

# Analysis of the Current Situation and Influencing Factors of Community Elderly Health Education in Anyang City under the Background of Healthy China

Yanhua Liu

Henan Nursing Vocational College, Anyang, 455000, China

**Abstract:** This paper aims to explore the current situation and influencing factors of community elderly health education in Anyang City under the backdrop of Healthy China, and to propose relevant recommendations. Through literature review and field investigation, the problems and influencing factors in the current community elderly health education in Anyang City were analyzed. The study found that there is a general lack of knowledge and low participation among the elderly in health education, with community resource allocation and the elderly's own awareness affecting the effectiveness of health education. Based on these findings, suggestions for strengthening community elderly health education were proposed, including optimizing resource allocation, enhancing the participation of the elderly, and strengthening community health services.

**Keywords:** Healthy China, Elderly Health Education, Influencing Factors

## 1. Introduction

With the advent of an aging society in China, elderly health issues have increasingly attracted people's attention. The Healthy China strategy emphasizes the importance of enhancing elderly health education, and communities, as the primary platform for health education, play a crucial role in the health of the elderly. This paper selects the elderly in Anyang city communities as the research subject, aiming to delve into the current situation and influencing factors of community elderly health education in the area, providing a reference for better advancing the Healthy China strategy.

## 2. Current Status of Elderly Health Education in Anyang City Communities

### 2.1 Health Status of the Elderly in the Community

By utilizing questionnaire surveys and health record analysis, a comprehensive understanding of the physical condition and health literacy level of the elderly in Anyang city communities was obtained. The survey results show that the elderly in the community generally face a higher prevalence of chronic diseases, especially hypertension, diabetes, and cardiovascular and cerebrovascular diseases. This phenomenon is closely related to the lifestyle and dietary structure of the elderly. At the same time, the survey found that the community elderly's understanding of health knowledge is generally insufficient, especially in the prevention of chronic diseases, lacking the ability to deal with chronic disease-related health issues in daily life. These results indicate that there is an urgent need to improve the health literacy of the elderly in the community, emphasizing the urgency and importance of elderly health education.

This survey provides a clear direction and basis for subsequent health education work. Focusing on the prevalent chronic diseases and providing targeted health knowledge training will be key measures to improve the health level of the elderly in the community. Therefore, promoting comprehensive and targeted elderly health education becomes an important task of community health services, to enhance the health literacy level of the elderly.<sup>[1]</sup>

## **2.2 Current Status of Community Elderly Health Education**

### **2.2.1 Analysis of Community Elderly Health Education Resources**

A comprehensive analysis of community elderly health education resources needs to consider multiple aspects such as human, material, and information resources. First, community health service centers and related institutions bear the primary responsibility for health education. However, issues such as insufficient staff allocation and uneven levels of professional knowledge restrict the comprehensive implementation of community elderly health education.

Regarding the above issues, we need to carefully consider why community health service centers should conduct health education. As primary medical institutions, their responsibility lies not only in treating diseases but also in prevention and health management. Therefore, emphasizing the importance of community health service centers in health education is appropriate.

Secondly, in terms of material resources, the promotional materials and health lecture venues provided by community health service centers are relatively scarce, which brings certain difficulties to the conduct of health education activities and affects their attractiveness and effectiveness. This shortage of resources makes it difficult for the elderly in the community to obtain sufficient information support, thus weakening the practical effectiveness of health education.<sup>[2]</sup>

Moreover, the channels for information dissemination are limited, with the elderly in the community mainly obtaining health information through traditional media and community notice boards. This limited dissemination channel leads to insufficient knowledge of health information among the elderly, restricting the breadth and depth of health education activities.

### **2.2.2 Evaluation of the Effectiveness of Community Elderly Health Education**

Various methods such as questionnaire surveys and recovery rate observations were used to comprehensively evaluate the effectiveness of community elderly health education. The survey results show that elderly people with a high level of health education and health literacy significantly improve their chronic disease management level, and initial success has also been achieved in positively adjusting their lifestyles.

However, due to the singularity and repetitiveness of the health education content, the elderly's interest and participation are relatively low, affecting the depth of health education; the lack of a long-term follow-up evaluation mechanism makes it impossible to fully understand the sustained and long-term impact of health education on the health behaviors of the elderly.<sup>[3]</sup>

## **3. Analysis of Factors Affecting Elderly Health Education in Communities**

### **3.1 Unequal Distribution of Community Resources**

The unequal distribution of community resources is one of the significant factors constraining elderly health education in communities. Firstly, there is a considerable disparity in the allocation of human and material resources across different communities, making it difficult for some communities to fully carry out health education activities.

