

Public Health Services and Medical Treatment for Elderly at the Local Level in Thailand: Success from Network Partners

Chompoonuch Hunnak^a, Papavadee Montriwat^b, ^aAsst. Prof. Ph.D., Master of Public Administration Program, Collage of Innovation Management, Rajamangala University of Technology Rattanakosin, 96 Mu 3 Phutthamonthon Sai 5, Salaya Phutthamonthon Nakorn Pathom 73170, ^bAssoc. Prof. M.M., Master of Public Administration Program, Collage of Innovation Management, Rajamangala University of Technology Rattanakosin, 96 Mu 3 Phutthamonthon Sai 5, Salaya Phutthamonthon Nakorn Pathom 73170, Email: ^achompoonuch.hun@rmutr.ac.th, ^bpapavadee@hotmail.com

This research has three main objectives: (1) to analyse public services for elderly in lower midland provinces, (2) to identify problems and obstacles incurred in delivering public services to elderly in lower midland provinces, and (3) to recommend a guideline for developing public services to elderly in lower midland provinces. The research used a qualitative approach of which 28 key informants were selected from (1) senior administrators and staff at the Municipality office, (2) elder community leaders who were involved in the process of delivering public services to elderly and/or receiving public services from the Municipality themselves. Data collection techniques include non-participative observation and in-depth interviews. The research revealed the findings as follows:

- (1) Public services from four selected Municipalities emphasised on proactive collaborations between network partners from different sectors in order to deliver services to elderly;
- (2) Problems and obstacles incurred in the process of delivering public services are a lack of adequate resources, low participation from elderly and low empowerment for local government organisation as well as rigid rules and regulations;
- (3) Public services should allow more resources for operations, elderly care centers, and health care staffs to provide knowledge and training for elderly; and
- (4) The central agencies should fully decentralise their administrative power to local government organisations whilst law regulations must allow flexible operations.

Key words: *Public Service, Health and Medical Treatment, Elderly and Network Partner*



Introduction

The past years have seen an increasing number of elderly around the world. According to a report by United Nations (2013), it was revealed that around 23 percents of the populations in most developed countries were becoming elderly in 2013. The percentage was likely going to be over 32 percent in developed countries, whilst around 19 percent in developing countries were moving towards an aging society by 2050. By 2100, the world will show an aging society overall (United Nations, 2013, pp. xi-xiii).

In Thailand, most policies for elderly have been regulated and controlled entirely by central government agencies. This rarely helps solve problems and assist elderly equally. If the problems continue in this manner, the government would need to tackle increasing and complicated problems in the near future. In this regard, there is a need to decentralise the authority from the central government agency in order to process public service delivery for the elderly better. The local government organisation would be more knowledgeable about what the elderly specifically need in each area and how the need might vary. Older people benefit, the sooner public health service must be delivered.

The past years local government organisations faced several problems when dealing with public health service delivery for the elderly. Although the relevant central government agencies might have decentralised their decision making power to their local government organisations, necessary resources were not adequately provided whilst rules and regulations still hinder the delivery process. As a result, the public services were not genuinely delivered to the ones who needed it most. Accordingly, the research team aimed to study how the elderly population could be alerted, made aware and participate in the development of public services so that new and better public services could truly solve the problems and satisfy the needs of the elderly in a sustainable manner.

Objectives

1. To analyse public service delivery for elderly in lower central midland provinces.
2. To identify problems and obstacles in delivering public services to elderly in lower central midland provinces.
3. To provide guideline recommendations on public service delivery for elderly in lower central midland provinces.

Literature review

McKevitt (1998, p.1) defines public service as the government's mission to deliver public services to its citizens in terms of well-being, happiness, peace and safety - ultimately in order to satisfy citizens' needs and solve their problems in the context of shelter, health, education,

safety and social welfare. Similarly, Hague (2001, pp.114-116) believes that every government must allow its citizens to access the public service conveniently, promptly, correctly and equally with integrity. Note that public service is not only the responsibility of the government but the private sector can also be part of the delivery process (Caiden, 1986). This is because public services have dynamics consisting of input-process-output in nature. In sum, it can be concluded that public services are activities regulated by the government in which a person, group or an organisation from the private sector can be part of the delivery process and thereby the public service can be delivered conveniently, promptly, correctly, equally with integrity.

As for public health services and medical treatments, this research used the definition of public health service and medical treatment from the Department of Local Administration, and the Ministry of Interior (2009). This describes the standard of public health service and medical treatment delivery of the local government organisation for the elderly must provide health checkups, counseling, and knowledge about health and sickness.

