第 1 回第三国研修（於タイ：2016 年 11 月）

（1） 第 1 回第三国研修工程表等

開始	終了	時間(分)	内容	場所・フライト
1 日目	**11 月 20 日(日)**			
			研修員バンコク着	MH782
2 日目	**11 月 21 日(月)**			
9:30	11:30	120	コース説明・ディスカッション	ホテル
11:30	12:30	60	ランチ	
12:30	13:30	60	MOPH に移動	
13:30	14:00	30	MOPH 表敬訪問	MOPH 5 階 Reacceptance Room
14:00	15:30	90	MOPH による講義・議論	
15:30	16:30	60	ホテルに移動	
3 日目	**11 月 22 日(火)**			
9:30	11:00	90	JICA LTOP 専門家藤田氏による講義	Somerset Lake Point 会議室
11:00	12:30	90	ランチ	
12:30	13:00	30	MOI に移動	
13:00	16:00	180	MOI による講義・議論	MOI
16:00	16:45	45	ホテルに移動	
4 日目	**11 月 23 日(水)**			
7:00	8:30	90	Pathum Thani に移動	
8:30	11:30	180	Bah Pha Rangsit, Pathum Thani 見学	The Quality of Life Center of the Older Person
11:30	12:30	60	ランチ	
12:30	14:00	90	バンコクに移動	
14:00	15:30	90	MSDHS Dept. of Old Persons による討議	MSDHS Gypsum Tower 10 階
15:30	16:00	30	Hotel に移動	
16:15	18:00	105	政策討議	
5 日目	**11 月 24 日(木)**			
7:00	10:00	180	Khao Phra Ngam, Mueng Lop Buri に移動	
10:00	11:30	90	Khaoprangam Aging Complex Center (Kho Pra Ngam Subdistrict Municipality)見学	Khaoprangam Aging Complex Center (Learning Center)
11:30	13:00	90	ランチ	
13:00	15:00	120	Excellent Happy Home Ward Kho Pra Ngam Subdistrict Municipality)見学	Happy Word, Social Space
15:00	17:30	150	スワンプナーム国際空港に移動	
18:55	20:15	80	チェンライに移動	TG2136

18:45	20:10	85	ホテルに移動	
6 日目　11 月 25 日(金)				
8:00	9:30	90	Khuntarn 地区 (Khuntan Hospital)に移動	チェンライ
10:00	11:30	90	ランチ	Khuntan Hospital
11:30	13:00	90	ランチ&お祈り	
13:00	15:00	120	3 か所の elderly home 見学(3 グループに分かれる)	
15:00	17:30	150	空港に移動	
20:40	22:00	80	バンコクに移動	TG2137
7 日目　11 月 26 日(土)：資料作成等				
8 日目　11 月 27 日(日)：資料作成等				
9 日目　11 月 28 日(月)				
9:30	11:30	120	タマサート大学 Nattapat　Sarobol 氏による講義	ホテル
11:30	13:00	90	ランチ	
13:00	15:30	150	ラップアップディスカッション	ホテル
15:50	16:30	40	評価会	ホテル
16:30	17:00	30	終了式	ホテル
10 日目　11 月 29 日(火)				
9:00	10:00	60	空港に移動、研修員帰国	MH785

（2） 研修員リスト

	氏名	役職
1	Zulkifli Bin Ismail	Director, Community Division, Department of Social Welfare (DSW)
2	Ruhaini Binti Hj. Zawawi	Director, Policy & International Relations, DSW
3	Hezleen Binti Hassan	Senior Principal Assistant, Elderly Division, DSW
4	Rosnah Binti Sardi	Principal Assistant Director, Community Division, DSW
5	Ismail Bin Kasan	Principal Assistant Director, Planning & Development Division, DSW
6	Noraida Binti Ibrahim	Chief Assistant Director, Planning & Development Division, DSW
7	Nooratika Binti Zainal	Senior Assistant Director, Elderly Division, DSW
8	Dalila Binti Mohd Nasir	Senior Assistant Director, Elderly Division, DSW
9	Zamzuri Bin Mohamed	Assistant Director, Community Division, DSW
10	Siti Rahiel Binti Che Rahim	Assistant Director, Policy and International Relations Division, DSW
11	Mohd Zamry Bin Abulis	Social Welfare Officer, Tampin District Social Welfare Office
12	Syahrul Nasir Bin Mat Rais	Social Welfare Officer, Kota Setar District Social Welfare Office, Kedah
13	Nazatul Iffah Binti Abdullah	Senior Assistant Director, Person with Disability & Elderly Person Division, DSW, Penang
14	Rusmailani Binti Abd Aziz	Principal Assistant Director, DSW, Sarawak
15	Rosni Yaacob	Principal Assistant Director, Persons with disability/Senior Citizen Division, DSW, Terengganu
16	Zulkiflie Bin Hassan	Principal Assistant Director, Elder Persons & Disable Person Division, DSW, Sabah
17	Kamarulzaman Bin Ismail	Head, Cheng Old Folks Home, DSW, Melaka
18	Mohamad Bin Md Nor	Head, Seri Kanangan Old Folks Home, Bedong, DSW, Kedah
19	Tamill Savelam Kolandai	Ministry of Health
20	Jurida Shima Binti Mohamed	Economic Planning Unit

Background Information for the Training Session in Thailand

The 1st Training Course in third Country: The Project on Successful Aging: Community Based Programmes and Social Support System in Malaysia

Ms. Izumi TAKEI and Mr. Takuya AKIYAMA, Senior Research Analyst
Department of International Studies,
Mitsubishi UFJ Research and Consulting Co., Ltd.

三菱UFJリサーチ&コンサルティング

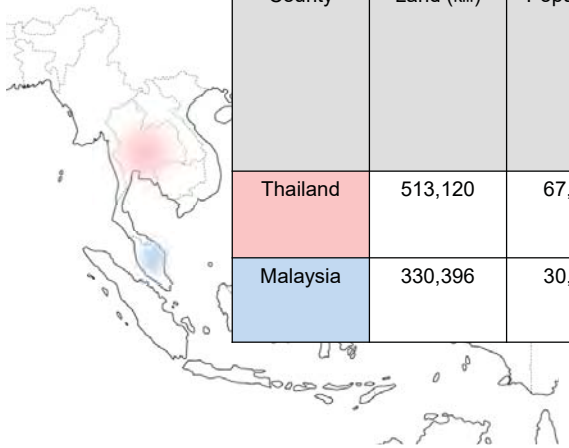
MUFG

Contents

MUFG

I. Country Brief

(1) Geography and Population

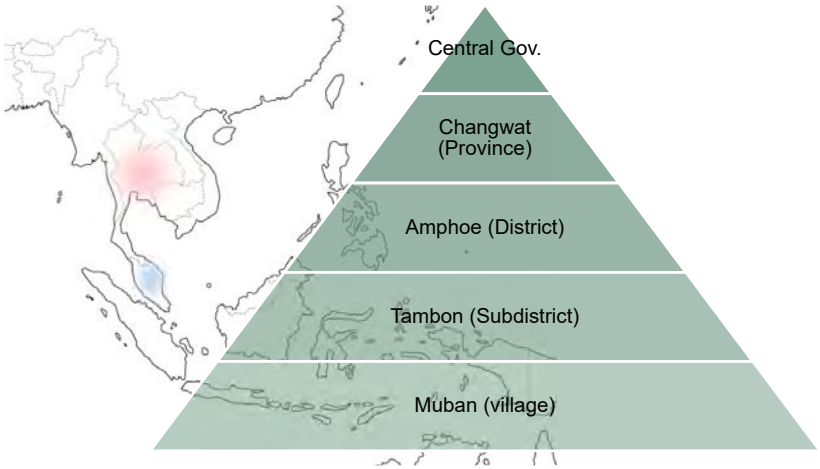


County	Land (㎢)	Population	Aging rate in 2010 (% of population over 60 yrs)	Prospective Aging rate in 2025 (% of population over 60 yrs)
Thailand	513,120	67,656	12.9	23.1
Malaysia	330,396	30,331	7.8	12.5

Source:
1)UN: World Population Prospects: The 2012 Revision Population Database
2) Statistical data of respective countries
3) UN Data: a World of Information

MUFG

(2) Public Administrative Structure in Thailand



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II. Relevant Policies and the Current Situation on Aging

	Malaysia	Thailand
Public authority in charge of welfare policy	•Ministry of Women, Family & Community Development (MWFCD) •Ministry of Health •Prime Minister's Office	•Ministry of Health (MOH) •Ministry of Social Development and Human Security (MSDHS)
Current policy related to aging	•National Policy for the Elderly •National Action and Plan for Elderly •National Health Policy for Older Person	•Second National Plan for Older Persons
Situation on aging	•The aging speed is estimated to be slower than other South East Asian countries such as Viet Nam and Indonesia •% of 65+ yrs population is expected to exceed 14% in 2046	•The aging rate in 2010 is the highest among South East Asian countries (12.9%)

Source: MURC, Report of the Study Group for Japan's International Contribution to 'Active Aging'

III. Current Social Security System

	Malaysia	Thailand
Pension	•**Government Pension Scheme**→civil servants •**Employee Provident Fund, Social Security Organization**→private employees	•**Government Pension Fund**→civil servants •**Social Security Fund**→private employees •**Thai Provident Fund, Retirement Mutual Fund**→voluntary base fund •Most of informal sector (self-employed etc.) is not covered
Medical Service	•Free or very low-cost medical treatment at public medical institutions •Private medical institutions are available at the patients' expense (can be covered by private medical insurance)	•Universal coverage health insurance with the 30 Baht healthcare scheme (Gold Card), Civil Servant Medical Benefit Scheme, and SSS •The elderly is exempt from payment for medical services
Special Financial Support for the Elderly	•Elderly aged 60+ yrs staying at home without regular income or support of family are entitled to MYR300 per month	•THB600-1,000 is provided to the elderly depending on one's economic condition

Source: MURC, Report of the Study Group for Japan's International Contribution to 'Active Aging'

IV. Current Situation in the Elderly Care

	Malaysia	Thailand
Main type & supporting agents for elderly care	•Supported by family and community	•In-home care •Supported by family and community •Approx. 80,000 paid volunteers for elderly care nation wide (THB 600/month sources primarily by municipalities)
Ongoing program	•Home Help Service: volunteers help the elderly with Instrumental Activities of Daily Living. It is run by either MWFCD or NGO supported by it.	•Tambon nursing care program': 6 municipalities are assigned to be leading municipalities for elderly care
Other supporting agents for elderly care	•**Old folks home**→run by NGO or private organization •**Nursing home**→run by NGO or private organization •Elderly care facilities directly run by the MWVDF for the low-income elderly	•**Elderly Social Welfare Development Center**→public facility managed by the MSDHS for the low-income elderly •**Private long-stay hospitals**→private hospitals for the high-income elderly •**Nursing home**→facilities for the elderly requiring medical care •**Hospice**→mainly run by Temples

Source: MURC, Report of the Study Group for Japan's International Contribution to 'Active Aging'

V. Features and Challenges of Active Aging

	Malaysia	Thailand
Current programs	•Free health checkup has been provided to the elderly registered at a health center. •Home-visits (subjected to fees) have also been provided with a limited scale due to resource constraints	•NGOs and regional volunteers are the main actors in elderly care
Policy direction	•Emphasize the importance of empowering elderly in community and at home •Aim to establish community-based support system by the initiative of local residents and volunteers	
Challenges	•Current initiatives are limited in scale and area of coverage •Integrated and systematic support system is necessary in order to maximize the effectiveness of programs	•Lack of involvement by the private sector •Improvement of the quality of nursing care at the community level

Source: MURC, Report of the Study Group for Japan's International Contribution to 'Active Aging'

Appendix. Aging Society in Asian Region

Comparison of Aging-Related Indicators (ASEAN+3)

■ Trend of Aging rate varies among Asian region, but aging rate in 2025 of Thailand, China, Brunei, and Vietnam exceeds 15% respectively.

	Aging rate 1990 (60+) (%) [1]	Aging rate 2010 (60+) (%) [1]	Prospect of aging rate 2025 (60+)(%) [1]	Prospect of aging rate 2050 (60+)(%) [1]	Total fertility rate [1]	Life expectancy at birth [1]		Labor-force participation ratio (60-64year-old) [2]		Per capita GDP (US$) [3]	Income disparity (Richest 10% to poorest 10%) [4]
						Male	Female	Male	Female		
Japan	**17.4**	**30.7**	**35.8**	**42.7**	**1.34**	**79.2**	**86.0**	**75.6**	**45.8**	**46,720**	**4.5**
Republic of Korea	7.7	15.6	27.0	41.1	1.23	76.5	83.2	70.2	41.5	22,590	7.8
Singapore	8.4	14.1	24.2	35.5	1.26	78.7	83.7	67.5	35.4	51,709	17.7
Thailand	**7.1**	**12.9**	**23.1**	**37.5**	**1.49**	**70.0**	**76.7**	**50.1(60-)**	**29.5(60-)**	**5,480**	**12.6**
China	8.6	12.4	20.0	32.8	1.63	73.2	75.8	58.3	40.6	6,091	21.6
Brunei Darussalam	4.0	6.2	15.6	28.3	2.11	75.6	79.5	45.5	11.2	41,127	-
Vietnam	8.1	8.9	15.5	30.6	1.89	70.2	79.9	69.4	58.2	1,755	6.9
Malaysia	**5.6**	**7.8**	**12.5**	**23.1**	**2.07**	**71.8**	**76.4**	**52.3**	**17.1**	**10,432**	**22.1**
Myanmar	6.7	7.7	12.2	22.3	2.07	62.1	66.2	-	-	880	-
Indonesia	6.1	7.6	12.0	21.1	2.50	67.6	71.6	78.9	47.3	3,557	7.8
Cambodia	5.1	7.2	11.1	21.2	3.08	66.8	72.1	69.5	33.0	944	12.2
Philippines	4.7	5.9	8.7	13.7	3.27	64.5	71.3	79.0(55-64)	54.8(55-64)	2,587	15.5
Lao PDR	5.6	5.6	7.4	15.7	3.52	64.5	67.0	-	-	1,417	8.3

Source 1) UN: World Population Prospects: The 2012 Revision Population Database
2) Statistical data of respective countries.
3) World Bank Search 2012 (Myanmar ; National Accounts Estimates of Main Aggregates, 2010, United Nations Statistics Division)
4) Human Development Report 2007/2008:Published for the United Nations Development Programme (UNDP)

THAILAND'S PROGRESS ON HEALTHY AGEING:

Enabling factors and challenges

Dr. Ekachai Piensriwatchara

Department of Health

OUTLINE

1. Demographic & Thai elderly situation
2. Healthy Ageing policy
3. HP & life course approach
4. Health care service
5. AFC & LTC
6. Enabling factors, challenges and recommendations

Demographics 2016

Total population (million)	65.3
Elderly population (million)	10.8
Proportion of elderly	16.5%
Infant mortality rate (per 1,000)	10.6
Life expectancy at birth (combined)	75.5
Life expectancy at birth	M 71.8 F 78.6
Dependency ratio	22.3%

National surveillance on Thai aging population 2011

Socio-economic & health situation	Male	Female
Marital status	83%	50%
High school education Or higher	15%	7%
Workforce participation	50%	30%
Housework	20%	50%
Elderly club	26%	26%
Self-perceived good health status	47%	39%
Vision impairment	46%	49%
Falls	7%	10%
Independence Partial dependence Total dependence	80% 19% 1%	

National surveillance on Thai aging population 2013

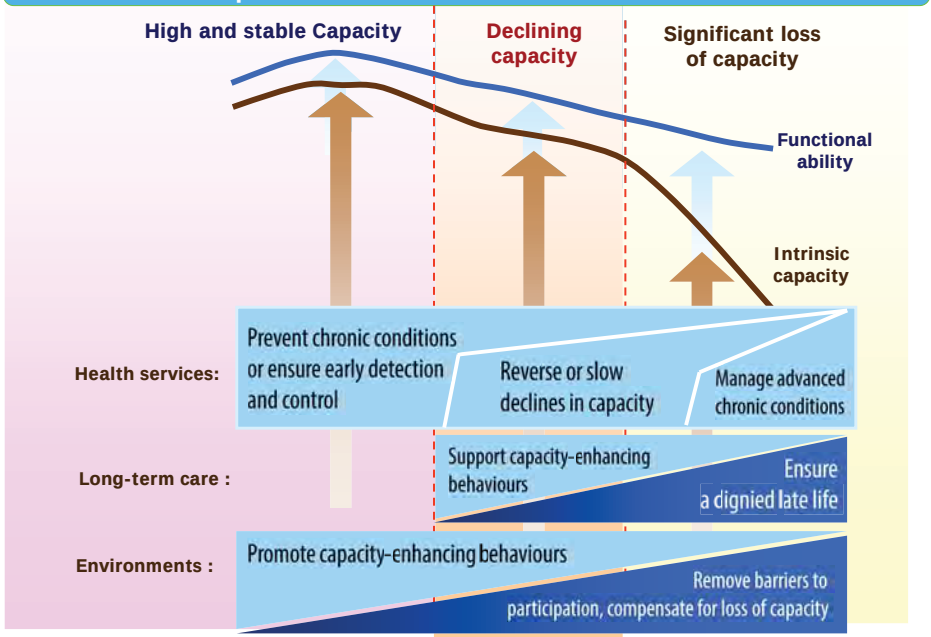
95% of elderly have one of these conditions	
1. Hypertension	41%
2. Diabetes Mellitus	18%
3. Knee Osteoarthritis	9%
4. Dependence or disabilities	7%
5. Depression	1%

A world in which everyone experiences Healthy Ageing

Strategic Objectives

1. Fostering Healthy Ageing in Every Country
2. Creating Age Friendly Environments
3. Aligning Health Systems
4. Developing Long Term Care Systems
5. Improving Monitoring and Research

Framework for healthy Ageing : public - health action across the life course



ASEAN PROMOTING HEALTHY LIFESTYLE

(Goals)

To achieve health potential of ASEAN community through promoting healthy life style and ensure healthy lives and promote well-being for all at all ages

PROMOTION OF

1. Healthy and active aging
2. Good nutrition and healthy diet
3. Prevention and control of NCDs
4. Reduction of tobacco consumption and harmful use of alcohol
5. Prevention of injury
6. Occupational health
7. Mental health

PROMOTING of HEALTHY and ACTIVE AGING

Key Performance Target

Increase by 1% per year in the prevalence of older persons living independence

LEAD COUNTRIES:

THAILAND
BRUNEI
VIETNAM

EKACHAI P. BUREAU OF ELDERLY HEALTH, DEPARTMENT OF HEALTH

National policies for Thai elderly (2002-2021)

1. Preparedness and readiness for quality aging
2. Promotion and development of the elderly
3. Social protection for the elderly
4. Creating a national comprehensive system for integrative implementation
5. Processing and disseminating knowledge on the elderly and monitoring

Monitoring and assessment of the National Plan for Older Persons (2011)

No.	Population Ageing Quality Index	Target	results
1	Old Age Security official coverage rates in population aged between 30–59	50%	26%
2	Proportion of population aged 30 – 59 having engaged in old age preparation (income, health, residence)	50%	20-50%
3	Proportion of population aged 18-59 having positive attitude toward the elderly	70%	57%
4	Proportion of elderly population having desirable health behaviors	30%	19%
5	Proportion of elderly population who are member of an elderly club and have participated in elderly club activities in the past 12 month period	25%	23%

Monitoring and assessment of the National Plan for Older Persons (2011)

No.	Population Ageing Quality Index	Target	results
6	Proportion of elderly satisfied with their financial status	75%	75%
7	Proportion of elderly living in proper home environment*	5%	2%
8	Proportion of elderly benefited from the health insurance system in their last sickness	85%	81%
9	Proportion of elderly living with their family	90%	91%
10	Proportion of Local Administrative Organizations having allocated budget or organized activities for the elderly	95%	99%

Challenges

1. **Elderly policy fragmentation and program discontinuation, extreme reliance on country leaders**
2. **Lack of concrete transformation of policies, and budget constraint**
3. **Weakness in management of the elderly clubs**
4. **Lack of personnel knowledgeable about geriatrics**
5. **Lack of enabling regulations on disbursements of budget to work on the elderly have been obstacles to the effectiveness of local programs for older persons**

Gender equality

- **Women's development plan in the national plan**
- Positive attitudes toward gender equality will be encouraged for increasing participation in decision making.
- Women will be promoted to managerial and decision-making positions at local and national levels for greater contribution to the country's development.
- **Urgent implementation :**
- Concrete transformation of women's development policies toward actions.
- Strengthen the roles of the LAO to ensure the quality of life of the older women
- Increase the capacity of the elderly clubs and participation of the older women member.

