

Developing Model of Health Care Management for the Elderly by Community Participation in Isan

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Abstract: In the past, Thai-Isan families were large and took care of each other. Sickness within the family would be nurtured by family members and care. Life was simple and the economy was self sustainable and sufficient. Society was peaceful and children obeyed their parents. The elderly were taken cared of by their children and grandchildren gave elders respects and love. Currently, the trend has changed and society is filled with new technologies, globalization, politics has rapidly changed, transportation and educational advancements. Communities prefer to send their spouse abroad for education. Local communities are faced with increases in expenses and inadequate income to match. Many individuals have ventured outside the community in search of higher wages and income, while leaving elderly members to stay at home raising their grand children. Government agencies and community organizations have given efforts in providing policies and by appropriating funds for support and welfare homes, but the current processes lack clarity and coverage. Community organizations are an important key factor in the success of public policies that will bring about the successful development of elderly care. Community activities provide an opportunity for elderly citizens to participate giving them honor and help them to realize their importance and value to society. Obstacles that still remains is the ratio of staff to elderly citizens is inadequate and the lack of budget to support management. Short term measures to tackle this problem is the participation of all involved parties in nurturing awareness in the importance of elderly welfare, cooperation and diligence in building a healthy society based on sustainable economic principles.

Key words: Elderly, health care management, community organization, Northeast Thailand, Isan

INTRODUCTION

The structure of global population has rapidly changed due to advancements in medical technology, health services, promotion of health care and effective protection against diseases have provided for a healthy population and long life during the past 30 years. The ratio of elderly citizens has increased in quantity and health because of lower birth and death rates. In 1975, world population was at 4.1 billion and there were 350 million elderly citizens, which is equivalent to 8.54%. In the future, the ratio is estimated to go up to 13.42% and if the population doubles to 8.2 billion people, there will be 1.1 billion elderly citizens. A higher ratio of elderly citizen's has the potential to increase in the future with 2 out of 3 elderly citizens in developing countries in Asia (Banlu, 1999).

Elderly citizens in Thailand is likely to increase as the population of Thailand increases from 62.2 million in 2000 to 72.3 million in 2025. The world population and Thai population has changed with a similar world ratio of elderly citizens to increase from 10% in 2000 to 15% in 2025. While, the birthrate has decreased from 30.1% in 2000 to about 24.2% in 2025 (Pantika, 2005). The projected data demonstrate that the demographic population structure is changing from a majority of young adults in the past to a future of elderly citizens. The impact of the increase in elderly citizens directly influences the economic, social, mental health and nutrition of society (Andres, 2004). The problem directly affects the elderly and the nation as a whole. Governments should be aware and be prepared to assist the elderly. In 2007, Thailand stepped up conditions due to the proportion of the population aged older than 60 years increased to

approximately 7% of the population aged over 65 years to approximately, 4,638,000 people. The population elderly citizens will increase faster than the increase of the overall public in 1992-2025. During the projected period, the general population is expected to increase to 51.9%, while the elderly population will increase by 32.6% and the trend is still increasing.

MATERIALS AND METHODS

This research is a qualitative research with the purpose of study the history of managed health care in the elderly Isan, study current conditions and problems in managing health care by the elderly in community and public sector organizations Isan and to study, the development model of managing health care the elderly. Research area include 7 provinces in Northeast Thailand or Isan, which are the provinces of Mahasarakham, Roi-et, Sakon Nakhon, Nakhon Ratchasima, Buriram, Surin and Khon Kaen. Research period lasted 7 months from February to August 2008. Research data from was collected by document analysis from surveys, interviews, questionnaire and workshop results.

Tools used to collect data: Structured Interview for use in the interview survey of a informants with questions related to community organizations in managing elderly health care. Unstructured in-depth interviews to interview the group who knows the issues concerning the management of elderly health care, tradition and history of elderly care management. Observation forms is a participant observation used to record details by observing conditions in the Northeast community about lifestyles and culture. Focus group discussion with a group of people related to health care management, including the elderly priest, abbot, administration and health officials to study the characteristics of community organizations in the management of health care.

RESULTS AND DISCUSSION

At present, the health status of Thai elderly population is that general conditions include; elderly citizens with defects or physical conditions of 7%, elderly citizens that must rely on others to perform personal care 11.5% and rely on others to commute from their home 45%. The yearly poll in 2006 found that the number of elderly people with health problems include; eye disease or illnesses associated with vision, hypertension, malnutrition, anemia, diabetes, vascular heart disease, hearing disorders and Infectious diseases. These health problems led to the need to maintain and develop future

health care. The problem of elderly health care has indirectly affected the economy and society in Thailand. It also is a risk to health care systems in the future.

The quality of life: Modern economic polices and modernization has greatly affected the quality of life for everyone in Thailand. Elderly citizen's quality of life if measured in the amount, quality of food and self dependency is very low. Elderly citizen's living in dense urban areas have a 20.7% quality. While, elderly citizens in rural areas have only 11.7% quality of life.

About 800,000 elderly Thai citizen's are faced with Alzheimer's disease. Most elders have ill health. The ministry of health has estimated that most elderly Thai citizens over the age of 60 have problems in memory. Out of those 800,000 elderly citizen's, the majority are in Northeast Thailand. Ill health and side effects are common among the elderly and estimated that 48% have chronic illnesses. Elderly citizens living within the principality have a higher rate of chronic illnesses at 50.74%, compared to elderly citizen's living in rural areas at 47%. Elderly citizens in Northern Thailand have the highest rate of chronic illnesses at 53.3%. Second is Central Thailand at 51.4%. Southern Thailand has 44.3% and Northeast Thailand has 47.8%. The problem of having chronic illnesses and loss of memory means that elderly citizens must rely on the assistance from other to carry out everyday activities and care for them. Modern economics and hardships in occupation has caused many young adults to find work in other areas and city's. Helping each other among neighbors and friends became scarce and nonexistent. Higher cost of investment was a heavy burden on farmers (Saenrungmueang *et al.*, 2009). Many adults in rural areas migrated to other areas, where there was research leaving their spouses with their aging parents.

