GOOD MODELS AND POLICIES OF ELDERLY CARE IN URBAN AREAS: A CASE STUDY OF NONG HOI SUB-DISTRICT MUNICIPALITY, MUANG DISTRICT, CHIANG MAI PROVINCE

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ABSTRACT

This research aimed to study the good model of elderly care in Nong Hoi Sub-district Municipality and the mechanism of community management and also to emphasize good indicators of elderly care. The research was conducted by qualitative methodology in Nong Hoi Sub-district Municipality Community, Muang District, Chiang Mai Province. The data was collected through an in-depth interview, a group discussion and participant observation by applying the analysis results to data analysis together with content analysis and thematic analysis. The community samples include 4 elderly patients, 4 main caregivers, 4 village health volunteers (VHV), 1 community leader, 1 leader of an elderly club, 2 Sub-district health workers, and 4 villagers in the community. The content of the collected data was analyzed, and the key issues were summarized. The research results showed a good model of the community in Nong Hoi Sub-district Municipality that had an effective working integration system and coordinating system of care networks. The community's management strategy was to provide integrated healthcare services and social services proactively, broadly, in-depth, comprehensively and thoroughly. The important factor in promoting good elderly care services was the potential community systems which consisted of a good support system and the elderly as role models. The indicators of good elderly care in the community included having a strong leader and the committees working as a team, receiving support from many sectors, the elderly being able to access services and receive both health and social services and having a comprehensive database. According to the data studied, it can be concluded that the community potential development on leadership and teamwork is recommended for achieving a good elderly care model.

Keywords: Elderly care model; healthcare policies; community

1. INTRODUCTION

Since the context of today's society is changing rapidly, it has become a more consumerist society, making people in each family and community need to go to work. Many families have to leave their homes and the elderly behind, so that these elderly people have to live alone. Many of them are sick with chronic diseases. Thailand has also rapidly entered an aging society since 2005 (Moreira, 2016). Based on the population

statistics by the Chunharat (2009) it was found that in Thailand in 2019, the number of the elderly aged 60 years old or above was more than the number of children under 15 years old for the first year. Thailand's aging population reached 11.6 million in 2019, which was accounted for 17.5% of the total population of 69.3 million, with the average age of men being 69.5 and the average age of women being 76.3 (National Statistical Office, 2022). While the elderly live longer, they also face more health problems, chronic diseases, and disabilities. This results in greater dependency and long-term family care needs (Jitapunkul et al., 1994). However, socioeconomic changes have made it difficult for many families to play their roles alone. Therefore, a community is another unit in society that provides assistance or support to families in caring for the elderly. Thus, strengthening both families and communities is an important goal to solving the long-term problem of elderly care. This includes the long-term care system for the elderly both by family and community care through their linkage, coordination, integration and continuity together with correlated management appropriately (Tangcharoensathien et al., 2006). The study found that the system of caring for the elderly in most communities, especially in urban areas, was unstable due to the factors of urban expansion communities, lifestyle changes and more solitude. In addition, there was often no cooperation of care networks among different offices (Narkwilai, et al., 2015). While in rural societies, there are community and family networks in caring for the elderly, which are more kinship and easier than in urban society (Yodphet, 2006). Hence, there were still many problems such as lack of knowledge and understanding of getting basic public health services in the community, no cooperation with personnel visiting homes, lack of integration of various services, lack of efficient coordination among offices and especially lack of resources (Aldhaban et al., 2015) due to a limited budget. Therefore, not many communities had the potential to manage the elderly care system efficiently and effectively (Schulz, 1990).

Thus, this research examines models and policies as well as factors and indicators that enhance communities of elderly care and community management strategies in Nong Hoi Sub-district Municipality, Muang District, Chiang Mai Province, to conduct lesson learned from the community. In particular, this community has a long-term care system for the elderly (LTC), which has been awarded an outstanding award at a province level and has the outstanding Care Manager and Care Giver from the Provincial Public Health Office (Chiang Mai Public Health, 2020). So, this study could provide a good and appropriate long-term care system for the elderly regarding a model of long-term care for the elderly and management strategies of urban communities with good elderly care (Quaosar et al., 2018), including factors that enhance urban communities to have good care for the elderly. The knowledge from these good examples could be expanded to other communities so that they will be able to develop and build on an efficient long-term care system for the elderly in their own communities.

