is a global concern. With rapid socioeconomic development, the issues of older people have increasingly gained the attention of the people of Taiwan. People are also more concerned with the quality of life in old age. A healthy lifestyle can guarantee a high quality of life of these older people. The Health Promotion Administration of Taiwan notes that the aims of "health promotion for the elderly" are health improvement and health maintenance. Measures such as the formulation of public policies, construction of a supportive environment, strengthening of community mobility, improvement of health techniques, provision of diverse and accessible services, promotion of health education, and provision of preventive healthcare services enable older people to adopt lifestyles beneficial to their health. Health promotion involves comprehensive autonomous actions and awareness. It can maintain or improve a state of well-being and self-realization and realize the full potential of individual talents.

Health promotion behaviors include regular physical and mental activity, proper nutrition, rest and relaxation, and the maintenance of a social support network (Kao, et al., 2000). Ma (2003) conducted research with older people of Minxiong Township in Chiayi County and found that the dimensions of health-promoting lifestyle of older people, arranged in a descending order according to the health-promoting lifestyle profile scores, were nutrition, interpersonal support, stress management, physical activity (exercise), spiritual growth (self-realization), and health responsibility. Kao (2012) conducted a study on the health-promoting lifestyle of 307 older people in Jiali District, Tainan City and determined that the health-promoting lifestyle dimensions in a descending order was nutrition, interpersonal relationship, stress management, self-realization, exercise, and health responsibility. The government's future advocacy of disease prevention and healthcare for older people and campaign for health promotion, must be implemented and practiced in daily life. If health promotion is practiced in daily life, not only can medical costs be saved for society but the quality of life of older people can also be enhanced, thereby attaining a healthy living condition.

Because health promotion policy and agenda decisions should be made from the bottom up (Ishii, 1999) and consider people's actual needs, assessing people's health needs is necessary. The needs assessment for health promotion includes objective and subjective data gathering. The goal of conducting a needs assessment is to help design health promotion activities that cater to individual needs and concurrently enhance the self-health management ability of older people by increasing their degree of participation in health promotion through the assessment process. Li, Chen, and Kuo (2005) used a cross-sectional design with descriptive and correlational approaches in their study of 89 low-income older people from Peitou District in Taipei City. Interviewers who had undergone training gathered data through face-to-face interviews using structured questionnaires. The results of their study showed that the individuals' instrumental activities of daily living (IADLs) were poorer than their activities of daily

living, and their psychosocial health status was poorer than their physical health status. In addition, the most common health-promoting behavior among older people was regular exercise, and the main factor that influenced whether older individuals could perform health-promoting behaviors was their IADL condition. Therefore, those with relatively poor IADL conditions or older people living alone would exhibit fewer health-promoting behaviors. Wang et al. (2015) conducted a study to develop a health promotion scale for older people to measure the lifestyle of older people in Taiwan. The participants in their study were from a large rural health promotion center, who were all older than 65 years and resided in four of the townships most populated by older people. The developed health promotion scale for older people was a multidimensional measurement tool, and its optimal model comprises six categories: health habits, community participation, health responsibility, healthy diet, regular exercise, and oral hygiene.

The Health Promotion Administration of the Ministry of Health and Welfare of Taiwan formulated the Health Promotion for the Elderly program in 2009. It has begun to construct community health promotion networks, which can activate the physical, mental, and social functions of older people. The eight items that are the focuses of the health promotion activities, as stipulated in the program, are (1) exercise and health-related physical fitness, (2) fall prevention, (3) healthy diet, (4) oral hygiene, (5) abstinence from tobacco smoking, (6) mental health, (7) social participation, and (8) disease screening. These items were comprehensively promoted through the integration of the resources of health bureaus and public health centers (health service centers) of county and city governments, community healthcare facilities, and community care centers. For Taipei City alone, the statistics by March 2018 show that the population 65 years and older accounts for 16.58% of the total population. Among this older population, those aged 65–75 years account for 75.90% (Social and Family Affairs Administration, Ministry of Health and Welfare, 2018). Within the 15 years since the implementation of the community health promotion program in 2009, most studies have explored leisure or physical activities for older people. By contrast, few studies have analyzed the current living conditions and needs of older people to participate in health promotion activities. Thus, in the present study, the current living conditions of older people and their thoughts on health promotion needs were investigated with Taipei City as the scope. The findings can be a reference for innovative health promotion strategies and the push toward active aging in communities of Taipei City to increase the effectiveness of health promotion activities for older people. The present study can also serve as a foundation for resource-sharing among industry, the government, and academia in the future and a basis for policy implementation.

