Community Care Strategies for Older Adults Facing Hardships: Insights from Central Thailand

Bualun Hinkaew[1] and Khanitta Nuntaboot[2]*

[1] Srisavarindhira Thai Red Cross Institute of Nursing
[2] Faculty of Nursing, Khon Kaen University, Thailand
* Khanitta Nuntaboot, corresponding author. Email: khanitta@kku.ac.th
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Abstract

The focus of the study is to analyze the community care approach for older adults facing hardships in the social and cultural context of the central region of Thailand. To obtain insightful information, a qualitative research study was performed using observation methods, in-depth interviews, focus group discussions, secondary data, and field notes. A group of 85 key informants consisting of local administrative organizations (LAO), public sector officers from health service units, community leaders, civil groups, older adults facing hardships, and family caregivers participated in the study. There are nine approaches employed in the community care practices for older adults facing hardships as follows: 1) providing social welfare; 2) preparing and using information; 3) developing a service system; 4) developing potential in caring for older adults; 5) adjusting the environment to ensure its contribution to the living conditions; 6) rules, regulations, agreements, and policies; 7) creating job opportunities; 8) building food security; and 9) building and strengthening community networks. Understanding in-depth information regarding the nature of older adults, community strategies, and community involvement assists nurses in health management and increasing skills and knowledge on providing care for older adults.

Keywords

Aged; community health services; community networks; hardships; healthy city

Introduction

As for the global aging situation, the world population has increased to over 7.8 billion people, with over 1 billion people aged 60 years and over, representing 14% of the total population. Older adults aged 80 and over reach 146 million, representing 2% of the population (United Nations, 2019). The countries with the highest rates of older adults include Japan (35%), Italy (30%), and Portugal (30%) (Foundation of Thai Gerontology Research and Development Institute, 2022). According to the National Statistical Office (2022) of Thailand, the number of older adults has increased rapidly and continuously from 6.8% in 1994 to 19.6% in 2021. Therefore, Thailand is considered an aging society (National Statistical Office, 2022; United Nations, 2015).

Hardship and poverty are emotive terms frequently used in public discussion, political campaigns, and charity publicity (Dean, 1992). According to Abbott and Pollard (2004), poverty and hardship are defined as inadequate levels of sustainable human development through access to essential public goods and services and access to income opportunities. Many older adults experience hardships with aging-related physical and mental decline and unhealthy lifestyles. It is reported that there are many older adults living in poverty and have minimal opportunity to escape the conditions. Moreover, older adults experience physical deterioration, dependency, and being a burden for family members (Oldenkamp et al., 2017).

Living in hardship is a daily reality for many older adults in Thailand. A lot of older adults suffer from chronic illnesses, such as diabetes, hypertension, and loss of ability to perform daily activities, which adversely affects their way of life, incurring more hardships (Devalersakul et al., 2016; Nawsuwan & Suwanraj, 2019). Therefore, they must rely on assistance from others, such as family members and the community (Jett, 2019; Thamma-Aphiphol et al., 2017). Most rely on their family caregivers regarding health, income, and government pension (Devalersakul et al., 2016; Nawsuwan & Suwanraj, 2019).

In 2021, the number of older adults living alone reached 21.1%. Many of them have to be self-reliant due to the change in the structure of the extended family to a single family and the death of a spouse or child, causing them to live alone (Foundation of Thai Gerontology Research and Development Institute, 2019b; National Statistical Office, 2022). Older adults living alone often face economic problems and insufficient income. It was found that older adults do not have much savings, and the amount of savings is too low to be able to live until the end of life. Some wealthy older adults might have savings, but many have debt. A report by the Foundation of Thai Gerontology Research and Development Institute (2019a) showed that many older adults lived in an inappropriate environment, resulting in fall accidents, as neither they nor their families understood how to set up the environment and appropriately decorate their homes. Fall accidents could be caused by insufficient lighting, uneven ground, and obstruction, representing 30–50% (Appeadu & Bordoni, 2022).

Moreover, during the pandemic in 2019, the spread of COVID-19 directly affected many lives, especially among older adults. It caused many older adults to encounter worse situations. In Thailand, there are many older adults affected by the disease, which produces enormous impacts on their economic, physical, and mental health and well-being. For many of them, they have to experience living in self-isolation, which is a hardship for many, especially for those with chronic conditions (United Nations Population Fund, 2021).

Besides the COVID-19 incident in Thailand, there was a flood disaster in many regions of Thailand. Many older adults had problematic times evacuating from their homes, as many older Thai adults often firmly believe that their home is the safest place. Consequently, more than 60% refused to evacuate and continue to live in affected areas, leading to potential risks of injury, health impacts, and death from flooding (Institute for Population and Social Research, 2012). These are just some of the hardships many older adults have experienced. As a result, older adults experiencing hardships in life must be provided with proper care and assistance to enhance their self-reliance, which will benefit themselves, their families, and society (Mahem & Nuntaboot, 2018). The 2nd National Plan on the Elderly (2002–2021) formulated policies and plans to drive concrete action concerning older adults through various sectors, including government, social, family, and community sectors, to encourage them to be aware and participate in the integration of work for caring older adults (Department of Older Persons, 2018).

Healthy city development, defined by the World Health Organization (2015), involves strengthening the community and creating stability economically, socially, environmentally, and culturally suitable for urban and rural people. Hence, everyone can have a good quality of life equally through cooperation from all sectors. Regarding the improvement of public health, people must have healthy physical, mental, and social conditions, not just without diseases or disabilities (Tsouros, 2015). The 10th National Economic and Social Development Plan (2007–2011) aims to develop a Green and Happiness Society, encouraging local administrative organizations to play a role and get involved in the community. The role emphasizes self-reliance and mutual assistance, along with the overall community development in physical, economic, and social aspects that rely on the strength of the community and participation from all sectors based on the AFP (Area-Function-Participation) (National Economic and Social Development Board, 2022). Therefore, the success of developing a healthy city will mainly depend on the community's power, together with other parties' support.