2. LITERATURE REVIEW

This research applied the Good Model of Elderly Care in Urban Community by Jitramontree et al. (2011) by synthesizing it as follows: Factors that promote the strength of the network Including self-care for the elderly, namely community context, a good model of elderly care and factors enhancing urban communities to have good elderly, with a long-term care system for the elderly both by the community that are connected including cooperation, integration and continuity make the community together with proper relationship management. It will help the elderly to take good care of the elderly in communities. Especially in urban areas, it is a system that is not strong. Due to the lack of trust among people in urban communities, there is little support for each other and various departments including the proportion of health personnel and inappropriate service. Therefore, there may be many problems such as not cooperating with personnel visiting homes, lack of integration of various services, lack of effective coordination and importantly, lack of resources with limited budget. At present, there are a few communities able to provide a long-term care system for the elderly that can be considered sufficiently (Suwannaroop and Punthongpun, 2008)

As shown in Figure 1, the conceptual framework, community context allows members of the community to have activities together, including selecting the appropriate activity period times to suit the lifestyles of the participants and the effectiveness of communication within the community. For the factors of being a model community, their responsibilities are divided systematically and clearly. Knowledge about intermittent teamwork, funding and supporting resources are included/added. As for the work process factor, the government and independent organizations work together systematically from time to time, including the assessment of problems in the community, joint planning, setting goals for work, finding funds and resources to support the project empowerment network and follow-up assessment for further adjustments or next step planning. To promote the health of the elderly in urban communities, many parties should be encouraged to join the activities as a network among various clubs within the community and coordinate with organizations outside the community as well. In addition, the success factor is related to the component that enhances it as a

community with the potential to care for the elderly is related to the leaders who are the people in the community that serve as a work center. Every step of the work provides opportunities for people in the community to participate widely and the target people should not focus only on the elderly but also people of all ages (Bhaktikul et al., 2019). To promote health of the elderly in the urban community by using such strategies, it has resulted in better change for an individual level, a group level and a community level. Almost half of the elderly were satisfied with high-level health promotion activities and develop their health care skills. More than half of the networks that work together are satisfied with high-level operations. The network has a high level of strength which results in supporting the establishment of a health promotion club in the community.
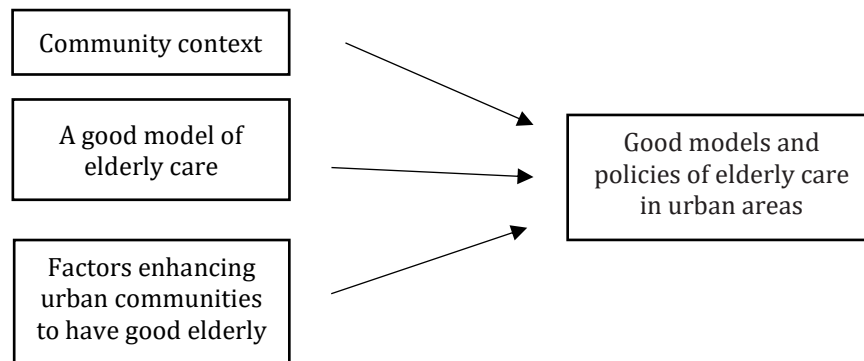
Figure 1: The Conceptual Framework

3. RESEARCH METHODS

This study is a qualitative research focusing on lessons learned from urban communities that have long-term care systems for the elderly. In selecting areas and samples for this study, Nong Hoi Sub-district Municipality, Muang District, Chiang Mai Province was a selected. As for selecting model community, it was chosen by using purposive sampling with the requirement of being community located in a city or a municipality. The information provided by the personnel working in the health promotion and elderly care agencies in the community also stated that the community had a good elderly care system with the ability to create a community organization in driving policies and looking after the interests affecting the community members. There were a team-building and network coordination as well as having integrated services that meet the needs of the elderly and their families. Ban Sriboonruang Community was then selected for this study.

A population and a sample group in this study include the elderly and those involved in caring for the elderly. In selecting samples or key informants, it was done by using purposive sampling comprising 4 elderly patients, 4 main caregivers, 4 village health volunteers (VHV), 1 community leader, 1 leader of the elderly club, 2 Sub-district health workers, and 4 villagers in the community. It covers the group of stakeholders in the community from local government agencies and those involved in the formation and implementation policy, community leaders, volunteers, the elderly.