MATERIALS AND METHODS

Participants: The present study utilized a cross-sectional walk-through survey and gathered data by using structured questionnaires. The population of the present study was people 65 years and older whose household is registered as in Taipei City. The survey was conducted through face-to-face interviews. The scope of the present study comprised 12 administrative districts of Taipei City. The respondents were surveyed through village offices, health service centers,

“senior universities,” care centers, senior learning resource centers, retirement homes, apartments for older people, residences for older people, and long-term care facilities of the 12 administrative districts. The sample reflected the proportions of age and gender in the study population. The group aged 65–74 years comprised 206 men and 453 women, for a total of 659. The group aged 75 years and older had 148 men and 297 women, for a total of 445. Thus, the walk-through survey was conducted on the total of 1104 participants.

Measures: The first draft of the questionnaire was formulated by consulting related literature. The questionnaire was divided into two parts: (1) demographic information and (2) needs for participating in health promotion. Four experts in relevant fields were invited to deliberate on the questionnaire. Consensus was gradually reached by examining the items individually. The variables provided by the questionnaire are described separately as follows:

- Demographic information comprised age, gender, level of education, marital status, and health status.
- Health promotion needs comprised 12 dimensions of health-promoting behavior and needs, including “health policies of concern,” “types of activities participated in,” “issues to prioritize in the health promotion policy,” “resource needs,” “health promotion activities in which older people wish to participate,” “health information needs,” and “the implementation of health promotion.”

Procedure: Interviewers were recruited and underwent standardized training. Questionnaire data were gathered after the interviewers completed the training. The units that can help with the survey were first contacted before the visit. At the time of the visit, the researcher personally explained the research objectives and implementation methods. Subsequently, the interviewer conducted face-to-face questionnaire interviews after explaining the questionnaire objectives and obtaining the signed consent form from the participants. The participants answered the items with the assistance of the interviewer.

Data analysis: Data were analyzed in the SPSS 20.0 software package. Percentages and mean values of descriptive statistics were used to present the distribution and scores of each demographic variable. Independent *t* testing and one-way analysis of variance of inferential statistics were used to analyze the differences between demographic variables and participation needs.

RESULTS

Survey Results for the Health Promotion Needs of Older People in Taipei City

Types of health policies of the Taipei City government with which older people are concerned: Health policies of concern for older people in Taipei are fall prevention, chronic disease prevention, healthy diet, and general preventive healthcare, which account for more than 50%. Comparatively, other policy types such as tobacco prevention are not their policies of concern.

Activity types in which older people participate: The most common activity type in which older people participated was

utilizing relevant preventive healthcare items promoted by the government (e.g., health examination, vaccination, chronic disease prevention, and screening services). This was followed by health-promotion-related activities held by communities or other units. This was followed by health-promotion-related lectures or learning courses provided by the government. The group aged 75 years and older had a participation rate of 42.3% in health-promotion-related lectures or learning courses provided by the government, and participation in the other two leading types of activities was greater than 50%. This shows that government and community campaigns promoting health service activities should target the oldest members of the community.

Issues that older people believe should be prioritized by health promotion policy: Older people believe that funding, workforce, and the advertisement of programs should be prioritized in government health promotion policy. Among these issues, funding was cited as a priority by 73.3% and 79.3% in the younger and older age groups, respectively. Workforce and advertisement of programs were also prioritized by 60% and 50%, respectively, of the participants.

Types of resources older people desire in a place of residence: Three types of resources were desired by older people in their place of residence: (1) medical health resources, (2) recreational venues, and (3) learning venues for older people. Among the respondents, those aged 65–74 years expressed the need for recreational venues the most, with 77.2% citing this type of resource, whereas those aged 75 years and older named learning venues most frequently, at 78.5%. Additionally, desire for all three types of resource exceeded 70%, showing that these types of resource are valued by older people.