In terms of human resources, some community health service centers lack professional health education personnel, unable to provide high-quality services. This limitation restricts the elderly's opportunities to receive professional guidance, affecting the depth and breadth of health education.

In terms of material resources, due to insufficient budgets, some communities cannot afford advanced health education equipment or provide a variety of promotional materials. This situation leads to a lack of information and resources for the elderly participating in health education activities, affecting their learning experience and the improvement of health behaviors.<sup>[4]</sup>

This imbalance in resource allocation directly affects the quality and breadth of elderly health education. The lack of professional human support leads to limitations in health education content, while the scarcity of material resources restricts the conduct of educational activities. To address this issue, measures should be taken to increase support for remote communities, enhance their health education service levels, and ensure that the elderly in all communities can enjoy equal and high-quality health education services. This will help to improve the overall health level of the elderly in the community and narrow the resource allocation gap.

### ***3.2 Insufficient Health Awareness among the Elderly***

Insufficient health awareness among the elderly is a significant barrier to the effectiveness of elderly health education in communities. The survey found that a portion of the elderly have a poor understanding of their health status, lack awareness of chronic disease prevention, and have insufficient recognition of some health hazards in daily life. This situation directly affects the elderly's enthusiasm and effectiveness in participating in health education activities.

To improve the elderly's health awareness, efforts should be made from multiple aspects. Firstly, by organizing regular health lectures and rehabilitation guidance, the elderly's understanding of health knowledge can be improved. Through real-life cases and professional guidance, the elderly can gain a deeper understanding of the importance of their health, enhancing their motivation to learn actively.

Secondly, community media and promotional means can be used to popularize health knowledge among the elderly, raising their awareness of prevention. Utilizing community radio, community TV, and other media channels, health knowledge can be conveyed to the elderly in an intuitive and vivid manner, making it easier to understand and accept.

Finally, establishing self-help health education groups for the elderly can encourage them to improve their health awareness through mutual exchange, creating a collective atmosphere of concern for health. Through group discussions and experience sharing, the elderly can better understand the importance of health issues and form a consensus on working together to improve health conditions.<sup>[5]</sup>

These measures will help to stimulate the elderly's health awareness, increase their acceptance of health education, and enhance their active participation, thereby promoting the effective implementation of elderly health education in communities.

### ***3.3 Inadequate Community Health Service System***

The inadequacy of the community health service system is a significant challenge to elderly health education in communities. Firstly, there is ambiguity in the responsibilities and resource allocation for health education within community health service centers, leading to a lack of unified planning in advancing health education activities. Due to unclear division of responsibilities and insufficient resource support, community health service centers struggle to organize and implement health education activities effectively, affecting the continuity and depth of education.

Secondly, the community health service system has weaknesses in chronic disease management and rehabilitation services for the elderly, unable to provide comprehensive health support. The limited options for medical treatment and rehabilitation at community health service centers pose a series of challenges for the elderly in managing chronic diseases and undergoing rehabilitation. This prevents the community health service system from fully meeting the diverse health needs of the elderly, affecting the timeliness and effectiveness of health education.

Addressing the inadequacies of the community health service system requires strengthening policy development and resource investment. Firstly, the specific responsibilities of community health service centers in elderly health education should be clarified, providing them with sufficient professional personnel and material support. By establishing professional health education teams, the educational capacity and level of service centers can be improved.

Secondly, establishing a comprehensive network for chronic disease management and elderly rehabilitation services will ensure that the elderly have more options for medical treatment and rehabilitation in the community. Through cooperation with hospitals and professional medical institutions, more professional medical resources can be introduced, improving the medical experience and rehabilitation outcomes for the elderly at community health service centers.

Through these measures, the overall service level of the community health service system can be enhanced, providing stronger support for elderly health education. This will help to comprehensively advance elderly health education at the community level, improving the overall health level of the elderly in the community.

