

District-level Collaboration for Improving Quality of Life of Older People in Thailand

NITHIRAT BOONTANON & GAMOLPORN SONSRI

Abstract Thailand established district-level collaborations to improve citizens' quality of life and promote self-governance. Despite successful district-level collaborations to improve the quality of life (QoL) of older people through long-term care (LTC) policies, a lack of analysis of the collaborative process across the country persisted. To address this gap in knowledge, this study aimed to analyze the collaborative process at the district level in implementing LTC activities in Thailand. In this study, qualitative research was employed to collect data through in-depth interviews and non-participating observations during collaborative meetings in four regions of Thailand. The findings of this study indicate that in Thailand, district-level collaboration was overseen by the Committee for the Improvement of the Quality of Life at the District Level (CIQ), which comprised representatives from the public, private, and civil sectors. The CIQ was responsible for improving the QoL of older people and its activities included member selection, appointment, problem identification, problem prioritization, problem-solving planning, task delegation, joint operation, and monitoring. This collaboration was implemented in accordance with legal preferences for decentralization and has contributed to the effective and appropriate implementation of LTC operations. Furthermore, the collaborative approach utilized in this study may also be applicable to other collaborative operations.

Keywords: • collaboration • quality of life • older people

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1 Introduction

In response to the dynamic shifts of the 21st century, several nations have implemented reforms to their existing models. Thailand, for instance, has initiated a comprehensive overhaul of its collaboration practices across all levels to better respond to evolving social requirements in a prompt manner. In 2018, the Prime Minister's Office introduced a regulation aimed at elevating the quality of life (QoL) in local communities through decentralized self-governance and collaborative efforts. The regulation aimed to achieve this goal by integrating collaboration between public agencies, the private sector, and civil society, and placing emphasis on the active participation of all sectors through a people-centered approach. To effectively carry out these policies at the local level, the local government, in collaboration with the district sheriff, established the Committee for the Improvement of the Quality of Life at the District Level (CIQ). The CIQ acts as a facilitator for the cooperation of all relevant sectors in the area, with the objective of elevating the standard of living for the people. The CIQ adopts the collaborative governance framework proposed by Ansell and Gash (2008). This approach aims to effectively manage government organizations by engaging with non-public actors in a collaborative decision-making process and shaping public policy and project management. The framework encompasses several key factors, including: 1) The initial conditions that determine the levels of trust, conflict, and social capital; 2) Leadership that promotes the process through mediation, negotiation, empowerment, and stakeholder balance to reach consensus (Campbell, 2018); 3) Institutional design that establishes the rules for the collaborative process, including stakeholder identification and time allocation (Torfing, 2018); 4) The collaborative process itself, which revolves around a cycle of negotiation, problem-solving, solution development, and action-taking to achieve policy implementation through distribution policy, regulatory policy, and resource allocation (Ansell & Gash, 2008). By utilizing this collaborative governance model, the CIQ fosters efficient operations at the local level by bringing together various stakeholders to work towards a common goal.

Furthermore, Thailand has a growing older people population, with over 12.5 million individuals aged 60 and above constituting 18.9% of the country's total population (Department of Provincial Administration, 2023). This signals the onset of an aging society, which has implications for social, economic, health, and environmental conditions across the country. As a result, the Thai government has taken steps to adjust its public policies, infrastructure, and human resource development to support this aging society, with a particular focus on providing support for the dependent elderly who are homebound or bedridden. As a result, since 2015, Thailand has been implementing a long-term care (LTC) policy, with each department at the ministry level assigned specific responsibilities. This allows for agencies at the local level to work together through the collaboration committees at the district level. After 2018, the CIQ took the lead in driving this collaboration,

established in accordance with regulation from the Prime Minister's Office. From 2018 to the present, these committees have made older people's care their top priority among all issues.

The implementation of LTC for older people has shown mixed results, with some districts succeeding in improving their QoL while others have yet to achieve their goals. Currently, there is insufficient research that synthesizes the district-level collaborative process for improving the QoL of older people in Thailand, which hinders the development of a robust body of knowledge. Specifically, utilizing the lessons learned and experiences from areas that have effectively improved the QoL of older people, particularly in the context of LTC processes, as a model for study may enhance our understanding of the collaborative process. Thus, the objective of this study is to analyze the district-level collaborative processes involved in the implementation of LTC in order to comprehensively understand the role of collaborative governance in enhancing the QoL for older people. The findings of this study will provide valuable insights into effective collaboration practices, which can be used as examples for other areas to follow in the future.

