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Speaker 1 ([00:00](#)):

The Gerontological Society of America, meaningful Lives as we age.

Speaker 2 ([00:05](#)):

Welcome to our podcast series on aging and developing countries. I'm Barbara Bowers, professor at the University of Wisconsin Madison School of Nursing. This presentation today is part of the podcast series where we hope provides an insight into the impact of aging and developing countries. Some of the issues addressed in this series are how culture, competing population health priorities, political conflict, resource limitations, all influence older people, their families, and paid caregivers. We've included six developing nations along a trajectory from very low income to those that have really much more significant resources at their disposal and have achieved a pretty high level of economic development. Our goal with this series is to learn a little bit about how developing countries are responding to the current challenges created by rapid aging of their populations. While they've achieved a longevity, much more greater longevity, this has certainly created challenges.

Speaker 2 ([00:59](#)):

Rapid rate of population aging in many countries is fueled by a couple of things. A falling fertility rate, a shift in predominance of chronic disease rather than acute and infectious disease. And it's left little time to prepare for really incredible shift in the population to many older adults. Today our presenter, our discussant, is Dr. Han Ssat and she will be joined by our moderator, Dr. Xing Wang from the University of New Hampshire School of Nursing. Dr. SA is an associate professor on the faculty of nursing at Chulalongkorn and Gorn University in Bangkok, Thailand. She's currently the chair of the Thai Long-Term Care Nurses Society. She has served as Secretary General for the International Association of Gerontology and Geriatrics in Asia Oceania region. And she's been the vice president of the Thai Society for Gerontology and Geriatric Medicine, which ended in 2022. Dr. Ssat earned both a PhD and a master's degree in nursing with a focus on gerontology and care of older people from the University of Hull in the UK.

Speaker 2 ([02:04](#)):

Her Bachelor of Science in Nursing and midwifery is from Paap University in Thailand. So she comes to us with really a wealth of knowledge and experience in aging and care of older people. She's also done some fascinating research in caregiving, and I know she's written many policy briefs for the Thai government. So she's a terrific discussant for us today. Let me tell you a little bit about Thailand. Now, Thailand is a tropical, beautiful tropical southeast Asian middle income developing nation. Currently has a population of about 70 million and is one of the fastest growing countries in the world. The proportion of the population over 60, again, Thailand uses 60 as the age of entrance into older adults, which many developing countries do. This projected to increase from 13 to 33% by 2040. The fertility rate average number of children per women has dropped from six to less than 1.5 from 1960 to 2020.

Speaker 2 ([03:00](#)):

So a significant impact on younger people available to provide care. Certainly Thailand is a multi-ethnic multiracial country that's seen a very large influx of refugees for many surrounding countries related to a lot of political unrest in the area. The life expectancy in Thailand is just above 77 years. It has placed a great emphasis on ensuring the health of all of its citizens and while still in development ties have enjoyed universal health coverage since 2002. So pretty amazing since 2002. Every tie citizen has been entitled to preventive, curative and palliative care. So they've made great strides. Dr. Jing Wang, assistant Professor, university of New Hampshire will now moderate the discussion with Dr. Saad. Thank you Dr. Bowers. Dr. Saad, thank you for agreeing to be our discussant and welcome to the podcast. Can you tell us how most older adults are cared for in Thailand? Caring mostly will take place in the family, in the community.

Speaker 2 ([04:05](#)):

I think it's happened in most of low income country, low two meter income country. Most of all the people have quite low education and uh, the care will take place in their own home in the community. The government, the Ministry of Public Health and National Health Service try to introduce the community care, which is part of the National Health Service at just only for health. So we send, uh, they will be assessed by care manager and volunteer caregiver to visit and provide, uh, basic care at home. They will go to the people's home and provide assistant, but actually they need to be assessed. If the a DL below 11, then the care manager will assess them again what type of care they needs and they, we work with the volunteer caregiver that they train for 70 hours to be care in the community. So our care in the community has been developed for a certain, basically, uh, most of care will be provided by their own family and with sistance from the care manager.