#### **4. Strategies and Recommendations for Strengthening Community Elderly Health Education**

##### ***4.1 Optimizing the Allocation of Community Elderly Health Education Resources***

###### ***4.1.1 Innovatively Strengthening Support for Community Health Service Centers***

Community health service centers hold a crucial position in elderly health education, yet their existing human resources often fail to meet community needs. To provide more effective services, we can explore the following innovative measures:

Firstly, we can introduce health education solutions based on digital technology. By establishing online platforms or applications, the elderly can access health education content, consult professional doctors, or participate in online health courses anytime and anywhere. This digital approach to health education can significantly expand service reach and enhance the elderly's ability to access and apply health knowledge.

Secondly, we can promote collaboration between community health service centers and universities, research institutions, and other professional bodies. By establishing cooperative projects and introducing professional talent resources, such as medical school professors and health psychologists, we can provide higher-level health education services to the community. This cross-sector collaboration not only enhances service quality but also facilitates academic exchange and innovation in health education.

Furthermore, we can explore cooperative mechanisms between community health service centers and businesses, social organizations, and other external resources. Through partnerships with businesses, professional health management and service teams can be introduced to offer customized health management plans for the elderly. Collaboration with social organizations can expand the impact and reach of health education through joint health activities and promotional efforts.

In summary, innovatively strengthening support for community health service centers can not only enhance service levels but also expand service range, promoting the continuous development of health education initiatives.

###### ***4.1.2 Enhancing the Construction of Community Elderly Health Education Facilities***

To improve the appeal and effectiveness of elderly health education, it is necessary to optimize community elderly health education facilities. Firstly, renovating and updating the premises of community health service centers to provide a more comfortable and suitable environment for health education activities. This includes offering spacious and well-lit lecture halls and advanced multimedia facilities to enhance the quality of activities.

Secondly, encouraging communities to conduct a variety of health education activities. Beyond traditional rehabilitation experiences and health lectures, interactive training and health exhibitions can be introduced to involve the elderly more in health education. This requires collaboration between community health service centers and relevant institutions, companies, and social organizations to organize and support these diverse activities, meeting the varied health education needs of the elderly.

###### ***4.1.3 Collaborating with Social Institutions and Volunteer Organizations to Broaden Resource Channels***

The shortage of community elderly health education resources can be addressed through cooperation with social institutions and volunteer organizations. Firstly, establishing partnerships with medical facilities and colleges to introduce more professional doctors and specialists, enriching the knowledge and services provided in elderly health education.

Secondly, actively cooperating with volunteer organizations to attract volunteers to participate in health education activities, broadening the resource channels for community elderly health education. Volunteers can play a positive role in rehabilitation guidance, companion services, and information dissemination, enhancing the breadth and depth of community elderly health education.

Through such collaborative efforts, communities can integrate more social resources, forming a resource-sharing pattern, fully utilizing professional knowledge and strength within and outside the community to improve the comprehensive effectiveness of elderly health education.

## ***4.2 Methods to Increase Elderly Participation***

### ***4.2.1 Organizing Regular, Targeted Elderly Health Education Activities***

Regularly organizing health lectures, rehabilitation training, and other activities at community health service centers or other suitable venues to meet the diverse health needs of the elderly. These activities should have clear themes focused on health issues important to the elderly, such as chronic disease management and physical wellness, encouraging more targeted participation by the elderly.

The content of the activities should closely align with the actual needs and daily lives of the elderly, such as providing practical life skills and basic medical knowledge to attract active participation. Additionally, including more rehabilitation training and health screenings can offer tangible health benefits to participants, increasing their interest and confidence in health education.

### ***4.2.2 Conducting Community Promotion to Raise Elderly Awareness of Health Education***

Using various media channels such as community radio, community TV, and community notices to widely disseminate information about health education activities, community organizations can highlight the content, timing, and locations of activities to guide the elderly to pay attention and participate.

The promotional content should be concise, easy to understand, and engaging, making it easier for the elderly to become interested while learning about the activities. Announcing the content and timing of activities in advance allows the elderly to be informed and plan their participation. This regular and effective promotion will spark the elderly's desire to participate, laying the foundation for the successful conduct of health education activities.

### ***4.2.3 Establishing an Interactive Elderly Health Education Platform***

To meet the elderly's diverse participation needs, creating an interactive health education platform combining online and offline elements allows at-home internet-based activity participation. This platform can include online lectures, rehabilitation guidance, and professional consultations, alongside social features like community exchange groups and forums, fostering a supportive network and stronger community cohesion.

