

## Research Summary

**Title:** The Development of an Effective Program for Promoting the Model of Active Aging in Thailand Utilizing a Care Prevention Program from Japan

### 1. Introduction

The program was called Comprehensive Services for Long-term Care Prevention and Daily Life Support(介護予防・日常生活支援総合事業) and in this study, it was called “the Care Prevention Program” was promoted in order to shift the high- risk approach into population approach. Health care services were provided for all types of older adults no matter how old they were or what kind of condition they were in. The goal of the program was not focus for treatment the illness but the service program focused on activities for improve their quality of life, maintain the healthy life expectancy and developing the community. (Ministry of Health, Labour and Welfare of Japan, 2017). According to the aging situation in Thailand, the researcher realized that some of the health programs in the community were not well-designed and some were failure without the good concept. However, when it was judged that the programs failed, it does not show the weakness of the community or local organization responsible for; however, it shows the effects of the quality of life of the target population in the community.

Therefore, the development model program for active aging in Thailand is important by utilizing the good practice from the effective care prevention program in Japan, which has had experiences before and also learned from the outstanding health promotion program in Thailand in order to create the guidelines in improving and providing effective program. The purpose of the study is to develop the Community-based Program, which is the program focusing on providing various activities including health promotion and services for the older adults in the community.

### 2. Methodology

The main philosophical of this research is **combining methods approach**. Both inductive and deductive approaches were used under the multi-strategy research. There were three main research stages. The first stage is to learn experience and formative evaluate the effectiveness of the program with the 8 program staffs in Tokyo and Kanagawa prefecture in Japan and 8 program staffs from the Pathumthani and Nonthaburi province in Thailand by using the in-depth interview and the second stage is to investigate and generalize the factors influencing the outcomes of the program by is quantitative research. This is an exploratory study by using a questionnaire survey with the 250 Thai’s program staffs and the third stage is to establish the model for developing the program for active aging by using the forum meeting with 27 staffs and community members from the central region of Thailand.

### 3. Hypothesis

The literature review revealed the board concept of the “Logic Model” and “and “Ecological Theory” which was gather more details from the result of the program intervention from the interview. The qualitative part of the study is to conduct the hypothesis creation and relationships between factor and outcomes which was used in the model. Therefore, it is hypothesized that 1) inputs components including (individual support, organizational support, family support and community support) in the program have relationship on activities components and outcome 2) activities components including (operator team, design activity, self-participation, family participation and community participation) in the program have relationship on outcomes in the initial, mid-term and long term.

## 4. The Key Findings

### 4.1 The Process of the Care Prevention Program in Japan and Health Promotion Program in Thailand

From the in-depth interview the program staff in Japan. It was found the 5 steps of the process: 1) conducting a survey, 2) network mobilization, 3) activity planning, 4) promoting the program and 5) evaluation. In Thailand, the process was referred from the operation manual, the procedures are divided into 4 steps: 1) conducting a survey 2) managing of the committee 3) defining and organizing the activities and 4) tracking and evaluation.

A survey in Japan was conducted in accordance with Japanese health law, which requires municipalities to survey public needs every three years. In addition, the survey in Thailand was not written in the law, the municipality will do the survey whether it depends on their ability.

The result of the survey in Japan led to focusing on a larger group of the older adults from D1-D5, that is, the dependent older adults who were not certified with a long-term care system (D1), the introverted older adults (D2), the healthy older adults (D3), the male older adults (D4), and the older adults who neglected self-care (D5). When the survey found that there were the varieties group of the older adults so, activities in the program were created considering various aspects (in the step of activity planning) including health promotion activities, rehabilitation activities, life skills activities, consulting activities, and social activities. Not only planning step is an important but also the motivation, it was found that, if the community could hold the activities in accordance with the schedule that they had set, they could get financial support.

The step of promoting the activity, in terms of promoting the program, activities in the program of both municipalities included physical fitness tests for the older adults. This was advertised. This was done in order to group them according to physical capability so that appropriate activities could be scheduled for them. And the findings showed that should avoid to force the older adults by said that said *“You must .....” or “Would you please.....?”* but should focused on using media to promote the program.

For the evaluation, a self-evaluation form was distributed to the participants to let them reflect on how they were before and after the activities. An example of the question is *“Can I do better or do I have a better life?”* Instead of to focused on getting the older adults to join various activities.

In Thailand, it was found from the survey that people of several age groups wanted to participate in the activities. After a while, the municipality had adjusted its target groups to cover all generations in the community. And for the step of organizing the activities, management system was open for older adults to express their ideas and design activities as they wish, and helped acquire human force to support the center. They also made decisions and create activity forms on their own ideas. It depends on older adults' needs; therefore, each change must also take preferences of older adults into consideration and respect what they want. Both Municipality A and B in Thailand had no indicator. They considered only the increasing number of members and whether there were new activities. The satisfaction of the member via a survey was considered. The indicators did not define but prioritized considering the reality, for example, smiles, fun, changing of dressing styles, or more active facial expression of older adults.