Speaker 2 ([05:18](#)):

**Mm-Hmm.** And what their caregiver in the community, not everyone able to access the facility or care support if they have really very dependent on others, you may see a number of people who are very high dependent at home and will be cared at home by their own family is up to their uh, only their knowledge and skill to provide care. **Why?** Uh, now today people more financial independent, they have no choice and the family also decided if the care that beyond to ability, they'll find someplace that would be good for, uh, caring for their own parents or relatives. However, this kind of service still see as um, a luxury's quite expensive. So only, uh, the well to do family able to buy the service. And the government also said that it's focused more business. Why the family, uh, why the government try to provide care to everyone.

Speaker 2 ([06:24](#)):

That's why they focus more long-term care in the community rather than in the institution. And also we still have no, uh, long-term care insurance. We have only national health insurance, but not long-term care insurance. So if the family have more money to buy service so they can uh, buy service. So it's not up to their own choice, but see up to their own financial capacity. We do you see Thailand going in terms of support for dependent border people? The direction is not, seem not clear because as we are middle income country and the taxation is still very low and at the moment we provide national ha cash service already, uh, consume a lot of taxation. So I think the government is still reluctant to promote for long-term care. Actually we have done a lot of research, even the cost of long-term care, both in the community or in the institution, but still reluctant to take into their considerations of uh, set up the long-term care system, the proper long-term care insurance in Thailand.

Speaker 2 ([07:38](#)):

Yeah, of course we still need to talk about the money because the government like to do a value for money. 'cause they said that carrying a home would be cheaper cheaper than in the institution. That's why they try to promote care at home and provide support to the family who have a dependent person at home. However, I still think that for the person who are for the care, that beyond their ability, how the quality of care would be. And in the past, a number of family have financial catastrophe before we introduced national care services. And I think in the future we could predict that we might see more family will have catastrophe in caring for long-term care. If the government not set up the long-term care system, more people able to access to this type of care. But for the long-term care facility, the assistant quite low at the moment, no government funding.

Speaker 2 ([08:40](#)):

You have told us that nursing homes or homes that cure for dependent older people have been in Thailand for about 20 years. Can you tell us a bit about these homes? The majority of people work there. Associate worker because they provide service for the person who, who cannot live with their family <inaudible> or they have no caregiver at all. But the press for this type care quite limited and the queue very long, uh, very long queue and, and the service are very cheap for the poor. The service will be free. And for the private? Yeah, mostly our private provider. The private providers depend on the cost of service. If the costs are very cheap, people who work there quite low qualified, maybe they don't have nurse in there. They're probably only the short term training in caring for other people. Now, for the bigger nursing home, yes, then we have nurses over there and, and they're trying to have a staffing around one nurse for uh, 30 to 50 residents and the new regulations of department of service support, ministry of Public Health, the person who direct in the facility, they don't have to be a nurse, they could be anyone, but they have to pass the test.

Speaker 2 ([10:08](#)):

They have to pass the test and to become directors in that facility. And in that facility cannot provide professional care. They cannot provide, uh, nursing care. They can provide medical care in there because it's uh, a health, it's categorized as the health, as a health department, uh, unit not for the patient. If the older person who are feel ill, ill, or then doesn't care or medical care because of our new, uh, regulation, uh, they cannot provide any professional service in there. They need to move to stay in long-term care hospital or in acute care hospital is there. So the term of nursing homes and the person, uh, really need a higher care still not exist in Thailand. So these facilities don't provide medical or nursing care, is it? Correct. I understand that. When you say health facility, you mean one where healthy people live, not people who need nursing or medical care.

Speaker 2 ([11:19](#)):

And when people are ill, they need to shift to a different setting for the property residential home, they received person who are quite active, no contact diseases. Uh, they have to meet the criteria that are poor, cannot stay with their family peacefully and they will eligible to get discussed service. So do people always have to move when their needs increase? In fact, the care that provide is higher than that nursing care, more skilled professional care. That is why I think they need to improve the declaration to compatible for the service that provide from, for the less range of care as in the us the person are still able to help themselves, but for the person are very, uh, dependent. It should be in the nursing home. But nowadays they're still in the facility. The same facility that categorize as a health. I think it's not compatible with, uh, the conditions of care needs and regulation.