2 Literature overview

2.1 Collaborative governance

Collaborative governance refers to a form of management that involves direct participation of non-government stakeholders in decision-making processes, with the aim of regulating or advancing public policy. The concept seeks to enhance the management of public affairs by engaging various stakeholders in discussions to address issues arising from the formulation and implementation of policies. According to Ansell and Gash (2008), six key conditions are necessary for the success of collaborative governance: 1) The process is initiated by public agencies; 2) The participation of non-public agencies, such as the private sector, independent organizations, and civil society groups; 3) The involved parties have a direct role in decision-making; 4) The process is formal and organized; 5) The goal is to reach a consensus-based decision; and 6) The collaboration is centered on public policy and public management. This concept facilitates self-governance through the active involvement and collaborative problem solving of local stakeholders.

Collaborative governance is influenced by several critical factors, including the starting situation, leadership, and institutional design. The starting situation is a crucial determinant of the level of trust, conflict, and social capital available for collaboration. It is comprised of three subcomponents: imbalances in power, resources, and knowledge; the motivations of stakeholders to collaborate, which are dependent on their expectations for the partnership outcome; and the history of conflict or previous collaborations (Ansell & Gash, 2008; Emerson et al., 2011; Rubio-Valera et al., 2012; Ran & Qi, 2017; Morley & Cashell, 2017; Willumsen et

al., 2012; Maulana & Yulianti, 2022). Leadership plays a vital role in guiding the collaborative process and promoting consensus. Discussion leaders are crucial in mediating, negotiating, empowering, and balancing the interests of stakeholders (Lasker & Weiss, 2003; Emerson et al., 2011; Willumsen et al., 2012; Poocharoen & Ting, 2015; Ran & Qi, 2017; Kariji & Vinijnaiyapak, 2018). Institutional design involves the creation of regulations and rules, determination of timing, and identification of stakeholders, leading to a shared understanding of the problem and a common solution approach (Gray, 1989; Cai et al., 2010; Eun, 2010). It is an important aspect of collaborative governance as it promotes a shared understanding of the problem and a common solution approach.

The collaborative process is a cyclical endeavor that involves negotiation, problem identification, solution finding, and action. Communication serves as the cornerstone of this process. Five key mechanisms have been identified as essential components of the collaborative process (Ansell & Gash, 2008): 1) Face-to-face dialogue among stakeholders promotes clear communication, reduces barriers, and fosters negotiation, ultimately leading to trust and mutual understanding. 2) Building trust among stakeholders is critical, as it ensures that all parties will participate in the process. 3) Commitment to the process and a sense of co-ownership among stakeholders is also important. 4) Achieving a shared understanding, which may take the form of a shared vision, mission, purpose, or a common understanding of the problem through converging insights, is crucial to the success of the collaborative process (Emerson et al., 2011). 5) Intermediate outcomes, which allow stakeholders to achieve short-term results, encourage further collaboration and foster positive mechanisms. These intermediate outcomes are critical to the overall success of the collaboration.

2.2 Long-term care for older people quality of life

LTC encompasses the provision of organized support to individuals who have lost or are at risk of losing their ability to perform daily activities, ensuring their rights, freedoms, and dignity are upheld (WHO, 2015). The provision of LTC services is a complex process that requires the integration of both social and health services to ensure the QoL for the older people (Manolova et al., 2018). Prior research conducted in Thailand during the pre-LTC period has demonstrated that older people have LTC needs, particularly in families without a family caregiver (Knodel et al., 2018). In response to this need, the LTC system in Thailand was developed in 2015, with several overarching goals. These goals include: 1) providing comprehensive care that encompasses assessments and promotion, prevention, restoration, and care for older people as needed; 2) promoting independence among older people while reducing dependency; 3) establishing a financially sustainable system to support dependent elderly individuals; 4) enabling dependent elderly individuals to live with their families in a supportive community; and 5) providing community and family support for dependent elderly individuals through all levels

of healthcare institutions (Department of Health, 2015). The key components of LTC in Thailand include: evaluating the older people's ability to perform daily activities, gathering of health information, development of a care plan by a care manager, implementation of a multidisciplinary approach to care, monitoring of both care team performance and caregiver performance, management of the budget for caregiver payment and support to older people, and establishment of support systems in both the community and healthcare facilities (National Health Security Office, 2016). Moreover, the continuity of care from the health facility to the community represents another crucial component (Chandam et al., 2019).

The study on improving the QoL for older people through LTC highlights the critical importance of multidisciplinary collaboration in carrying out the various and complex aspects of dependent elderly individuals care (Verbeek et al, 2020; Decharatanachart & Kochakote, 2022). Korea and Japan have demonstrated a profound commitment to LTC services by engaging in a collaborative effort to integrate multiple sectors within their respective communities (Ga, 2020; Yamada & Arai, 2020). Similar to Thailand, countries aiming to provide effective care for older populations have adopted a multi-level approach to address their needs. The central government assumes a leadership role by coordinating efforts among different ministries to ensure that policies are implemented efficiently and effectively. At the local level, local administrative organizations (LAO) are responsible for managing budgets, while public health agencies are tasked with providing essential services (National Health Security Office, 2016). Hence, close collaboration between these agencies is crucial to provide effective service and budget management. However, relying only on two agencies for the older people's QoL care is not sufficient. According to research conducted in Thailand, the establishment of the CIQ in compliance with the regulations of the Prime Minister's Office is crucial for facilitating coordinated efforts towards providing care for older people, with a particular emphasis on LTC activities (Hemwaranon, 2020). Similarly, studies in Canada have proposed the implementation of collaborative governance to manage integrated care policy (Gordon et al., 2020).