Many policies and health concepts focus on health promotion. However, few studies have focused on the holistic view of community care approaches for older adults facing hardships such as in times of emergency crisis, pandemic, flood disaster, aging situations, and, importantly, the collaboration of community networks, health service system, local administrative organization, and people from all public and private sectors (Yodsuban & Nuntaboot, 2021). To understand people's experiences of hidden hardship in Central Thailand, the outcome of this objective will be better-informed individual, voluntary sector, and government responses to hardship. It is necessary to bridge the gap and build a body of knowledge focusing on the work and approaches of community care for older adults using social capital resources and the cooperation of all organizations.

To develop an in-depth understanding of how this altogether works and provide adequate care for older adults who need assistance, the researcher explored older adult's experiences with hardships and studied community care and the involvement of the community, community management, and the use of social capital and resources to provide care and social assistance for older adults, and response to older adults' needs. This study is underpinned by the qualitative method, which is suitable for gaining insight into information and in-depth understandings provided by the community per social dimensions, culture, beliefs, and environment to help older adults facing hardships have a better quality of life and achieve sustainable self-reliance. Understanding the nature of the studied population, community strategies, and people involvement will assist health personnel in managing and caregiving among older adults.

Methods

Study design

This was a descriptive qualitative research. Data was collected using several methods, including observation, in-depth interviews, secondary data, and focus group discussion. The objective of this research was to study community care for older adults facing hardships in Central Thailand to understand better the past operations of the community care approach for older adults facing hardships concerning the social and cultural contexts of the community in the central region of Thailand.

Setting

The research focused on one specific sub-district in Central Thailand. This sub-district was purposively selected as a model area for community care that showed outstanding practice for older adults facing hardships. The characteristic of the area is that it is a rural community. The area size is 6,003 rai or 9.60 square kilometers. The area is categorized as lowland; the soil is crumbled and fertile, suitable for agriculture. The size of the agricultural area is 4,690 rai or 7.25 square kilometers. Most of the occupations are farmers and workers. There is a total of 3,337 people, divided into 1,582 males, 1,755 females from 1,236 households, and 1,003 or 30.56% are older adults.

Research instrument and reliability verification

The questionnaire was developed based on previous research and literature review. Experts in nursing, community health, and older adults reviewed the questionnaire. The semi-structured interview questionnaire was used in the in-depth and focus group discussions. The open-ended questions focused on activities concerning community care for older adults. These are some of the interview questions used in data collection.

For older adults: 1) Do you experience any hardship, and how is the situation? 2) Have you received any help from the community and family caregivers? 3) What are your needs, and what assistance would you like to receive from the community?; 4) What services have you received from the local government or health-promoting hospital during hardships?

For health personnel, officers of government organizations, and family caregivers: 1) How did you respond to the needs of older adults with hardship? 2) How and what did you provide community care for older adults in times of their hardship? What are the outcomes of community care for older adults who are in hardship? 3) What are the key factors in caregiving to older adults facing hardships, and how do you initiate the help and support? Subsequently, more questions relevant to the objective of this study were added to gain insightful details.

Multiple data sources were used, and meetings among researchers were organized for triangulation. The data was re-checked with the original informants, including older adults, families, caregivers, leaders in the community, and officers from relevant organizations such as local administrative organizations and health service units to validate the obtained data's quality. Secondary information from existing surveys and previously received information

from the local government and health-promoting hospitals was used to analyze and re-check the information obtained from the key informants. The researcher also consulted experts in qualitative study, older adults, and community health professionals to confirm her research results. The data was re-checked with the original informants to validate the obtained data quality. Confirmation of the results was done by reviewing experts who have worked in caring for older adults and qualitative studies.

Participants

Key informants were recruited for the study using a purposive sampling method through gatekeepers. There were a total of 85 key informants divided into five group: 1) local administrative organizations (LAO) which included 11 individuals of which included one chief executive of the LAO, three deputy chiefs of administration of the LAO, two associated staff, and five members of the LAO; 2) community leaders which included 12 heads of the villages; 3) public sector officers which included four individuals, of which two were directors of sub-district health promotion hospitals, one professional nurse, and one was Thai traditional medicine; 4) civil group which included 22 individuals, of which were two health volunteers, three caregivers, two long term care, one president of savings/funding/financial institution groups, one sage people community, two member of the disaster management team, one monk, one representative of senior citizens club, and nine occupational group leaders; and 5) older adults groups and their family caregiver which included 30 distinctive individuals, of which three were social bound individuals, three home bound individuals, three bed bound individuals, eight disabled individuals, 13 individuals with chronic illness, and two neighbors in the community and four relatives of older adults with hardship who were selected to be the representatives of older adults facing hardship and had gained benefits from the work and activities of the community.

The researcher recruited older adults to participate in the study to gain insight information about their hardships with the inclusion criteria of older adults who faced hardship conditions consisting of 1) older adults who had not registered for the allowance, 2) older adults who had to take care of family members, and were living with chronic illness or disabilities or psychiatry, 3) older adults who lived in unstable housing conditions which were not suitable for living, 4) older adults who lived alone, unaccompanied, abandoned, older adults who lived alone with their spouse, or older adults who lived with their children, 5) older adults who lived in poverty, illness and who were bed-ridden, and 6) older adults who were heads of families and had lost their jobs due to the outbreak of the Coronavirus disease 2019, and those who experienced hardships from the COVID-19 and natural disaster.

Inclusion criteria for other groups consisted of 1) participants who had experience caring for older adults with hardship, 2) who had experience in community fund or welfare establishment to help older adults with hardship, and 3) participants who were able to provide information regarding the nature of older adults facing hardship and with experience in caring for older adults. Key informants with family caregivers under 18 and who did not wish to participate in the study were excluded.

To prevent the person who would be contacted to participate in the study from feeling that their privacy was violated, the researcher contacted gatekeepers, such as community leaders, to inform them that the researcher would arrange the meeting to discuss the research project. If such a person were willing to meet the researcher, the researcher would request contact

information from the gatekeepers. Then, the researcher would contact the person who received the advice and set up a date, time, and place convenient for that person for a meeting.

Ethical considerations

This study was approved by the Human Research Ethics Committee of Khon Kaen University. The approval number is HE 642072, which was approved on May 5, 2021. Before conducting the study, the researcher informed key informants of the objective and detailed information. Key informants gave their informed consent before participating in the data collection.