### 4.2 Success Factor of the Program in Japan and Thailand

Community support is the co-success factor of both countries. Community support in the program in Japan was a mechanism that led to effective participation within the community, raise awareness and foster critical thinking. It was also aimed at encouraging people to actively participate in the activities by themselves. Volunteer is the function of the systems under the community support. It was called *“supporter”* responsible for encouraging the older adults to participate in the activities and looked after older adults in the community whereas in Thailand, cooperation from people in the community is not only taking part in activities, but also includes supporting and

encouraging each other. Community support is the function to connect between program members and people in the community to share the community resources, network and keep moral support each other.

#### **4.3 The Result of an Effective Factor for the Active Aging Program in Thailand**

There were 4 indicators 8 items with the “Resource Support” as follows; “Individual Support” (consisting of 1 items), “Organization Support” (consisting of 2 items), Family Support” (consisting of 2 items), “Community Support” (consisting of 3 items) and 17 items of questions with operation process and activities. Measurement model “Process and Activities” which is came from the comprehensive literature review and were confirmed by using the confirmation factor analysis (CFA). The Latent Variable was 5 indicators as follows; “Operation Team” (consisting of 4 items) “Design Activities” (consisting of 4 items) “Self-Participation” (consisting of 3 items) “Family Participation” (consisting of 2 items) and “Community participation” (consisting of 4 items). The results of the confirmatory factor analysis in the initial model were found that inconsistent with empirical data and the item (no. 17) Community Working Process: The factor loading was lower 0.10 then this indicator was deleted and do the analysis of the confirmatory factor again. So, the items at the last step are 16 items. The factor loads of the five indicators of process and activities such as “operator team”, “design activity”, self-participation”, “family participation” and “community participation” were statistically significant ( $p < .01$ ). The factor loads in the STDYX standardization were between .82 - .97 with the forecast coefficient ( $R^2$ ) between .67 - .95. And only 5 indicators in the process and activities affected the outcome at a statistically significant level of .01 with the effect size in a form of standardized beta coefficient ( $\beta$ ) = 0.779 ( $t = 7.300$ ) whereas resources support influenced the outcome through the variables of process and activities at the effect size in a form of standardized beta coefficient ( $\beta$ ) is equivalent to  $=1.054 \times 0.779 = 0.821$

#### **4.4. Develop the Effective Program for Promoting the Model of Active Aging in Thailand**

For the forum meeting, it is the stage of program development by involve a discussion among the staff, member of the program and the representative from the communities in order to listen to their suggestion.

Three dimensions of strengths based on the form of causal model development consisting 1) input 2) process and 3) result for further development were focused. For the input obstacles, it found that no work required support from older adults ‘families and lack of individual problem indication and no preventing planning in the process and the challenge of the increasing the higher than tasks to do of volunteer in the outcome level. For the strengths of the program, it was confirmed by the participants that the older adults who were role model has a power to driving force other members and program successful because volunteer were facilitators, guest speaker and support team. As budget to be spent on this part can be saved.

The idea as a researcher from the discussion, it is necessary to consider various knowledge related management, including the concept of being a potential older adult. Promoting the prevention of health care in the community led to engagement at personal level, family level and community level. Various theories have been compiled to propose an effective program development approach for application in Thailand as follows: 1) considering reduction of limitation or obstacles against active aging 2) increase vocational activities and contribute benefits to the society 3) capacity enhancement of operators to ensure that they are equipped with knowledge for effective program management and 4) drive family and community participation in the program.

### **5. Discussion**

The characteristic of the program in Japan was not only about encouraging older adults to gather to do some activities, but also focused on community development. This finding was supported by the result of Miura’s study (2019) which revealed that the important way to promote the active aging is to further strengthen and connect

between the elderly and community. In Thailand, support system was also found in the result of this current study. It was found that there were other supports in the program such as family and community support, including fellowship, network and volunteer system and promotion of community activities, which was found at a high level of interpretation (Mean score = 3.71). In addition, from the data analysis, community support is promotion of community activities, network and volunteer system influenced the outcome through the variables of process and activities. Furthermore, the community participation is the direct factor which effect to the outcome. The community support was co-success factor among both countries. This result is in the line with the study of (WHO,2002) which revealed that older people cannot maintain their independence without social support, so active aging should involve relative parties-friends, work associates, neighbors and family members. Also, this result is in line with the study of Jung & Rhee (2013, as cited in Kim, Lee, Cho Hee Lee, Park and Hee Lee, 2020) which explained that community capacity is also closely related to health and it is increasingly becoming an important strategy for health promotion.