3 Research

3.1 Method

This qualitative study aimed to explore the collaborative process in the implementation of LTC policies aimed at improving the QoL of older people. The study was guided by the Collaborative Governance Framework (Ansell & Gash, 2008). The study was approved by the Research Ethics (Social Sciences) Committee of Mahidol University on November 12, 2020 with Certificate No. 2020/212.1211. Data was collected in four regions of Thailand: North, Northeast, Central, and South, which were selected due to their focus on enhancing the QoL in LTC. Data was collected through nonparticipant observations of two CIQ meetings and semi-

structured interviews with representatives from the public, private, and civil sectors. The content validity of the research was verified by three experts in the fields of Public Administration and Public Policy. The Index of Item Objective Congruence (IOC) was calculated, with values above 0.67 being considered acceptable. The results of the analysis revealed that the consistency index was calculated to be between 0.67 and 1.00 for all items, indicating a high level of validity. As a result, the research data was collected from the informants.

Table 1: Repository and informants of research data

Region	Informants				
	Chairperson	Secretary	Public sector representative	Public sector representative	Civil sector representative
North	Representative of the Sheriff	District Public Health Officer	Representative of the Community Hospital	Pharmacy owner	Head of Public Health Volunteer
Northeast	the Sheriff	District Public Health Officer	the President of the LAO	Private Clinical Nurse	Head of Public Health Volunteer
Central	Representative of the Sheriff	District Public Health Officer	the President of the LAO	Shop owner	Head of Senior club
South	the Sheriff	District Public Health Officer	Village headman	Private nurse	District radio host

The observation data was analyzed using content analysis and focused on six behavioral domains: participation in face-to-face meetings, confidence in the process, engagement and ownership of the activity, expression of shared understanding, negotiation, and compliance. The interview data was analyzed using content analysis to summarize key points and taxonomy analysis to identify keyword groups. A total of 20 interviews and 8 observations were conducted with 69 participants. The selection of the interview sample was based on the following principles. The first interviewee was either the chairperson or vice chairperson of CIQ, representing the public sector. The second interviewee was the secretary of CIQ who also represented the public sector. The third interviewee was a representative from the private sector, while the fourth was a representative from the civil sector. Any additional interviewees were selected alternately from the public, private, and civil sectors until data saturation was achieved. The interviewees had to be actively involved in CIQ, having attended at least 80% of the meetings, and had a clear role and responsibility in carrying out their duties. The information regarding the informants is presented in Table 1.

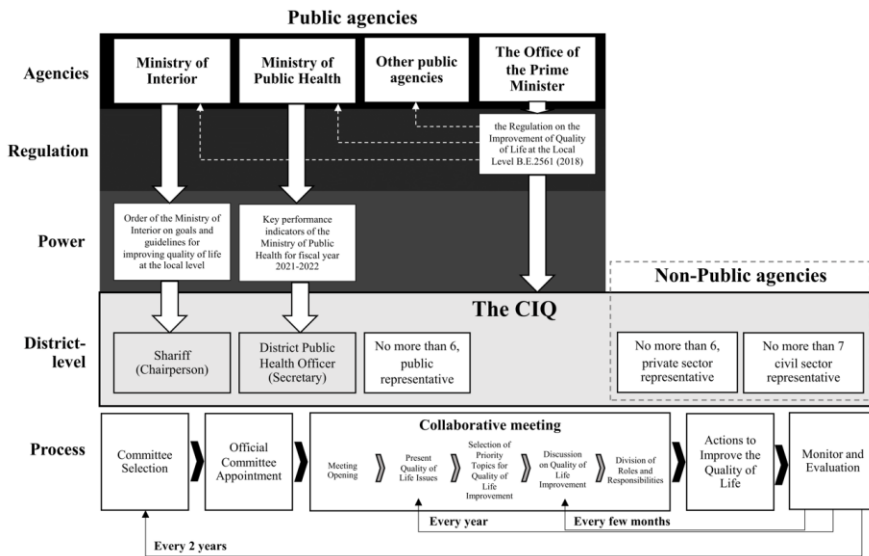
3.2 Results

3.2.1 Process of district-level collaboration for improving older people quality of life in Thailand

Following the announcement of regulation by the Prime Minister's Office to enhance the QoL in local communities, concrete efforts are being made to improve the well-being of people at the local level. The Ministry of Public Health has established monitoring and evaluation indicators for the development of the primary health care system and assesses the performance of CIQs based on factors such as quality, teamwork, focus on people, target groups, community involvement, network partnerships, appreciation and value, resource sharing, and problem-solving in regards to the QoL in the region. Additionally, the Department of the Interior has outlined goals and actions to improve the QoL at the local level.