Methodology

This research is qualitative in nature aiming to study public health service delivery and medical treatment for the elderly in the central midlands covering four provinces including Nakornpathom, Kanchanaburi, Ratchaburi and Suphanburi of which a municipality was selected from each province on the basis of elderly population which are Rai Khing - Nakornpathom, Muang - Kanchanaburi, Muang - Ratchaburi and Muang - Suphanburi. Secondary data was collected from relevant documents, whilst primary data was collected using in-depth interviews and non-participatory observation techniques. There are 28 key informants in total: an executive and an administrative staff were selected from each of the four selected municipality offices, which equals eight key informants, all of whom worked in the process of delivering public health service to the elderly directly. The second group of key informants were selected from community leaders who participated in the process of delivering public services to the elderly or those who received the services from the municipality office: five key informants were selected from each municipality which come to 20 people in total. These are stakeholders of the public service administration who relatively understood the problems and needs of the elderly within the municipality areas. The research team verified and validated the research instruments including in-depth interview questions and observation guideline with three experts to ensure the completeness and readiness for data collection. The data was content analysed and the accuracy of the information was checked as follows: (1) an internal data edit was done by compiling several perspectives from executives of local government organisations, and administrative staff who dealt with public service delivery and community leaders who belonged to the elderly group, and received services from the local government organisation and; (2) an external data edit was carried out using data a triangulation technique with special reference to methodological triangulation.

Findings and discussions

This research revealed three main findings in the context of (1) public service delivery for the elderly in lower central provinces, (2) problems and obstacles that hinder the process of public service delivery to elderly in lower central provinces, and (3) development of public service delivery to elderly in lower central provinces. The findings are described as follows.

1. Public service delivery for elderly in lower central provinces

In four municipalities - (1) Rai Khing Municipality - Nakornpathom, (2) Muang Municipality - Kanchanaburi (3) Muang Municipality - Ratchaburi and (4) Muang Municipality - Suphanburi, public health services were delivered and medical treatment was provided to elderly in the areas. This is congruent with the concept introduced by McKeivitt (1998, p.1) that the government must satisfy needs of the people and solve their problems including health. In these areas, there were also public health service volunteers in different villages who helped coordinate with the local government organisations on healthcare and medical treatment activities with network partners from different sectors including hospitals, Provincial Public Health, Tambon Health Promoting Hospital, community leaders and other bodies in private sector. They worked under the same policy towards the same direction. This is in line with the concept introduced by Denhardt and Denhardt (2011) that public services must connect with different sectors and with different levels including different agencies in the government sector and organisations in the private sector as well as organisations in the civil society and above all the citizen in the area.

Public Health Service and Medical Treatment			
Integrated cooperation between different parties/ forming networks in the area	Public health service with an emphasis on working proactively with the community	Public health delivery for the elderly	Encouraging a volunteer for each family/ train the trainer for elderly community leader

Figure 1 Public Health Service and Medical Treatments

The key findings for each municipality is described as follows.

For Rai Khing Municipality in Nakornpathom, the municipality focused on training the elderly community leader so that they could help organise activities that promote health and well-being of the elderly in the area. This is because they were close to the community and thus understood local problems and needs of the elderly.

For Muang Municipality in Kanchanaburi, there was a project namely Three Doctor Project under the Ministry of Public Health which promoted collaborations between public health volunteers from different villages and family general practitioners. In addition, the project encouraged members of the younger generation to become volunteers to take care of the elderly members in the family.

For Muang Municipality in Ratchaburi and Muang Municipality in Suphanburi, the Municipalities encouraged groups of volunteers to monitor health and well-being of the elderly group. Key representatives from elderly groups were appointed as working committee members to coordinate with local government organisations and volunteers from the villages including housewife groups, women associations and chairs from different clubs to help deliver public health services to elderly in the community. This is congruent with Hague (2001) and Pattamasiriwat and Rayanakorn (2009). Hague (2001, pp.114-116) believes that every government must allow its citizens to access the public service conveniently, promptly, correctly and equally with integrity. Pattamasiriwat and Rayanakorn (2009) also found that local government organisations maintained good relationships with elderly in different communities using “personal touch” which is a soft side of Thai culture. In this respect, collaboration and partnership network are the key success factor for public health service and medical treatment for elderly at local level in Thailand.

2. Problems and obstacles about public service delivery for elderly in lower midland provinces

There are similar problems and obstacles about public health service and medical treatment in most areas. Firstly, resources were scarce in terms of financial resources, human resources, equipment or inventory resources and shortage of service sites. Secondly, elderly found it hard to commute to take part in activities. Lastly, the central government agencies did not genuinely decentralise its administrative power to local government organisations, let alone its rigid rules and regulations. Lucy et al. (1977, pp. 687-697) explain that public service delivery consists of four important factors which are: (1) Input including human resources, inventory expenses and facilities, (2) Processes of resource usage, (3) Output or outcomes from utilising the resource and (4) Viewpoint on impact in terms of citizens’ opinion and satisfaction with public services. This means the process of delivering public services must incorporate regular revision of rules and regulations, human resources, service sites and others to ensure their adequacies and objectives/goals. This is in congruence with the research findings discovered by Kanlayanamit, Seichaleang, Tatiyalapa and Mala (2018). There was some shortage of service staff and equipment, as well as low budget restraints, which caused great delay in delivering services to the public at large.