Thailand Action Plan on Healthy Aging 2017-2021

Action points	Lead Sector	Indicators	Technical Support
Encourage establishment and running of older adults clubs, schools, Quality of life development & Career promotion centers and support activities of senior citizen networks	MSD& HS	Proportions of elderly population who are members of elderly clubs, schools, QLC and participate in social activities	
-Support and provide of older persons enabling and friendly housing and environment -Adjust and modify all public service Systems to be accessible to and usable by the older adults -Promote employment either fulltime or part-time job both formal and self-employment and promote their occupational training	MOI	-Proportions of aged-friendly communities or cities - Proportions of formal or self-employment among the older people	WHO-AFC

Thailand Action Plan on Healthy Aging 2017-2021

Action points	Lead Sector	Indicators	Technical Support
-Organize health promotion activities in a variety of formats suiting the older people and their families. -Establish an older adults clinics in any public hospitals and rehabilitation services in primary health care centers - Establish and develop health and social services including the long-term community-based care fully accessible to and usable by the older people by emphasizing the home care model.	MOPH	-Proportion of older people who have desirable health behavior -Proportion of public hospitals that have the older adults clinics -Proportion of LTC system in sub-district level	

Strategy 1:
Health promotion, prevention & screening

1. **Physical and mental health screening in elderly**
   - **Activities of Daily living**
   - **NCD (DM, HT, Eyes Diseases, Oral health)**
   - **Geriatric Syndromes**
2. **Improve elderly health database**
3. **Skill building in self-care among elderly and support activities that promote health behavior**
   - **Behavior modification using good health curriculum**
   - **Self-care skill building in elderly**

LIFE COURSE APPRAOCH

Health promotion for all age groups

- **National public health policy**
- **Improve people's quality of life starting from pregnancy, infancy, adolescence, adulthood to the elderly and disabled**

universal health care scheme for Thai older people

- **free medical checkups for such as high blood pressure, oral cancer, cervical cancer, depression, dementia, and blood sugar & cholesterol**
- **Vaccinations against diphtheria, tetanus and influenza**
- **encouraged to take part in behavior changing activities, physical exercise, stress management and mental health care.**
- **receives those services from a community medical center near their homes**
- **cataract surgery (116,978 patients have regained their sights)**

Assessment	1st	2nd
ADL	ADL	ADL IADL
HT	BP	BP
DM	BS	BS
Eye	**Primary Test**	**Snellen Chart**
Oral Health	7	Dentist
Dementia	AMT	MMSE
Depression	2 Q	9 Q
OA knees	1 Q	5 Q
Falling	Timed up and go test	
Incontinence	1 Q	Phisician
Nutrition	BMI	6

Strategy 2:
Improve health care services

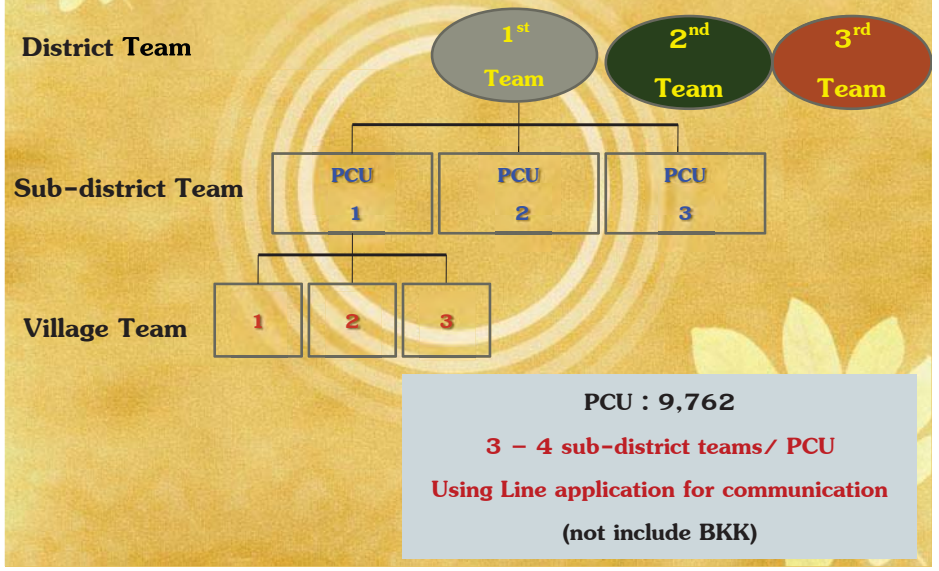
1. **Improve services in geriatric clinics**
2. **Improve health care standard in home health care**
3. **Increase capacity among personnel in elderly health care**

PublicHealth Service Model

Excellent Center	- R&D - Training personnel - Services
Provincial Hos.	- Training personnel - Acute care.
District Hos.	- Training FV., people - Intermediate care - Home health care
Health center	- Care Manager(Case Mngt.) - Primary care in community - Home health care

Dr.Sopon Mekthon, Deputy Permanent Secretary, MoPH

Family Care Teams



PCU : 9,762

3 – 4 sub-district teams/ PCU

Using Line application for communication

(not include BKK)

Strategy 3:
Strengthen community in elderly care

1. Improve long-term care among elderly in the communities in order to reach elderly at home through
   - LTC, palliative care, NCD care systems at all levels
   - Capacity building among volunteers, CG & CM
2. Improve environment that appropriate for elderly

AGED-FRIENDLY CITIES/COMMUNITIES

Aged-Friendly Pattaya
Public Spaces & building

Aged-friendly Nonthaburi
Active Ageing Development Center

Aged-friendly transportation in BKK

1. More elevators for the BKK mass transit links
2. Taxis for the elderly & the disabled

Aged-friendly transportation in BKK

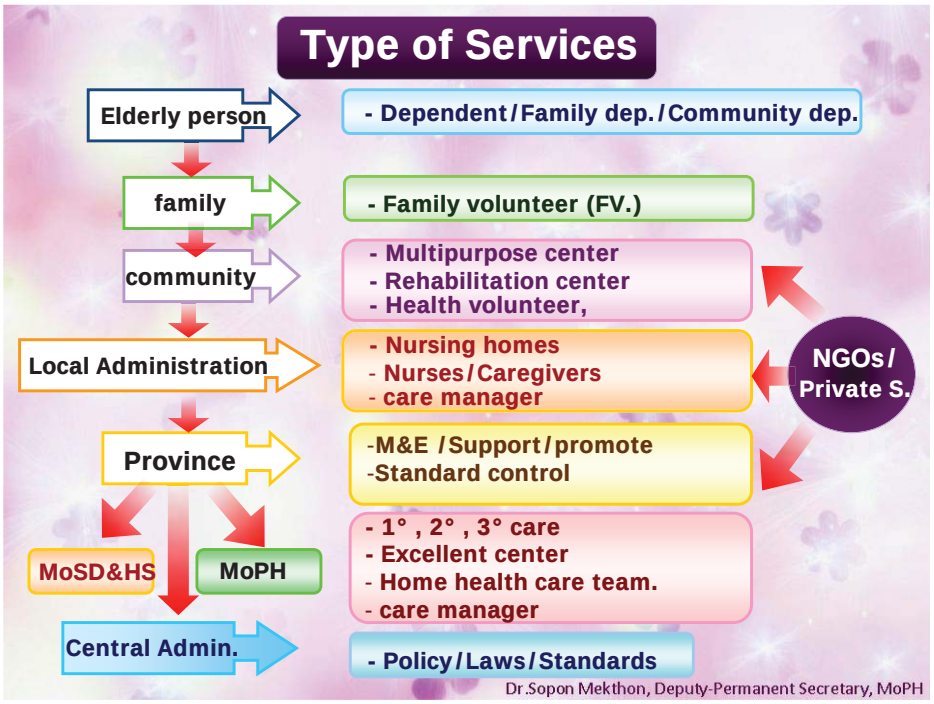
3. Low-riding buses with a ramp for wheel-chair

Classification of elderly groups

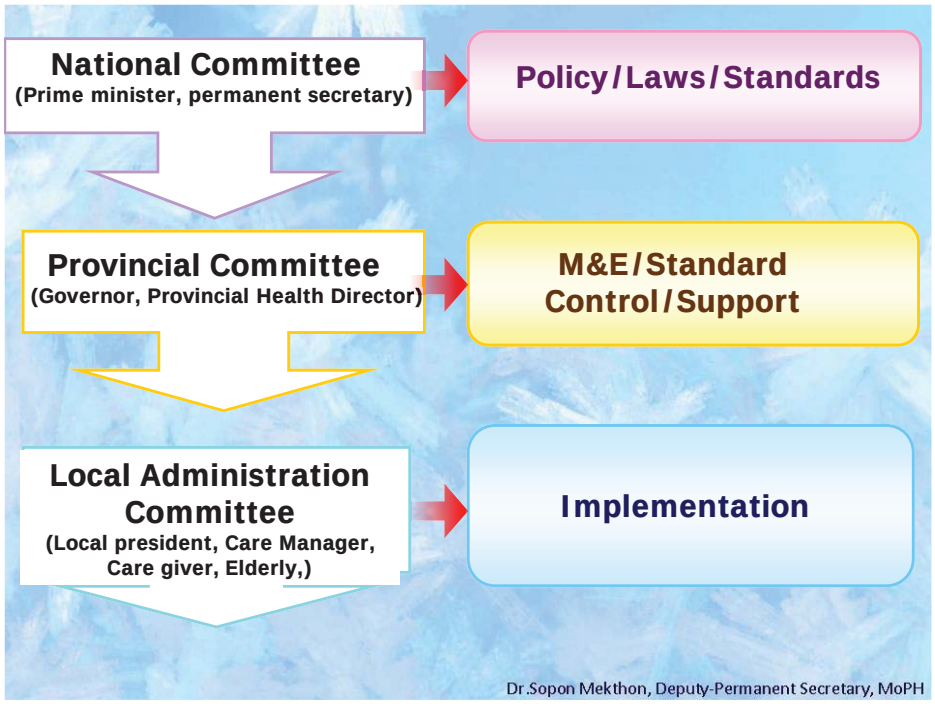
Groups	Classified based on residency		
	Live with family	Live with couple	Live alone
Social oriented	I	H	G
Home oriented	F	E	D
Bed bounded	C	B	A

E. Piensriwatchara, P. Chanprasert, Department of Health, Thailand

Type of Services

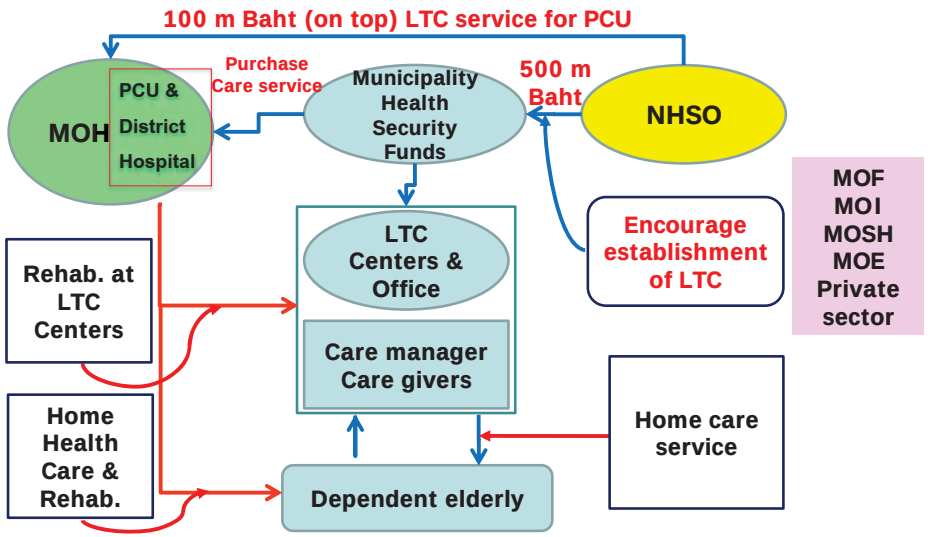


Dr.Sopon Mekthon, Deputy-Permanent Secretary, MoPH



Dr.Sopon Mekthon, Deputy-Permanent Secretary, MoPH

Integrated Community-based LTC Project (600 million Baht)



Criteria of sub-district Model on Long-term care

- Having elderly data classified into 3 groups according to ADL assessment.
- Having quality elderly club.
- Having volunteer to take care of the elderly in community.
- Having good system of Home Health Care
- Having community based care for dependent elderly.
- Having community committee to manage LTC

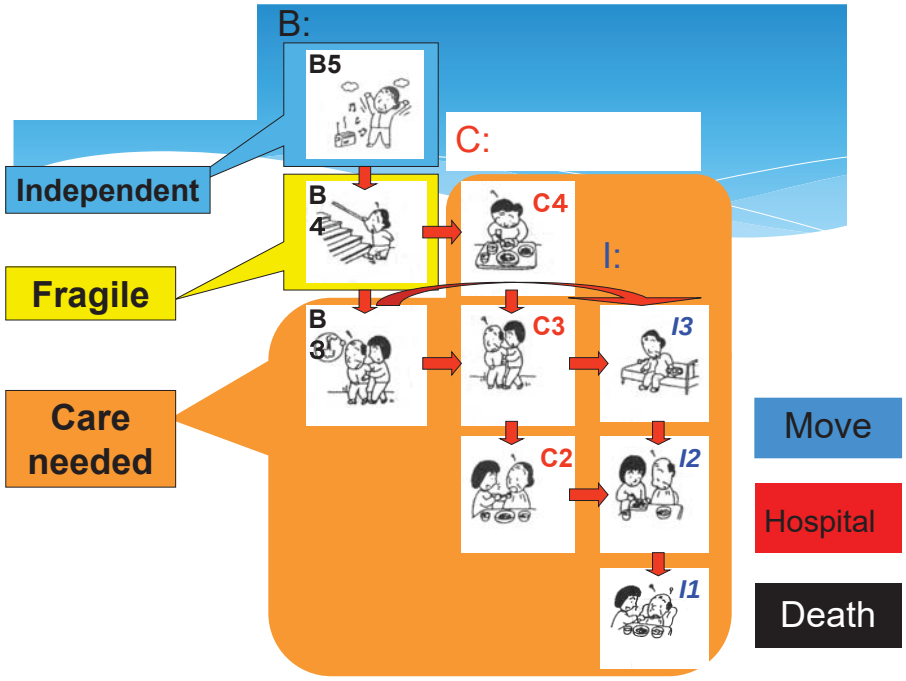
EKACHAI P. Ministry of Public Health, Thailand

Service package for community- LTC services

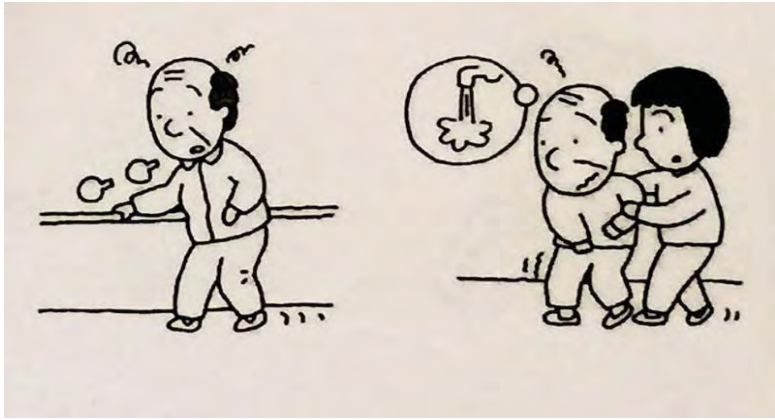
- LTC assessment & Care plan
- Nursing care
- Rehabilitation
- Mental care
- Oral and dental care
- Nutritional care
- Thai traditional and alternative medical care

TAI
(Typology of the aged with illustration)

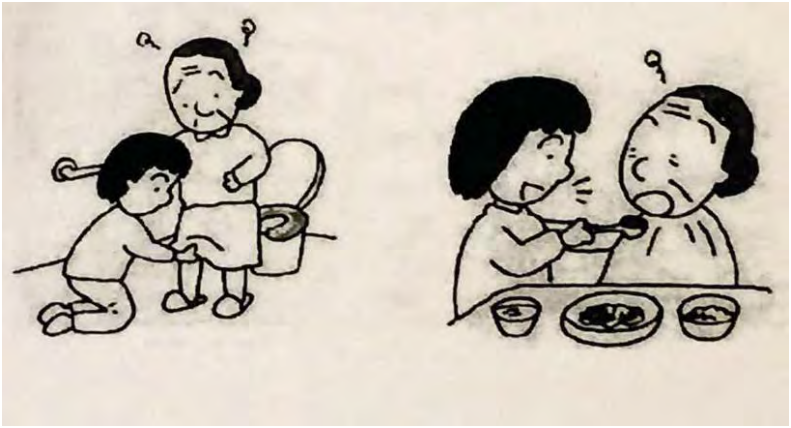
- Mobility
- Mental status (Recognition and Memory)
- Eating
- Toileting



Group I : Able to walk & are not forgetful, needs to be looked after when eating or excretion.



•Group II : Dementia and needs to be looked after when eating or excretion.



Group III : Immobile but able to eat without assistance

Group IV : Immobile and needs assistance in eating. Swallowing difficulty.

	ADL	Group	Expense (Baht)
Independence	12-20	LTC Preventive Programe	
Partial dependence	5-11	I	<4000
		II	3-6000
Bed bound	0-4	III	4-8000
		IV	5-10000

Management through District Health System (DHS)

Phase 1 Health personnel training
CM: 2500 CG: 24000

Phase 2 Health screening in elderly in order to obtain data on dependent elderly (83,000)

Phase 3 Committee set up for dependent elderly that chaired by Chief executive of local administrative organization / Sub-district Fund Committee (1067)

Phase 4 Elderly receive quality and standard care

Care Personnel

Care manager (CM)
- 2nd Assessment
- Develop care plan in elderly
- CM : Elderly = 1 : 40

Care giver (CG)
- 1st Assessment / Provide care based on care plan
- CG : Elderly = 1 : 5-10

Family Health Volunteer

Provide care for elderly at home

Enabling factors

Rural area:

1. Local traditions and culture help create an effective volunteer system
2. Various sources of funding
3. Well-defined division of responsible with efficient coordination

Urban area:

1. Capacity of medical personnel
2. Financial support covers all dimensions
3. Provincial Committee for Social Welfare Promotion takes a critical role in LTC planning

Challenges

Rural area:

1. Quantity and quality of multidisciplinary teams
2. Budgets allocations are still restricted by current regulations
3. Capable and knowledgeable personnel to collect and manage data
4. Capabilities of communities members in provide health-promoting activities for elderly

Urban area:

1. Limited support from volunteer and CG
2. Lack of secondary health facilities and intermediate care
3. Skepticism by elderly with respect to utilizing the services provided by PHC in Bangkok

Recommendation to enhance the sustainable development of the LTC system

1. The establishment of intermediate care to support the LTC system
2. The integration of essential LTC services
3. Technological innovations for assisting older people in their daily lives
4. Workforce planning for the LTC system
5. National standards on LTC
6. Financial management of the LTC system
7. Supporting mechanisms for national integration

Urgent implementation is required in the following areas:

1. Concrete transformation of policies toward actions
2. Cultivation of understanding and awareness among the youth and working-age population with respect to aging process and willingness to co-exist with people of all ages in the society through formal and non-formal education and the media
3. Improvement of the national income security system that will concretely offer a wider range of options

Urgent implementation is required in the following areas:

4. Develop an integral long-term elderly care system in health, economic, and social dimensions to sustain the elderly in the family and community, as well as develop the intermediate care system in transition between hospital and home

5. Strengthen the roles of the Local Administrative Organizations to ensure the quality of life of the elderly

6. Increase the capacity of the elderly clubs and Older Persons Assembly

Thank you for attention

Activities of LTOP

22nd November, 2016

JICA Expert

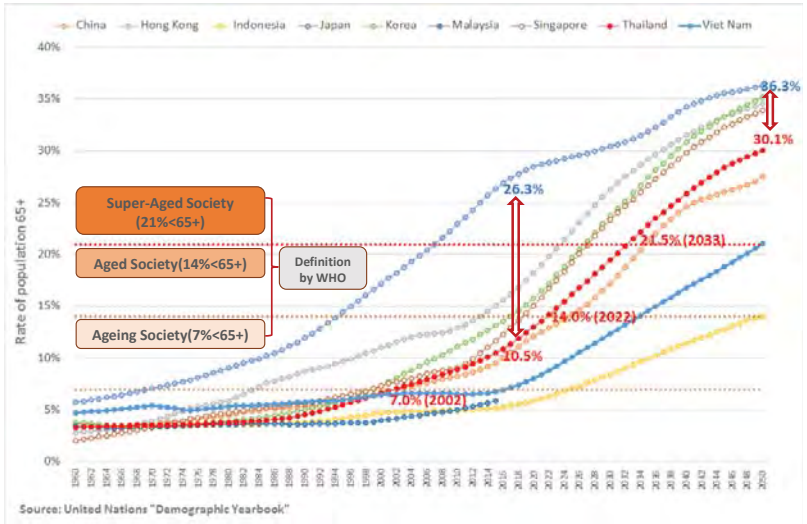
Ichiro FUJITA

Contents of this presentation

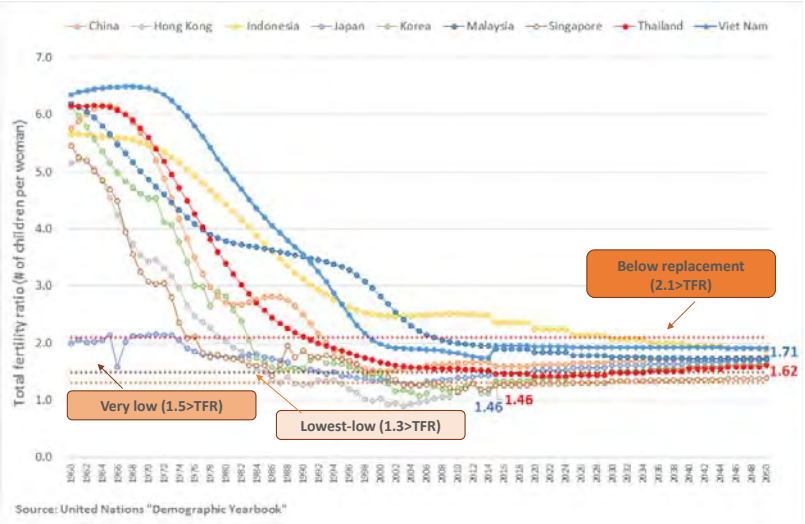
1. Background of the Project
2. Overview of the Project
3. Operation results of the Project

1. Background of the Project

Rate of population 65+ in Asian countries (1960-2050) *estimated after 2015



Total Fertility Ratio (TFR) (1960-2050)
*estimated after 2015



Now Thailand is ageing very rapidly…

International comparison of Aging Speed
(Rate of Elderly +65: from 7% to 14%)

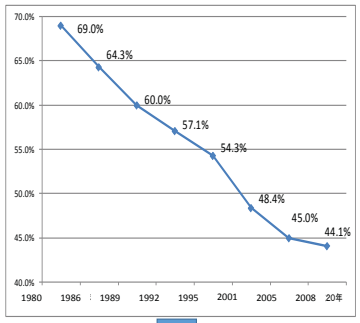
• France	114 years (from 1865 to 1979)		
• Sweden	82	1890	1972
• Italy	59	1930	1989
• UK	46	1930	1976
• Germany	42	1930	1972
• Japan	24	1970	1994
• China	25	2001	*2026 (exp)*
• **Thailand**	**22**	2001	*2023 (exp)*
• Korea	18	1999	*2017 (exp)*

- Malaysia, Indonesia, Philippines, Vietnam have not yet reached society with 7% Elderly

Reference : "Aging Asia" by Mr. Keiichiro Oizumi (2007)

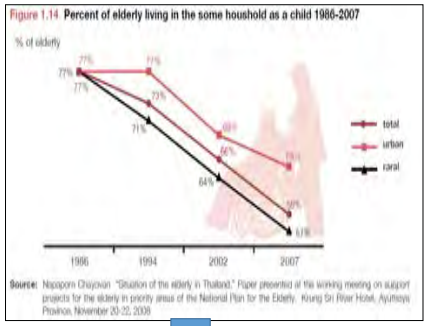
In addition, "LTC capacity" of households diminishes…

Rate of elderly aged 65+ who live with their children In Japan



- Development of professional ADL/IADL support
- Introduction of Long-Term Care Insurance system

Rate of elderly who live with their children In Thailand



What shall we do!?

Guiding principle of long-term care for the frail elderly in Thailand (extract from related policies and law reviewing)

- Long-term care system will be designed based on cooperation among government organizations, private sectors, and other related parts. Service should cover all aspects of basic medical care, social care and private care (private activities care).
- Long-term care for the elderly should emphasize principle of aging in place and community-based LTC.
- Long-term care should emphasize roles of family and community.
- Family member should take a major role to taking care of their elderly.
- Local authority should act as a major player to manage long-term care in the community.
- Support the elderly to have long-term care service at home by multidisciplinary team, such as basic nursing and physical rehabilitation service.

2. Overview of the Project

Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People（LTOP)

Project which focuses on “Long-term Care (LTC) for the Elderly”, which is based on the experience of CTOP project ended in November 2011, has started in January 2013 in Thailand where the population is rapidly aging, and the knowledge and experience of Japan will be transmitted to Thailand.

I. LTC Service Model Development

Model services will be implemented to look forward to the “introduction of professional LTC services for the elderly at home” by which family caregivers are appropriately supported and the frail elderly can be supported at the communities.

- ◆ LTC model by the professional care workers which is based on the appropriate care management will be developed and implemented/tested in pilot project sites.
- ◆ Condition of the service users will be followed and recorded minutely, and the efficiency and benefit of the service will be explained by the evidence.

II. Transmission of Advanced LTC Skills

Knowledge of advanced skill related to LTC (including care management, nursing, rehabilitation, LTC for the persons with dementia, introduction of welfare equipment, etc.) will be transmitted from Japan to Thailand by Japan training and the development of textbook for human resource development.

III. Policy recommendations

Policy recommendation will be developed for the future policy response in Thailand through sharing rich experiences of policy responses etc. in Japan regarding the various policy issues related to LTC among the policy makers and researchers of Japan and Thailand by holding seminars etc. The result of the project will be disseminated to other East Asian countries and shared through seminar.

Project on the Elderly Persons in Thailand: LTOP

Project on Long-term Care Service Development for the Frail Elderly and Other Vulnerable People

Summary of the project

Long-term care system for the frail elderly people which is financially sustainable will be proposed by making use of the integrated community-based services, which is a result of the “Project on the Development of a Community Based Integrated Health Care and Social welfare Services Model for Thai Older Persons (2007 – 2011)”. “Model services” will be developed in pilot project sites (6 areas: Chiang Rai, Khon Kaen, Nonthaburi, Surat Thani, Nakhon Ratchasima and Bangkok) and implemented in the efficient and sustainable way. Training programs for care workers and care coordinators will be developed.

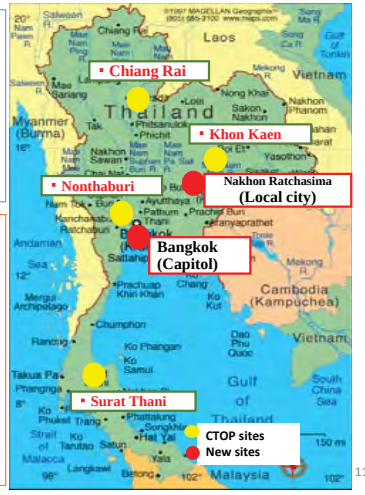
【Period】 14 January 2013～31 August 2017 (4 years 8 months)

【Purpose】

Policy recommendations on the long-term care for the elderly are accepted by the relevant ministries and organizations.