Under this regulation, the provincial governor is tasked with supporting CIQs by providing advice, recommendations, supervision, and monitoring their performance to ensure alignment with the goals and policies. The Office of the Provincial Administrator is responsible for using the improvement goals and policies as a framework for CIQ work, integrate the development goals and guidelines for CIQs into the Provincial Development Plan, requiring the committees to implement QoL measures at the county level.

Drawing on observations of CIQ meetings and in-depth interviews with these committees, the process guiding the work of the collaborative committee involves the following steps, as illustrated in Figure 1.

Figure 1: Process of district-level collaboration in Thailand

According to the regulation from the Prime Minister's Office, CIQ members are comprised of representatives from three sectors in proportionate numbers. The public sector, which is chaired by the district sheriff and has the District Public Health Officer acting as secretary, includes a maximum of 6 representatives from the public. The private sector has a maximum of 6 representatives, while the civil sector has a maximum of 7 representatives. It is mandatory for representatives from the private and civil sectors to have resided and livelihood within the area they serve on the committee.

The members of the CIQ have been assigned the duty of formulating plans and setting goals aimed at enhancing the QoL in the designated district, considering the specific challenges and issues present in the area. Additionally, they are responsible for executing the established goals and guidelines to better the QoL for the residents of the district. The CIQ members play a crucial role in integrating the resources, personnel, budgets, and objectives of local agencies to ensure the optimal utilization of resources. They also provide support, recommendations, and guidance to QoL improvement initiatives, coordinate or collaborate with external agencies to improve the QoL of residents and monitor and assess the implementation of the QoL improvement initiatives (the Prime Minister's Office Regulation on the Improvement of Quality of Life at the Local Level B.E.2561, 2018).

The CIQ collaborative implementation process encompasses five steps. These steps are designed to ensure a systematic and efficient approach to implementing CIQ initiatives and goals. The five steps are as follows:

- 1) Committee selection as per regulation of the Prime Minister's Office. The District Public Health Officer and their team are responsible for identifying relevant stakeholders in the process of improving the QoL in the area. During the initial year of this regulation, the work group established by the District Public Health Officer selected stakeholders based on prior collaboration and involvement in public health initiatives, such as previously serving on the District Health Committee. The Sheriff provided input and guidance to the workgroup in considering stakeholders who were deemed responsible for enhancing the QoL in the region. When the committees are reviewed every two years, the participation and performance members will be re-assessed. A public representative from the central region stated:

"During the selection of stakeholders, the committees were tasked with identifying individuals who expressed interest and provided suggestions and feedback. ... The chairperson proposed that those who participated in the meetings as part of the committee, but who had a history of missing meetings, would be asked to step down in order to bring in new individuals who were committed to taking action." (District Public Health Officer; December 23, 2020).

- 2) Official committee appointment: Once the list of eligible stakeholders was approved by the Sheriff and the District Public Health Officer's workgroup, each stakeholder was approached for consent to appoint them to the committee. The composition of the appointed committees adheres to the regulation set forth by the Prime Minister's Office. Additionally, each committee appointed a working group, responsible for collecting data, planning meetings, collaborating, and monitoring the progress of QoL improvement initiatives. Some committees also established an advisory group comprised of stakeholders who could contribute to improving QoL, but who exceeded the number specified by the regulation. Some districts even appointed 6-8 sub-district level stakeholders to the Committee for the Improvement of the Quality of Life at the Sub-District Level, which would work in conjunction with the district committee. The official appointment gives the committee members a defined role to fulfill. A representative from the civil sector noted:

"Being appointed to the committee made me feel more invested and obligated to take responsibility for the well-being of my community. If I hadn't been appointed, I would still contribute as I have before, but perhaps not to the same level of involvement and commitment." (Public Health Volunteer; March 30, 2021).

- 3) Collaborative Meeting Procedure:
 - Meeting Opening: The meeting commenced with an introduction of each committee member. The chairperson presided over the meeting and the

secretary announced the order of the district committees, outlined the regulation of the Prime Minister's Office, and explained the responsibilities and duties of the committees as designated by the regulation. The committees were given the opportunity to ask questions and clarify their responsibilities.

