THE MODEL OF HEALTH CARE MANAGEMENT WITH SELF-RELIANCE FOR ELDERLY CARE IN MAE-SAI COMMUNITY

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Abstract - The objectives of this research were 1) to investigate problems encountered in the elderly care-taking, and 2) to propose a model of health care management based on self-reliance of the elderly in Mae-Sai community**.** This study was a qualitative research. A participatory action research process (PAR) and Appreciation Influence Control (AIC) process were used to analyze the problems, the essential potentials and the potential development model of Mae-Sai community for elderly care. Data were gathered from qualitative method. Focus group and in-depth interviews with the representatives of relative government and non-government organizations were used to collect the qualitative data. One hundred stakeholders were purposive samples from Sub-district Administration Organization (SAO), village leaders, elderly care givers/officers, wisdom philosophers, representatives of elderly leaders, director of Mae-Sai school and the interested Mae-Sai residents. The study revealed six problems of elderly care in Mae-Sai community among 1) lacking of proactive promotion & prevention in elderly care 2) lacking of integrated participation 3) lacking of knowledge & understanding in elderly dental health care 4) lacking of knowledge & understanding for quadriceps strengthening exercises for elderly 5) lacking of action plan & evaluation skill 6) lacking of knowledge for Thai traditional medicine application for elderly care. Moreover, the related stakeholders in Mae-Sai community analyzed the problems and the essential potentials of elderly care giver to propose the model of health care management with self-reliance for elderly care in Mae-Sai community. The study revealed PLAWE Model which leaded to success for elderly care giver's potential development in Mae-Sai community. Then, PLAWE Model contained of five elements among 1) P :Paradigm shift in health care management in community with self-reliance 2) L : Learning 221 forum 3) A :Activity based training 4) W : Wisdom based caring 5) E : Environment modification for arranging learning center of elderly people and care givers.

Index Terms - Model, potential development, elderly care, Mae-Sai community.

I. INTRODUCTION

A. Statement of the Problems

Good health is an important agenda which all countries put the importance on it. Likewise, Thailand put the importance on well being of people which it can be and indicator measuring a level of the country .

Thus, Participation from all sectors in a community is a main strategy to solve health care problem that related to community needs based on community contexts. This leads to synergy all sectors to be heathy community and holistic health society. Currently, Thailand is becoming to be an aging society. It is expected that the country will be a completed aging society in 2025.

This will make Thailand has great expenses so all concerned sectors must be aware of it and participate in the development of people by people in the community. In other words, people in the community join the development of a form of health care management to cope with the aging society based on context of each area. This will result in a long life of the elderly and without a burden for the society. Not only this, the elderly will be able to proudly join health care management of people in the community. In this respect, it can be a model of health care management with self-reliance for elderly care based on participation of all sectors for sustainability.

B. Significance of the study

Regarding, the elderly situation in Mae-Sai community, it is found that there was a tendency to have a continual increase in a number of the elderly. According to a number of people who were 60 years old and above in Mae-Sai community, there were 237 persons in 2012, 250 persons in 2013, and 270 persons in 2014. Furthermore, it was found that most of the elderly there involved in the following ailments: muscle pain, a cold with fewer, joint pain, headache, high blood pressure, and diabetes, respectively (Mae-Sai Health Promotion Hospital, 2014). Interestingly, they preferred to buy medicines to heal themselves when they were sick. Also, the elderly care-taking operation of all concerned network parties still be unclear. This may be because the task on the elderly health promotion and care taking is only the duty of Mae-Sai Health Health Promotion Hospital. Also, there is no task integration and co-operation with other concerned agencies as well as lack of discontinuity. Most allocated budgets put the importance on the development of infrastructure, not the elderly health promotion an

care- taking. Due to the problems as mentioned, the researcher realizes the importance and necessity of the development of a form of health care management based on self-reliance for the elderly care – taking in Mae-Sai community. This aims to make all concerned sectors in Mae-Sai community participate in the elderly care taking in the community. This can help the elderly there be able to take care of their health correctly and properly. Importantly, they will be self-reliant and an affective model on the elderly care- taking. In addition, this can be applied as a guideline for the elderly care-taking in other areas. Specifically, this study aimed to investigate problems encountered in the elderly care-taking and to propose a model of health care management based on self-reliance of the elderly in Mae-Sai community.

II. RESEARCH METHODS

A. Scope of The Study and Research Design

This was a qualitative study focusing on Participatory Action Research (PAR) together with Appreciation Influence Control (AIC) [1],[2] . It gave a chance for all concerned parties to express opinions. Data were collected through focus group discussion, in-depth interview, participatory/ non- participatory observation, small group colloquium, brainstorming, and critical thinking before doing activities. There was an analysis of problems in the elderly care-taking of concerned agencies in Mae-Sai community. It aimed to find a guideline for solving the problems leading to potential development of concerned networks taking care of the elderly for increased efficiency. This was done through the participation in brainstorming, problem solving and implementation of people in the area. Also, core leaders or concerned networks in the area were developed to have increased potential in the elderly care-taking so that they would be healthy. This included the ability in health care management of the elderly in Mae-Sai community based on self-reliance.

