

DOI: <https://doi.org/10.63332/joph.v5i7.3105>

Lesson Learned of Long-Term Fund for Elderly Dependent Participants: A Case Study of Chaiyaphum Province, Thailand

Sakchai Pattraa¹, Francis Walugembe², Sanhawat Chaiwong³

Abstract

This study explores the implementation and outcomes of a long-term care (LTC) fund model for dependent elderly populations in Chaiyaphum Province, Thailand. It emphasizes participatory fund management, integrating local government units, health professionals, and community stakeholders. Through qualitative and participatory action research across twelve case studies, the model demonstrated improvements in budget management, community engagement, and service delivery. Findings suggest that localized, community-based fund management enhances the responsiveness and sustainability of elderly care systems in rural contexts. The study contributes to broader discussions on equity, aging, and participatory governance in health care systems, especially relevant to posthumanist critiques of institutional care.

Keywords: Long-Term Care, Elderly Health, Participatory Governance, Thailand, Community-Based Care.

Introduction

On behalf of the Ministry of Public Health, Thailand screened 6,394,022 senior citizens for health issues. 21% of older citizens, or approximately 1.3 million individuals, are bedridden patients who need health and social services assistance [1]. The government prioritizes the transformation of Thailand into an aged society. It has implemented a policy to ensure continuous health care for all geriatric populations, amounting to approximately ten million individuals nationwide, with financial backing from the National Health Security Fund (NHSF). Healthcare entitlements, including rehabilitation, disease prevention, health promotion, and medical services, are anticipated to be provided to one million bedridden older individuals by the benefits program. These are essential services for the elderly. The capacity of households to provide care for elderly individuals declined because of labor migration from rural to urban regions and reductions in family size [2]. Long-Term Care (LTC) services are rendered by third parties to preserve the functional capacity of individuals who have suffered substantial and persistent impairments or are at risk of such impairments. These individuals cannot carry out activities that pertain to their rights and liberties, which are fundamental to their dignity and honor. The target demographic for LTC services includes not only elderly individuals but also those who are at risk of developing the inability to care for themselves. It includes those who have lost the capacity to do so. LTC endeavors to reinstate functional capacity beyond mere essential life support. Consequently, services must be diversified across various sectors, with the quality of long-term care service delivery significantly impacted by horizontal and vertical

¹ The Faculty of Arts and Science, Chaiyaphum Rajabhat University, Chaiyaphum, Thailand 36000.

² School of Public Health, Walailak University, Nakhon Si Thammarat, Thailand 80160.

³ Department of Community Public Health, Faculty of Science, Nakhon Phanom University, Nakhon Phanom, Thailand 48000, Email: sanhawatch.ch@npu.ac.th, (Corresponding Author)



health and social services integration. The Elderly Quality Development Center serves as the principal driving force behind the development of the LTC system in the community, with a subcommittee providing support for the struggle.

The objective of the sub-district Fund is to ensure the proper integration of service arrangements while involving the local community in the management and mobilization of resources. The development of human resources and the coordination of training for care managers (CM) and caregivers (CG) are backed by a central authority. Target groups with Barthel activities of daily living (ADL) index scores of 11 or lower are identified by budget support, establishing expense and benefit packages based on dependence. Concurrently, a meeting was convened to amend and elucidate the National Health Security Board's announcement so that the Fund and the municipality could allocate funds according to the policy's intent. The initial year focuses on 100,000 elderly individuals needing care in 1,000 sub-districts where the Fund is operational and staffed with volunteers [3]. The local government is obligated to address the following concerns to improve the quality of life for the elderly: (1) health; (2) education; (3) housing; (4) subsistence payments; (5) career and product promotion; (6) marketing promotion for older people's products; and (7) community welfare fund. Nevertheless, the functioning of local administrative organizations and the provision of social welfare for the elderly are hindered by a lack of transparency regarding their operations, financial resources, compliance with regulations or laws, competent personnel, and support from the public sector [4].

A crucial mechanism for local public health operations, the LTC Fund for the dependent elderly employs a participatory process to clarify and fortify those involved in the fund management procedure, ultimately culminating in developing an effective community health strategy. Community-based elements that significantly influence participation in fund management include the expertise and understanding of the Fund's leadership (e.g., the fund president and the fund management committee), the environment, the cooperation and collective consciousness of community members, and the cooperation and understanding of community members. Most organizational capacity elements necessary for practical knowledge application in the LTC contexts we examined were present. Thus, knowledge application processes must be conceptualized and coordinated at the executive level by managers and practitioners; corporate leaders, including clinical leaders, play a critical role in ensuring the success of such endeavors [5]. A substantial contribution, the LTC Fund for the dependent elderly, raises community awareness regarding advancements in joint health. Participatory learning results from coordinating the fund management process with other development processes under the principles of transparency, equity, and mutual benefit for the public and private sectors [3, 6]. In their recent study of Moonsarn et al. (2022) discovered that the internal and external environments were operating at elevated levels, with the desired condition being particularly elevated [7]. High requirements were identified in organizational plan leadership, strategic planning, measurement and knowledge management, and organization-centricity. Furthermore, statistical analysis revealed significant relationships between the perspectives of educational administrators regarding regional educational reform as facilitated by the personnel management 4.0 framework. In addition, the study analyzes the principal discoveries and explicates their ramifications. Furthermore, Srimuang (2022) delineated the "Five Stages of Community Health": Examining the historical context and background information is the initial step. The second step involves the methodical accumulation and administration of knowledge obtained from community sages [8]. Community participation in the search for suitable activities is increased in Step 3. Step four consists of a success assessment and identifying potential obstacles

and problems; step five is devoted to allowing community members to voice their opinions. On the contrary, Jaipranop et al. (2022) identified four guiding principles for developing welfare programs for the elderly: (1) Regarding healthcare, acquiring a public area designated for outdoor activities is recommended. (2) From an economic standpoint, it is recommended that the municipality acquire legal entities specializing in estate planning and legacy administration for the elderly. (3) The municipality should designate official entities to offer social advice about society at both the municipal and communal levels. (4) Concerning education, the municipality should organize educational activities that cater to the needs of the elderly [9].