Speaker 2 ([12:28](#)):

Who else besides social workers and providing the care in these homes for healthy older adults who have new family support, we have something like nursing aids that will be trained or 420 hours. Yeah, they will receive certificate as a care assistant. Just recently, uh, we have draft set up the national care curriculum before they quite scheduling route. Anyone can draft the curriculum by themselves. And just recently, yes, we try to have a stand up for curriculum and we set up 420 hour and uh, any school can apply and asking for the curriculum to teach in their own school. And the mystery of education will, uh, supervise how the school look like and the facility to support throughout learning session. And also the person who finish their training, they need to register with ministry of the department of uh, support service to resist able to, for them to able to work in long-term care facility.

Speaker 2 ([13:36](#)):

So now we, yeah, we, we have some source of, of regulation. And another part is, uh, for the private there is, uh, assisted living or retirement community as in the us. Uh, but they have to care by themselves but for the cheaper one. So tell me about a long-term care hospital. What is that? The long-term care hospital is the, provide long-term care for person who cannot stay at home. They have medical care and nursing care mostly, uh, private hospital because in the past we have economic crisis and the private hospital have to find some source of service to increase their income. That's why they turn to open some wing to provide long-term care hospital and the new hospital that open now, they try to care that they, they provide long-term care as well. And the name is a long-term care, uh, istic hospital long care service care I know have a bit of efforts into developing standards for long-term care. Could you tell us a bit about the new standards for long-term care facilities in Thailand?

Speaker 2 ([15:03](#)):

Many years ago, but it has been success about a year recently we have, uh, regulations and registrations about long-term care standard. But the detail in there is very general. The criteria is, uh, for the environment, uh, structure improvement. They have a certain budget criteria they have about safety criteria and standard can extend that criteria. But actually it's quite superficial I think. So Dr. Saad, how have providers of long-term care responded to the new registration standards for long-term care in Thailand? For them to improve the standard and to still voice that, um, they need to lower the standard in order for them to register. So I think we still need to keep the balance because at the first time that we introduced the registration, they have to meet the criteria. Still say that, oh, it would cause a lot and they cannot meet the requirement for re registration.

Speaker 2 ([16:09](#)):

They're still reluctant to resistor. You shouldn't have the strong criteria otherwise nobody ever to meet the criteria. Yeah, the number of long-term care facility, not yet. No, because the government just open for re registration for long-term care facility. Only a hundred plus or 200 facility are registered readily because they have the criteria, a specific criteria for recitation this facility that not meet the criteria, they're still working on that. However, the number might be more than 700, even a thousand. But still working on, and some of them quite small, they're not much information or the guideline how to improve the quality of care. So I think in this aspect there still need a lot of research for improvement. We hope that the international community should have the board to help in other country to develop a long-term care standard. I'll be grateful if Joe and and the team and the community help us to set up our long-term care standard.

Speaker 2 ([17:21](#)):

So what do you think are the biggest challenges and what would you like to see happen in long-term care? I'd like to see the long-term care insurance because they cannot take the money from the acute care because long-term care would take a long time and would take, would draw a lot of money from the attacks. So I need to see the contributions from people in the society to contribute their money to be part of the long-term care influence of all long-term care program. So everyone will have a secure to be care when they need to because nowadays it is like from your own pocket, your family have to take responsibility for your own long-term care or people able to access to this type of care. But for the long-term care facility, the assistant quite low at the moment, no government funding or reimbursed, not at all.

Speaker 2 ([18:22](#)):

So it would be less on their, uh, family. Shorter. That is why I'm quite worried in the future, if there are more and more people who need long-term care but no place for them to go in your country, you might see the number of bed should be equivalent or across to the number of older people who are dependent but not in Thailand. The number beds still very low and the government still not see that it's essential for them to prepare for bed in long-term care facility. But they need for them to be care in the community. I think they need to provide more support. This was more women in the workplace and people having smaller families. There would not be so many caregivers available in the family. So what happens when people just don't have many family members? This is very challenging for us nowadays because in the past the government is for granted that this type of care would be raised by their family.

Speaker 2 ([19:28](#)):

It's not government business. And yeah, we can project that because less and less a care future caregiver because of the ity and we try to give information to warn the government. That would be challenges in the near future if we not prepared for. I agree with you Dr. Saad, that there are some people who simply cannot be cared for in a community Very well. So now we are shifting a little bit in the direction. If you were able to collaborate or had an opportunity to collaborate with people from anywhere, what are some things you think would be beneficial from having international collaborations? It sounds like that you have already done some of that. It's very interesting to research across cultural research would be good to our community. What questions I like to pause is about how to offer choice to people who are in needs and how to balance between family care and institutional care and what support system to promote quality of care in the family rather than sending them to a reside in a nursing home.