【Outputs】

1. Policy recommendations on the long-term care for the elderly are developed, based on the evidence from the pilot projects and Thai and Japanese knowledge and experiences.
2. “Model Services” are developed and implemented in an effective and sustainable manner at pilot project sites.
3. Training programs of the care workers and coordinators are developed.



Expected Goal of LTOP

Outputs of LTOP

Model Services ← → Training Programs

↓

Policy Recommendations

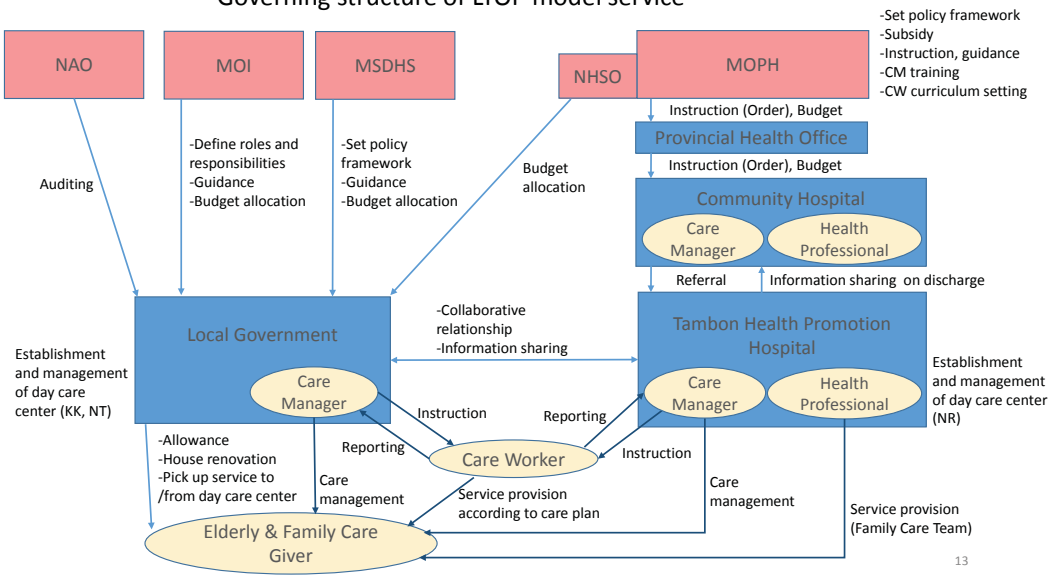
Project Purpose

Policy recommendations are accepted by the relevant ministries and organizations.

Overall Goal

Policy recommendations are reflected in the Thai government policies.

Governing structure of LTOP model service



Surveys and Analysis

1.Monitoring Survey

- 3 times (January to March of 2015, June to August of 2015, and April of 2016)
- QOL of Care Giver, ADL of Elderly, Working Ability of Care Manager and Care Giver

2.Model Service Survey

- 2 times (November of 2015 and June of 2016)
- The kind and quantity of service provided

3.Cost Analysis

- April to May of 2016
- Personnel cost, Land cost, Asset cost, Operational cost and Opportunity cost

3. Operation results of the Project

Contents of this part

3.1 Result of Model Service Survey (June of 2016)

Table 1 Number of the elderly in each site

	CR	KK	NR	NB	BK	ST	Total
Male	13	12	5	9	6	11	56
Female	10	13	15	23	14	8	83
Total	23	25	20	32	20	19.0	139

Table 2 Age of the elderly in each site

(year)

	CR	KK	NR	NB	BK	ST	Total
Minimum	66	34	45	56	65	61	34
Maximum	95	89	94	94	95	100	100
Average	80.2	71.8	69.6	80.8	82.6	79.1	77.2

Table 3 ADL of the elderly in each site

	CR	KK	NR	NB	BK	ST	Total
Entry							
Minimum	3	0	0	2	0	0	0
Maximum	11	14	18	18	14	13.0	18
Median	11.0	10.0	9.5	12.0	3.5	5.0	9.0
Average	9.0	8.7	8.8	10.3	4.4	5.4	8.0
Current							
Minimum	2	0	0	1	0	0	0
Maximum	19	19	20	19	20	12	20
Median	12.0	13.0	11.0	12.0	6.0	8.0	11.0
Average	10.1	12.4	10.6	11.7	6.8	6.8	10.0

Table 4 Total number of visit in each site

	CR	KK	NR	NB	BK	ST	Total
Total number of visit	44	97	72	262	106	57	638

Table 5 Ratio of Number of Visiting Workers

	CR	KK	NR	NB	BK	ST	Total
1 person	75.6%	0.0%	50.0%	79.4%	56.6%	35.1%	56.1%
2 persons	15.6%	77.3%	33.3%	20.6%	43.4%	22.8%	34.2%
3 persons	6.7%	19.6%	16.7%	0%	0%	5%	5.8%
4 persons	0%	1.0%	0%	0%	0%	0%	0.2%
5 persons	2.2%	0%	0%	0%	0%	0%	0.2%
6 persons or more	0%	2.1%	0%	0%	0%	36.8%	3.6%

Table 6 Ration of Transportation for visit

	CR	KK	NR	NB	BK	ST	Total
Official Car	0%	1.0%	0%	0%	17.9%	15.8%	4.5%
Private Car	0%	0%	1.4%	3.4%	0%	36.8%	4.8%
Motorcycle	55.6%	99.0%	63.9%	13.2%	66.0%	0.4	46.2%
Bicycle	15.6%	0%	30.6%	0%	0%	0%	4.5%
Walk	15.6%	0%	4.2%	83.4%	15.1%	0%	38.4%
Others	13.3%	0%	0%	0%	0.9%	5.3%	1.6%

Table 7 Number of visit per the elderly

	CR	KK	NR	NB	BK	ST	Total
Minimum	1	2	2	7	1	1	1
Maximum	2	5	4	10	10	6	10
Average	2.0	3.88	3.6	8.2	5.2	3.0	4.6

Table 8 Service Time per Visit in each site

(minute)

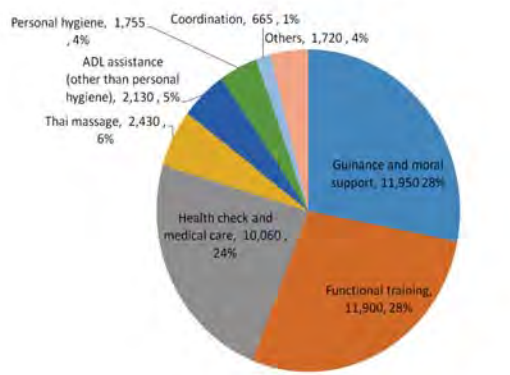
	CR	KK	NR	NB	BK	ST	Total
Minimum	30	25	30	30	30	25	25
Maximum	190	140	130	90	120	210	210
Average	90.0	52.0	78.7	57.0	74.0	100.4	66.8

Table 9 Accumulated Total Service Time in each site

(minute)

	CR	KK	NR	NB	BK	ST	Total
Total service time	4,000	5,045	5,665	14,935	7,880	5,085	42,610

Fig. 1 Home visit service in 6 sites (in minute, June 2016)



Summary of results of Model Service Survey

- According to the results, among the total service hours, Guidance and moral support shares 28%, followed by functional training (28%) and Health check and medical care (24%).
- Service provision for personal hygiene was 4%, ADL assistance (other than personal hygiene) was 5%.
- There was a wide variety among different pilot sites. For example, in NT, 64% of total service provision time was spent for functional training. In KK, 26% was spent for Thai massage
- In 6 sites, 708 hours of services were provided to 139 clients during the month of June, which means approximately about 5 hours of services were provided to 1 client. On average, 4.6 visits were made for 1 client although there is a wide variation among different sites.

3.2 Result of Monitoring Survey

(1st: January to March of 2015
2nd: June to August of 2015
3rd: April of 2016)

Care giver

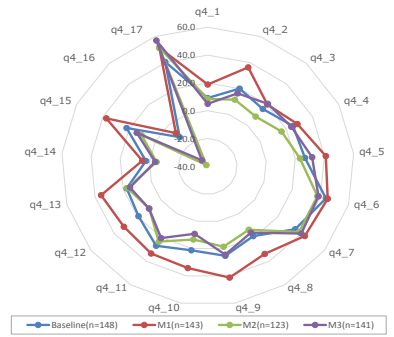
◎ For QOL of Care Givers, in general “Monitoring-1” (hereinafter abbreviated as M1, same for M2 and M3) was the highest and M2 and M3 tend back to the level of the “Baseline”. 【Refer to graph on the right】

◎ Looking at the weighted average value of QOL, “ q4_17 (Having negative feeling) ” was higher than the others. “ q4_16 (Opportunity for your leisure activities) ” “ q4_14 (Having enough money to meet your needs)” was lower . 【Refer to graph on the right】

◎ Overall satisfaction with care for the elderly tend to be high, but similar to QOL, M1 was the highest.

◎ Care work having the highest burden was in the order of “Excretion (13.0%) ”Bathing (13.0%) ” and “Helping the elderly to move around the room or house (10.0%)”

Comparison of weighted average value for QOL of Care Givers



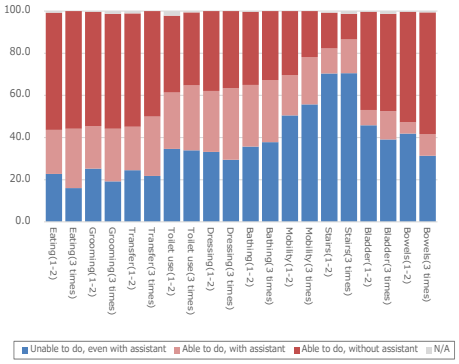
Elderly

◎ When looking at ADL of the Elderly, persons who received the care program 3 times consecutively, had higher values for “Able to do, with/without an assistant” for most of the items except for “Bathing” “Mobility” and “Stairs”.
【Refer to graph on the right】

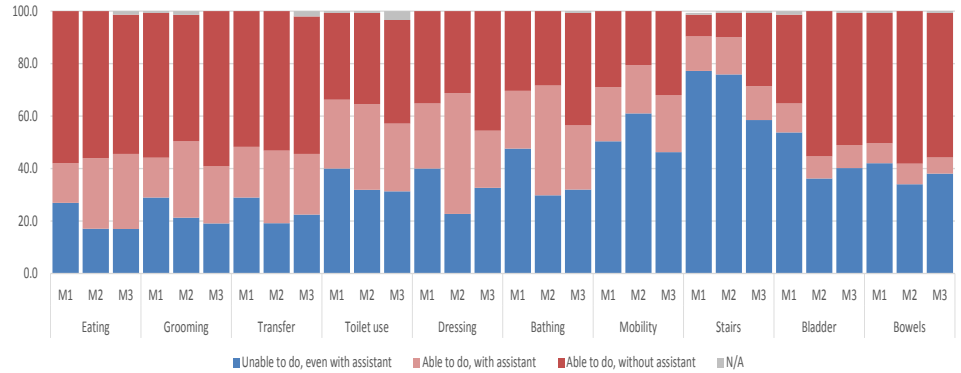
◎ Looking at each Round, “Unable to do, even with an assistant” decreased each time and “Able to do, with an assistant” increased.
【Refer to next page】

◎ On the other hand, elderly who had issues on “Memory” or “Depression” were few and there was no change depending on the Round.

ADL of the Elderly



ADL of Elderly (by Round)



Care Manager & Care Worker

＜ Care Manager ＞
◎Looking at the weighted average value of Working Ability (WA), self-assessment for every item improved slightly each time.【Refer to graph on the right】

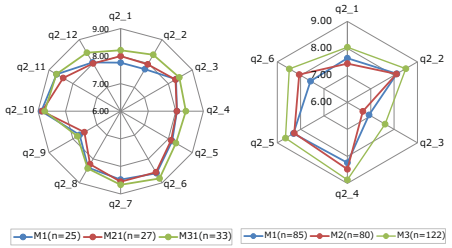
◎When comparing “People who studied in Japan” to “People who did not study in Japan”, in general “people who did not study in Japan” had higher evaluations.

＜ Care Worker ＞
◎ Looking at the weighted average value of Working Ability (WA), self-assessment for every item improved slightly each time the same as with Care Managers. However, the evaluations in general were slightly lower than Care Managers.
【Refer to graph on the right】

◎ ”Khon Kaen (KK)” had higher self-assessments than others locations depending on the site.

Comparison of weighted average value for WA

【 Care Manager 】 【 Care Worker 】



Evaluation items slightly differ between Care Managers and Care Workers.

Care Manager & Care Worker (continued)

＜ Satisfaction Level ＞
◎ For Care Managers, satisfaction with mission/role/responsibility in LTOP showed positive evaluation each time, however, for the result of LTOP, it tends to be lower from M1 to M3.

◎Care Workers showed improvement for satisfaction, it tends to be higher each time as WA improved.

3.3 Result of Cost Analysis
(April and May of 2016)

(1) Result of Cost Survey

Land cost (fixed cost)

Fig1. Land area & price (㎡) for LTOP site office / day care center (2016/May)

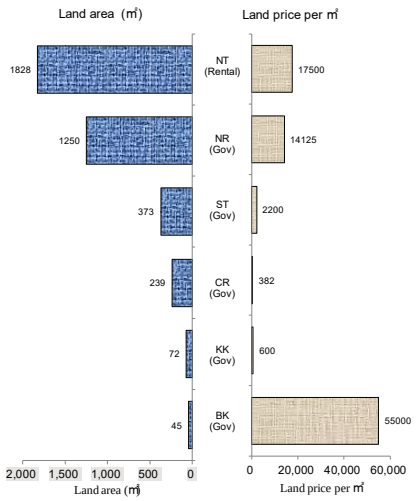
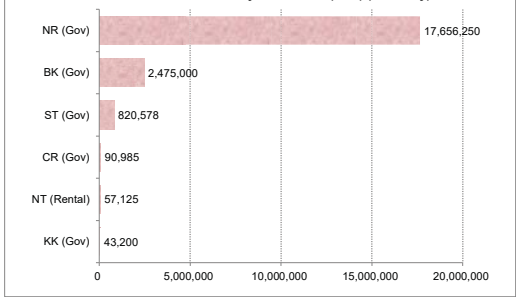


Fig 2. Depriciation land cost or rental cost for LTOP site office / day care center (THB) (2016/May)



- ✓ NR: Both large land area & relatively expensive price contributed to the highest land cost among 6 sites
- ✓ BK: The highest land cost is caused by land price
- ✓ Mean value is 3,423,856 THB (std: 6,986,418) and median is 455,782 THB, of which variance is too large to estimate cost structure.

Asset cost (fixed cost)

Fig 3. Assets of LTOP site office / day care center (THB) (2016/May)

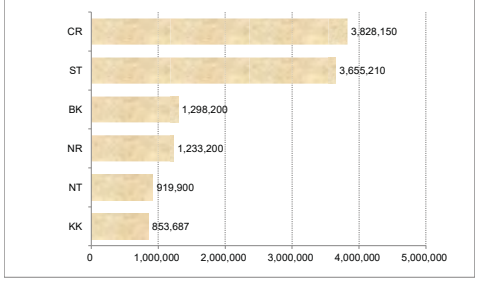
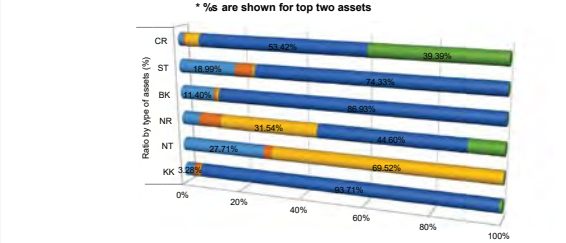


Fig 4. Ratio by type of asset (%) (2016/May)
* %s are shown for top two assets



Ratio by type of assets (%)	KK	NT	NR	BK	ST	CR
OA equipment	3.28%	27.71%	6.07%	11.40%	18.99%	1.83%
Furnitures	1.88%	2.72%	7.36%	0.94%	5.92%	0.67%
Telephone & fax	0.00%	0.05%	0.20%	0.08%	0.30%	0.03%
Exercise & Medical equipment	0.40%	69.52%	31.54%	0.65%	0.35%	4.66%
Transportations	93.71%	0.00%	44.60%	86.93%	74.33%	53.42%
Others	0.72%	0.00%	10.22%	0.00%	0.11%	39.39%

- ✓ Regardless of amounts of asset costs, transportations (car; motor bicycle; and bicycle) contributes to higher ratio of costs in most sites except for NT.
- ✓ Exercise and medical equipment is major source of asset costs in NR and NT.
- ✓ Another major source of asset costs is OA equipment, particularly in ST, BK, and NT.
- ✓ Mean value is 1,964,725 THB (std: 1,388,203) and median 1,265,700 THB.

Personal cost
(variable cost except for manager as fixed cost)

Fig 5. Monthly personnel cost for LTOP (THB) (2016/May)

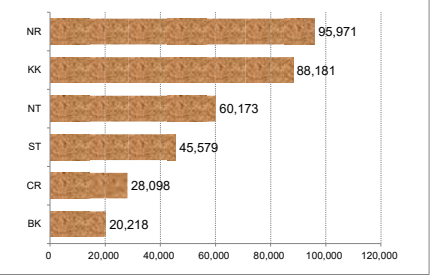
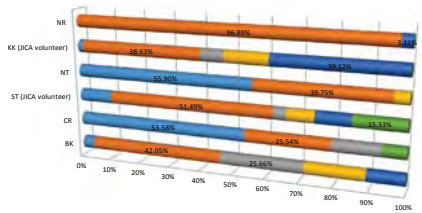


Fig 6. Ratio of monthly personnel cost for LTOP by occupation (THB) (2016/May)
* THBs are shown for top two occupations



	BK	CR	ST (JICA volunteer)	NT	KK (JICA volunteer)	NR
Manager	3.70%	53.58%	10.48%	55.90%	1.55%	0.00%
Medical doctor / Nurse	42.05%	25.54%	51.49%	39.75%	38.63%	96.89%
Other professions	25.66%	13.98%	4.09%	0.00%	7.13%	0.00%
Public health officer	17.65%	0.00%	8.17%	4.34%	13.56%	0.00%
Volunteer/Care worker	10.94%	0.00%	10.42%	0.00%	39.12%	3.11%
Other staff	0.00%	6.90%	15.33%	0.00%	0.00%	0.00%

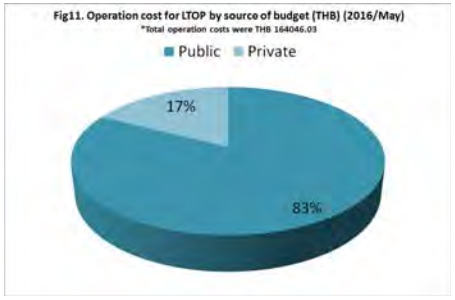
Note: Other professions include dentist, dental care worker, pharmacist, pharmacist assistant, medical technician, physical therapist, social worker, emergency unit staff, and Thai traditional medical assistant.: Other staff includes service staff, elderly's home visitor, driver, housekeeper, community developer, and fireman.

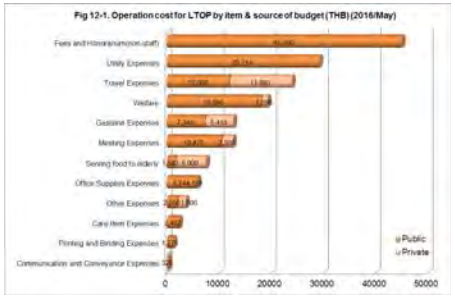
- ✓ Regardless of amounts of personal costs, MD and nurse contributes to high rates are major source of personal cost in most sites except for NT and CR.
- ✓ Manager's cost takes account for approximately a half of personal costs in NT and CR.
- ✓ Another major source of asset costs is volunteer in KK and other profession than MD and nurse in BK.
- ✓ Mean value is 56,370 THB (std: 31,040) and median 52,876 THB.

Regression results for hourly wage of LTOP staffs

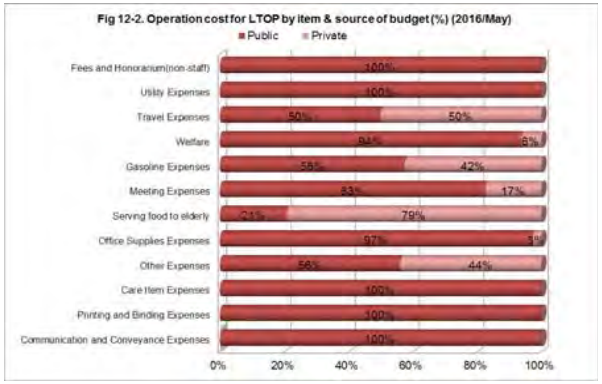
Dependent variable: hourly wage	Coef.	Std. Err.	t		P>t	[95% Conf.	Interval]
female	-13.762	7.641	-1.800	*	0.073	-28.834	1.311
age	-0.646	0.278	-2.320	**	0.021	-1.195	-0.097
years of working experience	5.363	0.410	13.080	***	0.000	4.554	6.172
Manager	77.245	12.745	6.060	***	0.000	52.106	102.384
Medical doctor & nurse	80.966	11.099	7.300	***	0.000	59.075	102.858
Other profession	81.318	12.661	6.420	***	0.000	56.344	106.292
Public health officier	76.205	12.182	6.260	***	0.000	52.178	100.233
Other staff	2.667	13.130	0.200		0.839	-23.232	28.566
Constant	29.351	16.690	1.760	*	0.080	-3.569	62.271

- ✓ Adjusted R-square is 0.8282 (N=200) so that this model could explain hourly wage by 82.82%.
- ✓ Compare to male, female hourly wage tend to be lower by about 14 THB, which is statistically significant at 10% level.
- ✓ While an increase in age by one year would decrease hourly wage by about 1 THB (5% level significance), an increase in years of working experience would increase it by about 5 THB (1% level significance).
- ✓ Compared to volunteer/care workers, most staffs' hourly wage would be higher, except for other staff (manger by about 77 THB; MD & nurse and other profession by about 81 THB; and public health officer by about 76 THB).





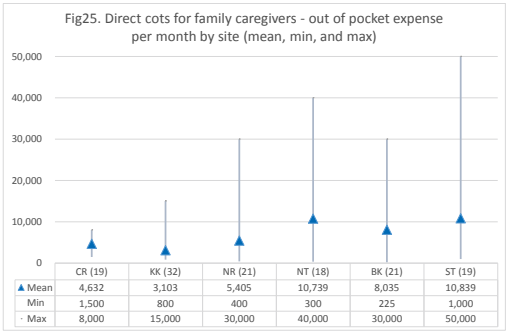
Operational cost (variable cost)



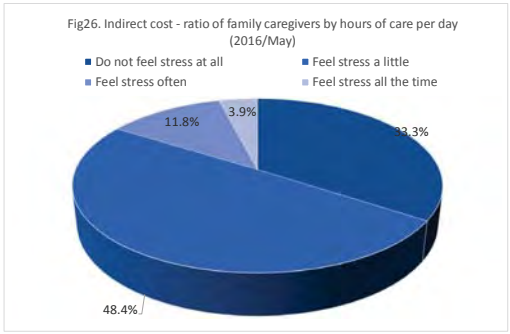
- ✓ Out of entire operation cost, 83% and 17% are spent respectively by public and private sources.
- ✓ Out of operation costs, fees and honorarium for non-staffs are the highest, following expenses for utility, travel, welfare, gasoline, meeting, serving food to elderly, etc.
- ✓ Private source largely contributes to expenses for serving food, travel, office supplies, gasoline and meeting.