The individual most responsible to carry out development in the management of elderly care by community organizations in Isan is the local health physician, administrative leaders, village headmen, Buddhist priests, health clinic staff and municipality official. Methods, of managing elderly care can be implemented by the submission of local community organizations as the center of management, purposing the creation and management of life benefits, proper food, exercise and meditation.

The overall image of the management of development of elderly care in the past was that elders were well ministered and cared for by their family because of the combination of Thai culture, which derives from warm family values and faith in Buddhism. Society in the past was peaceful and filled with patronize. Children and

spouses were naturally brought up and learned from examples and experiences from attending Buddhist sermons, temple visits, Dharma preaches or accompanying their parents in the fields and rice paddies. Parents and adults had time to spend with their spouses and take care of family members and the elderly received warmth and recognition for their roles and honored by their children and grandchildren.

Currently, society has changed due to the changes in politics and technology has created economic hardships for families. Family members must migrate to other areas in search of income causing seclusion from once a warm family where everyone was together. Elderly members that used to receive warm close care have been neglected and left home alone to take care of the house or grandchildren.

Analysis of the problems in the management of elderly health care by community organizations in Isan: Physical problems include changes to the body due to aging, arthritis, physical motion problems, lethargic, frequent slips, dizziness, fainting, palpitate, bored of food, blood pressure, heart disease, eye site and hearing loss. But the elderly try to help themselves through these problems because they do not want to be a burden to society. Mental problems that elderly citizens are faced with is that they feel taunted by the changes of their physical abilities, increasing health problems, physical weakness, economic hardship, lack of funds, neglected, lonely, unhappy. To help them overcome these obstacles they turn to Dharma, which gives them strength and peace. Social problems that were found include that elderly citizens were not respected and honored as in the past because of modern social economics that created singularity and competition among family members and individuals in society. Elderly citizens felt that their status and roles in modern society were diminished, feel insecure and not valued by the community. Analysis of the problem has revealed that elderly health care provided by the government, community organizations and family cannot provide full coverage. Many elderly citizens are left neglected, lack knowledge in proper health care practices and did not receive life benefit funds due to the lack of coverage, service and efficiency.

Analysis of the development of elderly health care by community organizations in Isan: Results have revealed that the elderly care by government and community organizations need development in many areas. Community organization can provide full coverage of health care for elderly citizens if there is cooperation among all involved agencies and elderly members. Everyone must perform their responsibilities with

determination and follow the development model with sincerity and truthfulness so that the highest benefit of health care is provided for elderly citizens. These are the reasons behind the analysis of the management of elderly health care by communities in Isan and the current background related to the analysis of physical, mental, social problems, obstacles relating from management principles and practices and the development of elderly care by community organizations to provide the best care and solution possible. Workshops results have revealed that the management of community organizations in providing elderly health care is the most efficient method. All elderly citizens all agree that the health care provided by community organizations helps them to be more relaxed and warmth. Groups that are directly involved in ministering to elderly citizens have found that community organizations are capable of fulfilling the basic needs of elderly members and that they encourage members to have strength in helping themselves in both physical and mental aspects helping them to be relieved of not being a burden on the community and propelling them to live out their remaining years with quality and happiness (Carter, 1993).

Results from workgroup workshops have revealed that elderly citizens lack the knowledge and understanding of a proper personal health plan and preparations for entering old age. Together with the rapid changes in culture, society, economy and technology has dramatically changed has caused many communities and individuals to adapt to the changes differently. This has created obstacles to community organizations that is responsible for providing elderly health care. If community organizations have in-depth knowledge and true understanding of the elderly needs within the community, community leaders are sincere and just, then they can provide good service and efficient. At the same time, if there is cooperation among related organizations such as government agencies, family and the elderly, it will help elderly care provided in the community to be more efficient, resulting in a better, valuable and quality life for elders.

CONCLUSION

The current status of elderly healthcare is a major problem. Many elderly citizens are abandoned the development of a model of health care management for the aging by community organizations in Isan has been pursued by developing the human potential of people in the community with emphasis on community leaders. Community leaders must have integrity, work hard, be sincere, be just have knowledge and capabilities in

effective management. They must also cooperate with the community in the development that is coherent with the lifestyles and social customs of the community. Projects that must be created include welfare centers for the elderly and coordination with government agencies, families and the elderly to ensure that efficient and quality healthcare is sustained.

Community organizations are an important and key factor in the success of public policies that will bring about the development of successful elderly care. The participation of community activities provides an opportunity for elderly citizens to participate. Providing elderly citizens with roles and responsibilities as respected knowledgeable individuals gives them honor and help them to realize their importance and value to society. A patronize community is one that assists elderly citizens and have a public health policy that is responsible for helping elderly citizens in obtaining a quality life.

Participation in the management of elderly citizens is evident throughout all levels of management, which include government organizations, administrative organizations and civil groups. Obstacle that still remains is the ratio of staff to elderly citizens is inadequate. Problems that follow include the lack of budget to support

management. Short term measures to tackle this problem is the participation of all involved parties in nurturing awareness in the importance of elderly welfare, cooperation and diligence in building a healthy society based on sustainable economic principles.

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