- The Secretary and their colleague, which include the Assistant District Public Health Officer, as well as nurses who are responsible for primary health care in the community hospital, and nurses or public health officials working in the district public health office or sub-district health agencies, jointly presented the QoL issues in the district, with a focus on health. The presentations were categorized by age group, including mothers and children, schoolchildren and adolescents, working-age individuals, and older adults. The presentations covered health-related topics such as traffic accidents or food safety and included data from the Ministry of Public Health that didn't meet its targets to help the committee identify the problems. Then, the Chairperson gave the committees from other sectors the opportunity to present their perspectives on QoL issues, such as infrastructure management, waste management, and local environment by representatives from the local government organization, care for older people, disabled, or disadvantaged people by representatives from the Social Development and Human Security Agency, and life and property security by representatives from the police. However, it was noted that representatives from the private and civil sectors did not frequently present their organization's problems at the meetings.
- The Selection of priority topics for QoL improvement: Following the presentation of the QoL issues, the chairperson facilitated discussions among the committees to identify potential areas for improvement. The committees from all sectors then reached a consensus on the priority topics for enhancing the QoL in the area.
- Discussion on QoL improvement: This was the most time-consuming part of the meeting, as all committees engaged in discussions to gather opinions on the improvement guidelines. Although the framework was mainly guided by the public health sector, the other sectors also provided valuable insights. The public health sector presented the Ministry's practices, and most of the committees found the improvement guidelines to be workable and achievable. However, there were additional social and environmental concerns, such as providing care for older and dependent individuals, that went beyond the Ministry's practices. The Chairperson explained the format, timeline, and principles for improving the QoL, and tasked the secretary to prepare a comprehensive conclusion of the joint committee to follow and implement. After the meeting, a comprehensive conclusion was drawn and shared among the public health sector, the secretary, various committees, and other stakeholders who were not members of the committee but were involved in improving QoL. It was noted that the

successful outcome of the meeting required the strong leadership and collaboration of the Chairperson, the secretary, and the committees. As one private sector representative from the central region noted in an interview: *"Sometimes during the meeting, we negotiate goals that may go against certain interests, such as the sale of goods, which can lead to lengthy discussions. But the chairperson showed great leadership skills in managing the discussion, keeping it calm and avoiding any tension in the assembly. ... Ultimately, the outcome was a mutually beneficial solution, even if not completely advantageous for everyone involved."* (Business Owner; December 23, 2020).

- The division of roles and responsibilities was a crucial part of the meeting as it outlined the specific duties of each committee in relation to improving the QoL. However, the details and time frames of these responsibilities were not specified. It was emphasized that committees whose initial responsibilities aligned with the QoL improvement goals would take the lead in executing their duties and coordinating with other committees for a more seamless collaboration. This division of roles and responsibilities is important for the joint mission of the organization and for ensuring the participation of all sectors in promoting the well-being of the people. A participant from the North region stated:

"We need to make sure everyone knows their role and is clear on what we're trying to achieve. We want everyone to feel invested and committed, so we need to involve everyone as much as we can. We need to change our mindset and approach. We don't want the term "public health" to limit us. The community and all sectors need to feel like they have ownership of this project. We'll work together and divide responsibilities so we can achieve our goal in a collaborative way." (Community Nurse; March 30, 2021).

- 4) The actions to improve the QoL involve a collaborative effort between multiple committees and agencies. The medical mission, for example, is led by the director of the community hospital and involves the participation of staff such as nurses and public health officers. The security mission is overseen by the district police station, with orders given to subordinates to ensure clear operations. It is important to note that the success of these actions requires coordination and resource management across committees and agencies. One interviewee stated that:

"We've made great progress this year involving more people and resources. We want to shift the focus from simply participating actively co-organizing and being a bigger part of the effort. This way, everyone will feel like they're contributing to the success of the committee." (Assistant District Public Health Officer; April 7, 2021).

The implementation of district-level collaboration for improving the QoL of older people during the LTC process encompasses various elements, included:

- Assessing the capabilities of older people to manage their daily lives: The health service employs the Barthel ADL Index to evaluate the capacity of

older people to carry out daily activities. If their ADL score is 11 or less, they are considered dependent. Trained public health officers serving as care managers develop personalized care plans and request a budget allocation from the LAO's health security fund for providing necessary care services. The elderly caregivers, who are remunerated from the budget, provide care for dependent elderly. The screening of older people's abilities is a crucial initial step in identifying the target group of dependent elderly for inclusion into the LTC system.

- Collecting health information: Public health authorities are primarily responsible for generating and maintaining information regarding older people. LAO, which are involved in distributing budgets, utilize this information. Moreover, this information is reported to the CIQ to gain insights into the situation of older people in the region and to plan or enhance the QoL improvement plan accordingly. Additionally, informal data is presented at the CIQ meeting to provide a glimpse of how public services are impacting people from the community perspective.
- Development of a care plan by care manager: After evaluating the information and capabilities of older people, the care manager prepares personalized care plans in collaboration with multidisciplinary team members, including the elderly's caregivers, and may involve the elderly's family members as deemed appropriate. The care plan includes critical information regarding older people, the caregiver's schedule of attendance, and the necessary interventions, such as providing support, promoting awareness among older people, facilitating communication, addressing defecation, urination, oral hygiene, and dietary needs of older people. Subsequently, the care manager presents the care plan for budget allocation from the local health security fund. The LAO manages a committee of the local health security fund that approves and disburses the budget for the elderly's care to the public health service unit.
- Implementing a multidisciplinary approach to care: The CIQ fosters collaboration among various sectors within the district. In the past, each sector operated independently to address the QoL of older people, but with the establishment of the CIQ, all agencies are informed of the missions and activities conducted by other agencies, resulting in formal coordination at the district level. This helps to conserve resources and time by reducing redundant operations. Moreover, the community sector, which is the recipient of public services from the state, provides feedback and insights into the problems faced by the people, enabling the CIQ to adjust strategies and address the QoL problems of the target group effectively. Furthermore, the private sector plays a crucial role in mobilizing resources and perspectives to ensure the continuity and sustainability of LTC for older people.
- Managing the budget for caregiver payment and providing support to older people: LAOs that participate in the local health security fund through the

