Using empowerment theory in health promotion guided development the home for the elderly in Nakhon Ratchasima, Thailand

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Elderly, Health Promotion, Empowerment.

Abstract

In 1986, the Ottawa Charter identified community empowerment as being a central theme of health promotion discourse. Community empowerment became a topical issue in health promotion literature. Examining two cases in the Home for the Elderly in Nakhon Ratchasima, Thailand, study identifies actors, institutions and processes that provided health promotion for the elderly. The article deals with a range of opportunities and possibilities for optimizing care for elderly, both individual and group, through promoting their empowerment. Collaborative partnerships in community networks as well as in intergenerational interaction, these "models" demonstrate how care-givers, including the Home for the Elderly staff and university, are also empowered in these processes. These discussions reflecting empirical reality and conceptual insights provide the basis of health promotion policies. In addition, this article concludes with a discussion of the challenges and opportunities of facilitating empowerment for health and development.

1. Introduction

In Thailand, people has resulted in shifts from rural agricultural societies to more urbanized industrial landscapes with accompanying changes in social and family structures, improved life expectancy and more people living into advanced old age. Young adults must migrate to cities for job opportunities, older adults are left behind without family members living nearby. In addition, Thailand where fertility rates have fallen sharply over the past decades, has a series of nationally representative surveys of the older population that permit determining important trends in the well-being of the older age population (John and Napaporn, 2008). The growing number of older adults increases demands on the public health system and on medical and social services. Chronic diseases, which affect older adults disproportionately, contribute to disability, diminish quality of life, and increased health- and long-term--care costs (Kinsella and Velkoff, 2001). Under these circumstances, there were more elderly who lived on their own and who were placed in care institutions, often isolated from society. Empowerment individual elderly and the assistance from university will be enabling the elderly to improve their live. This article is concerned with promoting the dignity and wellbeing of the elderly health promotion through the empowerment activities emphasizing to develop their capacities.

2. Literature Review

Health promotion

Health promotion has been defined by the World Health Organization's (WHO) as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health" (Wikipedia, 2014).The prerequisites to health are no longer simply disease prevention, or "proper" lifestyles, but include "peace, shelter, education, food, income, a stable ecosystem, social justice and equity" (Ranald Labonte, 1993). Participation is essential to sustain health promotion action. Health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing (Better Health Channel, 2015). The

principles of social justice - equity, diversity and supportive environments - are an essential part of effective health promotion. The Ottawa Charter promotes social justice as it is designed to provide access to health opportunities for all members of a community and aims to reduce the level of health inequalities (NSW HSC, 2015). The Ottawa Charter identifies three basic strategies for health promotion (Helen Ward., etc., 2012).

- Advocate – good health is a major resource for social, economic and personal development, and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioral and biological factors can all favor health or be harmful to it. Health promotion aims at making these conditions favorable through advocacy for health (Wise, 2001).
- Enable – health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and to ensure equal opportunities and resources to enable all people to achieve their fullest health potential (Milio, 1976). This includes a secure foundation in a supportive environment, access to information, life skills and opportunities to make healthy choices (Saan and Wise, 2011).
- Mediate – the prerequisites and prospects for health cannot be ensured by the health sector alone. Health promotion demands coordinated action by all concerned, including governments, health and other social and economic sectors, by non-government and voluntary organizations, local authorities, industry and the media. People in all walks of life are involved as individuals, families and communities (Saan and Wise, 2011).

The Ottawa Charter's concept of health promotion and community psychology's use of empowerment as an "exemplar of practice" are such vehicles (Labonte, 1993).Many health promoters are concerned about community empowerment, which is defined as the means by which people experience more control over decisions that influence their health and lives (Laverack and Labonte, 2000).Community empowerment which Laverack and Labonte (2000) define as shifts towards greater equality in the social relations of power. Labonte (1994) argues that health promotion remains an open. It presents the health system's response to the knowledge challenges of progressive social movements such as the environment and social justice movement. Thus, health promotion is concerned with community empowerment than changes in unhealthy lifestyles or particular disease risks. It focuses on achieving equity in health and increases public participation in health programme decision-making (Robertson and Minkler, 1994)

