Research Article

A Study on Multifunctional Health and Wellness Community in Taiwan -

Hui Min Hua[1], Yih Bey Lin[3], Jui Ying Hung[2] and Yu Hong Liu[4]*

[1]*Assistant Professor, Nan Kai University of Technology, Taiwan*
[2]*Department of Golden-Ager Industry Management, Chaoyang University of Technology, Taiwan*
[3]*Department of Finance, Chaoyang University of Technology, Taiwan*
[4]*Program in Strategic Development of Taiwan's Industry, Chaoyang University of Technology, Taiwan*
College of Management, Chao Yang University of Technology, Taiwan

*Address for Correspondence: Yu Hong Liu, Chao Yang University of Technology, 168, Jifeng E. Rd., Wufeng District, Taichung, 41349 Taiwan, Tel: +886-423-323-000; E-mail: yuhongliu001@gmail.com

Cite this article: Hua HM, Lin YB, Hung JY, Liu YH. A Study on Multifunctional Health and Wellness Community in Taiwan. Int J Gerontol Geriatr Res. 2019;3(1): 014-020.

ABSTRACT

"Multifunctional Health and Wellness Community" is a new concept. This research is based on observation and engagement in long-term care, and investigation of CCRC and AARC in the America and Hogeweyk dementia village in the Netherlands. This paper aimed to explore the needs and the attraction of this Community to potential customers through focus group interviews. The findings are as follows: this Community must meet two critical needs: those in terms of facility and functionality. Facility needs include everyday life functions, medical, and environmental functions. Concerning the functionality needs, it is essential to ensure good health of older adults. Attention must also be paid to older adults and the range of care needed for the elderly. Factors that might influence the willingness to stay in such a community include older adults' consideration of their families, family affection, as well as their psychological, social and economic needs.

Keywords: Continuous care; Health and wellness village; Long-term care; Multifunctional health and wellness community; Retirement

INTRODUCTION

The Taiwan government and the people's care for older adults are mainly focused on those who need to be taken care of (disabled and demented). For those older adults can still take care of themselves, the government helps by promoting the "old age-friendly city". Elderly people are promoted healthily, but there are still many possibilities for improving the living environment of older adults, strengthening health promotion and delaying the time to enter disability. In particular, the construction of the health community has not yet been well planned. According to a survey conducted by the National Health Service in 2018, the disability ratio of older adults over 65 years old is 12.7%, and the proportion of older adults who are still able to take care of themselves is more than 80% of the aging population. If these older adults are healthy, they will not only reduce medical expenses, but also reduce the burden, care pressure, and promote social harmony and prosperity.

According to the survey of employees' work in Taiwan in the year 2016, the average retirement age of our employees is 58.6 years old. According to statistics from the Ministry of the Interior in Taiwan, the total population of the country at the end in the year 2016 is 23,539,816, and the population aged 65 and over is 3,106,005, accounting for 13.20% of the total population. If the average retirement age of the country is changed to 60, according to the statistics of the Ministry of the Interior in Taiwan, older the age of 60, the total population is 4,660,079, accounting for 19.80% of the total population. On behalf of retirement, this age group has at least 4.66 million people, and these retirees are potential customers of the health community.

The health community (village) has been implemented in Europe, the United States, Japan, Australia, and China for many years. It is part of the "Senior-Oriented Businesses" created by promoting the healthy aging of older adults. The governments of Europe, the United States, Japan, and Australia have already made great efforts and has successfully created the "Senior-Oriented Businesses GDP" industry. Therefore, it is important and necessary to construct a community that is friendly, healthy and safe for older adults. The World Health Organization released the "Global Age-Friendly Cities: A Guide" in 2007 [1]. The "Age-Friendly City" is defined as: older adults can integrate into the local community, receive the necessary support and provide to meet their needs [2,3]. In this area, it should be able to meet the needs of older adults, such as food, medicine, clothing, housing, transportation, education, music, health, beauty, etc. With such multi-functional compound conditions, it can be regarded as a community that meets the health needs of older adults. Because this community is mainly built for older adults, it can make the people living in this community healthy and comfortable and can be well-equipped for living and medical care, so that the residents living in

the community can meet most of the daily needs. All can be satisfied, this type of community will become the first choice for the future elderly.