Concerning the information obtained from the interviews, the researcher asked permission to record audio and destroyed the data after completing the research. If the informants felt awkward or uncomfortable with some questions, they had the right not to answer them and to withdraw from this project at any time without prior notice. Not participating in the research or withdrawing from this project would not impact the medical treatment or health care service they were to receive. This study was performed based on the following principles: 1) respect for the person, 2) benefits, and 3) justice.

Data collection and data analysis

The data collection started from October 2021 to February 2022. The researcher collected data from all the informants. However, once there was a saturation of essential information, the researcher would stop asking and move on to a new question. The interview lasted for about 45 to 60 minutes for each informant, with a total of 85 key informants, including five groups: 1) LAO, 2) community leaders, 3) public sector officers, 4) civil group, and 5) older adult groups and family caregivers. Notes were taken during the interviews, along with observation of informants, procedures, and activities. The interviews were held at their workplaces and during available hours. About five to eight key informants participated in 1.5-hour discussions with four focus groups.

After obtaining consent, interviews and focus group discussions were scripted and recorded using an audio recorder. An in-depth interview was used to gain information with older adults, caregivers, local administrative organizations, the public health sector, and health agencies. Focus group discussion was employed so that the researchers could listen, observe, and analyze the information discussed among crucial details. Text data were analyzed using field note analysis and content analysis. The transcripts were read, and responses were analyzed and listed. The code samples of the transcript were checked for similarities and differences. Between data were identified to reflect on procedures and activities, the process of community care for older adults facing hardships, and key actors or social groups, community organizations, and related organizations. Following the data collection, all the data was reviewed with the informants afterward for triangulation purposes (Fetterman, 2010; LeCompte & Schensul, 1999). Lincoln and Guba's (1985) criteria, including credibility, transferability, dependability, and confirmability, were considered to determine the reliability of the study.

Trustworthiness

Regarding the credibility of research trustworthiness, the study covered the accuracy and reliability of the data operated by a team of experienced researchers in qualitative research

(Graneheim & Lundman, 2004). The researcher checked the quality of the obtained information. After completion of the study, an analysis and a review were concluded. The research team allowed the informants to participate in the research during the review of the data and the analysis of the findings. The collaborative evaluation between the researcher and key informants was conducted using the triangulation technique to confirm the validity of the data (dependability). In addition, the researcher was aware of verifying the data (conformability) (Pereira, 2012). So that the informants would review the data after the data collection was completed so that the informants would review the data after the data collection was completed. The researcher employed the triangulation technique using multiple data collection methods such as observation, in-depth interviews, field recordings, etc (Graneheim, 2004). In addition, the researcher confirmed the correctness of the data with members by checking the data obtained from the interviews and re-checking with the key informants for clarification (Pereira, 2012). so that the informants would review the data after the data collection was completed.

Results

The study results conclude that there are nine approaches to caring for older adults facing hardships in the community. Details are as shown below.

Providing social welfare for older adults facing hardships

Assisting in community welfare for older adults with hardship. Community welfare is community-based assistance with the help of all people for the vulnerable, the sick, and the dead persons. Community members, especially older adults, are encouraged to become members of community welfare. Many activities, such as the One Baht Merit Fund and Friend Helps Friend Fund welfare for older adults during routine situations, emergencies, and disasters. One outstanding example is assistance for a dead person and his family members, in which the family gets financial support for a funeral. The Friend Helps Friend Fund helps support equipment to rebuild a house during disasters such as fire, wind storm, flood, etc.

Ensure that older adults receive government welfare. This program encourages and assists older adults and disabled persons in receiving living allowances through welfare cards and other funds, such as the budget for home repairs. The Sub-District Administrative Organization (SAO) has set up an allowance management system for older adults struggling with disability and poverty to receive money. Moreover, the community helps these older adults with registration management, pays the subsistence allowance on time, and allocates the budget from the Ministry of Social Development and Human Security.

Community Fund - Source of Occupational Funds. This is a source of funds for occupational purposes. This financial support focuses on building careers among older adults. The sources of funds come from savings groups for production and agricultural cooperatives, community financial institutions, and village funds. The production saving group shares the proportion of the fund's budget for older adults living alone or borrowing to invest for a career.

Establishing a fund for receiving donations to help older adults facing hardships. This is fundraising from the private sector or external agencies to help older adults facing hardships. These fundraising activities help care for older adults facing hardships, such as organizing a

forest robe to set up a fund and requesting donations from companies, including public and private organizations. The donated funds are used for older adults who do not have enough money to buy food, repair broken homes, or for funerals, and their family members will receive financial assistance from the fund.

Some interesting, relevant quotes in this regard are as follows:

> *"The older adults club has established a fund to assist dead persons called the Friend Helps Friend Fund. An application fee is collected from members when joining the club for the first time in the amount of* 50 *baht per person. When a club member dies, relatives or family members will receive financial assistance. Recently, financial assistance for 9,000 baht was provided for a dead member …"*
>
> (Representative of the Friend Helps Friend Fund, 68 years old)

> *"The Ministry of Social Development and Human Security has allocated a budget for home repairs, with the Sub-District Administrative Organization coordinating with community leaders to send information about those who need to receive a budget for home repairs, together with assisting the homeowners with taking pictures of their home and sending information to request for home repairs…"*
>
> (Assistant village headman, 53 years old)

> *"A village fund has been established since 2001 for members to borrow money for occupational or investment purposes. At present, there is about two million baht existing in the fund…"*
>
> (Assistant village headman, 55 years old)

> "*Because I want to help them, I have spared my salary every month, starting at 2,999 baht, to help older adults who are in trouble, such as those with low incomes, bed-bound patients, or buy coffins, or help other groups who are experiencing difficulties to have a better quality of life. When other people knew what I did, they participated in the donation activity. Recently, a donation of 10,000 baht was given to those in need, and the donors were taken to the area so that they could give by themselves…"*
>
> (Chief Executive of the SAO, 58 years old)

Preparing and using information regarding caring for older adults facing hardships

Developing information systems for caring for older adults facing hardships. Establishing a community database to support information systems for caring for older adults facing hardships. Community officers or health personnel can access, identify, and analyze information regarding health status, social capital, social needs, community activity, and so on. Developing information systems for the community is very important because it enhances the processing of data collection, data analysis, and the use of information independently for empirical data and evidence.