(2) Family Caregiver's Opportunity Cost

Direct and indirect costs by family caregivers (2016/May)

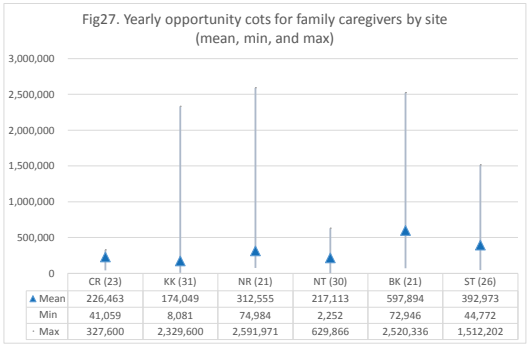


	CR (19)	KK (32)	NR (21)	NT (18)	BK (21)	ST (19)
▲ Mean	4,632	3,103	5,405	10,739	8,035	10,839
Min	1,500	800	400	300	225	1,000
· Max	8,000	15,000	30,000	40,000	30,000	50,000

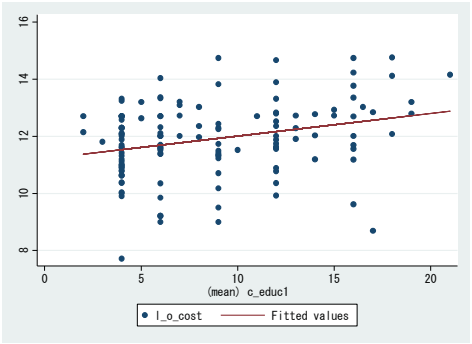


- ✓ Average direct costs (out of pocket expense) tends to be higher in ST, NT, and BK, of which income levels are relatively high, by about 8,000 THB-11,000 THB.
- ✓ Further, almost 70% of family caregivers feel stress to some extent.
- ✓ In general, long hours of care would be physically, mentally, and financially, heavy burden to family caregivers.

Opportunity costs by family caregivers (2016/May)



	CR (23)	KK (31)	NR (21)	NT (30)	BK (21)	ST (26)
▲ Mean	226,463	174,049	312,555	217,113	597,894	392,973
Min	41,059	8,081	74,984	2,252	72,946	44,772
· Max	327,600	2,329,600	2,591,971	629,866	2,520,336	1,512,202



- ✓ Opportunity costs are estimated by hourly wage X total hours for care per year.
- ✓ For those who could not answer their hourly wage to be expected because they had never worked in the labor market, we impute minimum hourly wage.
- ✓ Opportunity costs tend to be higher in BK and ST, of which income levels are relatively high.
- ✓ Log value of opportunity cost seems to be positively correlated with educational achievement.

Welcome

Participants from "Project on Successful Ageing: Community-Based Programme and Social Support System in Malaysia"

(JICA and Malaysia)

Tuesday, 22 November 2016 at 13.00 – 14.00 hrs.

Venue: Conference Room 5501, Building No.5, DLA

Constitution of the Kingdom of Thailand 1997 (B.E. 2540)

⇨ Elderly Act of 2003 (B.E.2546)

Institutional mechanism for the elderly policy is "The National Commission on the Elderly (Prime Minister as a Chairman of the Commission) which is responsible for making policies and plans related to the elderly and the rights of the elderly

- Medical Care
- Public Health
- Education
- Occupation
- Subsistence Allowance
- Funeral and Cremation

Roles of Department of Local Administration and community-based elderly care policy

Constitution of the Kingdom of Thailand 1997 (B.E. 2540) Article 80

Constitution of the Kingdom of Thailand 1997 (B.E. 2540) Article 80

The rights of the older person was mandated by the above constitution. The older person have the right to receive the health service from the government for the safety of life and existence.

Department of Local Administration

Vision

Strengthen Local Administrative Organization with transparency towards 'Thailand 4.0' in accordance with Sufficiency Economy Philosophy.

Missions

- Develop the Department of Local Administration (DLA) and the Local Administrative Organizations (LAOs) to be modern and high-performance organizations, as well as enhance the competency and professionalism of their personnel.
- Adopt innovation and develop information technology database system to improve the administration of the DLA and the LAOs in accordance with 'Thailand 4.0'.
- Promote collaborative governance and public participation in the management of the DLA and the LAOs in order to strengthen them.
- Consult, support, and facilitate the LAOs to efficiently manage and provide public services according to their roles and functions under the principle of good governance.
- Develop the public Administration in the democratic system with the King as Head of the State and adhere to Sufficiency Economy Philosophy.

Strategic Issues of DLA

Strategy 1	Enhance the competence of the DLA to become a High Performance Organization (HPO)
Strategy 2	Enhance the performance of local administrative organizations with the good governance principle
Strategy 3	Improve the efficiency of local governments in providing public services
Strategy 4	Promote participation, integration and network management in every sector

DLA and Public Health

➢ Standards for Elderly services	the standards and guidelines for the implementation of the elderly service in order to create a strong society wit ageing population
➢ Subsistence Allowance for Older Persons	Elderly receive monthly allowance (Progressive rate)
➢ Nursing Home (12 Nursing home In 10 Provinces)	Poor/ Abandoned / Unsupported
➢ Services Center for the elderly	Activities for Elderly

Standards for the implementation of the elderly services

the standards and guidelines for the implementation of the elderly services in order to create a strong society with ageing population consist of

- Primary Indicators : significant indicators and missions of the elderly's living standards that are required

- Performance Indicators : significant indicators and missions that improve elderly's service quality or elderly's welfare

Standards for the implementation of the elderly services

5 Characteristics of Indicators

1. The preparation indicators for ageing society
2. The elderly development and support indicators
3. The rights and benefits of older persons indicators
4. The Administration for Elderly and Human Resource Development for Elderly indicators
5. The development and dissemination of knowledge about elderly indicators

Subsistence Allowance for Older Persons

- Department of Local Administration has been transferred the "Subsistence Allowance for Older Persons" mission from Department of Social Development Welfare, Ministry of Social Development and Human Security since 2003 (B.E.2546)
- During the first period the principle that was used for subsistence Allowance for Older Persons was "Target Group" or "specifically Selected"
- In 2008 (B.E. 2551), under the Abhisit Vejjajiva's government, the Subsistence Allowance for Older Persons is no longer about "the assistance" for elderly but about "the rights" of them.

เบี้ยยังชีพผู้สูงอายุ (ต่อ)

- In 2011 (B.E.2554) under the Yingluck Shinawatra's government, the progressive rate for the Subsistence Allowance for Older Persons was introduced. It has been initiated since B.E.2555 (Fiscal year)
- The details of the progressive rate for the Subsistence Allowance for Older Persons are as follows
  - the older persons at the age of 60 - 69 ⇒ 600 Baht
  - the older persons at the age of 70 – 79 ⇒ 700 Baht
  - the older persons at the age of 80 - 89 ⇒ 800 Baht
  - the older persons at the age of 90 and ⇒ 1,000 Baht

Subsistence Allowance for Older Persons

- In 2015, the population of Thailand was estimated to be 65.1 million people, and, approximately, 16% of the Thai population (10.3 million people) are 60 years or older. Hence, Thailand is becoming an aging society.
- In 2017 Fiscal Year, there are 7,407,724 people who are qualified for Subsistence Allowance for Older Persons.
- **Conditions and Qualifications**
  - At least 60 years of age
  - Thai nationality
  - Are not receiving any other government benefits such as government pensions, military pensions, special pensions, and etc.
  - Are not living in a nursing home of the government or local authorities
  - Are not receiving monthly payments, compensations, revenues or any other subsidies from the government or local authorities

Subsistence Allowance for Older Persons

- Payments : Local Administrative Organizations will pay Subsistence Allowance for Older Persons in three different methods of payment
  - **Cash**
  - **Bank Transfer**
  - **Cash or Bank Transfer to the Attorney**

Subsistence Allowance for Older Persons

Year	Amount of Older Persons	Amount of Monthly Payment (Baht)	Total Payment (Baht)	Remark
2003	399,362	300	1,437,703,200	General Grant
2004	440,000	300	1,584,000,000	General Grant
2005	427,083	300	1,897,498,800	General Grant
2006	1,073,190	300	3,863,484,000	General Grant
2007	1,755,266	500	10,531,596,000	General Grant
2008	1,755,266	500	10,531,596,000	General Grant
2009	1,828,456	500	10,970,736,000	General Grant
	3,142,168	500	9,426,504,000	Special Grant from Government Policy (6 Months)
2010	1,828,456	500	10,970,736,000	General Grant
	3,345,554	500	20,073,324,000	Special Grant from Government Policy
2011	5,178,052	500	31,068,312,000	Special Grant
	823,335	500	4,940,010,000	Special Grant (Additional Budget)
2012	6,504,191	Progressive Rate	50,449,081,200	Special Grant
2013	6,776,562	Progressive Rate	54,212,288,800	Special Grant
2014	7,072,698	Progressive Rate	56,581,456,000	Special Grant
2015	7,114,903	Progressive Rate	56,950,253,600	General Grant (Specific Objectives)
2016	7,504757	Progressive Rate	57,972,199,200	General Grant (Specific Objectives)
2017	7,407,724	Progressive Rate	58,902,256,400	General Grant

Services Center for the Elderly and Nursing Home

- Department of Local Administration has allocated financial budgets to the Provincial Administrative Organizations for the operation of 12 nursing homes (in 10 provinces) and 1 Social Services Center. The budget allocation is increasing every year.

In order to further develop and improve services provided to elderly people who are living in nursing home/ services center for the elderly, DLA divided budget into three categories as follows:

- Operating budget (ordinary expense/ material expense/ food expense/ water & electricity expense)
- Personnel budget
- Capital budget (including durable goods/building materials) for the construction/renovation of the buildings

Services Center for the Elderly and Nursing Home

- Services Center for the Elderly : is a platform for elderly people to participate in different one-day activities including health activities, income generating activities, learning activities, recreation, and religious activities. Currently, there are 1 Services Center for the Elderly which is Sri Sukot Services Center for the Elderly under the authority of Phitsanulok Provincial Administrative Organization, with 100 elderly people using their services

- Nursing Home : is a place to assist elderly people who are suffering such as those who are abandoned, houseless elderly people, or has to live alone without supports. Nursing home provides various services including basic needs, health examination service, health care service, recommendation service, advice service, and mental adjustment service. In present, there are 1,205 elderly people living permanently in 12 nursing homes in 10 provinces.

Services Center for the Elderly and Nursing Home

No.	Local Administrative Organizations	Nursing Home	Amount of Older Persons
1	Kanchanaburi	Chaloem Ratchakumari (Luang Por Lumyai Uppatham)	100
2	Chanthaburi	Ban Chanthaburi	80
3	Chumphon	Ban U Thong-Phanang Tak	80
4	Chiang Mai	Wat Thong Niwet	80
5	Trang	Ban Sri Trang	100
6	Nakhon Pathom	Ban Nakhon Pathom	90
7	Nakhon Pathom	Chaloem Ratchakumari (Luang Por Pern Uppatham)	70
8	Nakhon Ratchasima	Ban Tham Pakon Pho Klang	160
9	Nakhon Ratchasima	Ban Tham Wat Muang	130
10	Nakhon Sawan	Ban Khao Bo Kaeo	130
11	Maha Sarakham	Maha Sarakham	100
12	Lopburi	Ban Lopburi	85
	Total		1,205
	Phitsanulok	Sri Sukot	100

Local Administrative Organizations and Public Health

- National Health Security Local Fund (District Fund) Local Administrative Organizations, in collaboration with National Health Security Office, providing public health services to 5 groups of people which are mother and children, elderly people, disabled people, risky occupations, and chronically ills for only 45 Baht per person.

- Provincial Fund for Rehabilitation of Essential Health (Provincial Fund) Local Administrative Organizations, in collaboration with National Health Security Office, providing rehabilitation services, including providing prosthesis and necessary medical equipment for 1. Disabled people 2. Elderly people and 3. Sub Acute rehabilitation.

Local Administrative Organizations and the Development of Elderly Quality of Life

- Services Center for the Elderly : Local administrative organizations are the main organization to provide fundamental social services, medical services, public health services, and improve quality of life, for example, providing basic health examinations and recommendations.
- School for the Elderly : Local administrative organizations are the main organization to enhance and facilitate education, development of skills, and learning capacities such as curriculum, schedule of events, learning time frame or clear assessment in order to help the elder adapt to the society, and becom more self-reliance to better improve the community.
- Community for the Elderly : is the association of the elderly people with an aim to do activities that are beneficial to the society and, also, harmonized the community. In some cases, local administrative organizations could help assist, coordinate, or financially support the community for the elderly in terms of budget, personnel, locations, materials, and equipment.

Q&A

Day Care Centers

The Bueng Yitho Municipality

Day Care Centers

The Bueng Yitho Municipality

Background and objectives of elderly day care center establishment

Bueng Yitho Sub-district, located in Thanyaburi district, Phathum Thani province, has experienced a dramatic increase in elderly population. In 2001, when the Bueng Yitho Municipality was the Bueng Yitho Sub-district Administrative Organization, it had to pay elderly allowance to 366 elderly persons. Currently, the Bueng Yitho Municipality has to allocate elderly allowance to over 2,600 elderly persons.

Over time, the Bueng Yitho Municipality has continually organized different activities to promote the quality of life among local elderly persons; for example, exercise activities, e.g. quarterstaff dance, aerobics, yoga, and social dance.

In 2013, a group of interns from the Faculty of Social Administration, Thammasat University, and their teacher supervisor (Ms. Natthaphat Sarobon), in collaboration with the Municipality, conducted a field visit to survey local people's opinions about the needs of local elderly persons. After that, the Faculty and the Municipality, with the support from Mayor Rangsan Nanthakawong, initiated the establishment of "**The Day Care Center**" within the Municipality to support different activities based on the elderly's needs. The first elderly day care center of the Municipality is located in the Fa Rangsit Village, Khlong 3.

Recognizing the importance of healthcare for local people, especially elderly ones, the Municipality has allocated budget monies to enhance their quality of life with a focus on disease prevention and health promotion.

This first elderly day care center offers a full range of activities, which focus on holistic care, in physical, mental, social, and spiritual aspects. Examples of these activities include health activities, e.g. yoga, Tai Chi, social dance, fitness, aerobics, petanque, swimming, traditional Thai massage, and sauna. They also include recreational activities, e.g. diction exercise, karaoke, learning-promotion activities, e.g. basic computer, English, Chinese, and short vocational training, as well as Dhamma practice, which aims to equip them with a peaceful, happy mind. These activities are organized in clearly-designated spaces under staff members' close supervision. In addition, free medical check-up is provided every three months by a medical team and public health officers of the Municipality.

Initially, local people, the university, the private sector, and the Bueng Yitho Municipality jointly renovated a dilapidated club facility, located in the middle of the village, to become a one-stop service day care center that responds to the needs of local people, including elderly ones. In the future, the Municipality will extend day care centers to cover each of the four villages under its responsibility.

Steps taken

Setting up the day care center took into account the following two key steps:

1. Pre-implementation stage

1.1 Studying the patterns of activities, the rate of service use, service quality, and service satisfaction from center members and other local people; studying and analyzing problems and obstacles concerning the center's operations in order to acquire information about service management improvement; investigating local community-related information; and preparing PowerPoint presentations to inform the local community and to result in information sharing. Before these presentations were given, meetings were held in order to plan how to prepare and present this information.

1.2 Organizing local meetings, which involved day care center members, local people, volunteers, as well as executives from local administrative organizations. They were involved in hearing about relevant information, situations, problems, and obstacles. Forums were open for them to make recommendations for center development.

1.3 Analyzing and assessing study results prior to project implementation.

2. During-implementation stage

2.1 Presenting the activity plans and guidelines for enhancing the management and operations. The following were prepared:

Table 1: Plan for the Project "The Day Care Center"

Project	Month		
	January	February	March
1. Public Park Improvement (Social dimension)	← →		
2. Fa Rangsit Smart Club (Intellectual dimension)		← →	
3. Healthy Food (Physical dimension)		← →	
4. Art Therapy (Mental dimension)		←	→
5. Dhamma Variety (Spiritual dimension)			← →

2.2 Adjusting activity patterns to respond to these five dimensions of the elderly.

2.3 Publicizing these activities to ensure involvement of members and other local people.

2.4 Contacting speakers and providing resources required for these activities.

2.5 Carrying out activities, as scheduled.

After the center was operated for a certain period, the Municipality studied relevant information and problems in order to acquire information for improving operations. Reviews of operations and surveys of its issues were crucial, which localities should be aware of to ensure efficient management for day care centers.

Day care center management

Currently, Thailand is an aging society. In 2014, the Ministry of Public Health presented that the number of Thai senior citizens increased by approximately 500,000 per year, and Thailand was projected to become "an absolute aging society" in 2025, whereby the ratio of the elderly population to the total population will equate to 1:5. In 2014, there were over a million bedbound, homebound, and dependent elderly persons. The Office for National Statistics identified that there is a steady rapid increase in the number and proportion of elderly persons in Thailand. In 1994, the elderly population represented 6.8 percent of the total Thai population, and this figure increased to 9.4 percent, 10.7 percent, and 12.2 percent, in 2002, 2007, and 2011, respectively. This study found that the elderly population accounted for 14.9 percent of the total population as of 2016. As stated, Thai society is stepping into the status of an aging society. An aging society is a society where over 10 percent of its population is 60 years old or more or where over seven percent of its population is 65 years old or more. This conforms to the definition of an aging society given by the United Nations (UN).

In 2014, the population aged over 60 in the Bueng Yitho Municipality was over 2,600. As a local administrative organization, the Bueng Yitho Municipality recognized the importance of enhancement of local elderly persons' quality of life to create a well-being elderly society. This dealt with promotion and development of their capacity in different areas, consisting of health, academic knowledge, and vocation. Activities provided within the center were weekly scheduled to facilitate local people's participation.

As of 2016, the Bueng Yitho Municipality has three day care centers under its responsibility, which consist of the Ban Fa Rangsit Day Care Center, Piyawararom Wararom Day Care Center, and the Sathaphon Center.

The Ban Fa Rangsit Day Care Center

The Ban Fa Rangsit Day Care Center has the following unique characteristics:

1. The Ban Fa Rangsit Community is the first community where the day care center was set up by the Municipality. Thus, the Ban Fa Rangsit Day Care Center is the model center for other centers within the Municipality. The other two centers, which were set up after the Ban Fa Rangsit Center, consist of the Piyawararom Wararom Day Care Center and the Sathaphon Day Care Center.

2. The Ban Fa Rangsit Community has a volunteer club, which is responsible for developing, improving, and maintaining the local environment and collective hygiene, as well as assisting in different activities, e.g. painting the edge of fields and improving scenery within the community.

3. The center service use by members represents 46.9 percent per month, which is measured based on the number of visits made by service users. The service use rate for these three day care centers is high.

4. People in the Ban Fa Rangsit Community share a similar economic status, with similar ways of life. Most of them work as employers in private companies, state-enterprises, and government agencies, and others do freelance work.

5. The Ban Fa Rangsit Day Care Center is joined by many elderly persons from nearby villages. As it is the first day care center of the locality, it is widely known by people in the village and in nearby villages. Transport in the village is convenient due to the fact that it is situated near a main road, which is Rangsit-Nakhon Nayok.

6. The Fa Rangsit Village leaders and committee members are strong. This results in local peoples' involvement in activities, and this serves as a good linkage, thus leading to effective coordination of activities.

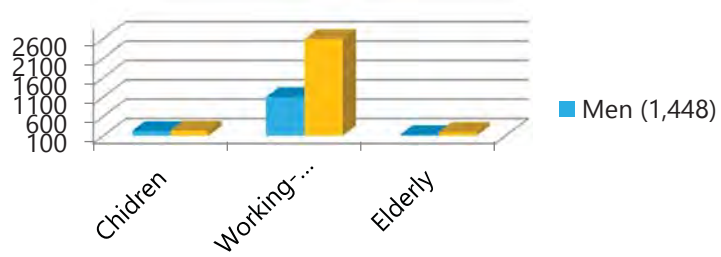
7. Services provided within the center are appropriate and adequate for the members. This center provides diverse activities, both indoor and outdoor activities, learning activities, vocational training activities, recreational activities, and health activities.

8. Local elderly persons assist their elderly group. For example, elderly persons monitor their elderly neighbors who are in their houses.

9. The Ban Fa Rangsit Day Care Center is open on Saturdays and Sundays, which is convenient for service use. Community members working during the week visit the center on the weekends.

Survey of population in the Fa Rangsit Village

The total population of the village was 3,174, which consisted of 1,448 men and 1,726 women. Of this, 462 were children (224 boys and 238 girls), representing 14.55 percent; 2,394 were working-age people (1,099 men and 2,595 women), representing 75.43 percent; and 318 were elderly persons (125 men and 193 women), representing 10.02 percent.



Source: The Bueng Yitho Municipality, 2015.

Activities within the center

There are 15 activities that are offered to enhance the local elderly persons' quality of life, which can be broken down into physical, mental, and intellectual capacity promotion activities.

- English
- Line dance
- Aerobics
- Basic yoga
- Social dance
- Yoga
- Basic Chinese
- Fitness
- Petanque
- Karaoke
- Sauna
- Swimming
- Bag knitting
- Basic English
- Computer and the Internet

Table 2: Classification of Activities of Each Dimension

Physical	Mental	Intellectual
Line dance	Bag knitting	Basic English
Aerobics		Basic Chinese
Social dance		Karaoke
Yoga		Computer and the Internet
Basic yoga		
Fitness		
Petanque		
Sauna		
Swimming		

Services schedule (day/time) and membership regulations

The Ban Fa Rangsit Day Care Center is open every day, from 09.00-20.00 hrs, except for Mondays. The membership application time is available from 09.00 to 17.00 hrs. (Lunch break: 12.00-13.00 hrs).

Documents for membership application

1. One copy of an ID card.
2. One copy of a house registration certificate.
3. Center membership application form (It can be downloaded from http://www.buengyitho.go.th or can be received at the center).

Types of membership and membership fee

The center offers six types of membership, with an initial admission fee and an annual membership fee rates, as follows:

Table 3: Types of Members and Membership Fees

Membership type	Qualifications	Membership fees
Ordinary	People aged 60 or more whose name is registered in the area.	Initial admission fee of 100 baht + Membership fee of 200 baht.
Extraordinary member 1	People aged 18-59 years whose name is registered in the area.	Initial admission fee of 200 baht + Membership fee of 400 baht.
Extraordinary member 2	People aged 60 years or more whose name is registered in the area.	Initial admission fee of 200 baht + Membership fee of 400 baht.
Extraordinary member 3	People aged below 18 years whose name is registered in the area.	Initial admission fee of 100 baht + Membership fee of 200 baht.
Extraordinary member 4	People aged below 18 years whose name is registered outside of the area.	Initial admission fee of 200 baht + Membership fee of 400 baht.
Extraordinary member 5	People aged 18-59 years whose name is registered outside of the area.	First admission fee of 200 baht + Membership fee of 800 baht.

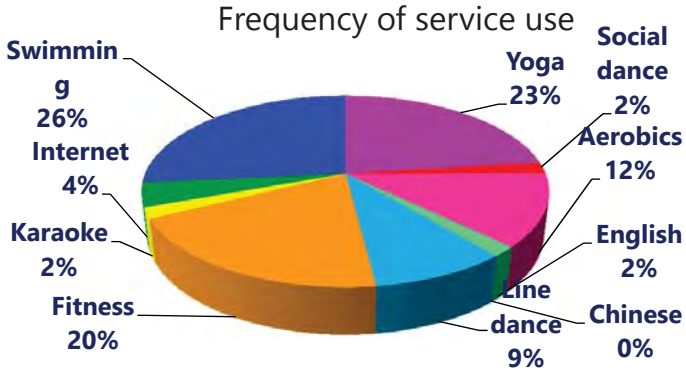
Apart from the membership fee, the center collects fees for some services (for members), which are follows:

1. Swimming pool: 20 baht per time for a member aged below 18 years.
2. Swimming pool: 40 baht per time for a member aged 18 years or more.
3. Steam and sauna: 50 baht per time.

*The swimming pool service fee for non-members: 30 baht per time for a child and 50 baht per time for an adult.