In the 1950s, the United States began to pay attention to the needs of older adults, and the older community was called the Continuing Care Retirement Communities (CCRC). This type of community has been in the United States for more than 100 years. There are more than 2,000 such communities in the United States, and more than 600,000 retirees live. CCRC is "Independent Living Units", "Assisted Living", "Nursing Home", "Memory-Care Support", "Home Community Care" (Home-and-Community-Based Care), integrated planning in a complete park to form a multi-level, continuous care and residential service, residents move with different care types as the self-care ability changes [4].

According to the foreign experience, the planning of Long-term Care (LTC) 2.0 should consider more than 4 million retirees, whether they are healthy or not, they need to take care of their health in a multi-level way from retirement to full-time needs of old age. If you integrate medical institutions, nursing homes, long-term care centers, day-care centers, group homes, elderly apartments, health villages, and the senior center, you will form a multi-level (daycare, long-term care, nursing home), continuity (Health, sub-health, disability, dementia), continuation (from city to country) and continuous (uninterrupted) care are concentrated in one community. This is the "Multifunctional Health and Wellness Community" model. People from all aspects of life function, health function, social network, and psychological feelings can meet the needs and be satisfied. For consumers, there are more choices. For the relevant industry, when consumers consume a certain scale, they will have magnetic attraction and aggregation effects in related industries such as catering, retail, apparel, drug store, leisure industry, fitness center, etc. It also has the advantages of improving employment opportunities, reducing brain drain, increasing taxes, and facilitating management. It can also promote visits, research, and health and leisure industries. It is also conducive to the development of consumer goods industry, the tourism industry, and real estate development industries.

Based on the trend of "Long term care 2.0" of Ministry of Health and Welfare in Taiwan, the establishment of a "Multifunctional Health and Wellness Community" is the study of older adults who have been working with older adults for more than 20 years. After observation, communication with older adults and continuous argumentation, refer to the US continuous care retirement community, an active adult retirement community and the Dutch concept of Hogeweyk, an innovative concept. Such a "comprehensive health community" has not yet been planned by the government or enterprises. The first step in achieving an innovative vision is to make sure it is accepted

by the market, so it is necessary to understand the functional needs of the "Multifunctional Health and Wellness Community" and the factors that the target group is willing to stay in. Including the main target group (object) of the "Multifunctional Health and Wellness Community" the main goals, the functions required to achieve these facilities needed to meet this function? And the factors considered in the "Multifunctional Health and Wellness Community".

MATERIALS AND METHODS

The presented communities of this paper have not found the same cases in Taiwan. Thus, the focus group interview is used because it can explore newer ones. The research field or direction can also evaluate the differences between different locations and population groups. The researchers can expand the scope and orientation of the research in the process of research, and gain deep experience reflection and existing significance through the mutual stimulation of experience among members. Interaction [5,6]. The "Semi-Structured Interview" conducts in-depth qualitative description and analysis of the industrial management environment and interviewees.

There are 12 interviewees including nurses, social workers, directors of long-term institutions, directors of community associations, business people, etc. These interviewees have practical experience or academic research background of Gerontechnology. They have an academic professional and understanding the needs of older adults more than the general public. They also have more specific ideas and requirements for the planning of the future health community. They have a conceptual view of the well-being of the elderly and the health care village and the elderly residential community. They are also representative of workplace work in various fields. Therefore, the ability to provide diversity and representative opinions will be more valuable, the information needed for this research can be fully provided. The research procedure is to hold two focus group interviews, each of which is about 90 minutes. The researcher acts as the moderator, and the respondents agree to take the whole process and then make a verbatim draft after the meeting.

The collection and analysis of this research data are as follows:

Data collection

The development of a syllabus (semi-structured interview) can be used to obtain interview data effectively and practically. The problem outline is as follows:

1. Please briefly describe the work you are currently responsible for.

2. Please talk about Multifunctional Health and Wellness Community or similar community you have heard.

3. Do you fully understand the concept of a compound health community?

4. Do you think that the Multifunctional Health and Wellness Community can meet the needs of modern society? Please explain what is the reason?

5. Please talk about what conditions do you think the "Multifunctional Health and Wellness Community" should have?

6. If the "Multifunctional Health and Wellness Community" has these conditions, would you like to stay? If not, what is the reason?