3. Empowerment

The term 'empowerment' has two distinct meanings, one referring to a state of the individual, group or community and the other referring to the process (or means) to attain the goals sought (Tengland, 2008). The first meaning, empowerment as a state concerns the individual's (or group's) controls over her (their) life (Tengland, 2007, 2012). The ability for autonomy (self-determination) has a central place in this approach, because the higher it is, the better the individual will be at determining her authentic goals (Tengland, 2007, 2008, 2012). The second definition of empowerment (as a process) is more important, since it has to do with the means of working toward health, empowerment and quality of life. Empowerment as a process (a means) is directly related to professional practice on the 'local' level, i.e. working together with the people involved. Empowerment as a process is about letting the client, group or community have as much control as possible over the change processes they are involved in (Tengland, 2008,2012; Laverack, 2009). They should therefore actively participate in the problem formulation, the solutions to the problems and the actions performed to solve them. The professional should primarily be an enabler or a facilitator.

4. Empowerment and Heath Promotion

Empowerment fits with the new perspective this new perspective of Health Promotion that was taking shape since the 1980s (Ferreira and Castiel, 2009). Empowerment should be based on pluralistic thinking that encourages diversity by means of participation by different social groups in the search for solutions to their health problems (Rappaport, 1981; Ferreira and Castiel, 2009). In the 1980s, especially beginning with the Ottawa Conference in 1986, empowerment was mentioned as one of the central ideas in Health Promotion (Wallerstein and Bernstein, 1994; Simpson and Freeman, 2004). This centrality is due to the fact that empowerment incorporates in the strong similarity between the two concepts as follow:

Empowerment is generally defined as "a process through which people gain greater control over decisions and actions affecting their health" (Nutbeam, 1998: 6; Simpson and Freeman, 2004).

Health Promotion as "the process of enabling people to increase control over, and to improve, their health" (Simpson and Freeman, 2004:69).

Empowerment is a phenomenon that can occurat different levels (Robertson and Minkler, 1994). At the organizational level, it includes processes and structures that enhance personal skills and allow the members of a community to support each other and produce changes in it (Simpson and Freeman, 2004). At the community level, it refers to joint organized work aimed at improving collective living conditions (Zimmerman, 1995). Some authors (Israel., etc, 1994; Wallerstein and Bernstein, 1994) use the term "community empowerment"rather than simply "empowerment". Rissel (1994) states that the notion of community empowerment includes: (a) an increased level of psychological empowerment among the community members; (b) political action by these members; and (c) redistribution of resources or decision making in favor of this community.

In the following sections, there are two cases of caring for the elderly in Nakhon Ratchasima or KORAT in order to discuss how these practices resonate with empowerment.

5. Model 1 Small-Scale and Multi-functional Care

In 2004, Nakhon Ratchasima Provincial Administration Organization (Nakhon Ratchasima PAO) took care the home for the elderly or home for the aged for the elderly people in Nakhon Ratchasima or KORAT. In this home for the elderly, the older people are take care by nurses and staff very well. They are accommodated within shared rooms, provided of at least 3 meals a day plus snacks, provided of social work service (e.g. assessment, counseling, referrals, programme activities, etc.); nursing services, including administration and supervision of medication; regular visits by a registered medical practitioner; personal care services, including assistance with activities of daily living; the rapeutic exercise and treatment, on a group or individual basis, to maintain or improve the functioning of residents. In 2012, the New President of Provincial Administration Organization of Nakhon Ratchasima (or Korat) gave her policy that the home for the elderly needs to provide both health and psychosocial support for the elderly. Therefore, consulting team from Vongchavalitkul University suggested two models of empowerment health for the Elderly in Nakhon Ratchasima (or Korat).