The research tools used in this study consist of questions for in-depth interviews asking the elderly about their satisfaction with community-based care received; interviews with caregivers who care for elderly patients, the elderly people who are neighbors of the patients and village health volunteers who care for elderly patients on supporting community care for elderly patients. As for the question part, a group discussion regarding caring for the elderly in the community was carried out to encourage participants to participate in expressing their opinions on community-care strategies for elderly patients. According to data collection by participant observation method, it consisted of observing network coordination, integrated services that meet the needs of the elderly and their families as well as physical observations and mental health assessment of elderly patients and their caregivers (Siriboon, 2012).

3.1 Methods of data collection
In this research, the author has organized the data collection process as follows.

3.1.1 To search for an urban community in Chiang Mai, the researcher contacted Nong Hoi Sub-district Municipality, Muang District, Chiang Mai Province and public health officers who were responsible for taking care of the elderly in the community to help on surveying and checking the criteria of good elderly care according to the specified one. This was conducted along with the opinions of people in the community nearby.

By using measurement criteria from Management of long-term care services in public health for the elderly with dependency in the National Health Security Office (NHSO) (2021), the community is selected with both outstanding care managers and caregiver at the provincial level.

3.1.2 In-depth interviews were collected from 4 elderly patients, 4 main caregivers, 4 village health volunteers (VHV), 1 community leader, 1 leader of the elderly club, 2 Sub-district health workers, and 4 villagers in the community. The data was also collected from home visits to elderly patients and then the context of good elderly care was observed. This method was done from March 1–May 31, 2021.

As to data analysis, the data was synthesized together with content analysis and thematic analysis based on the data obtained from in-depth interviews and participant observation.

3.2 Ethical considerations
The study protocol was consistent with the ethical guidelines of the 1975 Declaration of Helsinki, as reflected in a prior approval by the Institution's Human Research Committee.

4. RESEARCH RESULTS

The author found research results and divided them into three topics: Community context, A good model of elderly care, and Factors enhancing urban communities to have good elderly care, which details are given as follows.

4.1 Community context
Ban Sriboonruang Community is located in Nong Hoi Municipality. It is a small community in Muang District, Chiang Mai Province. It had a population of about 1,200 people. Most of the people in the community worked as general workers and sellers. The community had the potential to promote itself as a trading center and a gateway to tourism in Wiang Kum Kam. Even though Sriboonruang Community was covered 3.665 square kilometres, it had a population of more than 8,000 people and was an area connected to Chiang Mai Municipality, which was a thoroughfare connecting between provinces as well. Therefore, there were non-local people living together with the locals. However, people who originally lived in the area were still able to maintain a good relationship within the community. People gathered as a group for community activities. The socioeconomic status of most people in the community was considered as the middle class. Most of them were Buddhists. In terms of health care, it was found that people in the community often relied on help for little things with health services from community volunteers who had knowledge of health care and were easily accessible (Nong Hoi Municipality, 2020). In the context of the community with interactions, it was found that the nature of the community allows people to have the interaction of people in the community to express opinions and provide information of members and the government. Which creates a good relationship between the community and government agencies. Having interactions will reduce bias and misunderstandings between people in the community and exchange information between members. (Dahl et al., 2011)

> In our community, it's an urban community, everyone originally comes from different areas, but because it is a village community, elderly people know each other, and this keeps activities going (Community leader, March 7, 2021).

> This community is unique; despite its geographic location in the urban area, it retains its network of working communities coordination. The community is not highly individualized like in other urban communities; the habit of participation of the villagers is persuading as a norm for people in the community to cooperate (President of the elderly club, March 15, 2021).

Moreover, members have the opportunity to access resources due to working under the cooperation of the community and local authorities that facilitate workplaces, meeting rooms and media. In addition, community leaders have good personal traits and connections that provide the connection of local resources and work integration with other agencies.

4.2 A good model of elderly care
A good model of elderly care in Ban Sriboonruang Community was the community's good elderly care system. The management strategy of the community was a group of village health volunteers. The community had an efficient coordination system of elderly care, an elderly club, innovations from village health volunteers, visits to the elderly who were suffering from chronic diseases, continuous development of training for village health volunteers on caring for the elderly and regular activities for the elderly.