7. How do you think that the scheme of this compound health community can better meet the needs of the elderly?

Data analysis

The data analysis of this study used grounded theory. The Grounded theory attempts to help researchers seek theoretical propositions from the materials of the talks to explain the social phenomena in question [7]. Research on topics that have not yet been studied or that have not yet been explored in depth can be studied using grounded theory [8]. The purpose of grounded theory is to establish theory and collect and analyze data in a series of ways [9]. It can conceptualize and integrate data with a set of scientific methods that are systematic, inductive, and deductive, and that can develop and validate theories, and to develop a theory based on factual data. It is one of the most scientific methods of research methods [10]. This study attempts to understand the demand factors and the willingness and unwillingness to stay in the "comprehensive health community", which is a preliminary or exploratory study in the theoretical construction stage. Therefore, the grounded theory research method is chosen as the main method of data analysis.

The data analysis of grounded theory consists of three main coding processes: open coding, spindle coding and selective coding. Coding is to decompose, conceptualize, and categorize the original data, and then test and verify the concept, combine the concepts in a new way, and establish the theory. The following three main coding methods are briefly introduced:

Open coding: A process of decomposing, examining, comparing, conceptualizing and categorizing data. First, the original data is decomposed into independent events, ideas and other phenomena through analysis, comparison and inspection, and then individual names that can represent these phenomena are given. This is conceptualizing. To reduce the number of concepts, the same concept of the same phenomenon is clustered into a class by analyzing, comparing and examining the steps. This process is called categorization [11]. To develop a category, first, develop its properties, and then distinguish the dimensionalized from the properties. Open coding not only helps us discover the categories but also identify the attributes and aspects of these categories (Figure 1).

Axial coding: By coding paradigm, the researchers link the categories according to the causal conditions, phenomena, contexts, mediation conditions, action/interaction strategies and results of the analyzed phenomena, and the data are combined again. In the case of spindle coding, the category is fully developed by contacting each category and the unit in the coding paradigm. The model paradigm is simplified by the model, such as causal conditions, phenomena, contexts, intervening conditions, actions or interaction strategies, and results. In the main axis coding, the key point is to know more and more accurate one of the encoded categories outside the attributes and orientation [12] (Figure 2).

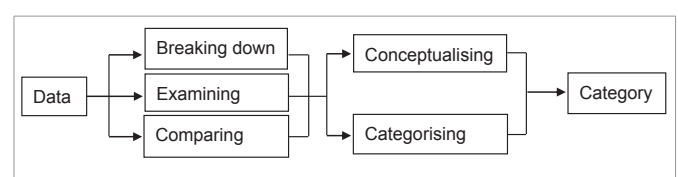**Selective coding:** The main task is to select the core category, to

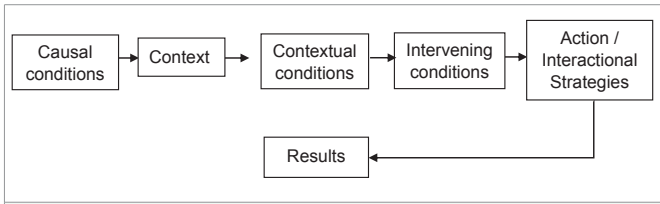**Figure 1:** Open decoding history diagram.

Figure 2: Axial decoding history diagram.

link it systematically with other categories, to verify their relationship with each other, and to complement the conceptualized yet well-developed domain [11]. The core interpretive concepts organized can outline the theoretical framework, which can be verified by comparing with the original data or presented to the participants and asking them to provide feedback [13].

Trustworthiness

Data collection of this research is obtained by using multiple sources from the principle of triangulation. The method is to collect the construction style of Taiwan's health villages with secondary data, and to obtain the relevant information of the construction of "Multifunctional Health and Wellness Community" by focus group interviews. The author's own experience in the long-sighted field of observation for more than 20 years is in line with the principles of data sources, data collection methods and researchers, etc [14]. The semi-structured focus group interviews are conducted. The interview questions were first reviewed and revised by the guidance professor and 5 experts, which have certain reliability.