Chaiyaphum Province has established a long-term public health care fund for dependent older individuals, with the participation of 142 local administrative entities in the initiative. The 2019 performance assessment indicated that all funds had exceptional potential (A level). Nonetheless, substantial issues and challenges persist, especially in fund administration, due to the committee's deficiency in knowledge and comprehension of its functions and obligations. Moreover, there is minimal engagement from pertinent stakeholders, which is a significant issue. Participation is limited to specific groups, including community leaders, village health volunteers (VHHs), and public health officers. Consequently, involvement is essential for advancing the Fund's operations towards its designated objectives [10].

Consequently, the researcher sought to examine the optimal approach to fund administration. What was the appropriate format? This form aimed to facilitate establishing a long-term care fund system for dependent older individuals, promoting engagement. It also aspired to improve comprehension of fund management in Chaiyaphum Province and implement it more efficiently and effectively in other regions.

Method

Research scope.

The target population was the LTC fund for the dependent elderly in Chaiyaphum Province, totaling 142 funds, with six funds selected as case studies, divided according to the size of the local government organizations (large, medium, and small) and responsible. The fund criteria are two well-managed funds, including an in-depth study of the other three funds and experimentation with learning development methods in managing three funds, for a total of 12 funds. The research studied the management of funds and participation in Chaiyaphum Province. The study scope focused on fund management, including primary fund context, fund management, participation, development, and evaluation. The research design was Participatory Action Research (PAR) by defining the research process into three steps, as follows:

Step 1: The study of fund management conditions is performed as follows:

Documentary research is used to study basic information, concepts, and theories to develop a conceptual framework for preliminary research. A qualitative study studied the general context, fund management, factors affecting fund management, participation in fund management, and problems and obstacles in managing six local health funds.

A study of participation in fund management using qualitative research as a case study of three funds, which the researcher specifically selected for in-depth study. The preliminary qualitative study results were used as input data. The objectives are: (1) to study the management conditions of the Fund, (2) to study participation in the management of the Fund, and (3) to study the problems of funds management.

The designation of informants has divided the informants into three groups, as follows:

Fifteen fund committees were selected as areas for qualitative study. People who were not members of the fund committee include representatives of community leaders, village committees, community network organizations, community experts, members of local administrative organizations, municipal council members, and representatives from recipient groups. Fund management benefits were derived via purposive sample selection from the 15 people who could provide comprehensive and complete information on each Fund.

A group of representatives of health personnel involved in managing the local health fund selected two people who provided comprehensive and complete information. Focus groups and an in-depth interview were used to collect qualitative data.

Data Collection

Fund committees, community representative groups, and local health officials conducted individual in-depth interviews and informal conversations with the informants. Questions were asked about the context of the Fund, the organizational structure, the management, the involvement of the community and stakeholders, and the participation in the management. It involved separation into the LTC fund for the dependent elderly, seven members for each Fund, seven members for the public Fund, and one health worker for each Fund.

Focus groups, discussions, and sharing opinions with the fund committee and public groups to obtain fund details of context, organization structure, management, participation, and issues of involvement in managing the LTC fund for the dependent elderly group discussions were conducted for all three funds by organizing a forum for group discussions divided into two groups for each Fund: eight members of the fund committee, and the health workers.

Data Analysis

Interviews with key informants performed the content analysis to classify and synthesize issues and summarize data with analytic induction, a complete description of additional content, and checking the accuracy of the information for verification, triangulation with the relevant groups to reach a complete conclusion, then bringing the data back to the appropriate people in the area to verify the accuracy of data before concluding the results, before finally using the results to create a participatory fund management model [11].

Step 2: Development of the Learning Model in Participatory Fund Management: The researcher conducted two phases, as follows:

Phase 1: Analysis of causes of problems and finding ways to develop fund management in Chaiyaphum Province, proceeding as follows:

The study in Step 1 analyzed the problems and causes of local health fund management problems by synthesizing information about the fund management process in Chaiyaphum Province.

Arranging a brainstorming forum and listening to stakeholders' opinions by organizing a forum for group discussions and presenting valuable opinions. It could be put into practice by giving everyone in the forum opportunities to share opinions and give constructive suggestions to be used as guidelines for the development of fund management by organizing two focus group discussions.

Phase 2 comprised a connoisseurship meeting to present a framework for participatory fund

management. The researcher selected 15 people involved in fund committees using the method of purposive selection, with the selection criteria as follows: (1) persons with experience in fund management for not less than three years, totaling five persons; (2) persons with knowledge and understanding of fund management principles from the Public Health Department and the NHSO, numbering five people; and (3) academics from Chaiyaphum Rajabhat University, numbering five people to provide additional comments to be more complete, taking the time to hold one meeting.