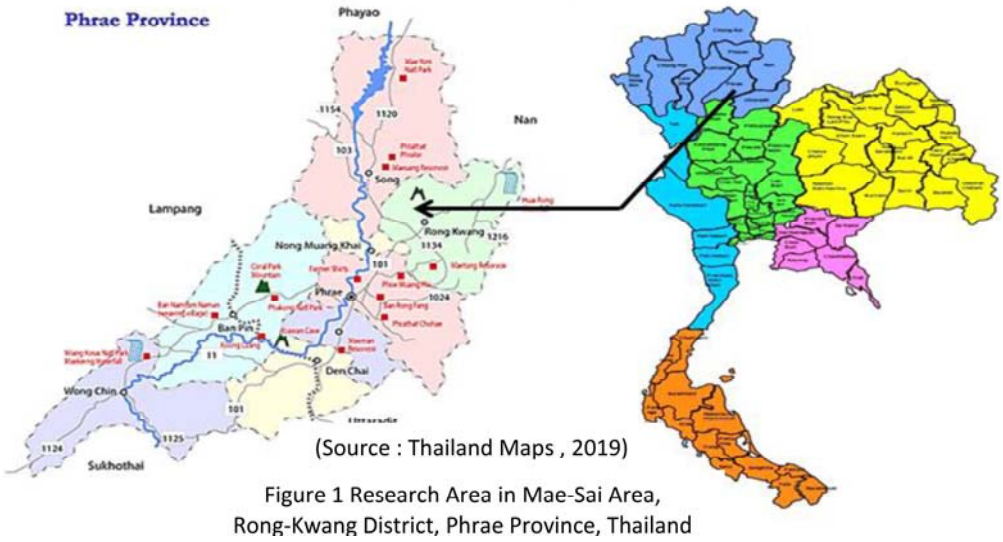


Figure 1 Research Area in Mae-Sai Area, Rong-Kwang District, Phrae Province, Thailand

In addition, concerned parties constructed a model on health care management based on self-reliance through the integration of all concerned parties.

This aimed to take good care of the elderly in Mae-Sai community as well as concerned personnel taking care of the elderly. However, it must be consistent with way f life and culture of people in the community leading to sustainable self – reliance. This was on the basis of concept blending of community organization and problem base learning on self – reliance in the elderly care-taking by people in the community.

B. Data Collection and Sample Group

Secondary data were collected such as from journals and project reports about the development of quality of life of the elderly in Mae-Sai community. After that, obtained data were analyzed and synthesized. Also, primary data were collected through focus group discussion, participatory/ non-participatory observation, and small group colloquium among stakeholders which all of these were related to the elderly care-taking in Mae-Sai community. Not only this, there was a meeting for SWOT analysis on health care management based on self-reliance. Later on, a venue was held for participatory opinion expression related to all activities regarding dignity, value of participants, and their right protection.

The sample group was obtained by purposive sampling. They were representatives from all concerned parties related to the elderly care-taking in Mae-Sai community. Importantly, they were literate

and willing to join the research project. The sample group consisted of 20 public health volunteers, community leaders from 4 villages, 1 educational personnel taking care of the elderly club, 4 care givers, and the president of the elderly quality of life rehabilitation center, 30 persons all together. This aimed to explore the situation of health problems of the elderly in Mae-Sai community; factors effecting the elderly care- taking in terms of social and cultural dimensions as well as local intellectual capital and health promotion. All of these were used as a basis for the construction of a model on health care management based on self-reliance of people in Mae-Sai community.

Table 1 SWOT analysis about health care management based on self-reliance for the elderly care-taking in Mae-Sai community.

Strengths	*Weaknesses*
-There were Mae-Sai Health Promotion Hospital and personnel providing health care services. -There were care giver who were willing to offer services and give advice at home. -People in Mae-Sai community took part in health care management of the elderly. -Community leaders in Mae-Sai community had vision and put the important on the development of the elderly quality of life. Also, they shared vision with community core leaders for practice through monthly meeting.	-There was little proactive promotion about disease prevention to make the elderly have a good quality of life. Also, it was mostly on health dimension but lack of social, economic, and environmental dimensions. -Lack of the integration of coordination particularly on private and civil society sectors such as various organizations in the area. - Care givers and project proponents still lacked a specific skill such as oral health, osteoarthritis care-taking physical therapy, and traditional Thai medicine for care-taking and suggestions. -Lack of a manual which was easy for the elderly to perceive on understand about health care, particularly on high blood pressure, diabetes, osteoarthritis and physical therapy.
Opportunities	*Threats*
-The elderly was an important national agenda which the government convinced all concerned parties to develop quality of life of the elderly through out the country through National Health Security Office (NHSO) which had a tendency to support additional budgets for health care management (63 baht/head).	-Continual increased aging people structure had and effect on the elderly care-taking burden of labor age which would have an effect on the country's economy.