RESULTS AND DISCUSSION

The main target groups of multifunctional Health and Wellness community:

With more than 4.66 million people retiring from the age of 60 in Taiwan, as a target group of the health community, this research find that retirees would like to have "community aging and unrestricted occupancy" for 5 people, hoping for comprehensive function (in accordance with the needs of different ages, the health of the body and mind, and the sub-health groups) is as high as 10 people. It shows that the main target group is: "The community is aging in the ground" and the "Multifunctional Health and Wellness Community" is in line with the "A person with comprehensive features" conditions (Table 1).

Table 1: The target groups of Multifunctional Health and Wellness Community.

Target group	Frequencies
Object (community aging in place, unlimited occupancy)	5
Comprehensive function (in accordance with the needs of different ages, covering the health of the body and mind, covering sub-health groups)	10

There are 10 people who think that the "comprehensive health community" needs to meet the "comprehensive function". For example, the respondent B5 believes that Multifunctional Health and Wellness Community should have no restrictions on accommodation, anyone can live, young children can live in the community, let the silver-haired people who are staying can also be integrated with the general people of the society.

The main goals of multifunctional Health and Wellness

Community:

The main goal of the Multifunctional Health and Wellness Community is "health and endurance". From this study, there are three other functional transitional goals of health, freedom, and production (Table 2).

Table 2: The main goals of Multifunctional Health and Wellness Community.

Goal	Frequencies
Health (delaying disability, aging, promoting health)	6
Freedom (self-help living in it)	5
Production (with employment or productivity)	3

Goal health: In 2015, the World Health Organization (WHO) reported that in the process of aging and debilitation, continuous improvement from medical treatment, life care and, environmental transformation can maintain and enhance the inner energy, and can play the functions needed for healthy living in older adults to prevent and delay of disability. This is exactly the same as the goal of the "Combined Health Community". For example, respondent B3: Facilities and measures to promote health delays. B4: A potential development center can be set up to allow the occupant to develop his potential to delay his aging and degradation.

Goal freedom: This study believes that freedom is not subject to restrictions. As long as it does not interfere with others, it can act according to its own wishes. For example, the respondent A2 says: I like freedom, I don't like to be limited to one place, I like to make new friends... and A5 also thinks: I think he meets modern needs because it allows older people to live on their own. They all emphasize the importance of freedom.

Goal production: Participation in employment or productivity can be effectively used as a way to promote successful aging. If you have income, you will be sure of the value of yourself. As B3 says: ... to be able to provide opportunities for older adults to work and employment so that older adults can learn enough to arrange their own time, and also have a little income. In addition, B6 also expresses the same view: ... the demented village in the Netherlands, older adults living in it can also go to work, Japan also has similar villages, so that older adults can continue to engage in agriculture or do bread catering, etc. They hope to gain recognition through participation in employment or productivity.

What characteristics does the multifunctional health community need?

The characteristics required for the multifunctional health community are to meet social needs and trends, friendly environment and professional teams (Table 3).

Meet society needs and trends: there are 15 people mentioned this characteristic in the focus interview, which indicated that most people think that social needs and trends are important and will be

Table 3: The main characteristics of Multifunctional Health and Wellness Community.

Characteristics	Frequencies
Meet society needs and trends	15
Friendly environment	10
Professional teams	18

affected by them. According to the process of social they development, meeting the needs of society will enhance relevant functions and integrate the resources of the community and its surrounding areas. So it is the consensus of all. For example, The respondent A1 says: it meets the needs of modern social, because it has already included the needs of food, medicine, clothing, housing, transportation, education, music, health, and beauty. B1 thinks that: ... the "multifunctional health community" can meet the needs of modern society...For the integration of community resources part, A2: the most important thing is the community's resource management and integration so that the environment within the community Reach the best state...

Friendly environment: The World Health Organization reveals the eight major aspects of a good old city. In terms of hardware, it is to do a good space planning, design safety to prevent falls, and convenient transportation so that the elderly can live a healthy and happy life in the community with dignity. As stated in A1: older adults are inconvenient to move, and there must be a means of transportation that meet the needs of the elderly. B1 also believes that the general design of the community must be considered comprehensively to prevent the elderly from falling. As mentioned in the interview, older adults are less inconvenient to move, and suitable transportation is necessary. Preventing falls is an important issue for healthy aging.