After gathering information from the elderly in the home for the elderly of Nakhon Ratchasima (or Korat) at the beginning of 2014, we found that some of them were expertise in cookery and arts. Some of them have knowledge of herb. Most of them would like to share their experiences to others and to the community. Thus, consulting team from Vongchavalitkul University discussed to the POA_KORAT team setting the program "Small-Scale and Multi-functional Care." For this program, we asked for volunteers, from the home for the elderly who willing to teach or to provide care to the people (including children) with disabilities in the same environment. Some elders in this program were also involved in taking

care of the children. The main belief behind this program was the creation of a welcome and empowerment with a small multi-functional care facility for the elderly, the disabled and the children under a single roof.

In this program, the volunteers could discuss with the other older people from the home for the elderly and the community, actively participate to be able to name and to formulate the problems and then to perform to solve the problems. They could share their experiences and help to transform in the process of changing oppressive circumstances. This experiment showed such small-scale multifunctional centers improved the well-being and dignity of all the parties involved. In these small-scale care settings, normal daily life was emphasized, and visitors and residents were encouraged to participate in useful and meaningful activities. It was found that some of those who feel lonely or meaningless, when placed in the company of the older people or children, could also take care of the other older people or the children, and were able to respond better to their circumstances. In most cases, the elderly were able to exercise both their bodies and their brains thus becoming happy and cheerful. They felt that they could make the other older people including children happy and taught the children important life lessons. These interactions also enabled the elderly to realize that they had valuable experiences to share with the younger generation or the other elderly. The parents felt a sense of security as their children were under the guidance of experienced older people. Individual older people felt more valued, satisfied and productive. Overall, there was also greater understanding by the home for the elderly members about the importance of intergenerational interactions, and the need to promote such participation and empowerment of each older people.

6. Model 2: Multi-functional Care Link to University

After implementing Model 1: Small-Scale and Multi-functional Care, we found that individual volunteers felt more valued, satisfied and productive. Recognizing the importance of elderly's participation in promoting the health of elderly, Nakhon Ratchasima Provincial Administration Organization (Nakhon Ratchasima PAO) initiated the Elderly Health Volunteer from the home for the elderly (EHVHE) Program. For this program, consulting team envision a more democratic task where volunteers were empowered to get in touch with their creativity and make decisions without being strangled for their health. Thus, we went to the next step **Multi-functional Care Link to University** before start the Elderly Health Volunteer from the Home for the Elderly (EHVHE) Project.

For Multi-functional Care Link to University, we brought a group of nursing students group from Vongchavalitkul University. These nurse students were selected by Associated Prof. Sirirat Chatchaisucha who was the manager of this project. They study nursing care for the elderly course in the university and assigned for one more week practicing on basic training of the primary health care of elderly components. These students will be the training assistants (TA) for the Elderly Health Volunteer from the home for the elderly (EHVHE) project. The major role of the EHVHE project is to promote health and healthy behavior of older people and community members for the promotion of elderly heath and other basic health services, with the support of health personnel from the Nakhon Ratchasima Provincial Administration Organization (Nakhon Ratchasima PAO).

EHVHEs were selected by Elderlys' Group Members among the Home for the Elderly with the help of the Home for the Elderly staff. They were provided with 18 (9+9) days basic training on selected primary elderly health care components.Associated Prof. Sirirat Chatchisucha and her students gave the elderly health workshop. In addition, this workshop involved with the elderly in key stages in the process of health promotion in the community, promoting important and supportive relationships among people and collaboration between

(1) people and people (2) people and groups involved in elderly care. In addition, volunteers in EHVHEs were provided with opportunities to build social networks and participate in activities that are personally fulfilling.

Moreover, this workshop helped the elderly to understand various activities for their entertainment and empowerment. Priority was given to educational activities and social-cultural activities. The educational activities included gaining computer skills and learning bridge. In addition, volunteers in EHVHEs learned to encourage the elderly joining book clubs, dancing or sport clubs suited for the elderly as well as undertake creative handwork and flower arrangements. According to the results from the workshop, volunteers in EHVHEs could create an empowerment community such as

1. Everyone had an important role in a community and helped each other.
2. Everyone could live healthily and happily.
3. Everyone could support, learn and communicate with each other,
4. Everyone could feel comfortable and fulfilled.