The community had management strategies of urban communities with good elderly care. It offered efficient health and social services, and these services could be thoroughly accessed. Health services were provided by public health agencies in collaboration with village health volunteers, the people sector.

Comprehensive care for the elderly, including a screening test, symptom control and rehabilitation provided by them were proactive services. For example, they had a health screening and assessment systems. The information of the elderly who need long-term care was available. They also provided a blood pressure test; a finger sticks blood sugar test, home visit activities and a step-by-step exercise on the schedule to improve memory and balance in the elderly.

In terms of social services, village health volunteers were considered as important personnel in coordinating elderly care in four areas, namely food, clothing and housing, as well as assistance in the event of death. This had been done by assessing the needs of the elderly and then contacting both public and private organizations to request various support. Moreover, with the visits made, village health volunteers also acted as the elderly's companions, talking to them as the elderly were home alone. The mechanism in using the people sector of the public health volunteer system to promote mental health for behaviour modification was applied with Motivational Interview in health care (Kanchanawasee, 2007).

> Local governments are trying to come up with new methods and ideas of which their officers have been trained to apply to the local area. It must be adapted according to the context and villagers in the area for maximum efficiency and effectiveness (Sub-district health worker 1, March 15, 2021).

> I like having good activities for the elderly to have a health check because normally if their children do not have time, they will not be able to go to the hospital for check-ups (Villagers in the community 3, March 18, 2021).

From such a model, this community has the use of volunteers to work together as a team. There is a health problem screening system and information on elderly people who need long-term care, using the Barthel Activities of Daily Living (ADL) assessment system, which divides people with dependency into 4 groups and assess the needs for health services according to the benefits package, including registration of information in the dependency Program (LTC) and an individual care plan to be used as information to support the budget from the local fund (Nong Hoi Municipality, 2020).

> I had received a behavioural assessment document every time when I attended a meeting and training to the village health volunteer's workshops. This allows me to review myself and be able to evaluate patients and other elderly people in the community (Village health volunteer 1, March 18, 2021).

A well-managed elderly model enables continuous monitoring, assistance and coordination between health workers and community volunteer groups. Making it successful in providing care for the elderly for social services in urban communities is the presence of public health volunteers. For example, visiting the elderly and making care for the elderly integrate both the public health knowledge and the art of speaking that help makes long-term care more friendly within the community. The system was created with a committee to evaluate and follow up, including support from Nong Hoi Sub-district Municipality that has built a Holistic Rehabilitation Center with equipment for rehabilitation.

4.3 Factors enhancing urban communities to have good elderly care

The community leader and the committees had great capability, leading to a strong community. Everyone loved each other, had a good relationship and worked on things voluntarily. They were also creative and had good human relations. Public health officers, nurses, village health volunteers, community leaders and the community committees worked as a team with good coordination. In addition, the care area had been divided by the location of the health volunteer's home. Thus, there was continuous monitoring and following up care for the elderly. This made the community famous and led a large number of interested people to come to use the area as a source of practice and doing research.

The community had a good support system, receiving network support from government agencies, the public sector and other organizations such as Nong Hoi Sub-district Municipality, Department of Public Health and Environment. They had community committees, a recording system of community practice, Guidelines, Family Care Team (FCT), Thai COC, Line Application. A community survey, training organized for groups of village health volunteers and activities for promoting traditions and culture in the community for the elderly such as Day for the Elderly, Songkran Festival, etc., had been managed and organized. (Nong Hoi Municipality, 2020).

The community had elderly people who were good role models. There were many of them in the community. For example, Aunt Aoi (a pseudonym), 67 years old, was one of the community health volunteers. She was a respected person. Aunt Aoi also had a dormitory business and a shop. Therefore, her places have become a meeting place for community members. This made it possible for people to receive information quickly within the community. Another example was Uncle Daeng (a pseudonym), 72 years old, who was successful at work. He was a former senior civil servant before his retirement. Uncle Daeng had been greatly awarded while working. He was a good role model for the elderly. He was an elderly person who made a

contribution to society. Thus, this made everyone in the community admire and have trust in him and want to follow what he has done.

> Having activities allows villagers to take care of themselves, their families and the people in the community. For example, having volunteer activities to help with registration for COVID-19 vaccination this assists and facilitates the elderly who do not know how to do it or for those who have to work and have no time to do this kind of thing. The community system is then designed to make our communities safer (Village health volunteer 2, March 18, 2021).