Using information regarding older adults facing hardships. The database regarding older adults facing hardships is also stored in an information system database because the data is the evidence for local government officers or health staff from health-promoting hospitals to assist their needs when it comes to social welfare, health needs, and providing help times of emergency crisis, pandemic, and so on. A Rapid Ethnographic Community Assessment Process (RECAP) was used for people in the community to look at the data, learn from the resources, and have older adults and vulnerable groups, such as people with disabilities, serve as speakers in the learning resources.

Setting up an information and communication system that supports older adults' access to services easily, quickly, and efficiently. This contributes to enabling older adults facing hardships to receive assistance promptly and efficiently. The Geographic Information System (GIS) is also used to identify the geographical locations of older adults for pick-up locations in the case of an emergency for home-bound and bed-bound older adult patients.

Integrating information into routine work (Integration). The integrated information helps contribute to routine work and continuously assists community members. For example, health-promoting hospital officers can use the database to provide recipient health services. A database can also verify health conditions such as a home-bound group, a bed-bound group, or/and a social-bound group. Health personnel can verify older adults' health insurance, health history, or other information. The information in a database is useful when officers must display it immediately to set goals and plan work for community care.

Some interesting, relevant quotes in this regard are as follows:

> "*We have developed the Thailand Community Network Appraisal Program (TCNAP) as an important tool and process that creates learning for the local community, encouraging people in the communities, villages, and sub-districts to learn together. The main organizations in the community are local administrative organizations, local governments, religious organizations, and government agencies in the area, all of which work together systematically.*"
>
> (Chief Administrator of the SAO, 56 years old)

> *"With regard to the Rapid Ethnographic Community Assessment Process (RECAP) process, we must help each other look at the data and consider learning sources, important people, talented people, and capable people. As for the obvious outcome of doing RECAP is to have older adults and vulnerable groups, such as the disabled, serve as speakers in the learning resources…"*
>
> (Chief Executive of the SAO, 58 years old)

> *"Regarding the community mapping, some symbols are used. Older adults will symbolize their house by using the icon of an older adult who bends down their head and holds a cane. The home-bound and bed-bound group will use the icon that is a picture of a sick person lying in bed to communicate with others for mutual understanding and convenient assistance…"*
>
> (Academician, 34 years old)

> "*The quality of life development at the district level (District Health Board: DHB) has integrated the work of older adults by providing information for health screening and conducting a health survey of older adults to screen, assess health conditions, and classify them into a home-bound group, a bed-bound group, a social-bound group. When the District Chief or the Red Cross officials want to visit these older adult groups, the coordination will be made to take them to visit older adults or also to take us to visit in other places …*"
>
> (Registered nurse, 49 years old)

Developing a service system for caring for older adults facing hardships

Providing health services. This includes preliminary health screening and medical treatment, and if it is a severe case, a patient will be transferred to the middle-level hospital. There is an establishment of a service system in the COVID-19 outbreak. The community provides a shuttle bus service to deliver patients to the hospital, provide home visits for isolated patients, etc.

Providing continuous care. This includes a home visit by village health volunteers to help and care for older adults. Other services include physical therapy, health rehabilitation, and orthotic and prosthetic services for older adults facing hardships.

Developing public service system. This includes arranging home environment modifications and supporting equipment to repair the homes of impoverished persons. The home environment modification arrangement is made for older adults facing hardships. Services include repairing houses in case of broken or damaged, unsuitable housing conditions, bathroom renovation, and home environment arrangements to prevent accidents.

Some interesting, relevant quotes in this regard are as follows:

> "*Serving as a caregiver, I care for many things during the COVID-19 outbreak. If anyone is unable to take medicine, I will go and help get the medicine, such as a common household remedy or a regular drug used to treat diabetes, hyperlipidemia, and high blood pressure, as well as measuring blood pressure, recording the value, and taking a picture of blood pressure values to show the doctor to diagnose whether patients need to take medicine. It must depend on the discretion of the doctor when prescribing drugs. We simply help convey the data*."
>
> (The focus group discussion of caregivers)

> *"We have an orthotic and prosthetic center. If anyone borrows it, we'll ask the borrower to sign a form and provide a home delivery service. If anyone doesn't use it, bring it back to the center for the next borrowers. However, if it is really out of stock, I will call to borrow from nearby health service centers or call to consult with the Contracting Unit for Primary Care (CUP). If they have all these things, they will share within the district, such as Fowler's position beds, oxygen tubes, and wound dressing equipment, all of which will be shared within the group…"*
>
> (Director of sub-district health promoting hospital, 56 years old)

> *"Last year, there was a request to repair houses for impoverished persons, using the house construction budget of the Sub-District Administrative Organization. We asked for the construction of 11 houses, and a total of 11 houses were approved, of which the numbers are higher than other areas because other areas did not make a request…"*
>
> (Community developer, 46 years old)

Developing potential in caring for older adults facing hardships

Developing a Working Group Mechanism. The development programs include skill training courses for health staff, officers, village health volunteers, and older adults. Budgets support community programs such as occupational training, health-related activities, and older adult clubs. There is a community center where people can meet and do activities together.

Developing the potential of health personnel to care for older adults facing hardships. This includes health training for personnel to gain knowledge and skills such as lifesaving training courses in cardiopulmonary resuscitation (CPR), conducting health research and assessment, and screening for diabetes and high blood pressure by use of the budget from the national health security local fund.

Developing the potential of community volunteers, nurses, and caregivers to help older adults facing hardships. This includes healthcare training for older adults and people in the community. They are encouraged to attend the training. Guest speakers with expertise in health provide knowledge on preventing and controlling communicable diseases, infectious diseases like COVID-19, and caretaking for older adults who are home-bound, bed-bound, and suffering from complex illnesses. A care network has been established to assist older adults who are homeless.