Step 3: Implementing and evaluating the learning model for participatory fund management in Chaiyaphum Province

Then, after developing the participatory fund management model, the researcher applied the model of participatory fund management to funds interested in using such a model to develop and manage their funds. Three companies participated by organizing activities to enhance efficiency for the working group of the Fund, while the researcher organized activities to enhance efficiency for the Fund as follows: (1) participatory fund management training developed from Step 2 to create understanding for the Fund, used to manage the Fund by lecturers from Chaiyaphum Rajabhat University in collaboration with Chaiyaphum Provincial Public Health Office. (2) visual education of the fund model, and (3) Visits to advise the Fund made by the researcher, four times in total.

Data collection was conducted from July 2020 to July 2021.

Data analysis: The data was analyzed qualitatively by content analysis to classify the development process and fund management of Chaiyaphum Province and essential contributing factors for successful fund management in the LTC fund for the dependent elderly. The focus was on management development activities in a participatory manner, including limiting factors.

As detailed in Figure 1, the procedures and the results utilized at each stage were carried out.

Fig. 1: A summary of the research investigations conducted throughout each study step and the research findings.

Human Research Ethics: The Human Research Ethics Review Committee, Chaiyaphum Provincial Public Health Office, certified this research, research project number EC 36/2020.

Theoretical Framework

This project aimed to develop a model for administering the long-term public healthcare fund for dependent older adults, incorporating stakeholder engagement. The effort entailed analyzing data to identify a suitable long-term public healthcare fund model. Data was collected utilizing grounded theory, which recommended examining social issues or circumstances requiring human adaptation and an optimal paradigm for comprehending actions and processes during transitions across all three phases of the investigation. This approach aimed to gather authentic data on the evolution of the process model, which encapsulates the practices, ideas, emotions, and engagement of individuals participating in diverse activities. We accomplished our purpose by modifying the data collection approach to incorporate several qualitative research methodologies, such as in-depth interviews, participant observation, and document analysis. It was crucial to emphasize that these approaches did not employ specialized instruments to assess opinions in any regard [12]

Consequently, a correlation existed among data collection, data analysis, and the formulation of

the grounded theory. The collected data may also be utilized to achieve the study objectives, which aimed to investigate the management of the Long-Term Care Fund for older individuals reliant on others and the evolution of the fund model over time in Chaiyaphum Province.

Results

Step 1. Examination of the conditions of fund management through qualitative research and sample fund analysis of the subsequent activities:

1. Efficient Fund Budget Management has identified the following information:

The administration of fund budgets revealed that the prospective fund acquired financial assistance from the NHSO, local administrative organizations (LAOs), and consolidated budgets from diverse community groups. The distribution of the funds was determined using criteria that prioritized the significance of project issues. The distribution adhered to the project plan submitted for funding assistance, as indicated by participants in the group discussion:

The Fund's budget management indicated that prospective funding sources include the NHSO and local government organizations, supplemented by contributions from other community organizing groupings. The evaluation of budget spending utilized allocation criteria centered on the significance of the project's issues, with distributions made by the suggested project plan for funding support. Group discussion participants provided the subsequent remarks:

"Budget for caring for the elderly who are homebound and bedridden. Many agencies have budgets to help us. Even though we work according to our duties, some of us are the children and grandchildren of the elderly in our subdistrict. We come together to gather people and budgets to help the elderly in our subdistrict receive the most benefits. Our work does not overlap". (Sub-district Administrative Organization President, Group Discussion: 5 Aug 2020)

"Elderly people on the list of public health on the list of Social Development Red Cross, most of them are the same person." (August 8, 2020: President, Village Health Volunteer (VHVs, Focus Group)

Budget barriers were caused by the NHSO's inconsistent budget allocation with the timelines specified in the Fund's program. This eroded confidence in the Health Security Fund's ability to maintain operations continuously.

"...that was wasteful and often used adult diapers with cleaning gloves. Fortunately, the SAO set up a budget to support it. If it is a gift in this area, we also had a written source of support in the form of plans or projects from the local health security fund, another fund we could request."(Chief Administrator of the SAO, focus group: August 8, 2020)

Procedure for Fund Management has identified the following information:

It was discovered that the executive committee contributed to procuring plans and projects for the Fund during the project planning procedure. The project team acquired some of the plans by organizing community forums at the sub-district and village levels. The project plan would prioritize health promotion, rehabilitation, disease prevention, control, and assistance to agencies and organizations that organize community-based health activities for elderly dependents.

"Before composing the project plan, I wished to utilize the Fund's budget. We had previously convened with the public health committee. The prevalence of elderly individuals confined to their beds and residences was attributable to the efforts of local volunteers. What were the

challenges and barriers that each face? Writing plans provide information, or we could consult the elderly, descendants, or others (Focus Group of Public Health Officials” (October 10, 2020)

Efficient Fund Budget Management has identified the subsequent information:

The project planning process revealed that the board of directors formulated certain plans/projects for the fund, while others were acquired through community forums at the sub-district and village. The project strategy prioritized health promotion initiatives, rehabilitation, illness prevention and control, and assistance to agencies and organizations conducting health activities suitable for older dependents in the community.

"Before drafting the project plan to solicit funding, the public health team convened with the VHW team, which is in proximity to the old population under their jurisdiction, to evaluate the number of bedridden elderly individuals and to identify the specific challenges and barriers faced by each individual. This information is utilized to formulate the strategy or to directly engage with the elderly's children. (Public health officer, focus group: October 10, 2020).