C. Data Analysis

Content analysis was used for qualitative data. Main issues were arranged, interpreted and concluded based on objectives of the study.

III. RESULTS

This study aimed to explore problems in the elderly care-taking in Mae-Sai community and to propose a model of health care management based on self-reliance. The following were results of the study.

A. Problems in the elderly care-taking

The project implementation in the promotion of disease prevention for the elderly care-taking was mostly defensive, not proactive so the latter should seriously be promoted. It was also found that there was no integration of co- ordination among various organizations from concerned public and private sectors in the area.

Thus, Non-formal Education Office, temple, school, university, youth representative, relative, and family member should take part in the coordination, not only village health volunteer and Sub-district health promotion hospital.Besides, there were no communicative skills in health promotion as well as knowledge and understanding about oral health promotion and care-taking for the elderly. There was no public relations or manual which was easy for the elderly to perceive or understand about health care management, particularly on high blood pressure, diabetes, osteoarthritis, and physical therapy. In addition, there were no skills in monitoring and assessment from the trainer and lack of knowledge about traditional Thai medicine.

B. A model of health care management based on self-reliance

The researcher held a venue for brainstorming among stakeholders. This was done through SWOT analysis and synthesis in order to enhance the strong point and eliminate the weak point (Table 1). This conforms to a study of health management with self-reliance based on Mpi people local wisdom [3] which revealed that mutual searching and problem learning in an area makes the community be aware of the root of problems, perceive and understand the problems. Meanwhile, Chanmolee et al. as cited in [4] claimed that participatory communication is a concept which focused on people as action. They not only receive development but also directly get benefits from the

development to attain their objectives at a particular period of time. It may have the allocation of tasks based on capability of individual or mutual agreements which obligation, trust worthiness, and power enhancement. Thus, it can be said that the health care management for each community is a form of social innovation that can change health behavior from soft power (planning, doing, solving, and developing by people in community)[5]. Besides, the Model of health care management based on self-reliance for the elderly in Mae-Sai community consisted of 5 forms (Fig. 2) as follows: 1) P=Paradigm shift – Making the elderly perceives that they were not a burden of their families or relations. This focused on correct understanding about roles of health care management personnel for the elderly in the community. 2) L=Learning forum – It was a venue for continual learning exchange to encourage the elderly of the same age to share good knowledge and experience and adopt it in their daily life activities. 3) A=Activity based learning – Enhancement of knowledge and skills in the elderly health care – taking.

The knowledge was about transformation of aging people and correct disease prevention method such as nutrition, knee physical therapy exercises, and oral health care-taking. 4) W= Wisdom based caring – This was the application or adoption of local wisdoms in Mae-Sai community such as local herbs and local music for the elderly health promotion and disease prevention.



Fig. 2. PLAWE Model : The Model of health of health care management based on self-reliance for the elderly in Mae-Sai community

5) E=Environment modification – This focused on the elderly care givers to create and expand service mind networks by the management of the elderly health care based on self-reliance in Mae-Sai community. This aimed to adapt the elderly behavior in daily life activities to be correct and appropriate for a better quality of life. This would lead to the ultimate goal of Mae-Sai community; that was, health

care management on the basis of self-reliance of people in the community. In addition, people there must be encouraged to take good care of the elderly for a happy life. In conclusion, this research was an alternative to obtain a new body of knowledge. This research leads to the answer of health problem solving health care-taking of the elderly which had a specific or unique culture by providing public health services, capacity building care giver, arranging the process for the provision of education health such as training knowledge and skill in order to be well-being [6].

Furthermore, roles of people in health care management and community participation could change incorrect attitudes and beliefs in health care-taking for elderly and promotion to be correct ones based on sustainability and self-reliance by Mae-Sai people and for Mae-Sai's elderly in community.

RECOMMENTDATION FOR COMMUNITY

There are some recommendation for community policy related to this, described as follows:
1) the President of Subdistrict Administrative Organization in Mae-Sai community should promote and apply PLAWE model through practical and continual activity to create health care management for elderly people in community.
2) the President of Subdistrict Administrative Organization in Mae-Sai community should conduct master plan for elderly's health care management by applying PLAWE model , follow up, and evaluate the success of this program to develop well-being for elderly in Mae-Sai community.

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