Developing the potential of older adults' families. This program enables families to participate in caring for older adults in routine and emergencies. Older adults and their caregivers were trained to understand age-related diseases and physical and mental deterioration related to aging and care for minor illnesses, chronic illnesses, and emergencies to provide immediate and proper assistance before reaching a hospital.

Developing the potential of older adults. This enables older adults to take care of themselves: preparation for old age, knowledge of self-care behaviors for the prevention and control of non-communicable diseases, and encouragement of healthy lifestyles such as exercise, healthy food consumption, stress management, and fall prevention and control.

Developing the potential of people in the community to help older adults facing hardships. The community supports volunteer groups to assess emergencies and provide assistance in moving older adults correctly and appropriately to the hospital during an emergency accident such as falls, broken bones, loss of consciousness, etc.

Some interesting, relevant quotes in this regard are as follows:

> *"Concerning organizing health promotion activities, financial support comes from the budget of the sub-district health security funds contributed by individual support and the budget of the Sub-District Administrative Organization. A plan or a project proposal was written to allocate a*

budget for health-related activities in the community, such as the older adult club activities, which have a health screening. Our various health-related projects in the sub-district can ask for the budget."

(Registered nurse, 49 years old)

"*Your skills will be developed with continuous practice, for example, attending nurse practitioner training every 1 to 2 years. There are various technical training courses, such as laboratory examinations. Currently, all nurses in the province are nurse practitioners. In the initial training, you have to pay alone, but later, the government provides financial support for you…"*

(Director of sub-district health promoting hospital, 58 years old)

"We have many roles, including volunteers. As volunteers, we will be trained in cleaning, wound dressing, physical therapy, and exercising arms, legs, knee joints, and foot soles, with a three-day training course at Napalai Hospital. The training will be directly provided by the doctor of physical therapy so that trainees can take care of home-bound and bed-bound patients. Then, we must report visits to the health center every week…"

(Member of the SAO, 67 years old)

"*Concerning the operations of the volunteers when visiting the homes of older adults, we will advise family members so that they can take care of older adults. For example, in the case of diabetes, we will advise on wound prevention and cooking low sugar foods, or not allowing older adults to eat starchy foods because the starch will turn into sugar…"*

(Village health volunteer, 54 years old)

"A project has been launched to develop the health potential of the district, involving taking older adults on field trips, occupations, and health care. Students in other provinces will visit us for field trips, and we will also visit other provinces to see what we find interesting. It is a kind of exchange program that is held each year. However, during the COVID-19 outbreak, we had no field trip…"

(Vice president of the elderly club, 64 years old)

"There are many trainings about caring for older adults, such as how to take care of older adults, how to assist if adults are falling sick, and how to move older adults who cannot walk without causing physical impacts."

(Village headman, 54 years old)

Adjusting the environment to ensure its contribution to the living conditions of older adults facing hardships consists of:

Setting up the home environment and supporting equipment to repair the homes of impoverished persons. The community organizes volunteers and budgets to help older adults facing hardships repair their homes; for example, modify housing conditions, renovate bathrooms, store handrails and stair railings, change toilets from sitting flats to suitable ones, etc.

Establishing an environment in the village with activity areas for older adults. Tasks include cleaning the community, improving the landscape, sorting waste, eliminating mosquito breeding grounds, and ensuring the safety of household members. Sports centers, training centers, and activity fields are provided on demand and conveniently for older adults and the community.

Setting up the environment in the community with ramps and handrails for older adults. Building and designing a place suitable for older adults facing hardships, such as providing seats, handrails, and ramps in public services such as health promotion hospitals, government agencies,

Water management. Local government organizes people to clean the canals and rivers in the community to keep the water clean and make food available for the community.

Garbage management. Households, schools, child development centers, and other service places are encouraged to sort garbage and properly manage waste. The local government established a waste bank for the community to promote waste segregation.

Some interesting, relevant quotes in this regard are as follows:

> *"Over the past period, we have adjusted the condition of hundreds of homes. There are repairs at many points, such as renovating stairs, walls, and bathrooms. The budget is allocated approximately 20,000 baht each year. If there are home repairs this year, next year will have no repair, and the repairs will resume next year…"*
>
> (Chief Executive of the SAO, 58 years old)

> *"The village was cleaned on both sides of the road, and the branches were trimmed to facilitate driving, as well as preventing accidents in older adults …"*
>
> (Member of the SAO, 67 years old)

> *"Buildings homes will be designed to meet the standards for older adults. For example, the Sub-District Administrative Organization will design places for older adults or the disabled to make it convenient for use, such as having handrails and ramps, and so on, in the same way as the design of the health center…"*
>
> (Women's Empowerment Fund, 68 years old)

> *"We have a canal with lots of water hyacinths. Therefore, there is an activity to go down the canal, having both sub-districts help each other take care of water resources to release aquatic animals as food for the community. Anyone can get food from the canal. Leaders from both sub-districts and volunteering villagers joined in helping each other…"*
>
> (Academician, 34 years old)

> *"There are many missions of the Sub-District Administrative Organization. Waste management is a direct role of the Division of Public Health and Environment. It encourages people to separate waste, arranges field trips, and sets up Moo 9 as a model village. Waste management will*

help clean the homes of older adults, making the community a better place to live…"

(Director of the Division of Public Health and Environment, 43 years old)

Establishing rules, regulations, agreements, and policies on caring for older adults facing hardships

The policy of improving the population's quality of life facing hardships. The policy and operational guidelines are set to be consistent with the provincial guidelines: The provincial level has been announced to develop the quality of life for older adults in many aspects, including welfare services and social work. The policy is in conjunction with social development and human security by allowing the local administration to promote and coordinate partners from all sectors to provide welfare and comprehensive protection.

The policy of accessing services in all dimensions. This policy is conducive to older adults in terms of social, economic, environmental, health, and political aspects. In this regard, the service provides comprehensive care for all 13 population groups, especially the vulnerable, underprivileged, impoverished, disabled, and bed-bound groups.

Encouraging recipients to become givers by contributing to the Social Security Fund under Section 33 and Section 35. In the community, older adults under sections 33 and 35 are employed by attending vocational training from relevant agencies such as the Skill Development Center and Skill Development Institute. This enhances older adults' skills to earn income and give back to the community.