Professional teams: this is the most important characteristics in the "multifunctional health community". There are 18 people in the interview, which shows that a good professional team to manage so that the residents can rest assured. A good management team can provide high-quality medical care quality. Among them, there must be excellent enough caregivers. They are the first line to take care of the manpower and take care of the quality. The caregivers must be professional and friendly. The timely involvement of the volunteer team to assist the service, to play the role and strength of the professional team, to do a good job in care services. For example, A4 says: There must also be a nursing center. The person who takes care of me will be very good to me and will not abuse the elderly. B1 also says: ...the compound health community should have a good management team. Alos, B2 believes that although the equipment and facilities are complete, the managers are also very important. It is very important but difficult to let the caregiver feel the temperature, so the management and operation of the professional team is the key to take care of good or bad.

What facilities does the multifunctional health and wellness community need?

There are three indicators involved which are life function, health function and environment.

Life function: It can extend the open coding of learning, shopping, entertainment, accommodation, production function and after-the-fact service. Among them, entertainment is mentioned by 10 people is the most important. It can be seen that entertainment is indispensable in life. Entertainment leads people to feel fulfilled and happier; learning mentioned like 9 times, is the secondary importance. The concept of "never too old to learn" affects the people deeply (Table 4).

Health function: Extending the open code of health care, it includes physical health and mental health, among which health care is mentioned as the most important by 18 people, the overall health care function planning is a decisive influence on the goal of health

and ageing. The dementia center, the peace care center, the medical beauty industry, the fitness center, the rehabilitation center, and the remote medical care are all future trends and indispensable functions. The mental health has also been mentioned 11 times, indicating that in addition to health care, Everyone also values mental health and thinks it is very important (Table 5).

Environmental facilities: Extending the open code of traffic and environmental facilities, where the environmental facilities are mentioned as the most important by 14 people, the environmental facilities include open design, barrier-free facilities, etc., the transportation section mentioned by 9 people, the traffic represents the transportation, parking & transportation facilities in the community. These are necessary. It shows that the occupants want the community to have convenient transportation so that there is no feeling of being separated table 6.

The health care function ranked first, mentioned by 18 people; followed by the environment in the environmental facilities, 14 people; the third is the mental health in the health function, 11 people; followed by the entertainment in the life function, 10 people. The number of learning in life function and transportations in environmental facilities is in 9 people, which deserves special attention. The remaining facilities have not been submitted more than 4 times, but they should still be valued.

What factors people will consider living in the multifunctional health community?

The factors considered living in the "multifunctional health community" and summarize five factors: family, affection, psychological, social and economic factors.

Family factors: It could extend two open codes, such as unsuitable for living and unsupported at home. The number of times mentioned is only 2 people, but it is a common situation in the metropolitan

Table 4: The life functions of multi-functional health and wellness community.

Life function	Frequencies
Learning (older adults learning center, potential development center, vocational training center)	9
Shopping (large supermarket)	3
Entertainment (children's playground, elderly playground (singing, mahjong, etc.), art museum, sightseeing tour)	10
Accommodation (guest rooms for family members visiting)	2
Production function (asylum factory)	2
Funeral service (ceremonial company)	4

Table 5: Health functions requirement of multi-functional health and wellness community.

Health function	Frequencies
Health care	18
Physiological health	2
Mental health	11

Table 6: Environmental facilities of multi-functional health and wellness community.

Environmental facilities	Frequencies
sTraffic	9
Environment	14

area. One is to climb the stairs to go home, the other is that there is no universal design environment at home, and universal design is more important for the elderly who are degraded. In addition, the situation of unmanned people will be more common because of the younger society (Table 7).

Affection factors: Extending the three open codes that do not want to bother children, do not want to leave relatives and friends, and cannot give up the ancestral property (premises, money). Do not want to bother the children is the most proposed, but only 3 people, the other 2 are mentioned once, according to the experiences and observations of the researchers, there are still many older adults who are not in the institution because they do not want to trouble their children. There are also cases where children are unwilling to live with older adults, but no one has raised this in this study. The unwillingness to leave relatives and friends and the inability to give up the ancestral property (premises, money) are factors that do not want to stay. Only one person has raised it. It is rare to see that the children of dependent friends or relatives cannot be laid off (Table 8).