Implementation process: The Fund has developed a comprehensive strategy encompassing four primary activities: 1. Health promotion; 2. Sanitary housing administration; 3. Prevention and control of disease; 4. Physical rehabilitation. The agency formulates the plan/project independently from its normal development plan, ensuring readiness for execution within the designated timeframe.

“The project execution largely adheres to the plan, as prior to implementation, we solicited feedback from stakeholders involved in elderly health care, particularly relatives and caregivers within the community.” (Public health officer, focus group: 14 Oct 2020).

The fund structure has a fund management committee that is complete according to the components specified by the NHSO. The potential fund has recruited the committee in proportion to representatives from various groups through the community forum. It has appointed additional subcommittees according to the fund's mission to run its activities more smoothly by selecting from the village health volunteers (VHV) presidents of each village and leaders of various groups in the area. Most importantly, we must cultivate the committee's potential to comprehend fund management effectively.

"I think that since the committee was selected by nominating them through the community forum, we have a committee to manage the fund quickly and clearly. We work more easily and coordinate more easily." (Village Health Volunteers (VHHs), focus group: 14 Oct 2020).

2.4) Monitoring and Evaluation: The fund implements a monitoring and evaluation procedure for every activity it sponsors. We establish the committee and subcommittee to explicitly and effectively oversee and assess each project. The assessment employs a uniform self-evaluation framework for communities undertaking analogous activities to guarantee equity and transparency.

“The performance reporting system, managed by the project manager, gathers data and disseminates results monthly to provide insight into the operation's development. It facilitates continual monitoring of the project's advancement.” (SAO personnel, focus group: 14 October 2020).

Fund management efficiency: The primary determinant of fund management efficiency is the exemplary cooperation of the fund chairman, local government secretary, public health officer,

and the fund management committee. The most notable attributes are exceptional collaboration and cohesion among the fund committee, public health officer, and the community.

“Some of us are descendants of the elderly in our sub-district, and we must attend to those who are homebound and bedridden inside our homes and communities. We must assist one another, unite our efforts, and reciprocate the benevolence of the elderly within our community.” Mayor of the Sub-district Administrative Organization, focus group: 15 October 2020.

Fund Public Relations: The fund employs many public relations strategies to maximize the dissemination of its news among the community.

“Village community forums facilitate the community's comprehension of the fund's operations. Significantly, VHV's serve as excellent advocates for disseminating information about the fund, ensuring that communities comprehend its roles and duties.” Assistant village headman, focus group: October 15, 2021.

Challenges and barriers to involvement in fund administration include ambiguity in the fund's operational regulations, delays in budgeting, and the community's lack of availability to attend meetings for planning, evaluation, and summarizing the fund's yearly performance.

“The postponement of budget allocation has resulted in a deficiency of supplies for aged care at some intervals, including adult diapers. We resolved the issue by communicating with the stores and providing them with diapers for first usage. Upon receiving the funding, we compensated the retailers, Assistant village headman, focus group: October 5, 2021.

Step 2. Establishment of a paradigm for participatory fund management

From the literature review results, the researcher synthesized information regarding the fund management process in Chaiyaphum Province, including theories and concepts regarding the formation of fund management participation and the factors influencing it. The researcher intended to address a range of critical issues related to the advancement of fund management through the coordination of two meetings. These gatherings serve as a platform to exchange information and solicit input from pertinent stakeholders.

Initially, we coordinated an ideation session with local government organizations and administrators of public health agencies in the region who oversaw funding activities to solicit their thoughts and recommendations. Twenty individuals participated in the forum, including administrators from local government organizations and executive committees. The Fund was comprised of twenty individuals.

For the second time, we convened a brainstorming conference to gather the perspectives and recommendations of 15 regional stakeholders. The findings were encapsulated in three dimensions of fund management evolution: organizational structure, recruitment of participatory committees, prospective committee development, financial resources, and budgeting, establishing financial and budget management systems, and implementing transparent and verifiable reporting mechanisms. Fund management encompassed a monthly meeting schedule and an oversight committee with a defined agenda for evaluating the Fund's performance.

Researchers utilized the seminar outcomes on connoisseurship to develop a draft model, incorporating insights from experts and stakeholders in elderly care, with the objective of enhancing the model's effectiveness and applicability within the community by expanding on its advantages, practicality, acceptability, and coverage. The meeting produced the following

- **Usefulness:** Concerning the model's use, most of participants indicated that it would instill trust in its application and offer clarity, while the outcomes of its implementation would be advantageous for the fund's development.
- **Feasibility:** most of participants said that the created model could be utilized in practical scenarios and that its implementation in the fund was feasible.
- **Mutual acceptance:** Most of the participants said that the proposed model could be applied in real fund creation, aligned with the community context, and that the model's elements were clearly defined.
- **Coverage:** Most of participants indicated that the model facilitated systematic fund operations, established comprehensive objectives, and addressed the needs of target demographics within the community.

Step3. Evaluation of the Participatory Fund Management Model

As a result, the researcher implemented the participatory fund management model on funds concerned with the development and administration of the funds of three institutions through the coordination of efficiency-enhancing activities for the fund working group. Using the fund development model, the researcher orchestrated the following activities to increase efficacy. Establishment of the organizational framework, encompassing:

1. The formulation of organizational structure encompasses:

1) Recruiting and cultivating community leaders entails advancing individuals who exhibit promise in serving the community. The fund management committee accomplished this via the community forum, which recruited representatives from each village and community in the region.