> People who work in our municipality know each other. As it is divided by an area and a network, when there are activities within the community, they are easily announced, and people can ask each other to join the activities. Besides, there is a Line group for contacting each other and receiving news and information, so it is much more convenient (Village health volunteer 3, March 18, 2021).

Indicators of good elderly care in urban communities for the elderly of urban communities include the following indicators: 1) having a strong community. The indicator is a strong leader, and the committees work as a team; 2) There is a good support system. The indicator is a support system from the government sector, private sector and the community; 3) The elderly people have access to services thoroughly. The indicator is that the elderly in the community receive both health and social services; 4) Having a database of elderly people in the community. The indicator is a comprehensive database.

> We, as one of the related parties, have worked together with Nong Hoi Sub-district Municipality, educational institutions and the Central Health Department and built up an understanding of the implementation and evaluation that are practical and beneficial to the community as much as possible (Sub-district health worker 2, March 15, 2021).

From these factors, both community leaders work with the stakeholders, such as the elderly club of Maharaj Nakorn Chiang Mai Hospital, Nong Hoi Sub-district Municipality and NGOs. Elderly people with chronic diseases receive continuous care without having to go to the hospital to receive basic treatment such as blood collection, blood pressure measurement. Volunteers are trained for caring for high-risk groups to prevent diabetes, high blood pressure with an interesting process, paired with each other to support each other in disease prevention. The care system for the elderly in the homegroup, bedridden groups, where local communities participate and have individual elderly care plans with a committee to manage the elderly with dependency in the community or the Sub-district fund committee.

> According to the survey data on the age of the elderly by using the JHCIS program to survey the average age level of the elderly in the community, it was found that the average for this community is quite high and the satisfaction survey of public health services found that the elderly had a high level of satisfaction (Sub-district Public Health worker 1, March 15, 2021).

5. DISCUSSION

According to the study, it was found that a good model and policy of caring for the elderly included having a strong community and a leader who had a volunteer mindset and leadership. In addition, there were community committees and community members who were competent and willing to sacrifice their time in working together for the community (team building) to solve the problems of the community that they live in (Naldemirci et al., 2018). Furthermore, the results of the study revealed that the content of health promotion systems and methods consisted of health and sanitation preparation such as exercise activities, the creation of Holistic Rehabilitation Center, Chiang Mai District, Nong Hoi Sub-district that was useful and suitable for the elderly. There was an annual health checkup every year in preparing the elderly before entering the elderly stage and also learning activities for self-improvement that could be applied in daily life for the elderly every year. To expand more understanding in the study of this model the discussion can be divided as follows:

5.1 Integration

Methods of integration were achieved by supporting networks on collaborative activities and promoting continuity of experiential learning for continuous problem-solving. Learning in order to move to a healthy lifestyle could improve the quality of life of the elderly and people in the community, and measures for the elderly were also consistent with (Yodphet, 2009) the study of elderly health promotion model integrated elderly health promotion activities for the community. By using a simple health promotion model, the group of elderly leaders had the knowledge to deal with behaviours, health promotion at the individual level, family level and community level. This resulted in good quality of life, which was the ultimate goal of the elderly (Jopp et al., 2015). In addition, there was the health development under medical treatments, health promotion, disease prevention and rehabilitation; focusing more on health promotion empowerment, stakeholder

engagement to strengthen the society in terms of families, children, youth and the elderly aspects that would result in sustainable development (Foundation of Thai Gerontology Research and Development Institute, 2018). In addition, this community uses the network of people who have been in this community before, blending with new immigrants and drawing them into community activities. In contrast, other urban communities might be difficult when it comes to urban societies where traditional residents persuade newcomers to live in new communities and build relationships through support from government agencies.