Nature of activities in which older people wish to participate: The activities surveyed in which older people may wish to participate encompassed religion, leisure, education, volunteering, and political activities. Participants most wished to participate in leisure activities, with 86.3% and 76.4% of younger and older age groups, respectively, expressing this desire. Leisure was followed by educational activities and volunteering activities. Older people comparatively did not wish to participate in religious or political activities.

Frequency of participation in community health lectures: The frequency of older people participating in health lectures was divided into twice a week or more, four times per month on an average, two to three times per month, approximately once a month, participation on an irregular basis, or no participation. Of these frequencies, participation on an irregular basis was the most common, which accounted for 41.4% and 29.1% of the younger and older groups, respectively. All other frequencies except no participation did not differ significantly between the younger and older groups. The proportion (19.5%) of no participation among those 75 years and older was higher than that (12.4%) of those aged 65–74 years.

Health promotion activities in which older people participate: The health promotion activities involved active and passive activities, which were participated by 68.9% and 57.5% of the older people, respectively.

The participation rates of those aged 65–74 years were 73.6% and 59.7%, respectively, both of which were higher than the 61.7% and 54.2% of those aged 75 years and older. Furthermore, the health promotion activity with the highest participation rate was “have previously participated in talent activities,” for which the participation of those aged 75 years and older (47.9%) was slightly higher than that of those aged 65–74 years (43.0%).

Main reasons older people undertake health promotion activities: There are eight main reasons that older people undertake health promotion activities. Multiple responses were allowed. These reasons (in order) were (1) reducing the effects of aging, (2) companionship, (3) brainstorming, (4) early warning of health status, (5) promoting a healthy diet, (6) promoting mental health, (7) promoting interpersonal relationship, (8) and obtaining a sense of achievement. The main reason participants in the younger and older groups engaged in health promotion activities was to reduce the effects of aging, which was mentioned by 67.9% and 73.0%, respectively.

This is followed by promoting interpersonal relationship and brainstorming for older people. The proportion of those who mentioned companionship as a reason in the group aged 75 years and older (43.4%) was notably higher than that in the group aged 65–74 years (37.5%).

Personal health items of concern for older people

- Eating habits: Five major food categories will be included in my daily meals.
- Physical changes: I will observe whether my body has undergone any change or presents unusual conditions (e.g., changes in mobility, eating habits, sleeping habits, and emotions).
- Physical health: I will assess my own physical condition and choose suitable health and medical services.
- Blood pressure measurement: I will monitor my blood pressure often and acknowledge the results.
- Healthcare: I will discuss my healthcare matters with qualified professionals.

Analysis of Demographic Information

Item	Number of Participants (%)
Age (y)	
65–74	669人(59.6%)
75 and older	453人(40.4%)
Gender	
Male	354(32.1%)
Female	750(67.9%)
Level of Education	
Illiterate	43(3.9%)
Literate: self-taught, old-style private school (<i>sishu</i>), or elementary school	147(13.3%) 228(20.6%)
Junior high school	283(25.5%)
Senior high(vocational) school (including the first 3 years of a 5-year junior college program)	199(17.9%) 183(16.5%)
Junior college	26(2.3%)
Bachelor's degree	
Master's degree	
Marital status	
Single	48(4.4%)
Married	733(66.6%)
Divorced	74(6.7%)
Widow/er	217(19.7%)
Separated	9(0.8%)
Cohabiting	19(1.7%)
Health status	
Very good	279(25.4%)
Relatively good	440(40.0%)
Average	278(25.3%)
Relatively poor	75(6.8%)
Very poor	22(2.0%)
Refused to answer	5(0.5%)

Table 1. Distribution of personal health items with which people aged 65 years and older are concerned

Item/Category		Eating habits	Physical changes	Physical health	Blood pressure measurement	Health care	Health information	Exercise course	
Age group	65–74 years	Number of People	401	314	405	389	230	293	
		Percentage	64.7%	50.6%	65.3%	62.7%	37.1%	40.5%	47.3%
	75 years and older	Number of People	251	200	250	258	126	156	181
		Percentage	61.5%	49.0%	61.3%	63.2%	30.9%	38.2%	44.4%
Total		Number of People	652	514	655	647	356	407	474
		Percentage	63.4%	50.0%	63.7%	62.9%	34.6%	39.6%	46.1%

- Health information: I will obtain health-related information from qualified health and medical institutions.
- Exercise course: I will participate in guided exercise courses or activities.