2) Establish network partners to collaboratively advance fund development initiatives by extending invitations for their involvement in fund activities at each stage, by the responsibilities, capacities, and functions of each agency, organization, or individual.

3) Advocate for the involvement of community organizations, government agencies, committees of community leaders, and groups with specialized knowledge and interests in the Fund's information development striving, serving as co-hosts and supervisors of said activities. Observe and assess the Fund's activities based on their responsibilities and other areas for development.

4) Ongoing improvement of the fund committee's capabilities was achieved by resolving issues or barriers to the Fund.

2. Budget management development, encompassing:

1) Using committee contributions would facilitate increased participation from all network stakeholders, including the NHSO, local government organizations, and other communities, by establishing a sustainable and transparent budget management system.

2) Before the budget proposal cycle, an integrated annual budget plan for the Fund emphasizes preparing and submitting a budget plan to the government and local agencies. It facilitates coordinating operations with neighboring agencies or organizations, substantially reducing

unnecessary financial expenditures.

3) By allocating funds from the Fund's budget to support annual activities that require continuous support, the Fund could mitigate the risk of budget shortfalls for its operations. This would allow for the continued implementation of vital health initiatives.

Advancements in fund management, including:

1) By involving network partners from various sectors and enhancing participant engagement in the Fund's development, proactive diligence could be undertaken to mobilize regional resources and coordinate health activities in a more community-centric fashion.

2) The Fund could formulate a holistic strategy that effectively encompasses the intended target demographic by including relevant network partners in the preparatory annual operational plan. This strategy was integrated with other organizations, the agency's operating plan, and reports.

3) Developing a network of cooperation in fund management with the participation of numerous agencies and individuals from both the local and international communities, thereby ensuring full participation in fund management.

4) Regulating budget expenditures in alignment with the fund's yearly operating plan results in a decrease in expenditures on activities not encompassed by the plan.

5) Regulating, overseeing, and assessing performance with involvement from all network sectors, facilitating the fund's operation more comprehensively and efficiently.

We applied the operational model covering committee, finance, and fund management to the funds in Chaiyaphum Province. It was found the performance by comparing data collected before and after implementing the fund management model. Evaluating success based on metrics like the Number of projects, Coverage of project activities reaching all target groups, Budget management on schedule, and Efficient project. Before employing the approach, the percentages were 60%, 56%, 65%, and 66%, respectively; after its use, they increased to 85%, 89%, 90%, and 90%, respectively. The findings are displayed in Table 1.

Performance	The fund management model		Note
	Before using	After using	
Number of projects (%)	60%	85%	Compared to the number of projects in the past year
Coverage of project activities reaching all target groups (%)	56 %	89%	The number of target groups in the project per target population in the area
Budget management on schedule (%)	65 %	90 %	Number of projects using the budget as specified in the plan
Efficient project (%)	66 %	90 %	Number of efficient projects

Table 1:

Comparison of the results of activity before and after using the Fund management model

Discussion

1. Effective Fund Budget Management

The study found that fund management and processes, including project planning, plan implementation, organizational structure, monitoring and evaluation, and fund public relations from community and network participation, help fund operations be efficient, which is consistent with the results of Seankosa et al. (2014) who found that the potential of management and leadership of the local health insurance fund management committee is an expectation of local health funds, including fund public relations and community participation as important factors affecting the success of the fund [13]. The research conducted by Kulwong et al. (2020) shown a significant correlation between the management of the sub-district health fund and the enhancement of local administrative organizations [14]. The local administrative organizations obtained assistance, information, resources, and opportunity for their operations. Nonetheless, the challenges and impediments to participation in fund management included: ambiguous operating regulations, delayed budget disbursement, and insufficient time for community members to attend meetings for planning, evaluation, and annual performance review of the fund. It is consistent with the findings of Thongrung & Wongwatthanaphong (2021), which indicated that the perspectives of workers engaged in the execution of the long-term care service project for dependent older individuals in Lom Kao District, Phetchabun Province, were predominantly positive. The perceptions regarding issues, challenges, and recommendations stemmed from a misconception that the fund pertained solely to local concerns and that the provision of public health services fell under the jurisdiction of sub-district health promotion hospitals, leading to delays in addressing the target population and adversely impacting the health system. Consequently, it is advisable to convene a meeting for local organizations to exchange insights regarding their performance. It enables exchanges between high-performing areas and those encountering difficulties, assisting them in refining their operational strategies more efficiently [15]. Kempakon et al. (2022) identified that challenges in the initial phases of development encompassed inadequate training of local government staff, ambiguous legislation regarding long-term care funding during the transitioning era, and an excessive workload for senior care managers. Furthermore, regions without skilled care managers (CMs) were incapable of functioning and allocating monies from the fund, resulting in CMs bearing the responsibility of senior care beyond established norms [16].