5.2 Regulation

This could be done by integrating the policies received from the government, which would pull in funds and support for various activities, and provision of rules, regulations could also be created for the community groups to optimize their operations (Edwards, 1980). Such social ties were found in the urban community studied because people in the community have shared their happiness and sorrow for a long time (Knodel et al., 2010). If it was an urban community like village housing development, the said gathering might be difficult. Such community-based care for the elderly may have to be in a different model. Wariyapongskit et al. (2016) found that developing the management model of the elderly club for self-health care to carry out activities on their own and with sustainability could be done by determining duties of the community committees, improving leadership and teamwork, having a sense of belonging to the club and participation. A sense of community ownership resulted in a strong community. The study found that the group of volunteers who gathered together with familiarity and shared happiness and sorrow for a long time were conscious of doing good for the community, probably due to participation in the implementation of various projects. This was in line with the Ottawa Charter's principles on factors influencing community participation in the Strengthen Community Actions and was also in accordance with the results of the study on community readiness for elderly care (World Health Organization, 1986). It was found that a community should have strong leadership to encourage the gathering of the elderly and people in the community.

5.3 Mentoring

The government agencies have to also support leaders to act primarily and that everyone in the community participates in order to obtain sustainable activities. The government has to step in as an assistant or a mentor to the community according to the principles of New Public Services. For example, there should be a strong promotion of the elderly club that comes from the club leader, committees and club members in which healthy volunteers are part of the membership (Thanyawinichkul et al., 2016). When the government passed the Older Persons Act, village health volunteers who were ready, strong and had more knowledge and ability then applied as caregivers for the elderly (Jitapunkul and Wivatvanit, 2008). Everyone willingly came to help because they were originally the people who already took care of the elderly people near their homes. There was information about the elderly in their responsibilities. Thus this made it easier to take care of the elderly individually at home. At the same time, there was a network of elderly caregivers, including volunteer caregivers for the elderly, the people sector, teachers, public health center personnel and private organizations. They worked as a team. The elderly care team emphasized teamwork so that everyone was involved in caring for the elderly (Shura et al., 2011). There were good geriatric care management and government agencies that supported funding (Chindawatana, 2003). As a result, the elderly who were in a dependent group had a good quality of life, which was part of the social capital of urban communities in the accumulation of knowledge, that is, having the elderly as a role model. In addition, the community received support from many sectors (Wilkinson, 2013). There was coordination/partnership in caring for the elderly and resource mobilization along with the receipt of information support on government policies and having performance follow-ups and evaluation that were in line with the study conducted by Tang et al. (2005). It was found that another good form of community-based care for the elderly was public health news through a community radio station because people did not like reading, but they liked listening to health services (Dong, 2015). As for the service model of urban communities in Bangkok, there were village health volunteers at a community health center, and a public health service center acted as a mentor and took care of medical supplies. In Wat Sriboonruang Community, there were village health volunteers doing the same duty as in Bangkok. They were in charge of health care for the elderly in the community by follow-ups, helps and coordination between public health officers and community volunteer groups. This reason made providing care to the elderly successful (Department of Older Persons (DOP), 2020).

5.4 Services

Regarding social services in urban communities, village health volunteers made a home visit to the elderly and brought four basic human needs to them on important days such as Songkran, New Year's Day was still rarely carried out. Local supports should be provided for caring for the elderly, and health care and social care should be integrated (Bowling et al., 2013). This was because community care systems often encountered a problem of lacking focus on community care, deficient integration of services and lack of resources. This was

consistent with the study done by Zhang (2007) in China, stating that today families rarely lived together, not like before. Therefore, caring for the elderly within the family was decreasing. For this reason, community-based care to complement home care has been more encouraged. In addition, the precautions of the model and the health promotion policy for active aging revealed that not all inputs such as policies, budgets, personnel, tools, and policies could be practically implemented. Overall, the agencies responsible for the elderly health promotion system did not have enough human resources and budget. The steps of operating health promotion in planning, following up, and evaluating activities were not concrete. This was consistent with Phawattana et al. (2013), who studied knowledge synthesis in order to prepare proposals for health service reform and health security system and guidelines for the development of a health promotion system for active aging. They found that the established policy, namely eat well, live well, and be happy, should be put into practice in a concrete manner, including creating a system and process in healthcare suitable for the living of the elderly.

By analyzing and separating the discussion topics, it is possible to analyze whether this model for caring for the elderly in urban areas is successful and can be a model for other urban communities in caring for the elderly. As for the steps in implementing the project, personnel's capability of the stakeholders in all sectors should be developed. There should be a plan for the use of materials and equipment (Cerin et al., 2016).