3. A guideline recommendation for the development of public service for elderly in lower midland provinces

The research findings described in the previous section points that the best way to develop public health service delivery is to provide adequate resources. There is a need to revise healthcare policy and to establish an elderly healthcare center in order to allow elderly access to take part in different activities. Whilst relevant government agencies that deal with public health service delivery and medical treatment should assign staff to service the elderly and provide them with knowledge about how to keep themselves healthy and safe from sickness. Indeed, Rupavijetra, Chompikul and Rupavijetra (2016) investigated the management of aging society in Kobe, Japan and discovered that, as far as health care services for the elderly is concerned, the Japanese government's initiative, the Welfare Law for the Elderly, has a special system, called Health Service System for the Elderly. The facility services in special nursing homes and home care aid services are funded by taxes. Central government agencies should fully decentralise their administrative power to local government organisations and allow them some flexibility in terms of rules and regulations. Thereby, the public health service will be delivered smoothly and most efficiently. Sawangsak (2006) explains that local public service delivery takes place when a central government agency empowers or assigns a local government organisation to provide public services to citizens within its community, where the administrative staff from the local government are further empowered to administer and have the budget to manage on their own. This is entirely because a local government organisation is physically present within the community and thus profoundly know what people really need.

Suggestion

Different organisations should use technology and media as part of the working process of health services and medical treatment. This may be a video production featuring appropriate exercises, good healthcare and proper diet on a daily basis or an application that notifies the elderly user the time to do his/her physical routine. The elderly can be trained how to use these technologies by the younger generations in the family, staff at a provincial promotion hospital or someone from one of the elderly clubs. The budget may be granted by a relevant government agency. This will follow what Martin, Hallen, Muhammad, Jumanidare and David (2020) suggested when they introduced A Successful Aging Development Model for the elderly in facing demographic bonus in Indonesia. They discovered that the elderly needed information related to techniques that could help them get through successful aging from the perspective of physical care, social-economic development, emotional management, and spiritual formation, in addition to family and community support. In addition, when Kangsadan and Kanitha (2020) tried to come up with the Model of Elderly Entrepreneurial Networks to Strengthen the Community Economy, they found that creating a group as an online network, organizing diverse and creative activities and creating participation between the elderly and their grandchildren would lead to a successful model.



Furthermore, relevant government agencies should support and promote partnership networks so that many parties from more sectors can get involved in public service delivery within the government sector. When the partnership network is strong, citizens will share the sense of community ownership and can stay independently safe, which helps warrant the health and well-being of the elderly in a sustainable way, even without support from the government.



REFERENCES

- Chaowatthanakuna, K. & Chaowatthanakun, K. (2020). Model of Elderly Entrepreneurial Networks to Strengthen the Community Economy. *International Journal of Innovation, Creativity and Change*. 14(3), 259-268.
- Denhardt, J.V. & Denhardt, R.B. (2011). *The new public service: Serving, not steering*. (3rd ed). Armonk, New York: M.E. Sharpe.
- Department of Local Administration, the Ministry of Interior (2009). *Standard welfare of the elderly*. Bangkok: Department of Local Administration, the Ministry of Interior.
- Haque, M.S. (2001). The diminishing publicness of public service under the current, Mode of governance. *Public Administration Review*. 6(1), 65-82.
- Kanlayanamit, P., Srichaleang, E., Tatiyalapa, D. & Mala, T. (2018). Guideline for the Improvement of Service Standard of Local Administrative Organizations in Pathumtani Province. *Valaya Alongkorn Review*. 8(1) January - April, 147-157.
- Lucy, W. H., Dennis, G., & Guthrie, S.B. (1977). *Equity in local service distribution*. *Public Administration Review*. 37(6), 687-697.
- Martin, K., Duski, S., Hallen, A., Muhammad, K., Jumanidare, W. F. & David, D. P. (2020). Successful Aging Development Model for the Elderly in Facing Demographic Bonus in Indonesia. *International Journal of Innovation, Creativity and Change*. 14(1), 1282-1300
- McKevitt, D. (1998). *Managing core public services*. Oxford, England: Blackwell.
- Pattamasiriwat, D. & Rayanakorn, K. (2009). *Driving Department of Local Administration for good public service*. Bangkok: Thai Health Promotion Foundation.
- Phetcharee Rupavijetra, Jiraporn Chompikul and Ploypailin Rupavijetra. (2016). Management of aging society in Kobe, Japan. *Journal of Public Health and Development*. 14(2), 61-75.
- Punyaratabandhu-Bhakdi, S. (1986). *Delivery of public services in Asian countries: Cases in development administration*. Bangkok: Thammasat University.
- Rhodes, R.A.W. (1996). The New Governance: Governing without Government. *Political Studies*. 44(4), 652-667.
- Robichau, R.W. (2011). The Mosaic of Governance: Creating a Picture with Definitions, Theories, and Debates. *The Policy Studies Journal*. 39(S1), 113-131.
- Sawangsak, C. (2006). *Public organization and Service Delivery Unit*. Bangkok: Nitidhamma Publishing, Humanities and Social Sciences. 8(1), 147-151.
- United Nations. (2013). *World Population Aging 2013*. New York: United Nations.