2. Establishment of Participatory Fund Administration

The research has advanced the fund management model in three respects: In addition to recruiting and developing community leaders, establishing a network of partners to collaborate on fund development activities is a prerequisite for developing the organizational structure. Consistent with the research outcomes, Marquardt (2002) examined organizational development via learning, emphasizing learning from practice [17]. Senge (1990) advocated for a paradigm shift and a systematically oriented perspective that considers the individual, team, and organizational levels, emphasizing exchange and participation. Active participation, as defined by the United Nations in 1981, encompasses the ability of individuals to make decisions, establish social objectives, allocate resources to accomplish those objectives, and efficiently execute numerous plans or projects [18]. Meanwhile, Putti (1987) concluded that involvement is the cornerstone of successful leadership operations. This technique aims to augment essential involvement for executing project activities, improve budget management processes, create a cohesive budgeting strategy, reduce risks of budget deficits, and provide a sustainable and

transparent budget management system[19]. The results align with Intha (2018) and scholarly examination of multiple research reports; the budget functions as an all-encompassing financial blueprint that delineates all ongoing initiatives over a specified timeframe [20]. The administrative activities, projects, expenditures, and resources required to support the plan's implementation are detailed in this plan. Three phases comprise the process: preparation, certification, and administration. Consequently, the budget is advantageous and crucial to the organization or agency. It empowers entities, particularly governmental organizations, to utilize the national budget as a strategic instrument for the progress and future welfare of the populace of the nation's administration.

Ultimately, management development of the Fund, which consists of enhancing participation in the Fund's development, establishing a collaborative network in its management, regulating budget expenditures by the annual operational plan, and supervising and monitoring such management models, can empower the Fund to execute health-related initiatives that encompass the intended demographic. According to a study of Wongsurawat et al. (2019), an informed fund administrator is essential for effective village fund management. Therefore, management, transparency, expertise, and competence are essential, as is the involvement of stakeholders in the selection process for the fund management committee [21]. The research of Lee (2008) supports the idea that active engagement in social activities is essential for maintaining optimal health and a high standard of living and community social participation can differ based on the social context [22].

Iamma and Panthop (2020) discovered that screening assessments for health problems were an integral part of the public health implementation of the long-term care system. The percentages of elderly individuals requiring long-term care varied between 80 - 100%. As a foundation for providing services [23]. Long-term care for the elderly with high levels of dependence, the competence and opinions of aged CM in practice, and care recommendations should prioritize social welfare and physical and mental health. For continuous public health, community health, and social services have a role, which includes organizing a long-term care system. For the elderly to enjoy a high quality of life, the long-term care must support the participation of families, communities, and localities, have a driving mechanism or an integrated organizational structure from all health care sectors, and have a transparent operational system.

Additionally, the system should have a sufficient workforce to achieve the goal of caring for the health of the elderly. Hence, the long-term care must incorporate participatory organizational structures grounded in participatory theory. It is a process of sharing. The authority and right to oversee the budget are contingent on a cohort of influential stakeholders serving as co-beneficiaries of the Fund and participating in decision-making. Additionally, the Fund encourages voluntary involvement from other stakeholder groups to collaboratively allocate the limited budget in a manner that optimizes efficiency and effectiveness [24]. The community health plan should serve as a foundational element in conjunction with the development plans of governmental organizations or accountable agencies by local governments. The community must participate in annual plan evaluations and project support, as this promotes collaborative thought, planning, and co-writing of the community's actual action plan. It applies particularly to health agencies, whether public or private sector organizations in the region. Active engagement of network participants at all pertinent levels in fund management is crucial for the more comprehensive implementation of the community participation process among all target groups. Influential stakeholders share authority with other interested stakeholders through participation. Active stakeholders must give their viewpoints, interests, beliefs, information, and

knowledge, or accept a study or management process they intentionally engage in. Once these stakeholders engage in the management process, they may feel empowered to take on more duties, leading to good feedback and further participation. Through informal sharing, stakeholders can develop energy and produce results more significant than the sum of their contributions. Participatory approaches can be promoted bottom-up, top-down, or both. In top-down approaches, an influential stakeholder seeks to share responsibilities. In contrast, in bottom-up approaches, stakeholders are pressured to play a more significant role in management or share responsibilities without authority [24,25].

The research "Lesson Learned of Long-term Fund for elderly dependent participants: A Case Study of Chaiyaphum Province Thailand" was to find a model of a long-term healthcare system for dependent elderly in Chaiyaphum province under the responsibility of local administrative organizations at large, medium, and small levels and through the evaluation criteria of the Fund as a fund with well-managed Fund (A level). Within the scope of development in fund management, there are three areas: committee, finance, and fund management. Elderly care in Thailand is a system that relies on cooperation between the government, local administrative organizations, the private sector, and families to ensure that older people receive care in terms of health, welfare, and quality of life such as the Ministry of Public Health is responsible for the health of the elderly through the Department of Health, Department of Medical Services, and the NHSO in supporting the budget for elderly care through the LTC system. The Ministry of Social Development and Human Security (MSDHS) is responsible for the welfare and rights of the elderly through the Department of Older Persons Affairs (DPO). In contrast with China and Sweden, it has been transferred responsibility for the care of older people has been transferred to municipalities [26, 27]. The main issue from the data collection in the research found that the funds that were evaluated at the A level had important factors, namely, the operation of the Fund must be carried out under the participation of the community, which was consistent with the study of Inaba (2016) that stated that in empowerment-oriented community development (EOCD), there must be the provision of value and the creation of goals of working together to develop the community according to the capital of society and local resources to participate in the process of empowerment in caring for older people who are dependent [28, 29]. Volunteers' capacity to enhance clients' quality of life was affected by the local availability of long-term care services. Volunteer care networks should be complemented by other initiatives, including training about health in later life for volunteers and investment in community long-term care services to build a system that is equitable and sustainable [30]. One of this study, the important issues was the study of the role of the committee in fund management, including the competence in preparing a participatory budget plan related to people, budget, and materials according to the needs of older people in the community to be consistent with the budget supported by the NHSO. In particular, it must be consistent with the plan for promoting the health of older people first, including a clear committee structure and project monitoring/evaluation, including skills in linking with relevant agencies and officers. It was consistent with the study of Smith (1982), who stated that the competence of fund managers in management consists of 5 areas: Patient Care, Personnel Relations, Budgeting and Financing, Management and Supervision, and Legal Problems and Government Regulations [31]. In addition, the framework of the Fund to be used as a system to evaluate the effectiveness of the Fund was also an important factor in evaluating efficiency as studied by Soo and Jeon (2020), who stated that the framework should consist of 4 main domains: coverage, quality of care, quality of life, and sustainability of the system to be used in evaluating the effectiveness of the Fund, and the indicators to monitor the effectiveness of the long-term care system were utilization, feasibility, and policy relevance because the