Through the workshop, volunteers in EHVHEs contributed extensively to the health and well-being of their Home for the Elderly. On average, the volunteers in EHVHEs and nursing students were found to work for 2.5 -3.0 work hours per week and more than 70 % of them were willing to increase the amount of time they spend working as EHVHEs in the future.

In the end of 2014, volunteers in EHVHEs practiced health care activities for the elderly under the guidance of consulting team in order to prepare them for EHVHEs project. The role of the EHVHEs has been outlined as below;

- To act as voluntary health educators and promoters in areas of health as per the training received.
- To promote the good health practices, utilization of available health services and the adoption of preventive health practices among their Home for the Elderly members.
- To create awareness and provide information to the community on determinants ofhealth such as nutrition, basic sanitation and hygiene practices, healthy living and working conditions, information on existing health services and the need for timely utilization of healthand family welfare services.
- To play a supportive role in linking the community with available elderly health promotion services and to continue to play an important role related to primary elderly health care at the community level.

7. Model 3: the Elderly Health Volunteer from the Home for the Elderly (EHVHE) project.

This project will be started in the mid-2015.

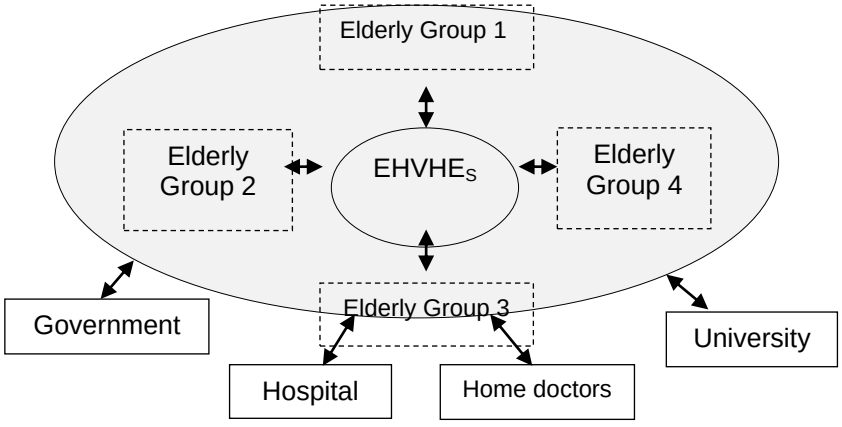

Figure 1: The Elderly Health Volunteer from the Home for the Elderly (EHVHE) project.

8. Issues and challenges

It is important to further promote this community volunteer scheme as it is one of the most successful empowerment project in the health care of the home for the elderly in Nakhon Ratchasima. Strengthening it would ensure that the EHVHEs will be able to support the health staff and to provide good quality health care. Therefore, these following areas are suggested;

- To ensure strong health system supports through health promotion and an effective referral institutional establishment for training and retrainingfor the volunteer health people.
- To innovative incentive programs designed / supported to sustain the motivation of the volunteers.
- To support the distant learning program for EHVHEs through mass media and by radio in particular.

9. Conclusion

The discussion on two cases can inspire our thinking about empowerment.

For model 1: Small-Scale and Multi-functional Care, empowerment starts when each elderly understand their strangeness and weakness by working multi-functional care and identified their commonality. Being a multifunctional facility gave the elderly a role in caring for the disabled older people and children and in this process, even improving their health and mental faculties. Through dialogue, elderly can learn from one another's perspective and discover new ways of looking at problems. Each elderly volunteer ensure his/her value and honor individual contribution. Thus, there is an increase in an individual sense of empowerment.

Model 2: Multi-functional Care Link to University showed how the volunteer of the Home for the Elderly of Nakhon Ratchasima and university engage in the empowerment process. Model 2 involved the elderly in a wide range of discussions and supportive relationships from the Home for the Elderly of Nakhon Ratchasima and university on key aspects that affected their lives, including preparing them to be Volunteers of EHVHEs to embed the elderly within the community services and facilities.

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