The record of participation of activities at the Ban Fa Rangsit Day Care Center, as of January 2016:

1. Basic yoga 313 members, representing 9.86 percent
2. Social dance 26 members, representing 0.81 percent
3. Aerobics 167 members, representing 5.26 percent
4. English 23 members, representing 0.72 percent
5. Chinese 0 member, representing 0 percent
6. Line dance 125 members, representing 3.93 percent
7. Fitness 267 members, representing 8.41 percent
8. Karaoke 25 members, representing 0.78 percent
9. Internet 56 members, representing 1.76 percent
10. Swimming 360 members, representing 11.34 percent



Obstacles to the Management of the Ban Fa Rangsit Day Care Center

Location

1. The Ban Fa Rangsit Village is a deep, long village with a huge population. Therefore, conducting a needs and opinion survey of all local people is difficult. If it is possible, the needs will be clearly identified, and this can result in program and activity management that is effective and responsive to their actual needs.

Solutions: Spending more time on conducting the survey and identifying strategies and methods for drawing opinions from as many local people as possible. One hundred percent response may not be achieved, but a 70-80 percent response should be met. This may involve recording addresses, conducting walk surveys, questionnaire distribution, and a preliminary discussion – if any household members are not available, a letter can be an option to ask for their opinion

2. Bathrooms at the center are not clean enough because center staff lack knowledge and understanding about proper cleaning methods. The author's observations revealed that the bathrooms are clean only when the center is visited by educational trip groups from the outside. This may be another reason why members do not prefer to come to the center.

Solution: Training facility staff in hygienic cleaning. They should be made aware of the influence of bathroom cleanliness on the number of visitors to the center.

3. The Ban Fa Rangsit Village has limited utility spaces despite having a large size. Due to long, deep, and narrow properties within the village, there are limited parking lots around the center, which are inadequate for service users or visitors. This is not convenient for them, and inconvenience is a reason why center members don't come to the center.

Solution: Expansion of parking lots – If this is impossible, other areas may be allocated to serve as parking lots. For example, on the day when there are people from the outside who visit the center, nearby areas may be asked to serve as ad hoc parking lots.

Personnel

1. The number of center staff is not sufficient for providing services and running activities for a large number of service users. Some activities lack personnel with required expertise, such as teaching English and Chinese. This results in discontinuity in some activities, although there are members who are still interested in them.

Solution: Staff in charge should efficiently manage instructors. For example, as for an English class, two English instructors should take their turn to teach each day. If there is no instructor in any activities, job application should be immediately open. The activities should not disappear from the schedule in the case when they can attract a lot of service users.

2. Some center staff do not pay enough attention to the services rendered to members. They should have a service mind to create positive impression among service users to ensure that they regularly visit the center.

Solution: The center staff should be trained in required steps to provide good services since the standards of good services vary from an individual to individual. Thus, if knowledge training is provided, the staff's work and services will be aligned, which is beneficial to both staff and service users. Staff will receive knowledge and service users will receive good, impressive services.

Activities

1. Some activities and services within the center do not meet members' needs. For example, sauna facilities are hardly used. A long non-use period of some equipment may result in its deterioration.

Solution: Studying reasons why service users do not come to the center. If the reason is a lack of staff to assist or give instructions about services, this can be solved by posting simple instructions. If the reason is related to service users' preference of services, service cancelation can be an option.

2. Some activities experience discontinuity. For example, after some activities are run for a certain period and their instructors are not available, they have to be cancelled in the middle of the program, even though members are still interested in them, such as vocational training.

Solution: Before the center adds new activities, it should select activities that can be continually run. If members enjoy any activities, they will feel disappointed if their activities are canceled in the middle of the program.

3. Activities have very few attendees

Solution: The reason why there are not many attendees in some activities is a lack of need surveys before the activities are organized. This problem should be solved at its root cause. That is, before any activities are held, local needs should be explored first.

Management

1. Public relations within the center and village are not thorough. This results in community members receiving incomplete information, which may make them miss some activities they are interested in. For example, water exercise can interest a lot of elderly persons, but some of them do not know that this activity exists.

Solution: Improving the public relation system within the center and village, installing speakers in all alleys, or running public relation programs via social networks, etc.

Challenges

1. How to survey the opinions and needs of all households, or as many as possible, within a limited time.

2. How to make community members apply for the center's membership and how to increase the number of members.

3. How to attract more elderly persons to join indoor activities, such as fitness, karaoke, and sauna.

4. Identifying activities that are interesting and needed by community members while still providing a full range of activities.

5. Identifying strategies and methods that allow for activity continuity and regular involvement by attendees.

6. Providing additional parking lots in areas around the center to accommodate an increasing number of service users while the village utility spaces are limited.

Future work directions of Ban Fa Rangsit

Based on surveys and interviews with local people and based on quality-of-life improvement activities for local elderly persons during two-month practical training in the village, the author can envisage the future development direction, as outlined below:

Subscription

1. Member application system

In the future, the member data system may be adjusted to provide linkages between all day care centers to allow members to use services in any of the centers. Each center may provide activities and services that the other centers do not have. For example, the Piyawara Day Care Center has a stone garden. Members of the Ban Fa Rangsit and Ban Sathaphon Day Care Centers should be able to visit the garden by just showing their membership card. In addition, a membership card should have a beautiful, modern design to attract elderly persons' membership. For example, it should come with a beautiful photo and is in the smart card form.

2. Supporting the increasing number of members and service users and continual activities

The center should plan and prepare how to handle the number of members and service users that increases yearly and set an activity schedule to suit the increasing number of users, expand utility spaces for activities, improve bathroom cleanliness, increase the number of parking lots for large-scale passenger vehicles, and increase the number of staff members, in order to provide them with the utmost convenience. In addition, activities should be organized continuously and efficiently in the long run to yield the utmost benefits to the elderly.

Activities

1. Adjustment of activities and services of the center

The statistics of attendance in the center activities reveal that each activity has a different number of service users and that service use is irregular. This may be influenced by several factors, i.e. unclear, non-thorough public relations or inconsistency with local needs. Thus, local needs and opinion surveys must be conducted before the establishment of a day care center. This aims to plan activities and projects in accordance with local needs as much as possible and to prevent the wastage of budget monies by organizing activities that attract few or no people. The monies can be used to support and improve activities that can are interesting for local people.

2. Supporting water activities, such as water exercise and dance

This day care center has swimming pools which are not available in the other centers in the Bueng Yitho Municipality. The center should promote water activities for elderly health promotion to a greater extent, in order to serve as a model and leader in terms of water activities to other centers for their future improvement.

3. Annual meetings between the centers in the Bueng Yitho Municipality

It has been anticipated that there will be at least two meetings a year among all day care centers in the Bueng Yitho Municipality. This aims to provide a forum for them to share opinions, integrate knowledge, and brainstorm ideas to resolve issues. In addition, this aims to provide an opportunity for them to improve themselves and have aligned practical guidelines. However, these centers do not need to provide the same activities because the need for their members and services users may be different, which varies according to local environmental, economic and social conditions.

4. Creating motivation to participate in activities

Positive motivation should be established, and details and benefits of joining the activities provided by the center should be clarified. The positive incentives may be direct long-term benefits for senior people and other community members. For example, water exercise provides health benefits. In addition, concrete incentives should be clarified and publicized.

5. Continuity of activities

The implementation of different activities and projects lack continuity. This can be observed based on activity implementation or lessons studied by university students earlier. This reveals that no activities from that time exist today. Accordingly, when new activities are available, the elderly do not want to join because they fear that they may be discontinued; they believe that these

activities are on an ad hoc basis. The village committee should attach great importance to continuity of activities.

6. Public relations for activities within the Ban Fa Rangsit Center and among the other centers

As some members have never heard about all-year-round activities provided by the Municipality, the public relations should be improved. More modern and rapid forms of public relations should be utilized. For example, social networks should be involved to provide quick information access by people of all ages.

Improvement of resources within the Ban Fa Rangsit Day Care Center

1. The swimming pools within the center should be improved to adequately serve the elderly.

In the future, 90-degree steps to the swimming pools will be changed to large gradient steps that suit the elderly. The steps will facilitate, and reduce accidents to, the elderly. The pressure of water in the small pool should be increased to ensure their relaxation and promote better blood circulation.

In conclusion, the Ban Fa Rangsit Day Care Center should be developed in terms of the membership system and activities provided within the center. This is because there is likely to be a great increase in the number of members. More importantly, the actual needs of elderly persons and other community members should be taken into account before any activities or projects are arranged. For activities designed for seniors, safety should be the top priority, as the physical condition of the elderly sometimes may not be conducive to doing some activities. Another important thing is that before any activities are held, plans and strategies for the activities should be formulated to ensure their continuity so that the local people receive the maximum benefits.

Seminar

Project on Successful Aging: Community Based Programme and Social Support System in Malaysia

"Master Lesson for Project Based in Community"

23 November 2016

By Ms.Nattapat Sarobol
Lecturer, Faculty of Social Administration,
Thammasat University

Venue : Bangkok, Thailand

Overview

- The Introduction of Three Models
- How to promote the activities in the center
  - Community Study
  - Problems Recognition
  - Social Participation
  - Social Laboratory
- Partnership
  - Patterns
  - Relationships
- Lesson from the center's activities.

The Introduction of Three Models

1.Best Model for Integrated Elderly Care System

1.1 Activities for Center in Pratumthani Province

" Life Quality Center" in 3 branches (Ban Pha Rangsit/ Sathaporn/Piyawararom)

1.2 Home Health and Social Care in Lopburi Province

"Excellent Happy Home Ward"

1.3 Khao Pra Ngam Complex Center for Elderly in Lopburi Province

Three Models organized by LAO

1.1 Activities for Center in Pratumthani Province
" Life Quality Center" in 3 branches


Ban Pha Rangsit

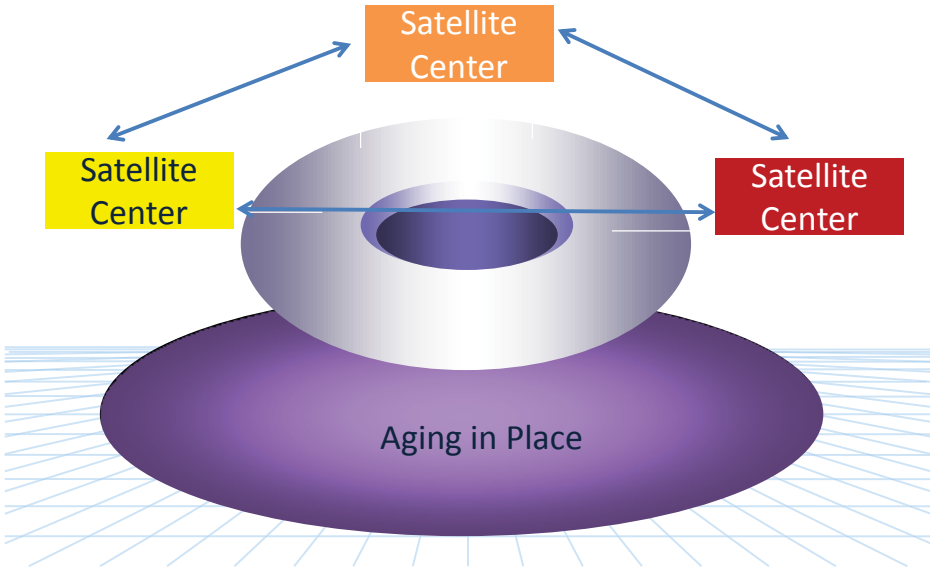

Ban Piyawararom


Ban Sathaporn

Activities for Center in Pratumthani Province
" Life Quality Center"

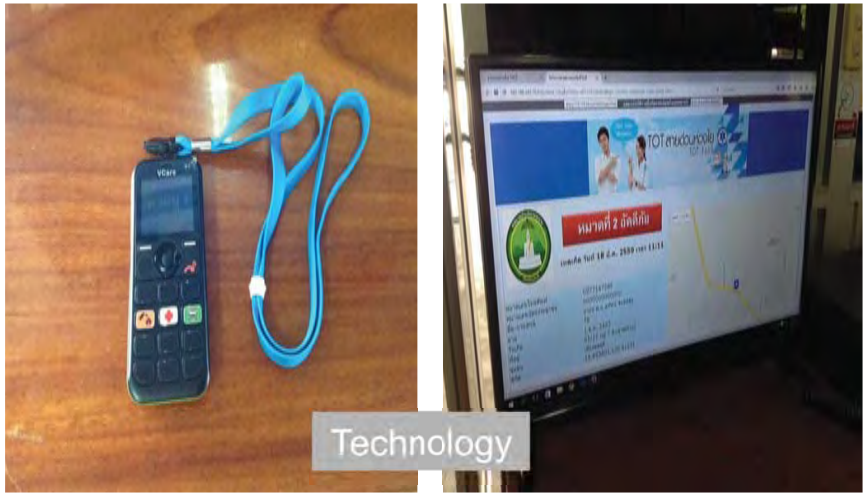
3.2 Activities for Center in Pratumthani Province
" Life Quality Center"

Concepts for this Model



1.2 Home Health and Social Care in Lopburi Province
“ Excellent Happy Home Ward”

Home Health and Social Care in Lopburi Province
“ Excellent Happy Home Ward”



Five Dimensions of Excellent Happy Home Ward

1.H= Health

Health Care Services are provided for the elderly.

2.A= Activities

Activities relating health rehabilitation are provided for the elderly.

3.P= Participation

Social Activities are provided for the elderly.

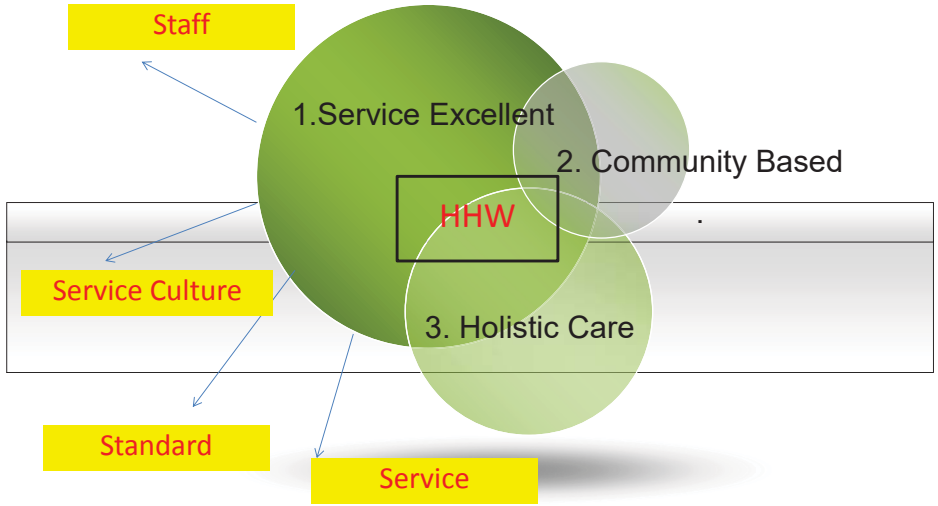
4. P=Program TOT

Social Media is provided for the elderly.

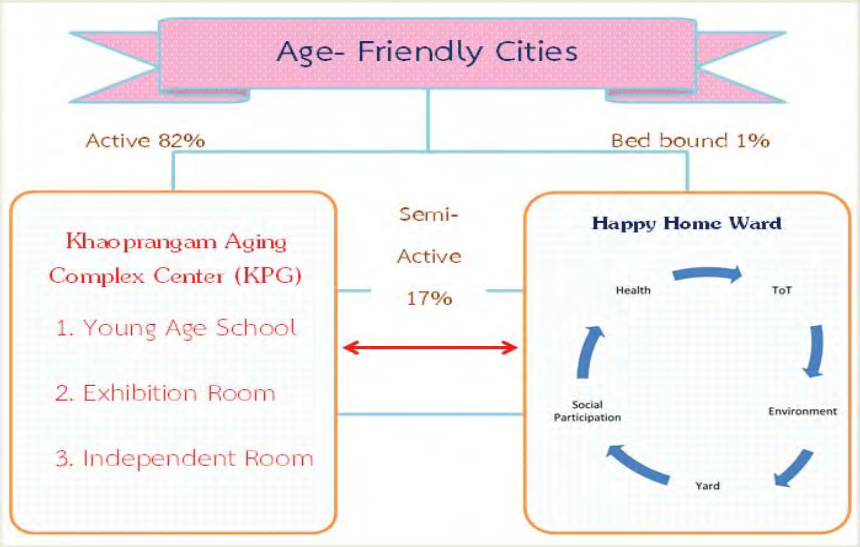
5.Y= Yard

Nice Landscape and friendly environment are provided for the elderly.

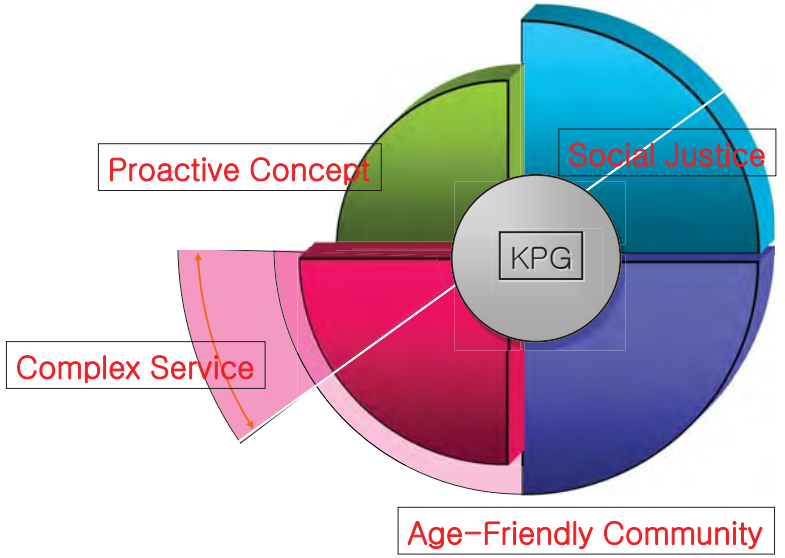
Concepts for this Model



1.3 Khao Pra Ngam Complex Center for Elderly in Lopburi Province

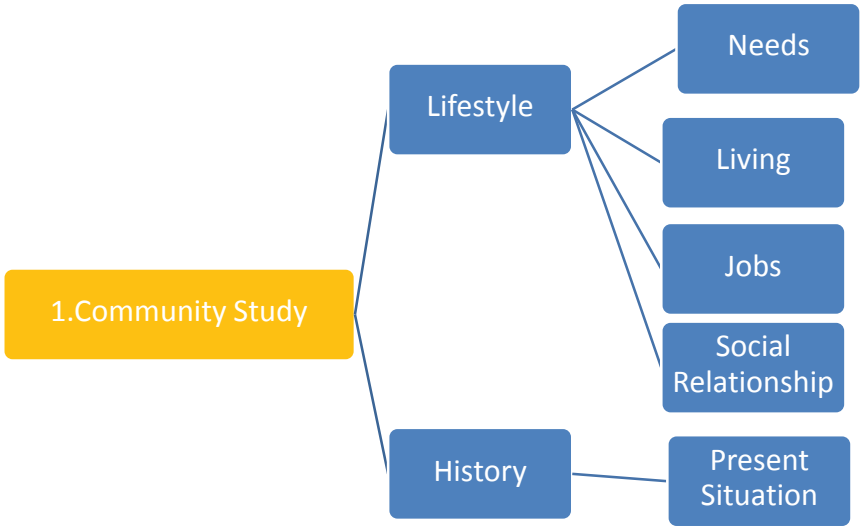


Concepts for this Model



How to promote the activities in the center

How to promote the activities in the center



1.1 Ways for Community Study

Community Study in Prathumthani

1. Years1-2 for Study (Coorperation among University,Tessaban and Community)
    - 1.1 Survey
    - 1.2 Analysis and Thinking
    - 1.3 Meeting
    - 1.4 Reflection
2. Year 3 (Self-Learning)
    - 2.1 Field Study
    - 2.2 Group Discussion
3. Years 4-5 (Building and Activities
4. Evaluate and Development

Community Study in Lopburi

1. Year1 for Community Study
    - 1.1 Documentary Data
    - 1.2 Analysis and Planning
    - 1.3 Implementation
    - 1.4 Staff Workshop

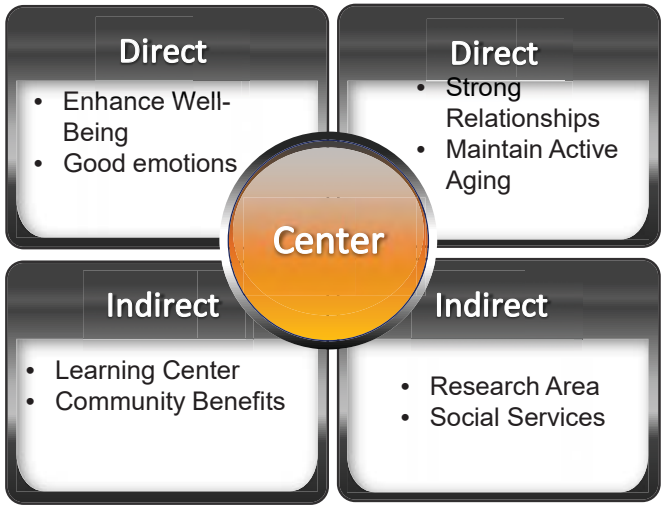
1.2 Problem Recognition

KPG	HHW	QLC
• Closed- Center • Short - Term Project • Non-Participation • Limited of User	• One or Two Dimensions • Fits for all = Fits for Life • One way services • Non-Participation	• The Center was abandoned • Drug problem • Lack of elderly activities

1.3 Social Participation

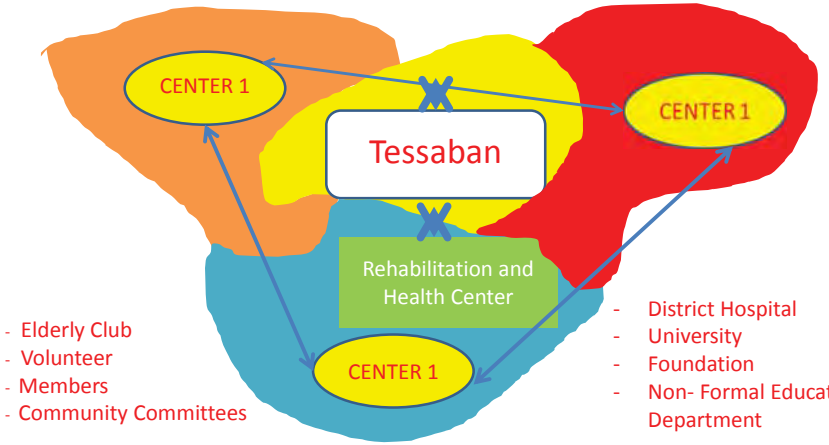
1. Proactive Activities
    - 1.1 Knock-the-door-visit
    - 1.2 Home Talk
    - 1.3 Field Study
    - 1.4 Training
2. Reactive Activities
    - 2.2 Elderly Club Meeting
    - 2.3 Community Meeting

1.4 Social Laboratory

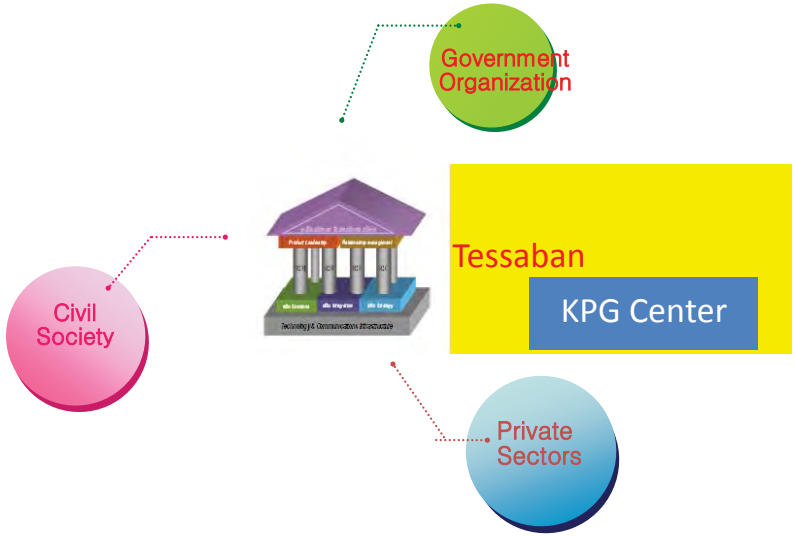


Partnership

Patterns of Partnership (Phathumthani)



Patterns of Partnership (Lopburi)



Lesson from the centers activiites

1. Keys for Success
    - 1.1 Community Study
    - 1.2 Human Development
    - 1.3 Sense of Belonging
    - 1.4 Set the new attitude and delete the ageism
2. Ways to Development
    - 2.1 Apply and Development
    - 2.2 Concern about local life and wisdom
    - 2.3 Creative Thinking
3. Technique
    - 3.1 Outsider Feedback
    - 3.2 Stimulate
    - 3.3 Sincerely

Khao Phra Ngam Aging Complex Center

(KPG Center)

Khao Phra Ngam Municipality

Khao Phra Ngam Aging Complex Center (KPG Center)

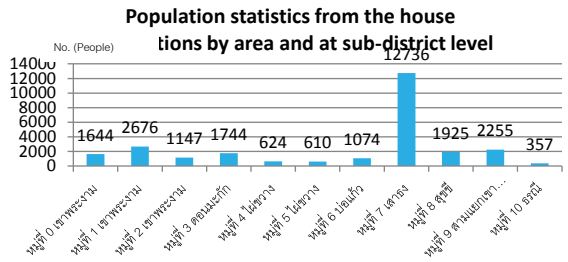
Under the Project of Golden Land for the Elderly

1. The situation of the elderly in Khao Phra Ngam sub-district

Khao Phra Ngam Municipality in Mueang Lop Buri district, Lop Buri province, is the local administrative organization. Its responsibility is to serve the public within the scope of its legal jurisdiction because the law decentralizes the power to the local administrative organization. The policy of central and local government supports and improves the quality of life of children, women, disabled, senior and disadvantaged people to ensure that they equally live with human dignity. This will ease the burden these people, especially the social-bound, home-bound and bed-bound elderly, will pose to themselves, their family and the society. If the capacity of social-bound and home-bound elderly is developed, they will understand the current social and economic condition and technology. This will then slows down the bed-bound condition. Under the human development strategy on lifetime learning in no. 5.2.4, the elderly's social and economic security should be enhanced so that they can adapt themselves to the change and turn themselves into the driving force to develop the society.