## ***4.3 Strengthening the Community Health Service System***

### ***4.3.1 Clarifying the Role of Community Health Service Centers in Elderly Health Education***

To reinforce the construction of the community health service system, it's essential first to clarify the role of community health service centers in elderly health education. By explicitly including elderly health education as one of the core responsibilities of community health service centers through policies and regulations, these centers are tasked with providing relevant health education services, organizing regular health lectures, and offering rehabilitation training among other activities. This clarification helps ensure that community health service centers fulfill their duties not just in medical services but also in the realm of health education.

With policy support, community health service centers can secure more resources for elderly health education, including funding, personnel, and equipment. Furthermore, such guidance also aids in elevating the professional level of the centers in elderly health education, thereby enhancing the quality of services provided.

### ***4.3.2 Improving the Chronic Disease Management and Elderly Rehabilitation Service System at Community Health Service Centers***

Moreover, there is a need to improve the chronic disease management and elderly rehabilitation service system within community health service centers. Initially, centers should increase the number of professional rehabilitation doctors and nursing staff to provide more comprehensive and specialized rehabilitation services, including training and guidance, to meet the individual health needs of the elderly.

It is advisable to introduce specialized rehabilitation departments to conduct assessments for the elderly and develop personalized rehabilitation plans while continuously monitoring progress. To ensure the quality of services, it's also crucial to enhance the training of nursing staff, improving their knowledge and skills in rehabilitation to better assist the elderly in their daily rehabilitation activities.

Additionally, establishing a comprehensive chronic disease management system for the elderly is necessary. By creating and maintaining an electronic health record system, the chronic conditions of the elderly can be tracked long-term, and rehabilitation plans can be timely adjusted. This full-spectrum health management helps in enhancing rehabilitation outcomes for the elderly, reducing the adverse impacts of chronic diseases on their lives.

It's important to note that the establishment and updating of health records should be continuous to ensure the timeliness and accuracy of information, thereby providing reliable support for the rehabilitation and health management of the elderly.

#### **4.3.3 Encouraging Collaboration between Community Health Service Centers and Hospitals, Professional Medical Institutions**

Finally, it's essential to encourage closer collaboration between community health service centers and hospitals, professional medical institutions. Through partnerships with these entities, community health service centers can access more professional medical resources, improving the level of elderly health education and services offered.

Such collaborative relationships can encompass various aspects, including sharing medical resources, regular free clinics by professional doctors, and health lectures by medical experts. This support enables community health service centers to offer more professional support in elderly health education, improving service quality. At the same time, the elderly can access more comprehensive and convenient medical services within the community, creating an integrated medical service system that ensures more thorough and professional medical support for the elderly.

Through these measures, community health service centers will better meet the health needs of the elderly, fostering trust in health education and medical services. This will encourage the elderly to participate more actively in health management, enhancing their overall health levels and achieving a comprehensive improvement in community health services.

## **5. Conclusion**

Through the study of elderly health education in the communities of Anyang City, we have identified several problems and challenges, as well as corresponding solutions. Under the guidance of the Healthy China strategy, by optimizing resource allocation, increasing elderly participation, and strengthening community health services, we can better promote the development of community elderly health education, making a positive contribution to the construction of a Healthy China.

## **Acknowledgements**

Funding Project: Henan Education Department Lifelong Education Project, Yu Jiao [2023]70039 "Research on the Optimization of Community Elderly Health Education Integrating Medical Care and Education in the Context of Healthy China".

## **References**

- [1] Wu Xiaolan. *The Development, Transformation, and Trend Outlook of Elderly Health Services in China. Administrative Reform.* 2023(01): 68-77.
- [2] Liao Zhiliu. *Current Status of Mental Health Education for the Elderly Migrant Population and Analysis of Its Influencing Factors. Chinese Public Health.* 2022, 38(07): 922-927.
- [3] He Li. *Analysis of the Current Status of Health Education Reception among Migrant Elderly Population in the Northwest Region and Its Influencing Factors. Chinese Public Health Management.* 2022, 38(04): 479-482.
- [4] Gao Qianqian. *Study on the Current Status of Chronic Disease Health Education and Its Influencing Factors among the Elderly Migrant Population in Eastern China. Modern Preventive Medicine.* 2023, 50(19): 3569-3575.
- [5] Yang Yi. *The Current Situation and Insights of Community Elderly Health Education in China over the Past Decade. Continuing Education Research.* 2022(09): 35-39.