Some interesting, relevant quotes in this regard are as follows:

"Samut Songkhram Province became a completely aging society while the total dependency ratio in Bang Khonthi District was sixty-three percent. Therefore, the development approach proceeded to prepare for improving the quality of life of the elderly both physically and mentally, as well as promoting work that is suitable for older adults who want to earn a living and ensuring that older adults who are bed-bound and home-bound to receive caring welfare thoroughly…"

(Chief Executive of the SAO, 58 years old)

"The operation begins with adopting policies concerning society, economy, health, environment, and politics. Data collection will reveal problems in each aspect. For example, from an economic perspective, the data on basic minimum needs revealed that poor households will be provided with job recruitment and career promotion. In terms of health, it was found that there were home-bound and bed-bound patients. In this regard, the Chief Executive has a policy of employing caregivers to care for people with disabilities. A team was set up to provide care and assistance. In terms of politics, there will be a community forum and public relations for various projects, such as public relations on a budget for home repairs, encouraging people to join the project to create participation, and so on."

(Village headman, 47 years old)

"As for the employment of older adults with disabilities, they are entitled to social security benefits and work in the area, enabling them to gain income to support their families monthly. Three hundred baht will be voluntarily deducted from monthly wages to contribute to a community aid fund. Still, if it is necessary to spend money that month, the deduction may be reduced by 100 to 200 baht. Such money is spent to buy vegetables, implement the project of sharing vegetables, sharing happiness, or get personal care products and disposable diapers for patients or underprivileged people as required…"

(Coordinator for the employment of people with disabilities, 35 years old)

Creating jobs

Organizing and providing vocational training. This promotes careers for people in the community to generate extra income for household spending. The community supports knowledge training, creating careers such as handicrafts, weaving, planting herbs, making Thai compresses, sewing dried banana leaf Krathongs, etc.

Promoting the cultivation of homegrown vegetables for sale. Promote the use of the area around the house to grow vegetables and generate household income; support older adults with a sufficiency economy, producing food by oneself, such as growing vegetables, edible fences, raising animals, food processing, etc., and selling homegrown produce for income.

Providing an employment project under Section 33 and Section 35. This is to ensure that community members are employed without the necessity to go out to work outside the area. At the same time, those who are sick, disabled, and bed-bound can receive care from community members

Assisting with finding a distribution market. Local government supports local products that can be sold in a local market, outside the community, and online. This generates income for people within the community.

Preparing income and expenditure accounts. It aims to acknowledge the income and expenses of households within the community.

Some interesting, relevant quotes in this regard are as follows:

"In our community, we have promoted careers for older adults, including making coconut leaf brooms and sewing krathongs made from dried banana leaves. We have invited officials from the Department of Non-Formal Education to teach and provide a budget to buy banana leaves. The jobs of making coconut leaf brooms and sewing krathongs made from dried banana leaves can be done by older adults at home. In addition, materials are easy to find locally."

(Representative of the Friend Helps Friend Group, 68 years old)

"We have promoted the cultivation of homegrown vegetables. Vegetables from growers in the households will be purchased and distributed to the general public or vulnerable groups in the community."

(Village philosopher, 69 years old)

> *"I feel glad that I have a job. I have worked here and gained income. Earlier, I was at home and had nothing to do. There were people providing care for me when I came to work, and I was not lonely when I left home to work."*
> (Disabled elderly, 75 years old)

> *"There is a farmer housewife group growing mushrooms to generate income. The group consists of 30 members. The Chief of the District Agricultural Extension Office assists the farmer housewife group with finding channels for selling products through creating an online market which can generate income for members of the farmer housewife group."*
> (Village headman, 47 years old)

Building food security concerning caring for older adults facing hardships

Encouraging public areas to grow vegetables. Regarding food security in caring for older adults, the community provides and improves locations for vegetable gardening in public services such as schools, temples, and district administration. The head of the village and volunteers help propagate the seeds for planting and distributing to people, and they are allowed to collect vegetables for home cooking. Community members, especially older adults, are encouraged to grow edible vegetables in their home areas. Homegrown vegetable activities also help them from stress, increase physical activity, and provide income when their vegetables can be sold to community members.

Procuring vegetable seeds. Vegetable seeds were distributed to people in the community for home plants. They can also grow vegetables in the provided areas. Vacant public spaces in the community can also be used to produce home vegetables and fence vegetables for people in the community.

Supporting social groups to produce and create food from organic agriculture. People in the community are encouraged to grow different kinds of vegetables. The local produce generates income for many households in the community. This promotes self-reliance among older adults because they can earn income by themselves and cook these vegetables as healthy food.

Some interesting, relevant quotes in this regard are as follows:

> *"We have a temple here, so we set up the temple as a center for growing vegetables, especially during the COVID-19 situation where people were restricted to their homes and could not go to the market. Growing vegetables enables them to have a source of food. We do plant propagation. Any passerby can pick it up and eat it. We provide knowledge of growing vegetables without chemicals, but organic pesticides, such as using ash mixed with salt water…"*
> (Monk, 56 years old)

> *"The Chief of the District Agricultural Extension Office has a project for an Edible Vegetable Garden Fence. He distributed seeds to us, such as the yard-long bean and Chinese cabbage. We have planted and kept existing seeds for propagation and sharing with neighbors. Moreover, we*

continued propagating the winter melon, basil, ginger, galangal, and lemongrass when these plants grew older."

(Member of the SAO, 67 years old)

"Because in the past, the community had a problem with illness from consuming unsafe food. The use of chemicals in the agricultural sector resulted in soil deterioration. The community was aware of the problem, so the agricultural method was changed to the integrated approach, and organic fertilizers were used instead of chemical fertilizers. The results were expanded by transferring such ideas to the community, followed by implementing the "Edible Vegetable Garden Fence" project, encouraging people to consume safe and healthy food."