Speaker 2 ([20:46](#)):

What is the core of care for older people and are there any cultural diversity or barrier in providing this kind of care? This is my questions. These are great questions. Dr. Saad. How do you perceive the quality of care provided for older adults? What are some of the important components of quality care? And just tell us what is the good care in your eyes? In my idea, I think the quality of care is the care that meet the needs of the care receiver. So it is essential to assess the need before actually plan or deliver care. Uh, however, in in our society, people still don't have the right to receive their good care because they don't know is this uncommon for us for institutional care. So they don't know what the good care is and what is the right to receive a good, uh, proper care.

Speaker 2 ([21:50](#)):

So they just listen from work by work from the person who previously received care. So they thought that would be best for them. They don't have the point that should access before they choose the long-term care facility. So I think this, we still need to have to promote, um, the health literacy to provide more information about the natures of long-term care facility. Uh, what kind of service are in order to help them to decide which one is the best or good for them. And as we still not have fully the pan out of care. So we encourage them to introduce the quality from their old professional first and then we try to set up more and more high quality of care, particularly for long-term care facility because now it is just only beginning for us. Most care will be less for the professional standard. That that's correct.

Speaker 2 ([22:53](#)):

We still working on that because if we push too hard, people will scare away because it's been free before. But anyway, uh, because we are nurses, they try to work on their own professional, uh, our own professional standard. They try to do, but we, we try to educate before, um, from our training that we shift from acute care to long-term care. So the long-term care expect would be different and care technique, whatever would be different. So they have some knowledge about long-term care and we still, um, working on that to follow up, bring this knowledge process. Um, we try to focus on what person needs. We, uh, basically, uh, is depend on their needs and we still have some cultural difference. I think, uh, some of all the people they're seeing that help from other people, person maybe not comfortable for them rather than they expect care from their own family members would be better.

Speaker 2 ([24:11](#)):

And it's some kind of, for the person who provide care, they said that, okay, we provide care for them because they are all they need help. Why the older person, they said that I feel un a bit uncomfortable to receive care from you. Uh, you help me to do everything. And I don't know, it's depend on their financial aspect. For the person who are very financial dependent on their own family or services, they prefer to stay with their family. Mm-hmm. Not to stay with anybody else. That's why, um, from the surveys, most of all people prefer to stay at home with their family, not to stay and, uh, anywhere else for the choice basically come with the financial independence. For the person who has benefit from retirement to have some source of money, they try to find some place for them to stay during retirement times.

Speaker 2 ([25:12](#)):

So choice would be good for them, would be work for them. For the person who have very financial independent rather than the person who quite poor and the family. Yes. Well, we do have the retirement community, but some retirement community doesn't provide a high level of care needs. They need to move our afterwards and to stay in nursing home. Thank you so much, Dr. Saad and Dr. Wang. I'm struck with how similar the challenges are in Thailand to those in the US and also to many other Western countries in particular. I think the challenge of finding a balance between social and medical models of care. How do we integrate quality of life with quality of clinical care? Those are things that many countries have been struggling with. So this reflects it, I think a level of sophistication in Thailand to be really addressing those issues.

Speaker 2 ([26:02](#)):

Now, two other issues that we seem to share are the challenges in recruiting caregivers, which is a probably now an a real international crisis, as well as the challenges of how do you, what, what's the best way to audit or provide oversight for long-term care settings? And again, we're, we're hearing these

issues emerge in many countries. The rapid increase in residential care settings in Thailand and the limited funding certainly creates some challenges for developing and implementing these standards of practice. Without the resources, it's very difficult to provide the kind of care that we all know is needed. I know there are many other countries that are actually now starting to explore the development of standards to guide the care and to audit care practices. Certainly we can also relate to the added challenges of providing care in rural communities. Again, this is, um, something i, I know we, we've heard from other presenters that providing access to the care that people need in rural communities is, is a lot more challenging than in urban areas. Again, I wanna thank you Dr. Saad and Dr. Wang. This has been a really interesting conversation. And thank you Dr. Saad, for all the work that you've done on behalf of older people and their families in Thailand,

Speaker 1 ([27:14](#)):

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