elderly care system in Thailand came from many variety content. Therefore, the problem encountered was the budget delay, which the committee solved by creating a budget plan from the operation of the Fund's management committee [32]. The plan must be implemented to cover the four main activities and community participation in determining the problems and using the budget to cover and maximize the benefits for older people in the Fund, including good coordination between the fund president, the permanent secretary of the local government organization, public health officers, and the Fund's public relations to provide information about the Fund to the community as much as possible. The operation should be summarized in three areas: (1) qualitative changes in the promotion of the care of older adults, (2) a priority policy conceptualized from the perspective of human rights, and (3) the networking that guarantees comprehensive and timely care for every individual and allowed the construction of a new culture from the strong compromise that all the policy, financial and social sectors had enacted together with older adults and their families. It concluded by pointing out the importance of active participation and stewardship of older adults regarding consultation processes, alliance configuration, and accountability about actions for their benefit [33].

Conclusion

The elements of fund budget administration and management comprise 1) Project planning, 2) Plan execution, 3) Fund structure, 4) Monitoring and evaluation, and 5) Fund public relations.

A fund with potential and efficient operations should employ several strategies that meet all concerns about dependent elderly people. The community must engage in the formulation of a community health plan, encompassing collective ideation, coordinated planning, and collaborative drafting of community action plans. These plans must correspond with the development goals of governmental agencies or organizations by engaging the community in evaluating and enhancing yearly plans and initiatives endorsed by the government. Such events or projects must directly confront the community's issues and requirements.

Furthermore, fund management must promote engagement at all pertinent levels, encompassing the governmental, commercial, and local communities. This cooperative method guarantees more inclusivity in fund administration. The NHSO should create supplementary fund subcommittees to improve this framework. It must customize these subcommittees to address each community's unique circumstances, difficulties, and requirements.

The enhancement of fund management capability and efficacy should concentrate on three principal aspects: 1). Enhancing the committee's potential, 2). Augmenting the budget, and 3). Enhancing the Fund's management system.

Strengths and Limitations

The strength is generating knowledge, diversity, and participation among public and private stakeholders in the study area who collectively reflect on issues, concerns, and interests that arise from the Long-Term Elderly Health Fund's operations. Personal factors include gender, age, education, and the diversity of stakeholder communication abilities.

The creation of the Long-Term Care Fund for Dependent Elderly Public Health in Thailand constrains the parameters of this research. It is a governmental welfare fund to enhance the quality of life for dependent older individuals within their community. Consequently, implementing the fund creation model in other domains must occur within a funding framework that has a comparable origin and aims to the Long-Term Care Fund for Dependent Elderly Public

Contributors

Sakchai Pattra: Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Project administration, Methodology, Conceptualization, Project administration, Methodology, Conceptualization, Formal analysis, Resources, Software, Data curation.

Declaration of Interests

The author(s) declared no potential conflicts of interest concerning this article's research, authorship, and/or publication.

Funding: The authors are grateful to the Health, Environment, and Clean Energy Promotion Institute Foundation and the Office of the National Health Commission, Thailand.

Supplemental Material

Supplemental material for this article is available online.

References

- Pattra S, Thawng CN, Chaiwong S. “Four Joints of Power” innovation of community involvement in medical waste management of bed-bound patients in Thailand. *Sustainability*. 2023;15(2):1669–1686. <https://doi.org/10.3390/su15021669>
- National Health Security Office (NHSO). A guide to support the management of long-term care services in public health for dependent elderly in the National Health Security System. Bangkok: National Health Security Office; 2016.
- Srithamrongsawat S, Suriyawongphaisan P, Kasemsub W, Eakpalakorn W, Leeraphan B. Research project to develop a long-term care system for the dependent elderly under the national health security system. Nonthaburi: Health Systems Research Institute; 2018.
- Borihan A. The elderly’s social welfare under the local politics. *Interdiscip Acad Res J*. 2022;2(3):231–244. <https://doi.org/10.14456/iarj.2022.34>
- Berta W, Teare GF, Gilbert E, Ginsburg LS, Lemieux-Charles L, Davis D, et al. The contingencies of organizational learning in long-term care: Factors that affect innovation adoption. *Health Care Manag Rev*. 2005;30(4):282–292.
- Saenchaisuriya P. The effect of the Tambon Health Security Fund on the empowerment of local administrative organizations and community organizations in managing community health problems: A case study of Chum Phae District, Khon Kaen Province, and Mueang District, Sakon Nakhon Province. Health Systems Research Institute Network (HSRI); 2011. Available from: <https://kb.hsri.or.th/dspace/handle/11228/3116>
- Moonsarn B, Phoncharoen C, Jedaman P, Kenaphoom S. Regional educational reform in Thailand: Needs assessment and personnel management 4.0 for the 21st century. *International Journal of Sociologies and Anthropologies Science Reviews*. 2022;2(1):31–42. <https://doi.org/10.14456/jsasr.2022.4>
- Srimuang P. “Five Community Health” for developing the Bang Krachao community, Phra Pradaeng District, Samut Prakan Province. *International Journal of Sociologies and Anthropologies Science Reviews*. 2022;2(4):61–70. <https://doi.org/10.14456/jsasr.2022.30>
- Jaipranop N, Rasri W, Bhutwanakul B, Lawong A, Khumsing K. Guidance for elderly person welfare development in LukMueng Community. *Interdiscip Acad Res J*. 2022;2(5):675–690.
- Chaiyaphum Provincial Public Health Office. Local health security fund monitoring report 2019. Chaiyaphum: Chaiyaphum Provincial Public Health Office; 2020.
- Chantavanich S. Data analysis in qualitative research. 12th ed. Bangkok: Chulalongkorn Press; 2016.