(Village philosopher, 69 years old)

Building a network for caring for older adults facing hardships

Building a network in the community. Building community networks is very important when it comes to planning and operation. The collaboration in the community includes local administrative organizations (LAO), health-promoting hospitals, government agencies, schools, and temples; key people include officers, health personnel, village chiefs, village headmen, village health volunteers, and people from both private and public sectors.

Building a network outside the area. The integrated social capital resources outside the area include middle-level hospitals, provincial social development and human security offices, provincial administrative organizations, Red Cross Chapters, and academic institutions.

Some interesting, relevant quotes in this regard are as follows:

"As for the operations of the Chief Executive, he will consider putting the right man to the right job, who to take a role as a supervisor, and who to coordinate with. The Chief Executive knows how to integrate with agencies, such as sub-district health-promoting hospitals, schools, temples, or various groups of leaders or caregivers. He tried to persuade groups to come to work efficiently. About social capital, he will look at things that are suitable for work while taking each social capital that exists in the area to mix and match together spontaneously."

(Academician, 34 years old)

"Currently, during the COVID-19 outbreak, survival kits, including rice and dried food, have been given to us. Yesterday, the Red Cross officials distributed rice, as did the National Health Security Office. Sometimes the kits are given to the community by the Sub-District Administrative Organization, or community leaders, or village health volunteers in some cases…"

(Director of sub-district health promoting hospital, 59 years old)

Discussion

Welfare for older adults

Community welfare is organized by the community based on mutual assistance among people to assist those with needs. Community welfare helps people within the community to have better lives and living conditions, leading individuals to become physically and mentally content. People join together to establish a social system that provides help and support for each other. The poor, vulnerable, and underprivileged groups can benefit from community welfare. The welfare ensures the confidence of older adults facing hardships in providing funds, generosity, health and basic needs assistance, and social support. More importantly, the heart of community welfare is to enhance the self-reliance of older adults facing hardships to live with value and dignity (Sodapadcha et al., 2017). This form of social network enables people to cooperate in community activities, respect each other, maintain relationships, and assist each other in times of hardship.

This conclusion is consistent with Khamngae et al. (2014), who found that the community is vital in providing welfare for older adults, especially during retirement age. When growing older, they need help in community-based social welfare, such as establishing a community enterprise and cooperating with the private sector in organizing activities and promoting the welfare of older adults. This is also consistent with Bubpa et al. (2020), who found that in the case of those affected by the disasters, the community had welfare arrangements to help people during disasters, including providing shelter, food, and water supplies. During the pre-disaster stage, the community established a welfare fund by encouraging older adults to become members of community organizations, such as the village savings group and village banks, for the provision of welfare in the form of money and essential items in case of emergency illness or disaster (Yodsuban & Nuntaboot, 2021).

Caring for older adults

The community database contains information about people regarding health status, welfare, insurance, living conditions, geographical locations, etc. Information for older adults with hardship is prepared and stored in the system. This enables officers and health personnel from organizations in the community to access, identify, and analyze information that works together systematically. A previous study by Jareprapal and Nunthaboot (2016) that explored the use of information revealed that it enables stakeholders to perceive and have the opportunity to negotiate matters from the beginning in the local community and have access to analyze information quickly and conveniently. According to Yodsuban and Nuntaboot (2021), information systems were developed and used in disaster management for older adults, comprising patients in a social-bound group, a home-bound group, and a bed-bound group, which cover the pre-disaster, during-disaster, and post-disaster phases. A study by Vattanaamong (2011) found that using community information systems for older adult care owned by everyone is a prerequisite factor for care planning in the community.

System development for older adults

This is consistent with previous studies, where a community-based integrated service model (CBIS) was developed and tested. The model involved on-demand health services and

supported the daily lives of older adults living alone. These older adults encountered problems of loneliness and depression. The integrated cooperation was made with the community by adopting older adults-friendly principles, such as arranging visits, caring for older adults who live alone, and so on (Yi et al., 2021). Concerning continuing care, Bubpa et al. (2020) revealed that the community has developed a service system. A prosthetic center has been established to provide orthotic and prosthetic services necessary to assist older adults facing hardships, such as air mattresses, wheelchairs, and oxygen tanks, along with providing staff to take care of and assist with the rehabilitation. This is consistent with Kumniyom and Sritanyaratm (2016), which revealed that older adults with health problems and chronic illnesses had limited access to health services. There is a need for health care at home because it will reduce the time of hospitalization and home visits regularly, as well as fewer complications.

Potential development for older adults

According to Puraya and Nantaboot (2019), all people in the community have the potential to develop their skills because every community has its local wisdom and knowledge. Older adults can develop their skills to turn themselves from help recipients to giving knowledge; for instance, they can play a role as village health volunteers to serve others in the community. This is likewise consistent with Nuntaboot et al. (2019), which found that there was a development of the potential in caring for older adults as follows: 1) There was a development of the potential of older adults in preparing for entering old age and a development of family members' knowledge on health conditions; 2) There was an increase in the number of caregivers and volunteers in older adults care to accommodate the problems and needs of older adults; 3) Encouraging the establishment of a course in caring for older adults and a handbook for caring for older adults who are home-bound and bed-bound; 4) Supporting the establishment of schools for older adults, providing courses that older adults can choose to learn according to their interests, comprising physical and mental aspects, giving occupation opportunities, and learning information technology such as a computer use skill, and online communication skill via Line or Facebook; and 5) Supporting the establishment of older adult clubs to help in respect of social, economic, environmental, and health conditions. In addition, this conclusion is consistent with Nick et al. (2009), in which the knowledge and skills of caregivers of older adults were strengthened in preparation for the disaster, and the health team prepared the matter of medication and treatment history to be ready for evacuation.

Creating a conducive environment for older adults

This community care for older adults facing hardships is consistent with van Hoof et al. (2020) on healthy cities for older adults in the Netherlands. The design was based on five principles: 1) communication and information, 2) housing, 3) transportation, 4) health service support, and 5) utilization of public space. Tongsiri et al. (2015) showed that decent home conditioning for people with disabilities and older adults helps improve quality of life, such as minor adjustments to the interior conditions, making handrails, adjusting the floor slightly, renovating an existing bathroom, adjusting an existing bedroom to facilitate movement, and providing the appropriate home conditioning services. Mechanisms for improving the environment and housing for people with disabilities should be developed using a multidisciplinary team in an integrated manner, whereby inviting relevant personnel from all sectors, whether from the public health sector, such as nurses, physiotherapists, public health

academicians, technicians, architects, engineers, community developers, village headmen, and village chiefs, to attend the meeting together.