The population statistics was collected from the house registrations of Khao Phra Ngam Municipality by area and at sub-district level (January 2016). It revealed that the administrative areas of Khao Phra Ngam Municipality included 10 villages. Out of a population of 27,615, 17,684 were male and 9,931 were female (Diagram 1). The population was most concentrated in Moo 7, Sao Thong Village, followed by Moo 1, Khao Pra Ngam. The total households were 11,507 (Diagram 2).

Diagram 1

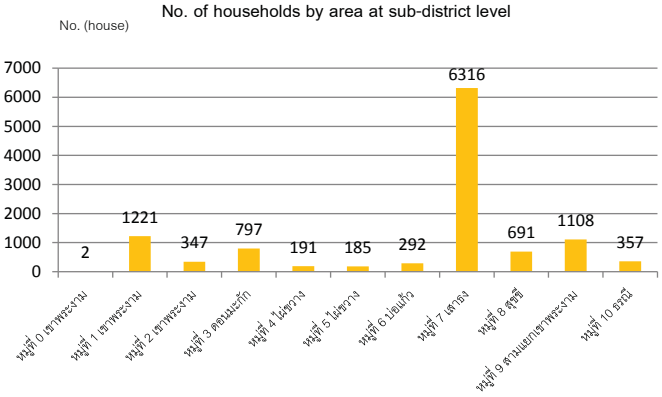


(From left)

Moo 0: Khao Phra Ngam
Moo 1: Khao Phra Ngam
Moo 2: Khao Phra Ngam
Moo 3: Don Ma Kak
Moo 4: Pai Kwang
Moo 5: Pai Kwang
Moo 6: Boh Kaew
Moo 7: Sao Thong
Moo 8: Sukkee
Moo 9: Khao Phra Ngam T-Junction
Moo 10: Thoranee

(Information on Khao Phra Ngam sub-district, Khao Phra Ngam Sub-District Municipality, in January 2016)

Diagram 2



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Moo 8: Sukkee
Moo 9: Khao Phra Ngam T-Junction
Moo 10: Thoranee

(Information on Khao Phra Ngam sub-district,
Khao Phra Ngam Municipality, in January 2016)

Out of the total population, 3,120 were senior citizen, representing 11.63 percent. Currently, Thailand is an “aging society,” which means the society or country whose population aged 60 or older represents 10 percent of the nation’s total population or whose population aged 65 represents more than 7 percent of the nation’s total population (United Nations: UN). The National Statistical Office of Thailand concluded that Thailand has become the aging society since 2005, with the elderly people representing 10.4% of total population. Compared with the reference information, Khao Phra Ngam is the aging sub-district because the senior citizen accounts for more than 10.4%. In the future, the number of elderly people tends to increasingly grow because of low birth rate. There is a gap among childhood, working age and adulthood. Lastly, this sub-district needs the better healthcare. Therefore, every sector has to pay attention because this issue affects the public service, budget expenditure and management. If being well prepared, the sub-district can reduce the subsequent issues and fully gear toward the aging sub-district.

With the situation of “aging sub-district,” the Municipality and many sectors must review the operation, especially the elderly care. It therefore results in this innovative project.

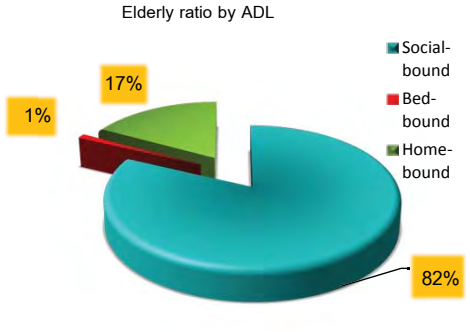
2. Background and significance of innovative project

As mentioned above, Khao Phra Ngam sub-district started focusing on the senior group and taking action to cope with the increasing number of this group. After reviewing the issue and phenomenon happening to the target group, the Municipality found the interesting issues as below:

1. The elderly people needed the capacity building and promotion.

With 3,120 senior citizens, Khao Phra Ngam Municipality categorizes them by activity daily life (ADL). In category one, 2,563 people (82%) were capable of helping themselves. In category two, 512 people (17%) could partially help themselves. In category three, 45 people (1%) were bedridden. (This is shown in diagram 3).

Diagram 3



The statistics of elderly category by ADL revealed that 82% remained strong, could take care of themselves, and were the key driving force to support the society. The Municipality saw that the capacity building was the crucial service and should be done in parallel with the social welfare, such as allowance and house repair. It therefore initiated the projects or activities focusing on capacity building of the social-bound elderly.

2. The Municipality had outstandingly capable and knowledgeable elderly, who represented the local uniqueness.

The social-bound elderly had various fields of knowledge. Some were retired officials with work background in both public and private sector. Some could play different kinds of traditional musical instruments. Some were interested in handicraft, especially sewing the unique textile of Lop Buri. Some skillfully cooked Thai food and dessert while others were good at drawing and making the decorative items. As a result, the Municipality would like to gather all kinds of talents to build the capacity of senior citizens.

3. The Municipality had a strong Senior Citizen Club.

The Senior Citizen Club was led by Col. Wiset Chantaramas, retired government official. The elderly people could get together to not only discuss their situation, but also regularly join the related activities, such as exercise, medical checkup, Thai massage, haircut, vocational training, and listening to Dhamma at the temple. These activities were well received by the elderly because more than 2,000 people in Khao Phra Ngam sub-district were social-bound and could join different activities.

Three situations could be summarized as follows: 1) The elderly needed the capacity building and promotion. 2) The Municipality had outstandingly capable and knowledgeable elderly, who represented the local uniqueness. 3) The Municipality had a strong senior citizen club. With this information, the Municipality came up with the guideline on innovative operation for the elderly people. The historical data of elderly care revealed that “Padchim Wai Wittayakom” elderly school was established in 2014. It aimed to prepare the senior to join the aging society. Open on every Wednesday, the school provided the activities to promote their lifetime learning, skill development and education based on their preference. The activities were of interest to these people and important for their way of life. The volunteer instructors or related agencies helped enhance their knowledge and life skills. It also served as the platform for the elderly to express their potential. They could transfer the knowledge, wisdom and experience to others so that the local wisdom could be furthered preserved. After the implementation, the performance in 2015 revealed the following challenges that the Municipality needed to review and address:

1. The service used closed system (with fixed operating hours). The service in closed system of Padchim Wai Wittayakom School meant that it was open in the operating hours, between 8:30 a.m. and 2:30 p.m., on every Wednesday. It had the staff members to serve the senior and lay out the weekly curriculum. The elderly people found this system a challenge. The number of attendees depended on their interest in the courses. The elderly needed to join the class on the specific date

and time. This was inconvenient if they had something else to do or if they would like to attend the class during the spare time.

2. The activities were in a short term and involved healthcare, social and religious activities, technology, vocation, social welfare and recreation. Most activities had fixed schedules, were held in a short term and were often controlled by the budget and timeframe. This conflicted with the principle to provide the elderly with lifetime learning experience and long-term development.

3. Only the regular senior group used the service. Padchim Wai Wittayakom School was a good start. However, only the same group of people used the service. It might be because the elderly people were not interested in the activities. Since the service was reactive, some people could not access this service. Moreover, the proactive service could not provide the comprehensive coverage.

4. The elderly hardly participated in the management. The Municipality played the major role in managing the school. Although the Senior Citizen Club was involved in the management, it was only a small group of people. The school did not give them a chance to fully manage the school in each step.

As a consequence, the Municipality team discussed with the senior to improve the service system that addressed the elderly's situation, problems or needs. In 2015, the school was considered that it could not comprehensively respond to the aging society. With the comparison between the population situation and the actual local phenomenon, the elderly people scattered around Khao Phra Ngam sub-district - in the marketplace, temple fair or local activities. Since Khao Phra Ngam sub-district was seen as the "Golden Land for the Elderly," the concrete activities or services should be initiated in a new pattern to attract the senior to join. This challenge led to the key motivation to start the "Golden Land for the Elderly" project.

3. Khao Phra Ngam Aging Complex Center (KPG Center)

The background of Khao Phra Ngam Aging Complex Center (KPG Center)

The Center was established to further develop the elderly school (Padchim Wai Wittayakom) founded in 2014. However, it could not hold a complete range of activities that truly served the needs of golden land for the elderly. In 2015, new types of activities were held. The knowledge and local activities were gathered in the same area, Child Care Center of Khao Phra Ngam Municipality. Later, this building was developed to provide one-stop service based on the elderly' way of life. So, two more activities rooms were set up and the KPG Center was established in 2015. However, the complete range activities were not implemented until 2016.

The pattern of KPG Center

KPG Center focused on activities and services for the elderly people inside the classroom (reactive) and outside the classroom (proactive). The reactive classroom activities could be divided into three parts as below:

1. Padchim Wai Wittayakom School

Padchim Wai Wittayakom School, as a part of KPG Center, focused on the senior's intellect and knowledge development. The agencies in charge included Khao Phra Ngam Senior Citizen Club and Division of Social Welfare, Khao Phra Ngam sub-district, Lop Buri province. The service aimed to 1) promote the knowledge and understanding of current economic, social and technological condition among the elderly 2) provide the social activities that boost the elderly's happiness 3) allow the senior to transfer and preserve the technical knowledge, morality and wisdom among themselves and the youth4) remind the elderly of the past activities they did to decelerate the degenerative brain, and 5) to empower the Municipality to build the senior's capacity and improve their quality of life. The key targets using the service included the social-bound and home-bound elderly. With the budget received from Khao Phra Ngam Municipality and National Health Security Office (NHSO), the School helped the elderly gain knowledge in different fields, improve the capability, and socialize with one another.

The school's activities responded to the social situation in Khao Phra Ngam sub-district because they served the elderly' needs for capacity building, mainly on intellectual development (knowledge development).

Extra-curriculum activities (proactive) were the networking activities. The elderly people got together, shared the resources, and provided the service at home. If the senior could not go to the center, Padchim Wai Wittayakom School provided the proactive activities, namely visiting others at home, being the volunteers, transferring the knowledge, joining the field study, getting together in the village, and disseminating the news and information. The elderly attending the school must do and achieve these extra-curriculum activities. They learned to work for others, adapt themselves, and accept the fact after seeing the various physical conditions of their friends in each household. Furthermore, they could make new friends from the extra-curriculum activities and new members joined the activities because of the words of mouth.

2. Exhibition room (displaying the elderly's work)

The exhibition room displaying the elderly's work was divided into two zones:

1) The work from the classroom in Padchim Wai Wittayakom School included drawing, painting, writing name with painting brush, learning English, making Saori fabric, ***photo frame of Luang Poh Phra Ngam***[1]. These activities aimed to boost the elderly' pride in their work. It was the fruit of their capability and practice. The interested public or senior can see the work and learn what activities were held in KPG Center. This will inspire the elderly who have not joined the activities.

2) The work from the local wisdom and resources, such as bamboo grass juice, rice cracker topped with sunflower seeds, accessories, a sandalwood flower, vases, Lop Buri traditional costumes and ***photo frame of Luang Poh Prangam initiated by the elderly' wisdom and taught in Padchim Wai Wittayakom School.***

[1] 3D Buddha image is the collaboration between Senior Citizen Club and Disabled Club in Khao Phra Ngam sub-district. This OTOP item is made of Marly limestone. The elderly take turn mastering their skills in Padchim Wai Wittayakom School. The net income will be used for the interest of Khao Phra Ngam sub-district, such as preserving the Buddhism and contributing to the disabled and elderly fund as well as community welfare fund.

The work displayed in the exhibition room made the elderly feel proud and recognize their talent. It also attracted other people to visit this Center in their field trip. This exhibition was open for every elder in the Municipality area, including the public. The elderly who were not interested in the school's activities but capable of producing the work from local wisdom could also exhibit the work here. In addition, the exhibits could be sold to the visitors and increase the elderly's income. This room therefore reflected the senior's social and economic value.

3. Free-style activity room

This activity room was perfect for the elderly's leisure. It aimed to strengthen and empower them. In this room, the equipment was provided to facilitate the following activities:

4.2.3.1 Weaving the textile

4.2.3.2 Making artificial flowers

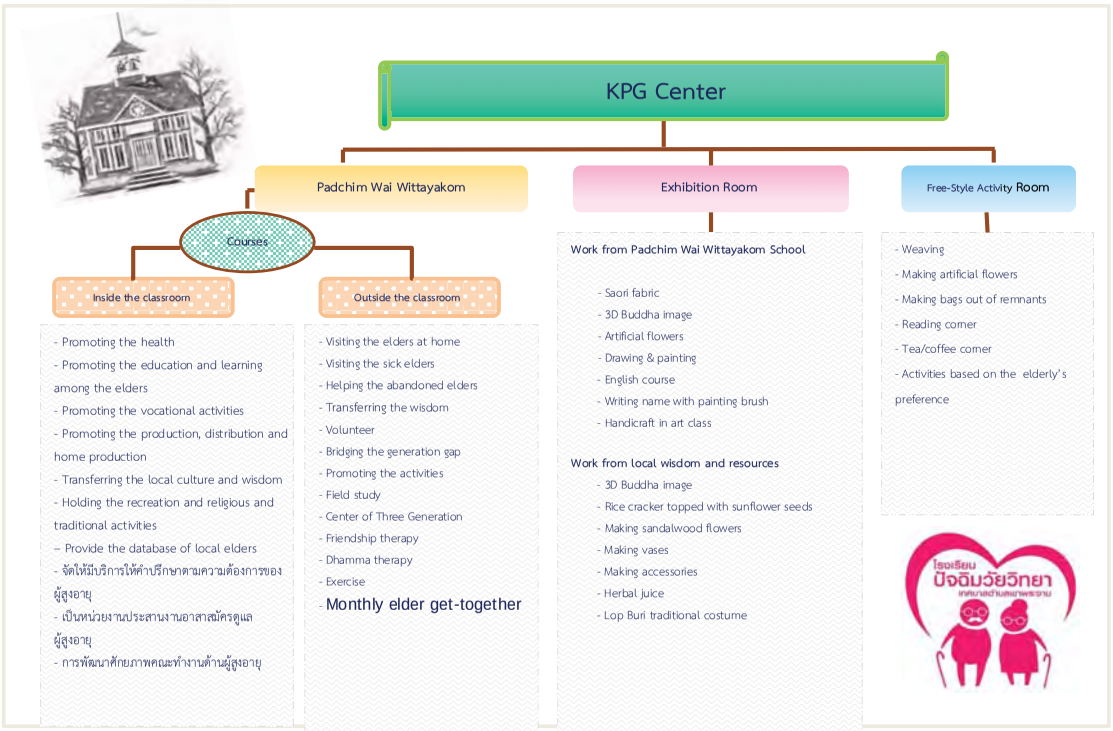
4.2.3.3 Making bags out of remnants

4.2.3.4 Reading corner

4.2.3.5 Tea/Coffee corner

4.2.3.6 Activities based on the elderly's preference

(, which means the senior bring in the material and do the activities on their own).



The service in the room was different from the School because it focused on open system. The elderly could manage the activities themselves because the room opened every day, with flexible operating hours. The elderly people could get together to drink tea/coffee or read newspaper as they wish. If anyone was interested in joining the activities, the room provided only equipment, not the instructor. Based on preference, they could choose to do the craft or weave the textile. This only made them happy and relaxed, but also kept them occupied during the spare time.

KGP Center provided three types of service: 1) Padchim Wai Wittayakom School 2) Exhibition Room and 3) Free-style activity room. These services could serve the needs and addressed the elderly's challenges in every dimension. This would improve their quality of life. The service dimension is provided in the below table (Table 1).

Table 1

Type of Service	Quality of Life					
	Physical	Mental	Social	Emotional	Intellectual	Economic
1) Padchim Wai Wittayakom School						
Academic activities						
- Elderly's meeting			✓		✓	
- Computer class					✓	
- Ascetic exercise	✓	✓				
- Dhamma therapy	✓	✓				
- Corner providing the information on health, legal issues and education, where the elderly can exchange their experiences					✓	
- Need-based consultation corner		✓	✓	✓		
- Building the capacity of working team					✓	
- The elderly's monthly get-together			✓		✓	
- How to use computer, Internet, Facebook, E-mail					✓	
- How to use the telephone and key numbers in communication and incident report					✓	
- Educating the elderly on the public sector's role in providing the proper social welfare, aligned with the local context.					✓	
- Educating the elderly on welfare-related laws and regulations					✓	
Healthcare activities						
- Exercise/Tai Chi	✓					
- Health checkup	✓					

Type of Service	Quality of Life					
	Physical	Mental	Social	Emotional	Intellectual	Economic
- Educating the elderly on the related problems, physical, mental and social change.	✓				✓	
- Educating the elderly on health, diseases and accidents that frequently take place	✓				✓	
- Educating the elderly home care volunteers on how to perform their duty	✓				✓	
- Educating the senior on proper nutrition	✓				✓	
- Educating the senior on proper nutrition	✓				✓	
Recreation						
- Thai folk dance		✓	✓	✓		
- Traditional dance as a tribute to Pra Thatphanom		✓	✓	✓		
- Recreational, religious and traditional activities		✓	✓	✓		
- Transferring the local culture and wisdom		✓	✓	✓		
- Field trip					✓	
- Listening to the Dhamma and practicing the meditation		✓		✓		
Vocational activities						
- Weaving the baskets		✓		✓		
- Thai massage		✓		✓		
- Making the garlands		✓		✓		
- Processing herbs, such as herbal balls and herbal medicine		✓		✓		
- Selling products and working at home						✓
Volunteer activities						
- Visiting the senior at home	✓	✓	✓			
- Visiting the sick elderly	✓	✓	✓			
- Helping the abandoned senior	✓	✓	✓			✓
- Bridging the generation gap	✓	✓	✓			
- Friendship therapy	✓	✓	✓			
- Teaching the grandchildren		✓	✓	✓		
2) Exhibition Room (displaying the work)						

Type of Service	Quality of Life					
	Physical	Mental	Social	Emotional	Intellectual	Economic
The Work from Classroom Activities of Padchim Wai Wittayakom School						
- Saori fabric		✓		✓		
- 3D Buddha image		✓		✓		✓

- Artificial flowers		✓		✓		✓
- Drawing and painting		✓		✓		
- English class		✓			✓	
- Writing name with painting brush		✓		✓		
- Handicraft in art class		✓		✓		
Work from local wisdom and resources						
- 3D Buddha image						✓
- Rice cracker topped with sunflower seeds						✓
- Sandalwood flowers						✓
- Vases						✓
- Accessories for the elderly						✓
- Herbal juice						✓
- Lop Buri traditional costume		✓		✓		
3) Free-style activity room						
- Weaving the textile		✓		✓		
- Making artificial flowers		✓		✓		
- Making bags out of remnants		✓		✓		
- Reading corner					✓	
- Tea/Coffee corner			✓			
- Preference-based activities	O	O	O	O	O	O

Operational direction

The agencies in charge of hosting the activities and providing the service include: 1) Khao Phra Ngam Sub-District Municipality 2) Khao Phra Ngam Senior Citizen Club 3) Khao Phra Ngam Community Commission 4) Narai Maharaj Hospital 5) Khao Phra Ngam Health Promotion Hospital 6) Lop Buri Provincial Social Development and Human Security Office 7) Lop Buri Provincial Public Prosecutor Office8) Thepsatri Rajabhat University 9) Siri Chantra Nimit Temple School 10) Non-Formal Education Center 11) Khao Phra Ngam Temple 12) Disable Club 13) Exercise Club 14) Think Tank Club and 15) Local intellects.

The number of people benefiting from KPG Center can be categorized as below:

Table 2

The number of people benefiting from KPG Center

Pattern	Benefiting Target Group	No. of People Using the Service	No. of People Using Service	Remark
Padchim Wai Wittayakom School (Classroom Activities)				
Classroom activities	Healthy elderly	2,563 people (social-bound) 100 people registered for the class.	40-60 people/day (2%)	Open on every Wednesday
Extra-Curriculum Activities				
Extra-curriculum activities	Social-bound, home-bound and bed-bound elderly	3,210 people (social-bound, home-bound and bed-bound)	20-30 people/day (1%)	Extra-curriculum activities (occasionally)
	Local people	General public interested in the activities	30 people use the service/area (1%)	In the community based on preference
Exhibition Room				
	Elderly people	3,025 people (social-bound and home-bound)	50-100 people (3%)	All senior citizens can use the service.
	Public	Visitor group	5-6 groups	The interested public can visit the room.
Free-Style Activity Room				
	Elderly people	3,025 people (social-bound and home-bound)	50-100 people (3%)	All senior citizens can use the service.
	Public	Visitor group	5-6 groups	The interested public can visit the room.

