

Guidelines for the construction of supporting environment for healthy aging

Chinese Society of Gerontology and Geriatrics (✉)

Received: 23 March 2023 | Accepted: 28 March 2023

Preface*

This document is drafted in accordance with the provisions of GB/T 1.1—2020 "Guidelines for Standardization Work Part 1: Structure and Drafting Rules for Standardization Documents".

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This document is presented by the Chinese Center for Disease Control and Prevention, the Chinese Center for Disease Control and Prevention Chronic Non-Communicable Disease Prevention and Control Center.

This document is categorized by the Chinese Society of Gerontology and Geriatrics.

This document was drafted by: Center for Chronic Non-Communicable Disease Prevention and Control, Chinese Center for Disease Control and Prevention, Chinese Center for Disease Control and Prevention, Chinese Society of Gerontology and Geriatrics, Chinese Society of Preventive Medicine, Special Committee on Healthy Lifestyle and Community Health, Inspur Intelligent Technology (Qingdao) Co., Ltd., and Highmall Health and Aging Industry Co., Ltd.

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1 Scope

This document provides general guidelines and points to consider for building a supportive environment for healthy aging.

This document can be used by all relevant organizations in the construction of a supportive environment for healthy aging.

2 Normative references

The contents of the following documents constitute the essential provisions of this document through the normative references in the text. Among them, note the date of the reference document, only the version corresponding to the date applies to this document; do not note the date of the reference document, its latest version (including all the revision of the list) applies to this document.

GB 3095—2012 Ambient Air Quality Standard

3 Terms and definitions

The following terms and definitions apply to this document.

3.1 Healthy aging

Healthy living during old age requires development of certain intrinsic abilities (physical and mental), and the process of maintaining and promoting these abilities is known as healthy aging.

3.2 Supporting environment

The external environmental factors that can support the promotion of a goal (in this criterion, the ability to promote the achievement of healthy aging) include not only the natural environment, but more importantly, the social environment in terms of community, culture, health, policy, and security.

3.3 Intelligent and healthy elderly care

Using new generation information technology products such as Internet of Things, cloud computing, big data, intelligent hardware, etc. to realize the effective docking and optimal allocation of resources between individuals, families, communities, institutions and healthy aging, thus promoting the process of wisdom of healthy aging services.

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Cite this article as Chinese Society of Gerontology and Geriatrics. *Aging Research*, 2023, 1: 9340006.

* This report is translated from its Chinese version in electronic supplementary material.

4 General provisions

4.1 Publicity and guidance, common construction and sharing

Promote the construction of a healthy aging environment through a variety of ways to promote the participation of the whole society and share the fruits of construction.

4.2 Resource integration and dynamic assessment

Integrate multiple resources to carry out all-round environment construction, form a synergy to promote healthy aging, and monitor the progress of supportive environment construction through dynamic evaluation.

5 Points to consider

5.1 Habitat environment

It is advisable to take a variety of measures to improve the living environment, including improving air quality as well as setting the number of days to meet air quality standards and increasing the area of green space; actively building a livable environment for the elderly and elderly-friendly communities, improving the convenience and safety of travel and life; promoting the construction of universities and schools for the elderly; setting up special activity rooms for the elderly in the community and organizing rich cultural and recreational activities. The main reference indicators include.

- a) Air quality index attainment rate.
- b) The proportion of model urban and rural age-friendly communities.
- c) The proportion of the number of communities (villages) with special activity rooms for the elderly to the total number of all communities (villages) in the district.
- d) The proportion of the number of towns (streets) that have established schools for the elderly to the total number of all streets (towns) in their jurisdiction.
- e) Bus vehicles per 10 000 people.
- f) Commercial catering service outlets per 10 000 people.
- g) Green space per 10 000 people.

5.2 Medical services

Strengthen the medical and health services required for healthy living during old age, including strengthening medical services carried out in hospitals and home medical services, and improving the quantity and quality of home medical services; improving the number of medical and health resources such as the number of doctors and hospital beds per capita in the jurisdiction; strengthening the construction of geriatric hospitals and geriatric departments; and improving the accessibility and convenience of medical services for the elderly. The main reference indicators include.

- a) Total number of local practicing (assistant) physicians per 1 000 older adults.
- b) Number of beds in geriatric hospitals and geriatric departments of general hospitals per 10,000 elderly people.
- c) Number of hospital beds per 10 000 people.
- d) The proportion of primary health care institutions providing home health care services among all primary

health care institutions.

- e) The number of years of implementation of the long-term prescription system for chronic diseases of the elderly.
- f) Number of nursing home (and care center) beds per 1 000 elderly people (number).

5.3 Public health

Carry out public health actions from the perspective of disease prevention and health promotion to promote disease management and functional maintenance of the elderly. This includes strengthening the promotion and education of health knowledge for the elderly; actively doing a good job of the national basic public health service health management program for the elderly, improving the family contracting service, and improving the quality and convenience of the service; and actively creating demonstration areas that can promote the prevention and control of chronic diseases and the establishment of healthy behaviors, and increasing the government's attention and investment in the prevention and control of chronic diseases. The main reference indicators include.

The proportion of elderly health management clients who do not have hypertension and diabetes.

- a) The rate of contracted family doctor services for the elderly in their homes.
- b) The percentage of healthy communities (villages).
- c) The proportion of national demonstration areas for integrated chronic disease prevention and control.
- d) The proportion of the number of communities (villages) that conducted Senior Health Promotion Week activities to the total number of all communities (villages) in the district.

5.4 Nursing and care

When individual function is impaired, it should be possible to promote the function of the organism through nursing and elderly care services, including increasing the resources of nursing elderly care services per capita, strengthening the combined medical and elderly care services, and improving the level of community wisdom elderly care. The main reference key indicators include.

- a) Number of beds in elderly care facilities per 1 000 elderly people.
- b) The percentage of beds in elderly institutions that carry out combined medical and nursing care services.
- c) The proportion of communities (villages) with community elderly service institutions to the total number of communities (villages) in the district.
- d) The percentage of demonstration streets (towns) for intelligent healthy aging.

5.5 Security system

Through economic and insurance measures in many aspects to ensure that the needs of the human habitat, medical services, public health, and nursing care for the elderly can be realized. This includes improving the level of local economic development and disposable income of residents, increasing financial investment in the cause of aging, and steadily establishing a long-term care insurance system. The main reference indicators include.

- a) Disposable income per capita.

- b) The proportion of the total financial budget dedicated to the cause of aging.
- c) The number of Internet width access users as a percentage of the resident population.
- d) The proportion of the basic pension to the per capita disposable income of the urban and rural residents' social pension insurance system.
- e) The participation rate of urban and rural residents in basic medical insurance.
- f) Number of years of long-term care insurance implementation.

6 Evaluation and implementation

Relevant departments can focus on the key points and

reference indicators proposed in this guide, and conduct dynamic monitoring and progress assessment of the construction of a supportive environment for healthy aging in this jurisdiction, which can be assessed once every 2–3 years.

Conflict of interests

The author declares no conflict of interests.

Electronic supplementary material

Supplementary material (the Chinese version of guidelines for the construction of supporting environment for healthy aging) is available in the online version of this article at <https://doi.org/10.26599/AGR.2023.9340006>.