Types of health promotion activities in which older people wish to participate

Health screening activities, dementia prevention activities, immunization, health and wellness lectures and activities, and arts and crafts courses or learning programs are the types of health promotion activities in which older people wished to participate. Older people mostly did not wish to participate in fashion or photography courses. Participation in health and wellness lectures and activities and health screenings was the most desired by older people, at 58.4% and 57.1%, respectively. In the group aged 65–74 years, health and wellness lectures were desired by 63.3%, and health and wellness activities reached 59.9%. In those over 75 years, health and wellness activities and health screenings were the most desirable types of activity, with 56.2% and 54.8% of participants, respectively, wishing to participate. All the health promotion activities in which older people wish to participate are related to the physical health of older people. It is evident that the participants are more willing to participate in activities related to physical health.

Health information items that older people wish to obtain

Health information items that older people wish to obtain, as surveyed in the questionnaire, comprised information on the following subjects.

- Disease and treatment (e.g., symptoms, treatment, and drug use).
- Diet and nutrition (e.g., diet, nutrition, and dining habits).
- Exercise and physical fitness (information on exercises that can activate physical and mental functions, e.g., taichi, yoga, and qigong).
- Prevention of aging (e.g., information regarding aging, health management, leisure, stress relief, and nursing care).
- Medical consultation in hospitals (e.g., information regarding medical institutions, outpatient departments and medical equipment, and health insurance payment).
- Preventive healthcare (e.g., physical health examination, disease screening, preventive mental healthcare and treatment, disease prevention, physical healthcare information).

Among the health information items that older people wished to obtain, knowledge on the prevention of aging accounted for the largest percentage, 67.4%, followed by exercise and physical fitness, which accounted for 64.9%. Fewer than half of the participants were interested in information on medical consultation in hospitals. It is speculated that older people already understand information on medical consultation in hospitals more than other health information. Thus, the proportion wishing to obtain this information is relatively low. More than 50% of older people wished to obtain information on all the other health items.

Among these items, exercise and wellness information were the most desired knowledge items. They respectively accounted for 69.2% and 69.1% in the group aged 65–74 years and 58.4% and 65.0% in the group aged 75 years.

DISCUSSION

Based on the results, suggestions regarding the implementation of health promotion are proposed for the aspects of activity, resource, and action. The overview is as follows.

Activity dimension

- Conduct more health promotion activities in the community, including various active and passive activities.
- Maintain and systematically increase dementia courses conducted by the community.
- Increase arrangements and plans for community health examinations and lecture topics.
- Increase community spiritual courses for the prevention of depression and mental illness among older people.

Resource dimension

- Expand each and every aspect of the community learning space, increase the convenience of participation, and expand the activity venues for older people.
- Integrate spaces such as village offices, care centers, schools, and learning resource centers into community health centers to increase the opportunity for participation.
- Increase community healthcare stations, relevant assistive devices, and fitness resources; popularize these; and develop a public habit of assessing health.
- Disseminate health knowledge and skill-related information through the village chief's office and various media to expand learning and enable learning everywhere.

Action dimension

- Encourage the government to arrange smart healthcare or teach the use of tablets among older people in the community.
- Integrate smart mobile technology to assist older people to live and move healthily.
- Record data on effective healthy living in the community, and conduct big data analyses to effectively provide feedback and design each health promotion policy.

In the future, it is recommended that community resources be expanded and connections with external units be strengthened. The community should be assisted to promote community health as part of daily life through inventory of resources and integration of connections to drive community health awareness and action, thereby achieving the goal of community enablement and empowerment, and effectively promoting the health of older people in the community.

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