The management of those materials and equipment should be made worthwhile, and project implementation activities should be publicized continuously and throughout the sub-district. The coordination among all health network partners involved in the project implementation should be mutually understood (LaPlante, 2014). These should create a process of integrating the content and main activities of the elderly health promotion project to ensure that the training content is consistent with the lifestyle of the elderly in the community and able to live happily in their daily lives (Singkul, 2014). Besides, the project monitoring committees should place importance to project evaluation and following-up progress leading to really solving the problems of the elderly. As a result, the elderly will have a sustainable good quality of life, and there will be the process of promoting good role models and policies in caring for the elderly (Krikorian et al., 2013). Through a community's good elderly care model, the following areas should be developed: the community potential in terms of leadership, teamwork and empowerment to help strengthen the community, networks of elderly care by the government agencies, the private sector, and the community in order to integrate work in the community (Lloyd-Sherlock, 2000) and a database system for the elderly and their caregivers in families to support the community in providing comprehensive assistance and long-term care for the elderly and their families (Srithanyarat and Aroonsang, 2002).

From such discussions, the problems in the overall framework of this urban community can solve the problems of the community by bringing policies from the government to integrate, resulting in receiving grants to support various services and activities, including establishing regulations, which are created for the group (policy building) to optimize their operations by social connection. In this way, it was found in the urban communities, people in the community have been together for a long time. If it is another urban community that looks like an allotted village community or a large community with a large population such a difficulty for combination will be found. But in the context of this community, the characteristics of caring for the elderly is different. Indispensable are the leaders who are people in the community who act as the working center for every step of the work and provide opportunities for people in the community to participate widely. Moreover, local governments support strengthening the care system to make it more sustainable. However, the problem for this urban community is that sense of community ownership.

In general, newcomers to the community may not want to participate in the event or cooperate. This problem was found to be a challenging obstacle in the future because the mechanism for the success of this community comes from a group of volunteers who have known and shared happiness for a long time to create good conscience and benefit the community. However, in the long run, not the community only should have strong leadership to encourage the gathering of the elderly and people in the community, but government agencies also must support the leadership to act primarily, and everyone in the community to participate will make the activities sustainable.

6. RECOMMENDATIONS

In this study, the author separated recommendations into two categories. First, there are policy proposals that offer a deeper comprehension of conceptual frameworks and policy design. The specifics are listed below.

6.1 Policy recommendations

6.1.1 According to the study, it was found that the policy on health promotion for the elderly was not yet clear. Therefore, local administrative organizations should enact policies on health promotion for the

elderly and implement them in a concrete manner in order to achieve the goals of the policies providing the elderly good quality of life, and this can result in continuous development.

6.1.2 Local government organizations should promote and support a budget for the elderly health promotion system to be sufficiently allocated in order to ensure stable and sustainable quality of life for the elderly.

6.1.3 Raising awareness among people or volunteers in the area to see the importance of daily caring for the elderly who are considered as venerable persons should be made in order to prevent various health problems happening to the elderly such as complications of high blood pressure and diabetes. Moreover, in caring for the elderly by volunteers who take care of the elderly, local youth should also be brought in to participate in activities in order to cultivate a volunteer or public mindset.

6.1.4 There should be an educational sector to get involved to help the community develop its capabilities. For example, students should be involved in continuous care for the elderly according to individual context by having their teachers as a consultant. The students will then understand services with a more human heart.

The second is developmental recommendations with the goal of enhancing the overall comprehension of the process of policy implementation. The specifics are described below.

6.2 Developmental recommendations

6.2.1 The study found that the elderly with active aging in the community should be encouraged and supported to have a platform to share their experiences in healthcare success with the local people in order to use them as a model for development for a better quality of life.

6.2.2 There should be a promotion and development of people's ability in the community by continually creating volunteers to take care of the elderly in the community and to be able to perform their missions such as village health volunteers as the mainstays and helpers.

7. SUGGESTIONS FOR FUTURE STUDY

The author has suggestions as guidelines for studying and expanding academic results, the details are as follows.

1. There should be a comparative study and research on models and policies of good caring for the elderly in other municipalities, Muang District, Chiang Mai Province so that this can be used as a guideline for finding good practice.

2. This study is a specific area study. Therefore, it is appropriate to further expand the scope of the study areas to the extent of the district and provincial levels.

3. There should be a study of elderly care in urban communities, which are in the form of village housing development. A good model of elderly care would be different from the community studied in this research. The study results then can be applied more appropriately to urban communities which are in the form of village housing development.

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