Policy formation for older adults

In terms of the integration of quality of life improvement for older adults, it was found that a clear policy guideline for integrating program support, cooperation of networks of government agencies, and recreational activities for older adults could encourage older adults to have a sustainable quality of life (Yomsiri & Sompong, 2020). This is consistent with Bubpa et al. (2020), who stated that rules and regulations have been established between community organizations, volunteers, community leaders, and local administrative organizations to deal with the problems and requirements of older adults as follows: 1) Encouraging older adults to participate in expressing opinions in community forums on providing welfare for older adults with disabilities; 2) Supporting the community organizations and agencies to set rules and regulations conducive to older adults in terms of society, economy, environment, health and wellness; and 3) Preparing local regulations that are consistent with the problems and requirements of older adults.

Creation of job opportunities for older adults

According to Yodsuban and Nuntaboot (2021), before the disaster, the economic data of older adults were collected, coupled with the use of information to promote occupations, such as beekeeping, producing crispy bananas, baking desserts, and so on, with support from staff in the community during the processing local products. This is consistent with Nilsson et al. (2013) on the occupations of older adults living alone in the community. Older adults wished for a career, so each occupation depended on their ability to perform daily tasks, such as taking care of plants at home and involving the community in planning career promotion for older adults. Edwards and Owen-Booth (2021) found that occupations for older adults explored community involvement in career promotion through creative activities, showing that older adults had the opportunity to choose a career and an environment arranged to facilitate the occupation.

Food security for older adults

This is consistent with Sitthissuntikul et al. (2018), who stated that the food productivity of farmers involved growing crops and raising a variety of animals. Family members could access and take advantage of food sources in the household and farm for cooking as needed, as well as having a culture of interdependent exchanges, such as exchanging seeds and fish for vegetables, exchanging lettuce for morning glory, and sometimes sharing with neighbors in the community. This is also consistent with Sereenonchai and Arunrat (2021), who revealed that Non-Khun village, Sa-ad sub-district, Khon Kaen province, was able to live without relying on food from outside during the COVID-19 outbreak. Initially, community leaders encouraged community members to grow organic vegetables for household consumption, and this activity was supported by the Thai Health Promotion Foundation, which distributed seeds of vegetables to 50 community members to be grown so that the community would have vegetables to eat and sell to community members. This was carried out by using the community food mechanism, having a food warehouse in the community, and establishing a paddy rice fund to have rice for consumption in times of crisis or difficult times, such as drought, and so on.

Network partner for older adults

Pradana (2022) found that social capital was an essential factor in managing the complex health of older adults in the community that caused older adults to be healthy, with related people in several sectors coordinating with one another, including government agencies, religious leaders, community leaders, and community members, to build network and collaboration. The strengths of social capital include the following: 1) community networks, 2) public participation, 3) local identity, 4) exchange of knowledge, and 5) mutual trust. Social capital organized activities for older adults, such as encouraging older adults to be physically active when staying outside, boosting regular routines when staying at home, arranging an environment in the community to prevent accidents, promoting communication interactions to avoid the loneliness of older adults, and so on.

Limitations of the study

The study employed a gatekeeper approach in the selected sub-district. Therefore, the context of each area must be considered when interpreting the results of this study.

Conclusion and implications for health personnel practice

Social capital and community network involvements play essential roles in caring for older adults with hardship, along with potential and skills development for relevant personnel, including nurses, community leaders, family caregivers, health volunteers, and stakeholders. These are vital in the community care approach for older adults. Empowerment and building knowledge for older adults to become self-reliant, to have skills for making income, and to have skills for self-care behaviors could help lower the burden on family members and the community and increase the potential of older adults with hardship in contributing to the community. The collaboration of all organizations and community care practices per social, cultural, and environmental dimensions enhances the quality of life and sustains self-reliance among older adults. Understanding in-depth information regarding the nature of older adults, community strategies, and community involvement assists nurses in health management and increasing skills and knowledge on providing care for older adults

The implications for health personnel practice are as follows.

Nursing practice

Encouraging nurses to use information in their work, utilizing local health information as a mechanism to develop operations to meet the health needs of older adults facing hardships, and updating the information; Developing the skills of community workers to be culturally sensitive to provide assistance and formulate individualized care plan through coordinating cooperation, teaching, following up, and supporting the operation of networks in the community; and Encouraging nurses to provide lesson summaries and knowledge management in developing and caring for older adults facing hardships, aiming to apply to

planning and managing the quality of care at home and community by setting health indicators, with consideration of the context of the area and the community.

Education

Arranging the Bachelor of Nursing Science Program - Providing teaching and learning based on the use of community health care concepts to learn about potential, social capital, and resources conducive to strengthening various social groups in the community, taking into account cultural differences and social changes, which are social factors determining the health status of older adults facing hardships; and arranging the Master of Nursing Science Program – Strengthening the capacity of nurses in integrating science in the care of older adults facing hardships, which involves individuals, families, neighbors, and social groups, whereby relying on cooperation and support for each other's work, as well as encouraging nurses to develop their routines into research for nurses working in the area of community health care, and establishing a research support system.

Research

Conducting a study on the integration model of four Ministries at the community level for caring for older adults facing hardships and their families, consisting of the Ministry of Public Health, Ministry of Social Development and Human Security, Ministry of Interior, and Ministry of Education, whereby encouraging and supporting families to perform their roles fully.

Policies

Nurses should be involved in raising problems and formulating policies or guidelines for helping and promoting the potential of older adults facing hardships. In addition, local administrative organizations should participate in preparing operational plans or proposing policies for caring for older adults, such as preparing plans and so on, and establishing a fund to help older adults experiencing life difficulties and hardships. In addition to the welfare provided by the public sector, such as homelessness or landlessness, there should be assistance provided for poor people with illnesses, families with chronic illnesses that require special care, and so on.

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