National Health Security Office receive an allocated budgets for the care of dependent elderly in their respective areas. Initially, many LAOs struggled to meet budget disbursement targets due to concerns over regulations and challenges in integrating collaboration with public health agencies. However, with the establishment of the CIQ, a district-level collaborative committee comprising the sheriff, public health agencies, local governments, and other agencies, the implementation of policies has become more streamlined. The budget is disbursed from the local health security fund of the LAO, where the elderly' care plan is considered for budget approval by the fund committee, ensuring that older people receive adequate care. In case of insufficient budgets, the CIQ, private sector, or public sector can be approached for support, either through joint efforts or donations, to sustain quality care for older people.

- Establishing support systems in the community and healthcare facilities: Despite restrictions set by the Prime Minister's Office regulation, not all LAO executives are able to participate in the CIQ. However, the President of the LAO or the Permanent Secretary of each LAO within the district is consistently invited to participate in the committee's meetings as a district-level sub-committee or the Committee for the Improvement of the Quality of Life at the Sub-District Level. This provides recognition of the QoL improvement issues driven by the district, as well as an opportunity to communicate those issues with agency officials and collectively drive the district forward. The participation of these key stakeholders allows for effective management of LTC for older people. The CIQ also provides supervision meetings, serving as a mechanism to encourage stakeholders to fulfill their roles and responsibilities. Additionally, the committee creates a system to support operations both within the community and in hospitals, enabling regular reporting at meetings and providing visibility of progress to other stakeholders. This serves as a motivation for stakeholders to work together towards achieving the goals of district-level collaboration.
- 5) The monitoring and evaluation of the improvement of QoL are crucial in ensuring the effectiveness and success of the cooperation among the collaborating groups. Regular reporting, usually on a 1-3 monthly basis, provides an opportunity for the committees to review the progress made and identify areas for improvement. The secretary's working group plays a vital role in gathering information from the committees and the operational team to give an overview of the QoL improvement topics. The continuous review of the work process at the end of each meeting ensures that the method of work remains relevant and adapts to the changing situation. And demonstrating the positive results of the cooperation for both the people and participating organizations is essential. A private sector representative from the southern region stated:

"I feel proud to be part of the committee because I can see the positive impact it has on the community. I used to just contribute to funding for public events, but now that I'm on the committee, I'm able to give support where the group really needs it." (Business owner; December 18, 2020).

The monitoring and evaluation process provides feedback in three key ways: 1) Regular discussions, taking place every 1-3 months, to adjust the QoL improvement measures based on the assessment results. 2) An annual review of QoL issues to determine the continued relevance of previously addressed issues and the need for addressing new areas of concern. And 3) A biennial update for the committee, as per regulation, which takes into account the evaluation results and assesses the participation of each committee, with the aim of improving the CIQ efficiency. Table 2 presents a concise summary of the collaborative process, as described above, aimed at improving the QoL of older people through LTC activities.

Table 2: Collaborative Process for Improving Quality of Life of Older People

Process steps	Activities
Committee selection	Identifying stakeholders Term-based reassessment for collaborative committee membership
Official committee appointment	Committee membership agreement Competent statutory committee appointment Appointment of advisory and sub-committees
Collaborative meeting	
Meeting opening	Committee introduction Regulatory responsibilities and duties introduction
Perception of district's QoL	District information holder presentation
Prioritization of QoL improvement issues	Proposed QoL improvement issues Consensus on selected issues
QoL improvement discussion	QoL issue analysis Problem-solving plan formulation
Role and responsibility division	Determination of QoL improvement duties for each committee
QoL improvement practices	Integration of original committee missions QoL improvement for older people in LTC Assessment of older people's capabilities Collection of older people's health information" Care plan development by care manager Multidisciplinary care implementation Budget management for caregiver payment and support for older people Establishing community and healthcare support systems
Monitoring and evaluation	Regular discussions every few months Annual review of the issue to determine continuity Biennial committee update

3.2.2 Outcomes of district-level collaboration for improving older people quality of life

The establishment of the LTC system for older people was largely achieved through collaboration between local agencies. Public health officers evaluated the daily living capabilities of older people and, in cases where care was deemed necessary, trained older person care managers developed individualized care plans and secured funding from the local government health insurance fund. The local government, in turn, provided care for older people and financed the services through the fund's budget.