เทศบาลตำบลเขาพระงาม

www.khaoprangam.go.th

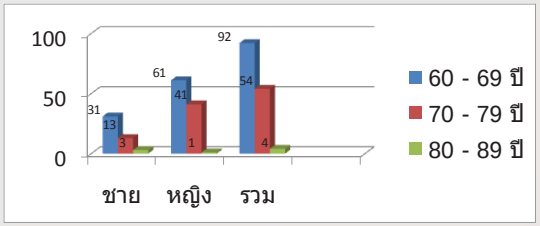
Khaoprangam Aging Complex Center

นวัตกรรมศูนย์พัฒนาคุณภาพชีวิตผู้สูงอายุแบบครบวงจร

ประวัติความเป็นมา

ในปี พ.ศ.๒๕๕๖ มีการจัดตั้งศูนย์ส่งเสริมและพัฒนาคุณภาพชีวิตผู้สูงอายุ ผู้พิการ และผู้ด้อยโอกาส
ในปี พ.ศ.๒๕๕๗ มีการจัดตั้งโรงเรียนปัจฉิมวัยวิทยา
ในปี พ.ศ.๒๕๕๘ มีการจัดตั้งศูนย์พัฒนาคุณภาพชีวิตผู้สูงอายุแบบครบวงจร

จำนวน ผู้สูงอายุในโรงเรียน



ที่มาของการจัดตั้ง

ศูนย์พัฒนาคุณภาพชีวิตผู้สูงอายุแบบครบวงจร

1. การเปิดให้บริการเป็นระบบปิดมีเวลากำหนดชัดเจน (ทุกวันพุธเวลา 08.00 น. – 14.30 น.)
2. การจัดกิจกรรมให้อยู่ในรูปแบบของโครงการระยะสั้น
3. มีผู้สูงอายุกลุ่มเดิมมาใช้บริการ
4. ขาดการมีส่วนร่วมในการบริหารจัดการจากผู้สูงอายุ

โรงเรียนปัจฉิมวัยวิทยา
Class Room

หลักสูตร

กิจกรรมภายในโรงเรียน

- ส่งเสริมสุขภาพอนามัย
- สนับสนุนการศึกษาและการเรียนรู้ สำหรับผู้สูงอายุ
- ส่งเสริมให้มีกิจกรรมด้านอาชีพ
- ส่งเสริมการผลิต การจำหน่ายผลิตภัณฑ์และการรับงานกลับไปทำ
- การถ่ายทอดวัฒนธรรม ภูมิปัญญาท้องถิ่น
- การจัดกิจกรรมนันทนาการ ศาสนา ประเพณี
- จัดให้มีระบบฐานข้อมูลของผู้สูงอายุในพื้นที่
- จัดให้มีบริการให้คำปรึกษาตามความต้องการของผู้สูงอายุ
- เป็นหน่วยงานประสานงาน อาสาสมัครดูแลผู้สูงอายุ
- การพัฒนาศักยภาพคณะทำงานด้านผู้สูงอายุ

กิจกรรมภายนอกโรงเรียน

- การเยี่ยมบ้านผู้สูงอายุ
- การเยี่ยมผู้สูงอายุที่เจ็บป่วย
- การให้ความช่วยเหลือผู้สูงอายุที่ถูกทอดทิ้ง เดือดร้อน
- การถ่ายทอดภูมิปัญญา
- จิตอาสา
- สร้างความสัมพันธ์ระหว่างวัย
- การเผยแพร่และประชาสัมพันธ์
- การศึกษาดูงาน
- ศูนย์สามวัย
- มิตรภาพบำบัด
- ธรรมโอสถ
- การออกกำลังกาย
- การประชุมประชาคมผู้สูงอายุในแต่ละเดือน

ห้องนิทรรศการ (จัดแสดงผลงาน)
Life Exhibition Room

ผลงานที่เกิดจากชั้นเรียนโรงเรียนปัจฉิมวัยวิทยา

- ผลิตภัณฑ์จากผ้า Saori
- ศิลปะพระมองตาม
- ดอกไม้ประดิษฐ์
- การวาดภาพระบายสี
- ผลงานจากการเรียนภาษาอังกฤษ
- การเขียนชื่อจากปลายพู่กัน
- ผลงานสิ่งประดิษฐ์ในวิชาศิลปะ

ผลงานที่เกิดจากภูมิปัญญาและทรัพยากรพื้นถิ่น

- ศิลปะพระมองตาม
- ขนมข้าวตังหน้าเมล็ดทานตะวัน
- ดอกไม้จันทน์
- แจกันประดิษฐ์
- การประดิษฐ์เครื่องประดับจากผู้สูงอายุ
- น้ำสมุนไพรใบย่านาง
- ชุดไทยลพบุรี

ห้องกิจกรรมอิสระ
Independent Learning Room

- กิจกรรมทอผ้า
- กิจกรรมประดิษฐ์ดอกไม้
- กิจกรรมประดิษฐ์กระเป๋าจากเศษผ้า
- มุมอ่านหนังสือ
- มุมชา & กาแฟ
- กิจกรรมตามความสนใจ

แนวคิดในการจัดตั้ง
ศูนย์พัฒนาคุณภาพชีวิตผู้สูงอายุแบบครบวงจร

เมืองแห่งแผ่นดินทองผู้สูงอายุ

- แนวคิด เมืองแห่งแผ่นดินทองผู้สูงอายุ
- แนวคิด การทำงานเชิงรุก
- แนวคิด การให้บริการที่ครบวงจร

รูปแบบของศูนย์ที่สอดคล้องกับแนวคิด

1. เกิดกิจกรรมที่ตอบสนองความต้องการและสถานการณ์ปัญหาของผู้สูงอายุ
2. มีการจัดบริการที่เป็นธรรม
3. มีการจัดพื้นที่และสภาพแวดล้อมที่เอื้ออำนวยสำหรับผู้สูงอายุ

ศูนย์พัฒนาคุณภาพชีวิตผู้สูงอายุแบบครบวงจร

ผู้สูงอายุ

ร่วมคิด
- ออกแบบกิจกรรม
- ออกแบบสถานที่

ร่วมทำ
- เข้าร่วมกิจกรรม
- ช่วยประชาสัมพันธ์/ เผยแพร่โครงการ
- ช่วยจัดสถานที่

ร่วมวางแผน
- กำหนดแผนงาน/ กิจกรรม
- วางระบบบริหารจัดการ
- วางแผนการใช้งบประมาณ

ร่วมสนับสนุน
- บริจาคเงิน
- บริจาคอุปกรณ์/ สิ่งของ

ครอบครัว
- รับ-ส่ง ผู้สูงอายุ
- เข้าร่วมกิจกรรมพร้อมผู้สูงอายุ

ชุมชน
- จัดสรรทรัพยากร
- มีจิตอาสามาทำงานในศูนย์ฯ




จำนวนผู้ได้รับประโยชน์จากโครงการ

ผู้ได้รับประโยชน์ทางตรง

ผู้ได้รับประโยชน์ทางอ้อม

รูปแบบ	กลุ่มเป้าหมายที่ได้รับประโยชน์	จำนวนผู้มีสิทธิใช้บริการ	จำนวนผู้มาใช้บริการ/ ผู้ได้รับบริการ	หมายเหตุ
โรงเรียนปัจฉิมวัยวิทยา (กิจกรรมในชั้นเรียน)				
กิจกรรมในชั้นเรียน	ผู้สูงอายุที่แข็งแรง	๒,๕๖๓ คน (กลุ่มติดสังคม) มีจำนวน ๑๐๐ คนที่มาลงทะเบียนเรียนในโรงเรียน	๔๐-๖๐ต่อวัน (ร้อยละ ๒)	เปิดบริการทุกวันพุธ
กิจกรรมนอกชั้นเรียน				
กิจกรรมนอกชั้นเรียน	ผู้สูงอายุที่ติดสังคมติดบ้านติดเตียง	๓,๒๑๐ คน (กลุ่มติดบ้านติดสังคมและติดเตียง)	๒๐-๓๐ คน/วัน (ร้อยละ ๑)	จัดกิจกรรมนอกชั้นเรียนตามโอกาส
	คนในชุมชน	บุคคลทั่วไปที่สนใจเข้าร่วมกิจกรรม	๓๐ คนที่เข้ามาใช้บริการเวลาที่ลงชุมชน/พื้นที่ (ร้อยละ ๑)	จัดในชุมชนตามอัธยาศัย
ห้องนิทรรศการ				
	ผู้สูงอายุ	๓,๐๒๕ คน (กลุ่มติดสังคมและติดบ้าน)	๕๐-๑๐๐ คน (ร้อยละ ๓)	ผู้สูงอายุทุกคนมีสิทธิเข้ามาใช้บริการได้
	บุคคลทั่วไป	คณะมาศึกษาดูงาน	๕-๖ คณะ	ประชาชนที่สนใจสามารถเข้ามาชมได้
ห้องกิจกรรมอิสระ				
	ผู้สูงอายุ	๓,๐๒๕ คน (กลุ่มติดสังคมและติดบ้าน)	๕๐-๑๐๐ คน (ร้อยละ ๓)	ผู้สูงอายุทุกคนมีสิทธิเข้ามาใช้บริการได้
	บุคคลทั่วไป	คณะมาศึกษาดูงาน	๕-๖ คณะ	ประชาชนที่สนใจสามารถเข้ามาชมได้

การมีส่วนร่วม

1. การมีส่วนร่วมในระดับหน่วยงาน

ศูนย์พัฒนาคุณภาพชีวิตผู้สูงอายุแบบครบวงจร

- งานวิชาการ
  - มหาวิทยาลัยราชภัฏเทพสตรี - พมจ.
  - ชมรมผู้สูงอายุ - วัด - กศน. - อัยการจังหวัดลพบุรี
- งานบริหารงบประมาณ
  - เทศบาลตำบลเขาพระงาม
- งานบุคคล
  - ชมรมผู้สูงอายุ
- งานบริหารทั่วไป
  - กองสวัสดิการสังคม ทต.เขาพระงาม
- งานส่งเสริมสุขภาพและบันทนาการ
  - รพ.พระนารายณ์มหาราช
  - รพ.ส่งเสริมสุขภาพตำบลเขาพระงาม
  - ชมรมออกกำลังกาย
  - ชมรมคลังสมอง
- งานอาชีพ
  - ชมรมผู้สูงอายุ - ปราชญ์ชาวบ้าน


2.การมีส่วนร่วมในระดับชุมชน

การมีส่วนร่วมในระดับชุมชน

1. ผู้สูงอายุ
2. ครอบครัวผู้สูงอายุ
3. ชุมชน

ทุนที่ใช้

- **ทุนมนุษย์**
  - ผู้สูงอายุ
  - บุคลากรผู้ปฏิบัติงานในท้องถิ่น
  - คนในชุมชน
- **ทุนที่เป็นสถาบัน**
  - ภาครัฐ
  - ภาคประชาสังคม
- **ทุนทางปัญญาและวัฒนธรรม**
- **ทุนทางทรัพยากร**
  - ทรัพยากรธรรมชาติ
  - ทรัพยากรที่คนสร้างขึ้น


ผลลัพธ์

เป้าหมาย → ผลลัพธ์

ผู้สูงอายุ

- กลุ่ม 1 ➢2,563 คน
- กลุ่ม 2 ➢512 คน
- รวม 3,075 คน

ผู้มาใช้บริการเฉลี่ย/เดือน 1,527 คน

คิดเป็น 49.66%




ความคุ้มค่า

เทศบาลตำบลเขาพระงาม ดำเนินการปรับปรุงอาคาร

ศูนย์พัฒนาเด็กเล็ก → ศูนย์พัฒนาคุณภาพชีวิตผู้สูงอายุ

งบประมาณ 639,400 บาท




คณะกรรมการศูนย์พัฒนาคุณภาพชีวิตแบบครบวงจร

Khaoprangam Aging Complex Center (KPG center)


ประธานกรรมการศูนย์ฯ

นายสำราญ อมรสังข์

รองประธานกรรมการศูนย์ฯ


นางเสาวนีย์ จันทรมาศ


นายลิงห์ ฉายปรีชา

กรรมการศูนย์ฯ


นางปราณี บัวชม


นางโสภี ทับทิมออน


นางสายสนม สายพานิชย์


นางปรีดานันท์ จันทร์บัว


นางสุนันท์ อัครศิลป์


นางสว่างจิต ขาวผ่อง

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นางบุญเสริม เลี่ยงยิ่งชอบ


นางราตรี จำปำแขม


นางสมควร อมรสังข์


นางเอื้อมพร บุญพันธ์


นายสำรวย ขันเกษตร

ปัจจัยที่ทำให้เกิดความสำเร็จ

1. มีการสำรวจและวิเคราะห์สถานการณ์ปัญหาก่อนการจัดตั้งศูนย์
2. มีเป้าหมายการทำงานที่ชัดเจน คือ เป็นเมืองผู้สูงอายุ
3. ผู้สูงอายุมีบทบาทและมีส่วนร่วมในการบริหารจัดการศูนย์ด้วยตนเอง

จากสิ่งที่พวกเราได้สร้างขึ้นมาทั้งหมดนั้น

เราเชื่อมั่นว่า ผู้สูงอายุในตำบลเขาพระงาม

จะมีชีวิตที่มีคุณค่า มีความหมาย เป็นทรัพยากร

บุคคลที่ล้ำค่า และเป็นขุมทรัพย์ทางภูมิปัญญา

ของตำบลเขาพระงาม ให้สมกับ

“แผ่นดินทองแห่งผู้สูงอายุ”

ขอบคุณค่ะ

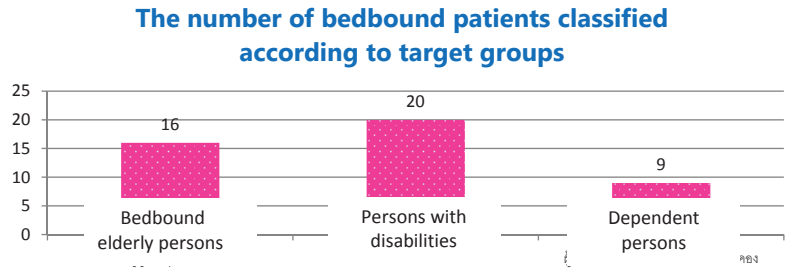
Excellent Happy Home Ward

The Khao Phra Ngam Sub-district Municipality

1. Situations of elderly persons in Khao Phra Ngam sub-district

The Khao Phra Ngam Sub-district Municipality, which is located in Khao Phra Ngam sub-district, Mueang Lop Buri district, Lop Buri province, has an elderly population of 3,120. The elderly persons can be classified into three groups, according to activities of daily life (ADL). Group 1 consists of elderly persons who can fully help themselves (2,563, representing 82 percent); Group 2 consists of elderly persons who can partly help themselves (512, representing 17 percent); and Group 3: Bedbound patients (45, representing 1 percent). Of 45 bedbound patients, 40 are classified into three groups: 1) Bedbound elderly persons, 2) Persons with disabilities, and 3) Dependent persons (Diagram 1).

Diagram 1



According to a presentation about the Project on the Establishment of the Center for Promotion and Development of the Capacity of Elderly Persons and Chronic Patients using the Home Ward, 33 bedbound patients were reported in 2012, 19 of whom were elderly persons. In 2015, the number of bedbound patients rose to 45, out of which the number of bedbound elderly persons fell to 16. The statistics manifested that the number of bedbound patients increased every year (except for bedbound elderly persons) despite the existence of the home ward program. Home ward-based care helps to promote the quality of life for bedbound patients and delay worsening of their conditions, and it reduces the number of bedbound elderly patients. However, the number of persons with disabilities still increases because many of them are in conditions that prevent them from becoming homebound or socially-bound persons. However, providing supportive care is the Municipality's important role in management. Currently, elderly persons in the Khao Phra

Ngam Sub-district Municipality consider that local people are faced with problems about taking care of chronic patients in different age groups. Chronic ailments are caused by many factors, including congenital disease, accidents, consumption of contaminated food, and other improper consumption behavior. Chronic patients are homebound, bedbound patients (Group 3). Most persons with disabilities are left to stay alone at home because other family members have to work outside or in another province. This results in them suffering from mental problems. Other relevant problems include problems about accessing services due to chronic illness, disabilities, dependency, and poverty; a lack of a social facilitation system; a lack of caretakers during ailments; or failure for self-help.

2. Background and significance of the innovation

Local people who are homebound, bedbound patients with chronic diseases need to visit Phra Narai Maharat Hospital. Some are out-patients, who rely on emergency medical cars of the Khao Phra Ngam Sub-district Municipality, and others are in-patients. Long stays at the hospital are reserved for patients who have more serious illness and need treatment from the hospital. This limitation forces the local elderly persons to return home. Under home ward care, they will feel more comfortable if they are taken care of by personnel equipped with knowledge and expertise. Thus, in 2012, the Municipality initiated the Home Ward Program in the community. Under the program, personnel (public health volunteers) were sent to the Phra Narai Maharat Hospital to be trained in home ward care for 150 hours. It is crucial to accelerate proactive work within the community in order to enhance the capacity for providing care for different target groups. Apart from the Home Ward Program, the Municipality set up the TOT Khao Phra Ngam Help Care Service Center to install telephones for 40 bedbound patients at their houses. During an emergency when they need assistance from nurses or during a crisis when they need urgent referral to the hospital, the telephone at the Municipality's Disaster Prevention and Mitigation Hot Line Center will ring. The center will send out an emergency car or rescue car to pick up the patients in a timely manner. In addition, public health personnel conducting home visits in an integrated way on a continual basis has cooperated with the Khao Phra Ngam Health Promotion Hospital, the National Health Security Office-Region 4 (Saraburi), Phra Narai Maharat Hospital, and the private sector to raise awareness of home ward care for different groups of patients, especially homebound, bedbound patients (Group 3: Bedbound). When the hospital discharges patients, public health personnel need to be provided to follow up Group 3 patients (Bedbound) in an integrated way on a continual basis to reduce patient care costs. This program complies with Section 50 (7): Promotion of the development of women, children, youth, elderly persons, and persons with disabilities, under the Municipality Act, B.E. 2496 (1953) and the amended version (Version 13), B.E. 2552 (2009). It also complies with Section 16 (10): Social work and development of the quality of life of children, women, and the underprivileged to allow the access to public health services to be in the way that the dignity of equal humans is maintained, under the Act on the Formulation of Plans and Procedures for Decentralization to Local Administrative Organizations, B.E. 2542 (1999) and the amended version (2nd version), B.E. 2549 (2006).

The Home Ward and TOT Programs have been well-recognized and have enjoyed huge success, for bedbound patients. The programs are now in the 3rd year of implementation. It has been found that some bedbound patients are able to better help themselves. For those who have no caretakers, there is a clearer care system available for them, under which volunteers take turns in assisting them. In addition, TOT wireless telephones installed at the bedbound patients' home create a feeling that they are taken care of 24 hours a day by the Municipality. Both programs can be considered to be well-established programs. They are in the process of upgrading activities and services to be more responsive to elderly persons' needs. The municipality committee, elderly persons, and the elderly care network had meetings about future program development. They agreed that 'home' is a place where patients convalesce and get physical and mental rest, in accordance with the programs' intention to bring chronic patients to receive treatment at home. Mainly, the Municipality's implementation focuses on 'home' in the dimension of family members living at home. Focusing on chronic patients' good relationship with other family members, the Municipality does not take into account the environment within the home. They jointly considered what an ideal house for elderly persons should look like in all dimensions. Therefore, they initiated work to develop **The Excellent Happy Home Ward** under the Program of the City of Golden Land for Elderly Persons, as the big goal for city development.

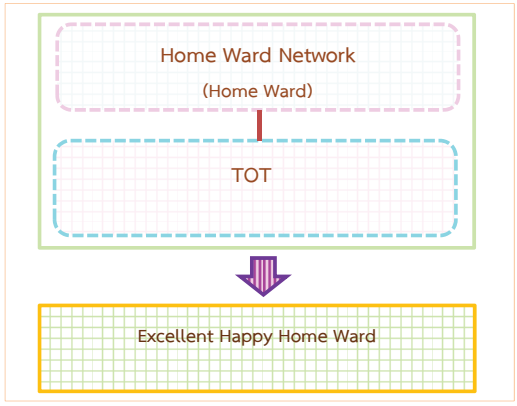
3. Expanding the innovation known as "The Excellent Happy Home Ward"

The Excellent Happy Home Ward continued from the Home Ward and TOT Programs. The Excellent Happy Home Ward originated in 2015, which was initiated using the concept of working at chronic patients' home to achieve all dimensions of services, not only in the medical care dimension. They aimed to make the word 'home' become appropriate in all

dimensions for patients: 1) Health dimensions, 2) Activity dimensions, 3) Social dimensions, 4) Environmental dimensions, and 5) Technological dimensions.

Diagram 2 Dimensions of the Excellent Happy Home Ward

The Home Ward and TOT activities were involved as part of the development of the Excellent Happy Home Ward. Innovation was introduced to the development of home ward care to achieve broader dimensions, not only physical dimensions. In addition, building the Excellent Happy Home Ward continued from existing activities and programs in the community. In addition, this involved integrating good aspects into a single unit and a larger service system with more attractive service dimensions.



4. Innovation of the "Excellent Happy Home Ward"

The origin of the "Excellent Happy Home Ward"

Public health volunteers in the Home Ward Program play a role in visiting bedbound patients at all households. In some cases, the public health volunteers are provided with remuneration from the Health Security Fund of the Khao Phra Ngam Sub-district Municipality. Each public health volunteer is paid 2,500 baht per month per six patients. In fact, each public health volunteer serves 4-6 patients and they work with municipality personnel, for a total of 45 patients. Home visits revealed that the word 'home' is very important for providing care because apart from being clean and safe, a home must provide feelings of comfort.

The data collected from home visits and programs suggested that the main issue for the patients is their need to receive more than just physical care. Individual patients' physical conditions are different, so home ward care may need to take into consideration other dimensions and may need to be adjusted according to individual patients' actual issues and needs in relation to their lifestyles. For example, as for cases involving patient disabilities with the lower part of legs being immovable and the upper part being movable, they may want to receive vocational training and do small jobs at home to earn enough money for self-support. Thus, existing services cannot respond to the issue, and this is the origin of the Home Ward Program. Here, the word 'home' has to be considered in all dimensions, as a place where patients live happily. Thus, the name 'Excellent Happy Home Ward' has been adopted for the program, in which a 'home' means a place to live which is suitable for individual patients and which is a happy place to live in. The objectives are:

1) To ensure that the well-being of the disadvantaged, especially bedbound patients and persons with disabilities, is taken care of as if they were in the hospital.

2) To link the work of the home ward network

3) To promote and improve the quality of life of the patients with chronic disease and to make sure that they receive the equal treatment

The pattern of the Excellence Happy Home Ward

The Excellence Happy Home Ward found the qualified model houses to join the program, aiming to improve the well-being of the patient with chronic disease and the elderly. The model house was defined as the house with five well-being dimensions, consisting of (Table 1):

1. Health (H) means health promotion activities that help the patients regain the physical strength and resume the healthy condition. The volunteers provide healthcare and give the consultation to reduce the risk of falling or unsafe condition.

2. Activities (A) means the recreation activities that aim to relax the patients or therapeutic activities, exercise equipment that stimulates movement or the innovation that supports their daily activities.

3. Participation (P) in social aspect means providing the activities the senior can join with the rest of the society, such as giving alms to Buddhist monks, traditional events and meetings.

4. Program TOT (P) in technological aspect means providing the elderly with the communication devices in case of emergency or when they need help.

5. Yard (Y) in environmental aspect means providing the right areas that serve the elderly's need or the areas that help them relaxed, such as green area, creative space and independent area.

For the pattern used for indicating the "model house," the ones that pass the selection must hold activities or provide services or innovation that reflects and serves all five dimensions. Therefore, these five dimensions are the tool to measure the happiness of chronic patients living at home.

Operational direction

1. Hosting the meetings and mobilizing the people from all sectors by selecting the representatives of each group/club to join the meeting, such as the representatives of Senior Citizen Club and Persons with Disabilities Club, the head of community, public health volunteers and community representatives. This was to ensure that every sector gave the comments and reflected the problems from the Home Ward Program.

2. Coordinating with the public agencies involved, i.e. the home ward network for bedbound patients, Phra Narai Maharat Hospital, Senior Citizens Council of Thailand, Young Volunteer Group, Health Promotion Hospital, and Khao Phra Ngam Sub-district Municipality, in mobilizing the experts and resources to create the Excellent Happy Home Ward. The Municipality acted as the host to encourage the collaboration.

3. The Municipality, together with the public health volunteers and the committee of home ward network, visited the houses of the elderly who had low well-being and were willing to join the Excellent Happy Home Ward activity.

4. Designating five qualified houses as the model house. Then, assigning the team consisting of the representatives from the Municipality, Senior Citizen Club, hospitals and public health volunteers to conduct in-depth assessment and see if those houses were ready or possible to participate in the activity.

5. Formulating the development plan of model house and conducting the feasibility study for each house because some might require a large budget in the development. Therefore, it must be considered in all dimensions. If the model houses need to be renovated, the Project must provide them with the support budget.

6. Sending the expert personnel in each area to work in five patients' houses to educate them on the benefits they will get or feasibility of model houses.

7. Designating the team, the same team as the one assessing the model houses, to search for the participating house

The operation faced the following challenges or obstacles:

1. It was hard to find the participating houses because, in some families, the relatives or caretakers did not cooperate with the visiting staff and obstructed the officers' operation. Sometimes, the Municipality had to ask the police officers to visit the area together.

