Elderly Health Care Process by Community Participation: A Sub-District in the Lower Northern Region of Thailand

Authors: Amaraporn Puraya, Roongtiva Boonpracom, Somsak Thojampa, Sirikanok Klankhajhon, Kittisak Kumpeera Abstract: The objective of this qualitative research was to study the elderly health care process by community participation. Data were collected by quality research methods, including secondary data study, observation, in-depth interviews, and focus group discussions and analyzed by content analysis, reflection and review of information. The research results pointed out that the important elderly health care process by community participation consisted of 2 parts, namely the community participation development process in elderly health care and the outcomes from the participation development process. The community participation development process consisted of 4 steps as follows: 1) Building the leadership team, an important social capital of the community, which started from searching for both formal and informal leaders by giving the opportunity for public participation and creating clear agreements defining roles, duties and responsibilities; 2) investigating the problems and the needs of the community, 3) designing the elderly health care activities under the concept of self-care potential development of the elderly through participation in community forums and meetings to exchange knowledge with common goals, plans and operation and 4) the development process of sustainable health care agreement at the local level, starting from opening communication channels to create awareness and participation in various activities at both individual and group levels as well as pushing activities/projects into the community development plan consistent with the local administration policy. The outcomes from the participation development process were as follows. 1) There was the integration of the elderly for doing the elderly health care activities/projects in the community managed by the elderly themselves. 2) The service system was changed from the passive to the proactive one, focusing on health promotion rather than treating diseases or illnesses. 3) The registered nurses / the public health officers can provide care for the elderly with chronic illnesses through the implementation of

activities/projects of elderly health care so that the elderly can access the services more. 4) The local government organization

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became the main mechanism in driving the elderly health care process by community participation.

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