The focus on LTC as a means of improving QoL for older people was brought to the attention of the CIQ, resulting in the creation of a district-level collaborative effort. The private and civil sectors, as part of the committee, also made significant contributions towards improving the QoL for older people in various dimensions, including economic, social, and cultural aspects.

Based on the interviews, a majority of respondents considered the outcomes of collaboration in providing LTC for older people to be acceptable. While the ultimate goal of providing comprehensive care in all dimensions has yet to be achieved, the health aspects such as complication prevention, care from multidisciplinary teams, and the community support system have proven successful. There are also various institutions in the social, environmental, and income sectors dedicated to the well-being of older people. The continuous monitoring by a team led by the sheriff further supports the provision of care.

The CIQ plays a crucial role in promoting collaboration between various sectors in the district, resulting in effective coordination and resource optimization. The civil sector, through its utilization of public services, provides valuable input and reflects on the needs of the target groups, allowing the CIQ to adapt its strategies for quality improvement accordingly. The private sector also plays a role in mobilizing resources and developing ideas for the long-term sustainability of care for older people. As stated in an interview with a public representative of the central region: *“The CIQ was successful due to the involvement of all sectors. The committee came together to address the challenges faced by bedridden older people and created a care plan to support them. At the CIQ meetings, everyone who participated provided their insights on what the older people still needed. This inclusive approach is what made the CIQ so successful in improving the QoL for older people.”*) *President of local government organization, December 23, 2020*(.

4 Discussion

The findings of this study demonstrate that the establishment of regulation by the central government in Thailand resulted in the development of district-level collaboration. These regulations require the creation of committees in each district with designated roles and responsibilities for collaborating with stakeholders. The decentralization of power to the local level, facilitated by these committees, has allowed for improved management of QoL issues and increased cooperation within the local sector. As a result, the implementation of policies aimed at providing public services has become more effective and leading to a positive impact on the target group (Modermott et al., 2015; Granström et al., 2018). This study also sheds light on the collaborative process at the district level, which encompasses the selection of stakeholders, appointment processes, regular face-to-face meetings, shared responsibilities, smooth operation, and ongoing monitoring and evaluation of improvements in QoL. These elements align with the principles of collaborative

governance and demonstrate its practical implementation (Ansell & Gash, 2008; Emerson et al., 2011). The present study provides a detailed account of the formal organizational aspects of the collaborative process employed by public agencies. The findings of this study align with the conclusions drawn by Specht and Crowston's (2022) research, which demonstrated that effective interdisciplinary design and management of collaborative group members can lead to substantial improvements in productivity. Carefully structuring collaborative efforts within public agencies, with an emphasis on optimizing collaborative team composition and coordination, can yield substantial benefits in productivity and outcomes. Additionally, engaging non-public organizations in decision-making and consensus-building is crucial for effective service delivery in various sectors, including education, in Indonesia (Khadarisman et al., 2023). The private and civil sectors in this study work together voluntarily to address outcomes that impact the local population. The study found that LTC is a key driver in policy development to support the aging population in Thailand. There has been a decentralization of power to LAOs, public health agencies, and district-level collaborative groups as a mechanism for delivering health services to older people in need of LTC in the area (National Health Security Office, 2016). The present finding is congruent with the results of a LTC investigation conducted across ten European nations, which identified that collaborative efforts contributed to successful service delivery (Praznovszky et al., 2018). This aligns with the growing recognition of the importance of collaborative strategies in optimizing public service delivery, both within the European context and beyond. The present investigation sheds light on a participatory approach to policy implementation that is consistent with the principles of collaborative governance (Ansell & Gash, 2008), and advocates for the adoption of collaborative governance in the context of Integrated Care (Gordon et al., 2020). This study's findings support the importance of stakeholder engagement in policy-making to enhance policy outcomes and promote sustainable, inclusive policy development. The proposed collaborative governance model offers a promising approach to optimize policy implementation and improve integrated care service delivery. The model aims to foster stakeholder relationships and interactions through discretionary negotiation, establish a common regulatory framework, and achieve clearly defined public policy outcomes. According to Choi's (2020) study on epidemic management, effective collaboration is a crucial element in determining the success of a country's disease control measures. The research findings suggest that the interaction process plays a significant role in achieving positive outcomes.