One of the components of the community support is volunteer system, it was found that the respondents rated the volunteer system support at a high level of interpretation. This result is supported by the model of active aging by Timonen (2016) which explained that the senior volunteer is an indicator of the model of active aging in the way of social contribution. Timonen (2016) also suggested creating a better environment for volunteer activities of older adults and removing existing obstacles so that older people can contribute to society by making use of their competences, skills and experiences.

The result of the five steps of program in Japan and four steps of the program in Thailand is also supported by the study of Rossi et al., (2004, p, 18) which explained that “the evaluation of program generally involves assessing one or more of five domains: 1) the need of the program 2) the program’s design 3) its implementation and service delivery 4) its impact, or outcome and 5) its efficiency and relating to the health promotion program stating that “theories provide a roadmap and step-by step summary of what factors to consider when designing, implementing and evaluating a health promotion program” (Rimer &Glanz, 2005, p. 54).

## 6. Suggestion

Policy Level: 1) should require every older adult in their responsible to undergo the frail checking test together with the medical check-up every year. 2) should expanding targets groups by providing services to those who are below 60 years old 3) should consider with the specific problems of older persons when planning and providing service. 4) should encourage delivery system more than in the number of the older center and 5) should develop a improve manual or guidebook for implementation the effective program.

Operational Level: should raising awareness and encouraging participation of the older adults’ family and community and should be provided capacity building to each operational staff based on their interest. And the most important things, should be considered in provision of services. The program may offer small fund or free of charge for those who cannot afford the membership fee to prevent them from illness.

The comparison study on administering the program in Japan and Thailand to thoroughly examine differences of program pattern and implementation should be further studies.

## 7. References

- Kim, J., Lee,S.H., Cho,E., Lee,H.K., Park,C., & Cho,B.,. (2020). “Multilevel Effects of Community Capacity on Active Aging in Community-Dwelling Older Adults in South Korea.” *Asian nursing research*: n. Pag.
- Ministry of Health. (2003). *A Guide to Developing Health Promotion Program in Primary Health Care Settings*. Ministry of Health.

- Ministry of Health, Labor and Welfare (MHLW), Japan International Cooperation Agency and Japan International Cooperation of Welfares Services,. (2007). *The Study Program for the Senior Social Insurance Administrators (Course No: J0600912)*. Academic Training 2007.
- Ministry of Health, Labor and Welfare of Japan,. (2014). *Annual Health, Labor and Welfare Report*. <http://www.mhlw.go.jp/english/wp/>
- Ministry of Health, Labor and Welfare of Japan,. (2016). *Annual Health, Labor and Welfare Report*. <http://www.mhlw.go.jp/english/wp/>
- Ministry of Health, Labor and Welfare of Japan,. (2017a). *Annual Health, Labor and Welfare Report*. <http://www.mhlw.go.jp/english/wp/>
- Ministry of Health, Labor and Welfare of Japan,. (2017b). *The Manual for Promote the Care Prevention Program through Community Development*. Department of Health Promotion. Ministry of Health, Labor and Welfare of Japan.
- Ministry of International Affairs and Communication. (2020). *Statistic Handbook of Japan*. Statistics Bureau Ministry of Internal Affairs and Communications [https://www.stat.go.jp/english/data/kokusei/2015/final\\_en/final\\_en.html#Summary](https://www.stat.go.jp/english/data/kokusei/2015/final_en/final_en.html#Summary)
- Ministry of Social Development and Human Security. (n.d.-a). *The Manual of the Intervention for the Center for Quality of Life Development and Occupational Promotion for the Older adults*. Department for Older Persons. [https://www.dop.go.th/download/knowledge/th1617250310-16\\_0.pdf](https://www.dop.go.th/download/knowledge/th1617250310-16_0.pdf)
- Ministry of Social Development and Human Security. (n.d.-b). *Name List of the Center for Quality-of-Life Development and Occupational Promotion for the Older adults*. Department for Older Persons. <https://www.dop.go.th/th/formdownload/7/809>
- Miura, H. (2019). *Holistic and Comprehensive Strategy for Asian Ageing Society from the Perspective of "Active Ageing" -Implication from the Experiences in Japan, Taiwan and Thailand*. The Toyota Foundation.
- Rimer, B. K., & Glanz, K. (2005). *Theory at a glance: A guide for health promotion practice*. US Department of Health and Human Services, National Institutes of Health, National Cancer Institute.
- Rossi, H. P., Lipsey, W. M., & Freeman, E.H. (2004). *Evaluation A Systematic Approach (7<sup>th</sup>ed.)*. SAGE Publications.
- Timonen, V. (2016). *Beyond Successful and Active Ageing: A theory of model ageing*. Policy Press, University of Bristol.
- World Health Organization. (2002). *Active ageing - A policy framework*.<https://www.who.int>