2. The patients' families did not cooperate with the team. To develop the model houses, the Program must receive the consent and be taken care of by the host and family.

3. This activity required the close relationship with the patients. In some cases, the patients could not communicate or respond. The team had to communicate with the family instead but the family hardly cooperated with this activity.

Success of the innovation

The success of the innovation was considered from the abovementioned study framework, which explained the significance of model houses. This activity aimed to work in an integrated and sustainable way to reduce the healthcare expense. This helped the

patients access the public healthcare service with equal humanity. Most importantly, this activity aimed to: 1) To ensure that the well-being of the disadvantaged, especially bedbound patients and persons with disabilities, is taken care of as if they were in the hospital, 2) to link the work of home ward network, and 3) to promote and improve the quality of life of the patients with chronic disease and to make sure that they receive the equal treatment. The success can be explained as below:

1. There were more home ward networks compared to Home Ward and TOT Programs. Once integrating both programs, the service could cover all dimensions and was called Excellent Happy Home Ward. This created more networks because the program considered not only the patients' physical dimension, but also other dimensions. This required the expanding network.

2. The well-being of patients with chronic disease improved. Previously, these patients received the healthcare and emergency care innovation. These services focused on the health only. With this Program, the patients had a chance to receive the holistic service.

3. The patients with chronic disease received fair and equal treatment. The Municipality saw this as the access to opportunity. It surveyed 45 bedbound patients and considered if any household was willing to participate in this program. Each house received different services because the service was customized based on the problems and needs and there was no fixed pattern or one-size-fit-all solution. As an exception, the Municipality had the standard criteria of five dimensions to ensure the high-quality service.

4. The patients had an option to receive the community service because the community held this activity in response to its transition to the aging society. Therefore, the home care system was crucial as an option for the patients to decide whether they wished to receive the treatment at the hospital or at home. This innovation was an alternative proposed by the locals and community to serve three specific groups of the elderly.

Result of the local innovation

Sustainability of innovation

The sustainability of Excellent Happy Home Ward can be analyzed based on the previous programs, Home Ward and TOT, which were effectively implemented. As a result, the Excellent Happy Home Ward further developed these programs to creatively upgrade the home care system. It incorporated the holistic well-being to create the innovation. Below are the factors that sustained this program:

1. Involving the community as the service base

Excellent Happy Home Ward needed the community as the crucial base to prepare the information and mobilize the resources in the community. Therefore, the community needed to participate in this program, starting from recruiting the team members to think, design, to integrating the existing resources, to help the community. This was not the on-request or superficial service. However, it required the community's understanding and awareness to guarantee that it was more sustainable than being managed by the government. In the future, the program pattern may change based on the community condition.

2. Integrating the network agencies from several sectors

The development of this program required the collaboration of all sectors. The program needed to integrate various fields of knowledge to make sure that the service covered all dimensions. Since the program could not only depend on the public health agencies, the service integrated different sciences, which reflected the participation of all sectors. This will make sure that it was more sustainable than being managed by only one agency. Once the manpower was mobilized, the evaluation must be conducted to ensure the effective and sustainable management.

3. The program systematically provided the service, not just recruited the service providers.

Excellent Happy Home Ward was developed based on home care system. Therefore, the innovation neither was newly invented nor solved only one particular issue. This innovative service responded to the service system. Therefore, the healthcare system would drive the innovation that could be further improved. Each innovation was linked with

the system, not ad hoc service. This reflected that the system-based innovation was more sustainable than the one-time innovation, which might end at any point.

4. Getting ready for the future situation

Excellent Happy Home Ward was initiated to prepare for the future situation where the number of the senior tended to increase and they would become more dependent. Therefore, this program could serve this phenomenon in the future. It could also evolve and change the pattern in line with the changing trend. Therefore, it would not be outdated. On the other hand, this innovation would remain updated and could serve the future incident.

โครงการเครือข่ายดูแลผู้ป่วยเรื้อรังในชุมชน
(Home Ward)
และบริการช่วยเหลือผ่านทางโทรศัพท์
(TOT Help Care Service Center)

ตารางค่าใช้จ่าย

การนอนโรงพยาบาล (จำนวนวัน/ค่าใช้จ่ายสูง)

ลำดับ	รายการ	ระยะเวลานอน จำนวนวันต่ำสุด-จำนวนวันสูงสุด	ต้นทุนค่าใช้จ่าย	รวม / บาท (1) x (2)
1	ปอดอักเสบ	7 - 14	3,240 – 4,180	25,970
2	ติดเชื้อทางเดินปัสสาวะ	7 - 14	3,600 – 4,180	27,230
3	แผลติดเชื้อ	14 - 30	3,310 – 4,180	81,690
4	หลอดเลือดสมอง	7 - 14	3,780 – 5,980	34,160
5	ติดเชื้อทางเดินหายใจ	7 - 14	3,780 – 5,980	34,160

สรุป นอนโรงพยาบาลในหอผู้ป่วยใน มีค่าใช้จ่าย ดังนี้
เฉลี่ยวันละ 3,240 – 3,780 บาท / วัน

- หากนอนโรงพยาบาล 7 วัน ต้องเสียค่าใช้จ่าย
  = 22,680 – 26,460 บาท
- หากนอนโรงพยาบาล 30 วัน ต้องเสียค่าใช้จ่าย
  = 97,200 – 113,400 บาท

ฐานข้อมูล

แผนภูมิฐานข้อมูลผู้ป่วยติดเตียง 40 เตียง แยกประเภท

ผู้ป่วยติดเตียง ณ ปี 2558

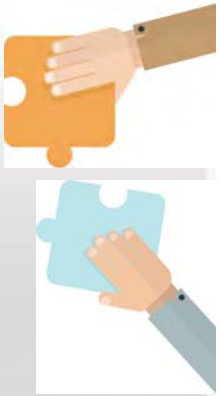
เพศ / กลุ่มอายุ	ชาย	หญิง	ประเภทการเจ็บป่วย: บกพร่องแต่กำเนิด	เรื้อรัง	ติดเชื้อ	อุบัติเหตุ	ผู้พิการ
0-9	1	-	-	-	1	-	1
10-19	-	1	1	-	-	-	1
20-29	1	-	1	-	-	-	1
30-39	2	-	-	1	-	1	1
40-49	2	1	-	2	-	1	2
50-59	6	2	-	4	-	2	4
60ขึ้นไป	9	15	1	23	-	4	22
จำนวน	**21**	**19**	**3**	**27**	**1**	**8**	**32**

สรุป **ชาย** จำนวน 21 คน
หญิง จำนวน 19 คน
รวมทั้งหมด 40 คน

ประเภทการเจ็บป่วย

1.บกพร่องแต่กำเนิด	**จำนวน 3 คน**
2.เรื้อรัง	**จำนวน 27 คน**
3.ติดเชื้อ	**จำนวน 1 คน**
4.อุบัติเหตุ	**จำนวน 8 คน**
5.ผู้พิการ	**จำนวน 32 คน**
รวมทั้งหมด 40 คน	

องค์ประกอบของเครือข่าย



แนวคิด

- แนวคิดจะส่งเสริมและให้ความสำคัญ ในศักดิ์ศรีของความเป็นมนุษย์ โดยความเท่าเทียมกัน
- แนวคิดที่จะดูแลผู้ป่วยติดบ้านติดเตียง ของแต่ละกลุ่มตามความต้องการอย่างแท้จริง
- แนวคิดการมีส่วนร่วมของประชาชนจากทุกภาคส่วน
- การประสานความร่วมมือในรูปแบบของ สหสาขาวิชาชีพ สนับสนุนให้ความรู้ทางวิชาการ และสนับสนุนบุคลากร โดย องค์กรปกครองส่วนท้องถิ่น เป็นเจ้าภาพหลัก
- แนวคิดการนำเอาเทคโนโลยีสมัยใหม่มาใช้ในการดำเนินงานของนวัตกรรมท้องถิ่น
- แนวคิดการเสริมสร้างสังคมแห่งความเอื้ออาทร ผู้มีจิตอาสา ญาติผู้ป่วย อาสาสมัครสาธารณสุขให้ผู้ป่วยมีความสุขกายสบายใจ และไม่ถูกทอดทิ้งจากสังคม

โครงสร้างเครือข่าย (รูปแบบตามแนวราบ)

เน้นการประสานงาน / การผสมผสานและความร่วมมือในแนวราบเป็นหลัก อาศัยความสัมพันธ์ระหว่างแกนนำที่จุดเชื่อมต่อของแต่ละเครือข่าย โดย อปท. เป็นผู้ขับเคลื่อนในการประสานงานและขอความร่วมมือในการดำเนินงานให้มีความต่อเนื่อง

การสร้างการมีส่วนร่วม

มีการระดมทรัพยากร/กลุ่มบุคคล หรือองค์กรอื่นๆ มาร่วมรับผิดชอบทำกิจกรรมช่วยเหลือผู้ป่วย รวมทีมเยี่ยมบ้าน โดยมีการดำเนินการ ดังต่อไปนี้

1. มีเป้าหมายในการทำงานร่วมกันชัดเจน
2. มีระบบบริการจัดการชัดเจน
3. มีกิจกรรมร่วมกันอย่างต่อเนื่อง
4. มีการแลกเปลี่ยนเรียนรู้ร่วมกัน
5. มีการสรุปการทำงานร่วมกัน
6. มีการขยายภาคีเครือข่ายไปยังกลุ่มบุคคล องค์กรอื่น เพื่อเพิ่มสมาชิกในการทำงาน

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กระบวนการและเครือข่าย

กลไก การดูแลระบบสุขภาพเชิงรุก

- เตรียมอาสาสมัครสาธารณสุขประจำหมู่บ้าน
- จัดประชุมชี้แจงเครือข่ายหาแนวทางแก้ไขและแนวทางปฏิบัติร่วมกัน
- จัดกลุ่มผู้ป่วยติดบ้านติดเตียงที่ต้องได้รับการดูแล จำนวน 40 ราย
- จัดทำแผนปฏิบัติการ กิจกรรมรูปแบบบริการเยี่ยมบ้าน
- การให้ความดูแลรักษาผู้ป่วยเรื้อรังติดบ้านติดเตียง
- ออกปฏิบัติงานในลักษณะการบริหารองค์รวมโดยทีมสหสาขาวิชาชีพ
- อาสาสมัครสาธารณสุขลงพื้นที่เยี่ยมผู้ป่วยติดบ้านติดเตียงสัปดาห์ละ 3 วัน
- ร่วมกับบริษัท TOT จำกัด (มหาชน) นำเทคโนโลยีเข้ามาใช้
- การติดต่อกับเจ้าหน้าที่สาธารณสุข มีการรายงานผลติดต่อทาง Line group
- มีการจัดทำสติกเกอร์แจ้งเหตุเจ็บป่วย “เจ็บเมื่อไหร่ก็โทรมา”
- ส่งเยาวชนเป็นอาสาสมัครเยาว์วัยใส่ใจผู้สูงอายุ
- พัฒนาศักยภาพโดยการเตรียมพร้อมบุคลากร

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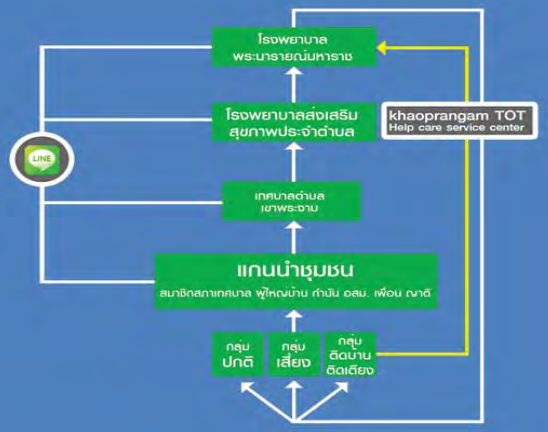
ช่องทางการติดต่อสื่อสาร



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บทบาท/หน้าที่ และพัฒนาการเครือข่าย

เทศบาล ตำบลเขาพระงาม

เครือข่าย	รพ.พระนารายณ์มหาราช	รพ.สต.เขาพระงาม	กองทุน สปสช. เทศบาลตำบลเขาพระงาม	บ.ทีโอที มหาชน จำกัด	ชมรมผู้สูงอายุ	ชมรมคนพิการ	ชมรม อสม.
ปี 2555	- จัดอบรมหลักสูตร King Narai's Chronic care Model 150 ชม.						
ปี 2556	- ให้ความรู้/ตรวจเยี่ยม/สำรวจข้อมูล - ส่งต่อข้อมูลผู้ป่วยก่อนD/C มา รพ.สต. - ประสาน บ.โอสถสภาเต็กเฮงหยู จำกัด ของบประมาณ	- ส่งต่อข้อมูลผู้ป่วยมาที่เทศบาล	- สนับสนุนงบประมาณในการดำเนินโครงการเครือข่ายเรื้อรังในชุมชนและบริการช่วยเหลือผ่านทาง TOT	- ประสานวางระบบ/สำรวจพื้นที่/คู่สาย/ทดลองบริการติดตั้ง	- เสนอคัดเลือกรายชื่อ/ลงเยี่ยมผู้สูงอายุ - ประสานวัดพระบาทน้ำพุ ขอสนับสนุนเครื่องอุปโภคบริโภค	- ร่วมเสนอคัดเลือกรายชื่อ/ลงเยี่ยมผู้พิการ	- คัดเลือก อสม.เข้ารับการอบรม - เป็นพี่เลี้ยงในการลงพื้นที่
ปี 2557	- สนับสนุนเตียง จำนวน 10 เตียง - จัดทีมสหวิชาชีพลงเยี่ยม เดือนละ1ครั้ง - ประสาน บ.โอสถสภาเต็กเฮงหยู จำกัด ขอซ่อมแซมบ้าน	- พัฒนาศักยภาพ อสม. ส่งไปทบทวนความรู้ ปีละ 1 ครั้ง/ลงพื้นที่นิเทศ อสม. - อบรม อผส.น้อย โดย สสส.	- สนับสนุนงบประมาณในการดำเนินโครงการเครือข่ายเรื้อรังในชุมชนและบริการช่วยเหลือผ่านทาง TOT	- วางระบบสัญญาณโทรศัพท์/ทดลองบริการ	- ประสานวัดพระบาทน้ำพุ ขอรับสนับสนุน เครื่องอุปโภค บริโภค	- เป็นตัวแทนอรับการสนับสนุนอุปกรณ์เพื่อคนพิการ	- คัดเลือกผู้ป่วยในชุมชน - ส่ง อสม. ไปเรียน
ปี 2558	- MOU ในเรื่องการดูแลสุขภาพแบบองค์รวมที่บ้าน	- ประสาน สสอ./สสจ. บูรณาการจัดบูทและถ่าย VTR ประชาสัมพันธ์เผยแพร่โครงการฯ	- สนับสนุนงบประมาณในการดำเนินโครงการเครือข่ายเรื้อรังในชุมชนและบริการช่วยเหลือผ่านทาง TOT	- MOU บริการติดตั้ง โทรศัพท์ 100 สายให้กับบ้านผู้ป่วย จำนวน 40 หลัง	- ประสานวัดพระบาทน้ำพุ ขอรับสนับสนุนซ่อมแซมบ้าน	- เป็นตัวแทนขอรับการสนับสนุนอุปกรณ์เพื่อคนพิการ	- คัดเลือกผู้ป่วยในชุมชน - ส่ง อสม. ไปเรียน

เครือข่าย	อสม.เชี่ยวชาญ (6 คน)	กองทุนพระพุทธวรญาณ	มูลนิธิพระราชวิสุทธิประชานาถ (วัดพระบาทน้ำพุ)	บริษัท โอสถสภา เต็กเฮงหยู จำกัด	ประธานชุมชน/กำนัน/ผู้ใหญ่บ้าน	ครอบครัว	วพบ.พระพุทธบาท
ปี 2555							
ปี 2556	- ลงพื้นที่เยี่ยมบ้าน 3 ครั้ง/สัปดาห์ และบันทึกเยี่ยมบ้าน โดยได้รับค่าตอบแทน 2,500 บาท/เดือน (งบ สปสช.)	- สนับสนุนเงินช่วยเหลือแก่ผู้ยากไร้และผู้ด้อยโอกาส คนละ 2,000 บาท จำนวน 4 คน	- สนับสนุนเครื่องอุปโภคบริโภค	- จัดสรรงบประมาณสร้างที่อยู่อาศัยผู้ป่วย			
ปี 2557	- ลงเยี่ยมบ้าน - จัดเตรียมอุปกรณ์กระเป๋าเยี่ยมพร้อมอุปกรณ์	- สนับสนุนเงินช่วยเหลือแก่ผู้ยากไร้และผู้ด้อยโอกาส คนละ 2,000 บาท จำนวน 3 คน	- สนับสนุนเครื่องอุปโภคบริโภค	- สนับสนุนเครื่องอุปโภคบริโภค	- เข้ามามีส่วนร่วมในการดูแล - คัดเลือกผู้เข้าร่วมโครงการฯ	- ประสานขอเข้าร่วมโครงการฯ	
ปี 2558	- เป็นตัวแทนเข้ารับการอบรมหลักสูตร 70 ชม. (จาก วพบ.พระพุทธบาท)	- สนับสนุนเงินช่วยเหลือแก่ผู้ยากไร้และผู้ด้อยโอกาส คนละ 2,000 บาท จำนวน 3 คน		- สนับสนุนเครื่องอุปโภคบริโภค	- ลงเยี่ยมบ้าน/จัดทีมดูแลในชุมชน - คัดเลือกผู้เข้าร่วมโครงการฯ	- ประสานขอเข้าร่วมโครงการฯ	- MOU การพัฒนาอาสาสมัครผู้ดูแลผู้สูงอายุที่บ้าน และการดูแล ผู้ป่วยโรคเรื้อรัง - อบรมหลักสูตร 70 ชม. ให้แก่ อสม.จิตอาสา จำนวน 40 คน (หลักสูตรจาก กรมอนามัย) โดย งบ สปสช.เขต 4 สระบุรี

ภาครัฐ / ภาคเอกชน / ภาคประชาชน

ปี พ.ศ. 2555 / ปี พ.ศ. 2556 / ปี พ.ศ. 2557 / ปี พ.ศ. 2558

ผลลัพธ์ของเครือข่าย ณ ปี 2558

ผลลัพธ์ ข้อมูล ณ เดือนตุลาคม 2558

ระดับ ADL	ADL เดิม (คน)	ระดับ ADL เปลี่ยนแปลง			การจำหน่าย		ผู้ป่วยนอก		ผู้ป่วยใน		จำนวนวัน นอน รพ.	
		ดีขึ้น	คงเดิม	น้อยลง	ย้าย	เสียชีวิต	ก่อน (ครั้ง)	หลัง (ครั้ง)	ก่อน (ครั้ง)	หลัง (ครั้ง)	จำนวน วัน	จำนวน วัน
		%	%	%	%	%						
0-4 คะแนน	7	12	10	2	-	2	235	67	94	18	637	120
5-11 คะแนน	11											
มากกว่า 12 คะแนน	6	50%	41.67%	8.33%	0.00%	5.00%		คิดเป็น 71.49%		คิดเป็น 80.85%		คิดเป็น 81.16%

หมายเหตุ แบบประเมินคัดกรอง ADL (Activity Daily Living) การประเมินสมรรถภาพในเชิงปฏิบัติ การช่วยเหลือตนเองในกิจวัตรประจำวันขั้นพื้นฐาน

ผลผลิต

ผลผลิต	ผลลัพธ์
เชิงปริมาณ	๑. สามารถสร้างเครือข่ายการดูแลผู้ป่วยติดบ้าน ติดเตียง (Home Ward)
๑. จำนวนผู้ด้อยโอกาส ผู้สูงอายุ ผู้พิการ ผู้ป่วยติดบ้านติดเตียงจำนวน ๔๐ ราย ที่ได้รับการดูแลจากเครือข่ายดูแลผู้ป่วยเรื้อรังในชุมชน	๒. สามารถส่งเสริมการมีส่วนร่วมของชุมชนสถานพยาบาล และองค์กรปกครองส่วนท้องถิ่น ในการจัด บริการสุขภาพที่สอดคล้องกับบริบทชุมชน
๒. จำนวนอาสาสมัครสาธารณสุขที่ผ่านการฝึกอบรมการดูแลผู้ป่วยติดบ้านติดเตียง ๑๕๐ ชั่วโมง จากโรงพยาบาลพระนารายณ์ และผ่านการอบรม อสม. เชี่ยวชาญ จำนวน ๖ ราย	๓. ผู้ด้อยโอกาสโดยเฉพาะผู้สูงอายุ ผู้พิการ ผู้ป่วยติดบ้านติดเตียง ได้รับการดูแลสุขภาพแบบองค์รวม ที่บ้านเสมือนนอนอยู่โรงพยาบาล
๓. จำนวนผู้ป่วยติดบ้านติดเตียงที่ได้รับการติดตั้งบริการโทรศัพท์อัตโนมัติ จำนวน ๔๐ ราย	๔. สามารถให้บริการช่วยเหลืออัตโนมัติผ่านทางโทรศัพท์ (TOT Help Care Service Center) ได้ครบทุกหลังคาเรือนที่เป็นผู้ป่วยติดบ้านติดเตียงในชุมชน
เชิงคุณภาพ	
๑. ผลสำเร็จจากการดำเนินโครงการเครือข่ายดูแลผู้ป่วยเรื้อรังในชุมชน ระดับความพึงพอใจมากกว่า ๘๐ เปอร์เซ็นต์ขึ้นไป อยู่ในระดับดีมาก	
๒. จำนวนผู้ป่วยติดบ้านติดเตียงได้รับการติดตั้งโทรศัพท์อัตโนมัติช่วยเหลือฉุกเฉิน จำนวน ๔๐ ราย อย่างทั่วถึง ๑๐๐ เปอร์เซ็นต์	

การต่อยอด/ทิศทางการดำเนินงาน
ของเครือข่ายในอนาคต

เป้าประสงค์	กิจกรรม	กลุ่มเป้าหมาย
พัฒนาระบบการส่งเสริมสุขภาพ	ประเมินคัดกรองความสามารถในการดำเนินชีวิตประจำวัน	ผู้มีภาวะพึ่งพิงและพึ่งพา
เพิ่มศักยภาพภาคีเครือข่าย	เยี่ยมบ้าน Home Visit/Home Health Care	กลุ่มผู้สูงอายุ
ผลิตพัฒนาความรู้และนวัตกรรม	การดูแลสุขภาวะแบบองค์รวม	คนพิการ
ความยั่งยืนของเครือข่าย	การให้บริการที่เป็นเลิศ Service Excellent	คนด้อยโอกาส
	การจัดการบริหารที่ใช้ชุมชนเป็นฐาน Community Based	
	พัฒนาศักยภาพผู้ดูแลผู้สูงอายุ	
	ฝึกอบรมอาสาสมัครเยาวชนเพื่อดูแลกลุ่มเป้าหมาย	
	รูปแบบการฟื้นฟูสภาพในชุมชน	
	สร้างนวัตกรรมการดูแลโดย ร่วมกับ บริษัท TOT	
	ติดตามและประเมินผล	

ที่มาของโครงการในอนาคต

Excellent Happy Home Ward

นวัตกรรมบ้านต้นแบบสุขภาวะผู้ป่วยเรื้อรังและผู้สูงอายุ

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ทั้งหมดนี้คือ สิ่งที่พวกเรามุ่งมั่นตั้งใจ สร้างนวัตกรรมที่ช่วยให้จักรวาลของผู้ป่วยมีความสุขทั้งระบบ เพราะถึงแม้ร่างกายจะป่วยไข้ แต่จิตใจยังเข้มแข็ง เต็มเปี่ยมไปด้วยความหวัง ในการที่จะสามารถกลับมามีชีวิตที่สมบูรณ์ ไม่เป็นภาระครอบครัว และสังคม ด้วยการดูแลจากเครือข่ายที่มีประสิทธิภาพ ตาม เส้นทางของ **"เขาพระงาม เมืองแห่งความสุข"**

ขอบคุณค่ะ

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จบการนำเสนอ

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