The analysis of the collaborative process undertaken in this study demonstrated that a clear regulatory framework is essential for establishing a well-defined structure, consistent with previous research findings (Cai et al., 2010; Eun, 2010), and can provide a legal basis for collaborative operations (Emerson et al., 2011). These findings are corroborated by a study conducted in Thailand, which identified that the absence of or complexity in regulatory guidelines creates significant obstacles

in the implementation of LTC activities (Luevanich et al., 2019). Additionally, the present investigation underscores the crucial role of effective leadership, characterized by the capacity to facilitate consensus and foster productive discussions, in promoting successful collaborative efforts (Kariji & Vinijnaiyapak, 2018). These findings highlight the importance of establishing a clear regulatory framework and cultivating strong leadership in the development and implementation of collaborative initiatives, with the potential to promote positive outcomes and ensure effective delivery of public services. This highlights the importance of collaborative leadership across all members involved in the process. Previous studies have consistently found that leadership is a crucial factor in ensuring stakeholders understand each other, maintain equality, and are able to negotiate and effectively follow the collaborative process until desired outcomes are achieved (Emerson et al., 2011; Willumsen et al., 2012; Poocharoen & Ting, 2015; Ran & Qi, 2017). Despite the potential advantages of collaborative operations, it is important to note that these endeavors necessitate significant investments of both personnel and financial resources, emphasizing the criticality of budget sharing among stakeholders to achieve successful collaboration (Emerson et al., 2011; Ran & Qi, 2017). Based on the findings of this study, the efficient allocation of responsibilities among committees can result in significant resource savings. The performance evaluation in this study revealed that many sectors benefit from participating in collaboration, and these benefits can serve as important and valuable incentives for collaboration (Willumsen et al., 2012). Effective communication of these benefits to stakeholders is key to promoting efficient and sustainable collaboration, as highlighted in the study by Wagner (2000) and Kitreerautiwong et al. (2019).

The findings of this study, which demonstrate the positive impact of collaboration at the district level on improving the QoL of older people, are aligned with the objectives outlined by the World Health Organization (2015) and National Health Security Office (2016) regarding LTC. The aim is to enhance the well-being of older people by promoting good health, social and environment and a high QoL, necessitating the participation of various local sectors in effective management efforts. This approach is similar to the management of LTC in China and Korea, where the involvement of the local community is recognized as a crucial aspect of caring for older people (Feng et al., 2020; Ga, 2020). Similarly, in Japan, there has been a shift from long-term institutional care to community-based care through multidisciplinary collaboration at the local level (Yamada & Arai, 2020). These findings underscore the importance of collaborative efforts in optimizing LTC, with the potential to improve the QoL of older people and promote sustainable, inclusive care policies.

5 Conclusions

Collaborative governance at the district level in Thailand is carried out through the appointment of the CIQ in accordance with the Prime Minister's Office Regulation on the Improvement of Quality of Life at the Local Level B.E.2561 (2018). The committee consists of three groups, comprising the public sector, private sector, and civil sector, with a total of no more than 21 members. The CIQ has been delegated the authority to drive improvement in the QoL of the district's residents by setting goals, guidelines, plans, methods, and monitoring progress. This enables the integration of various resources in the area to drive QoL improvement, and allows each area to exercise discretion in addressing specific issues to improve the QoL. However, it was found that the number of appointed committees was inadequate to drive QoL improvement. To address this, advisors to the CIQ and the Sub-district Quality of Life Improvement Committee were appointed to involve all relevant stakeholders in promoting collaboration for the improvement of the QoL of the people.

The implementation of district-level collaboration begins with the selection of stakeholders by the District Public Health Officer working group. They then submit their recommendations to the sheriff, who serves as the chairman of the CIQ, for official appointment through a district order. A meeting is then scheduled to introduce the CIQ members, outline their roles and responsibilities, and present the QoL issues facing the community. Issues to be developed are identified and plans or activities to improve the QoL are discussed and prepared jointly by the CIQ and relevant parties. Roles and responsibilities are then assigned based on the original authority of each actor, and actions to improve the QoL are carried out according to the work plan or planned activities. Approximately one to three months later, a meeting of the CIQ is held to monitor and follow up on the progress in improving the QoL. This includes assessing the improvement of the QoL at the end of the fiscal year to improve the work plan or identify issues that align with the QoL problems in subsequent years. The CIQ has a two-year term, after which the list of CIQ members is updated, taking into account past engagement and discussions on improving the QoL, to bring together the most active stakeholders to drive collaboration in enhancing the QoL.

The collaboration at the district level reinforces the efforts to improve the QoL of older people. This shift from individual to joint operations, based on the problems of the area, enables the full implementation of LTC measures, resulting in an improvement of the QoL of older people in the context of the area. The success of cooperation has motivated stronger collaboration, demonstrating that collaboration between stakeholders who have a thorough understanding of the problems and local context leads to more effective and efficient action. This highlights the positive characteristics of Collaborative Governance and the decentralization of authority to

administrative agencies, allowing for the provision of personalized care for communities to enhance their QoL.

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Notes:

This study has limitations as it was only conducted in areas that have implemented the LTC system through the CIQ during the Thai fiscal year 2018-2021, and only evaluated the collaboration in LTC activities through the CIQ, which may vary from collaboration in other endeavors.

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