- Strauss A, Corbin J. Basics of qualitative research. Vol. 15. Sage; 1990.
- Seankosa R, Kosonkittumporn S, Poo Sri S. Management model of local health assurance fund in the 7th Health Service Network in Roi-Kean Sarasin Provincial Group. *J Grad Stud Valaya Alongkron Rajabhat Univ.* 2014;8(2):200–216.
- Kulwong R, Kanthawee P, Markmee P. The relation among local health insurance fund empowerment, local administrative organization, and community health system management in Chiang Rai Province. *Acad J Community Public Health.* 2020;6(2):190–203. Available from: <https://he02-old.tci-thaijo.org/index.php/ajcph/article/view/247421>
- Thongrung N, Wongwatthanaphong K. The project evaluation of the long-term care service for the dependent elderly: Case studies of Lom Kao District Phetchabun Province. *J MCU Buddhapanya Rev.* 2021;6(2):97–106. <https://so03.tci-thaijo.org/index.php/jmbr/article/view/250908>
- Kempakon P, Chenphanitsub M, Kleekorn W. Development of a long-term care system and access to services for dependent elderly in Buriram Province. *Reg Health Promot Cent 9 J.* 2022;16(1):140–155.
- Marquardt MJ. Action learning in action: Transforming problems and people for world-class organizational learning. Daree-Black Publishing; 2002.
- Senge PM. The fifth discipline: The art and practice of the learning organization. Doubleday; 1990.
- Putti. Work values and organizational commitment: A study in the Asian context. *Hum Relat.* 1987;4(2).
- Intha S. Factors affecting the effectiveness and efficiency of the budgetary management of Traffic and Transportation Department, Bangkok Metropolitan Administration. *J Multidiscip Humanit Soc Sci.* 2018;1(1):37–58.
- Wongsurawat S, Choonhaklai S, Natrujirote W. The management of village funds at very good level: A case study in Nakhon Pathom Province. *J MCU Peace Stud.* 2019;7(3):887–898. [22] Lee HY. The relationship between social participation and self-rated health by sex and age: A cross-sectional survey. *Int J Nurs Stud.* 2008;45:78–92.
- Iamma C, Panthop R. The study and suggestions for implementation of a long-term care model for the elderly with dependency: National Health Insurance Health Region 1. *Res Dev Health Syst J.* 2020;13(1):128–135. <https://he02.tci-thaijo.org/index.php/RDHSJ/article/view/254823>
- Currie-Alder B, Day JC. Public participation in Mexican protected areas: Terminos Lagoon, Campeche. In: Nelson JG, et al., editors. Protected areas and the regional planning imperative in North America. Calgary: University of Calgary Press; 2003.
- Weitzner V, Borrás MF. Cahuita, Limón, Costa Rica: From conflict to collaboration. In: Buckles D, editor. Cultivating peace: Conflict and collaboration in natural resource management. Ottawa: IDRC and World Bank Institute; 1999.
- Mossialos E, Dixon A, Figueras J, Kutzin J, editors. Funding health care: Options for Europe. Copenhagen: WHO Regional Office for Europe; 2002.
- Feng Z, Glinskaya E, Chen H, Gong S, Qiu Y, Xu J, et al. Long-term care system for older adults in China: Policy landscape, challenges, and future prospects. *Lancet.* 2020;396(10259):1362–1372. [https://doi.org/\[DOI\]](https://doi.org/[DOI])
- Inaba M. Aging and elder care in Japan: A call for empowerment-oriented community development. *J Gerontol Soc Work.* 2016;59(7–8):587–603. [https://doi.org/\[DOI\]](https://doi.org/[DOI])
- Popple K. Community development strategies in the UK. In: Revitalising communities in a globalising world. Routledge; 2018. p.137–150.
- Lloyd-Sherlock P, Pot AM, Sasat S, Morales-Martinez F. Volunteer provision of long-term care for older people in Thailand and Costa Rica. *Bull World Health Organ.* 2017;95(11):774. [https://doi.org/\[DOI\]](https://doi.org/[DOI])
- Smith DA. The identification of long-term care administrator competencies [dissertation]. Oregon State University; 1982.

2586 *Lesson Learned of Long-Term Fund for Elderly Dependent*

Kim H, Jeon B. Developing a framework for performance assessment of the public long-term care system in Korea: Methodological and policy lessons. *Health Res Policy Syst.* 2020;18:1–10.