Psychological factors: Extending the two open codes, such as the sense of privacy and hope (to the organization waiting for dying, to remember the past), in which only the one who is unwilling to stay in possession is considered once, and the hope is mentioned 6 People, of which A5 says: I will live near the park, so my mood will be better, because I can't see those old people who are in poor condition. Some people will be affected by the sight of people who are in poor health. And B2 thinks: I won't live in because I feel like I am taking money to the park and I am waiting to die. B2 says: Now everyone pays attention to the health of the silver-haired people, but I feel like I am still waiting to die. B2's point of view seems to be quite different, but it can also be used for reference. In addition, there are also expectations, such as B3: I am willing to find some like-minded friends, live together, can have common memories and ideas (Table 9).

Social factors: Extending three open codes, which are the environment, caregivers and other people's thoughts. 17 people mention the environment, indicating that the environment has an important impact on the occupancy, especially in the unfamiliar environment, fear of new environment needs to re-adapt and build relationships with strangers. According to the researchers' experiences, that take about one to two weeks for new check-in institutions to adapt to the new environment. The friendliness of the caregivers is also mentioned nine times, indicating that everyone is still worried about encountering unfriendly caregivers, which is not allowed for well-managed institutions. As for the eyes of others, it has only been mentioned once. The reality is that they live in better health villages, and others will show off (Table 10).

Economic factors: Extend the two open codes, which are reasonable in price and do not want to spend money. The price is reasonably mentioned 5 times. It shows that reasonable fees are paid attention to, and you do not want to spend 2 times. They want to use community facilities for free. A5: I personally don't want to stay, because I can't stay in the compound health community to enjoy these facilities, so I don't want to spend money to stay in this place, A6: But if these facilities can be opened to the public can be used free of charge, then I don't want to stay, no need to spend more. This means that the concept of user payment should be announced again (Table 11).

Table 7: Family factors of multi-functional health and wellness community.

Family factors	Frequencies
Home is not suitable for living	2
Unsupported	2

Table 8: Affection factors of multi-functional health and wellness community.

Affection factors	Frequencies
Do not want to bother children	3
Unwillingness to leave relatives and friends	1
Inability to give up the ancestral property (premises, money)	1

Table 9: Psychological factors of multi-functional health and wellness community.

Psychological factors	Frequencies
Privacy	1
A sense of hope (to the institution waiting for dying, to remember the past)	6

Table 10: Social factors of multi-functional health and wellness community.

Social factors	Frequencies
Environment (unfamiliar, unfamiliar, afraid of loneliness, friends, unwilling to leave the existing environment, not to be separated from the crowd)	3
Caregivers (friendly)	1
Other people's thoughts (afraid of others knowing that they live in institutions)	1

Table 11: Economic factors of multi-functional health and wellness community.

Economic factors	Frequencies
Reasonable prices	1
Don't want to spend money	6

CONCLUSION AND SUGGESTION

Conclusion

This study aims to understand the conditions required for the "multifunctional health community" in Taiwan, and the reasons why the Taiwanese are willing and unwilling to stay in the "multifunctional health community". After interviewing and consolidating the information, the conclusions are as follows:

1. The main target group of Multifunctional Health and Wellness Community is aging and hopes to live in a group that provides comprehensive care, no age limit, health care, sub-health and disability. Also, take care of the community of residents' physical and mental health.

2. The main goal of Multifunctional Health and Wellness Community is to make the residents healthy and ageing. The study also finds that before the end of health, it also hopes to delay disability, aging and promote health, and at the same time, not to be restricted in freedom, restrictions on freedom besides artificial restrictions, there will be restrictions due to environmentally unfriendly. Of course, if you can play your personal value and let you live to be old, it will be better in life.

3. This research found that the professional team is the most

important software trait. Also, it is very concerned with meeting social needs and trends. Fast and convenient services, integration of resources inside and outside the community and friendly environment are standard equipment. The universal design of humanity must take care of every resident. The characteristics of the community are the most concerned and most recommended hardware characteristics of the respondents (43 times).

4. The functional facilities of Multifunctional Health and Wellness Community are the most important for the entertainment functions, while the learning places can enrich the life connotation. Others such as shopping centers, accommodation rooms and, production plants are also considered necessary for the etiquette company. Health-enabled facilities have multi-level and continuous services to maintain the health of residents. Environmental facilities are designed to provide convenient transportation and create a friendly community living environment.

5. The factors considered in a Multifunctional Health and Wellness Community are family, psychology, social and economic factors. The environmental factors in social factors are the most influential, strange (people, environment), unfamiliar, afraid of loneliness, Friends, unwilling to leave the existing environment, not to leave the crowd, etc., also hope to be friendly to the caregiver. The psychological factor is mainly a sense of hope. The family factor refers to the elderly in the home environment because there is no universal design facility that is not conducive to functional degradation, and unmanned care will be a special issue in the future. The family factor mentioned that they do not want to trouble their children but are unwilling to leave their relatives and friends. Economic factors mentioned that price is a very practical factor. As for not wanting to spend money but want to use good facilities and equipment, this is also a social phenomenon, but it is not appropriate to encourage.

Suggestion

The Multifunctional Health and Wellness Community has a humanized planning concept, perfect facilities and, a sound management team to construct a living environment that meets the needs of the present and the future. To build a "comprehensive health community" that meets the needs of the elderly, it is up to the government and civil society to work together. Based on the results of this study, I would like to make a few suggestions for governments, civil society and, future researchers:

1. The Multifunctional Health and Wellness Community should be limited to the age of admission; from healthy, sub-health to disabled, you can stay.

2. When the Multifunctional Health and Wellness Community planning and construction, it should be able to delay disability, aging and promote health through physical fitness activities; respect the freedom of the occupants, create a friendly environment, allow freedom of movement, and create job opportunities that allow those who stay to play and create personal value.

3. In order to meet the objectives and functions of the Multifunctional Health and Wellness Community, the professional management team shall be composed of managers, physicians, nurses, rehabilitation teachers, social workers and care providers (members) to provide integrity, particularity and related services.

4. When constructing a Multifunctional Health and Wellness Community, it is important to pay attention to the entertainment function, the planning of the learning place, and the health of the body and mind. It also provides convenient transportation, planning design with the concept of universal design, and creating a friendly community living environment.

5. Considering the economic factors can be expanded in the original community, while the new development community is more able to do comprehensive planning. These two methods can be differentially charged to attract customers with different needs.

REFERENCES

1. Global age-friendly cities: a guide. France: WHO; 2007. http://bit.ly/2Zey9CL

2. Lehning A J, Scharlach AE, Dal Santo TS. A web-based approach for helping communities become more "aging friendly". Journal of Applied Gerontology. 2010; 29: 415-433. http://bit.ly/2ZdIUBi

3. Menec V H, Means R, Keating N, Parkhurst G, Eales J.Conceptualizing age-friendly communities. Can J Aging. 2011; 30: 479-493. http://bit.ly/2HgBuan

4. Zarem JE. (Eds.). Today's Continuing Care Retirement Community (CCRC). American Senior Housing Association. 2010; http://bit.ly/2z7tjbU

5. Morgan David L. Focus groups as qualitative research. Beverly Hills, CA: Sage; 1988. http://bit.ly/33KDmlp

6. Merton Robert K, Marjorie Fiske, Patricia L Kendall. The focused interview, 2nd edition, New York: Free Press; 1990. http://bit.ly/2NjpBUP

7. Wang S Y, Windsor C, Yates P. Introduction to grounded theory. The Journal of Nursing. 2012; 59: 91-95. http://bit.ly/31RCERG

8. Strauss A, Corbin J. Basics of qualitative research: Grounded theory procedures and techniques. US: Sage Publications; Inc. 1990. http://bit.ly/33Mfm1e

9. Strauss A, Corbin J. Basics of qualitative research-Grounded theory procedures and techniques. Newbury Park, CA: Sage; 1998. http://bit.ly/2ZeJIdn

10. Hammersley M. The dilemma of qualitative method: Herber Blumer and the Chicago tradition. London and New York: Routledge; 1989. http://bit.ly/30kOgvX

11. Hu Youhui, ed. Qualitative research: An introduction to theory, methods, and native feminism. Taipei: Giants. 1996; http://bit.ly/33LTfYU

12. Xu Z (translation). Basics of qualitative research: grounded theory procedures and techniques Taipei: Giants. Strauss, A. & Corbin J. 1997; https://www.books.com.tw/products/0010177294

13. Wu Zhiyi, Liao Meihua. Grounded theory research method. Chiayi City: Tao Shi, 2001; https://bit.ly/2KU66j3

14. Wu Zhiyi, Li Fengru. Qualitative Evaluation and Research Methods. Taipei. Laurel. 1995.