

Developing an Age-Friendly Community in Rural Area: A Case Study of Hua-Ngum, Chiang Rai, Thailand

Rungnapa Theppar¹, and Hideharu Uemura²

^{1,2}Graduate School of Social Welfare, Japan College of Social Work, Tokyo, Japan and
¹College of Interdisciplinary Studies, Thammasat University, Bangkok, 10200 Thailand

¹E-mail: trungnapatu@gmail.com

²E-mail: Uemura@jcs.w.ac.jp

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Abstract

The study aims to investigate the situation of an aging society and age-friendly community in Hua-Ngum Sub-district, Chiang Rai, Thailand, which is defined as a rural community and to identify the process to create an age-friendly community in the sub-district. The age-friendly community concept is employed as analysis framework. Both qualitative and quantitative research are adopted in the study. The results indicate that for approximately a decade, the Hua-Ngum Sub-district Administrative Organization (SAO) and its partner have launched key age-related activities in the sub-district. Those activities contribute several social opportunities encouraging age-friendliness features in Hua-Ngum, such as opportunities for learning, participating, connecting isolated elderly people to the rest of the community, integrating with younger generations, contributing, and being valued and respected. Therefore, establishing an age-friendly community in Hua-Ngum is not a project only for older people, but is also considered to be a community development process for all age members. There are four key steps for developing an age-friendly community in Hua-Ngum: raising awareness to build consensus, establishing partnerships to develop an age-friendly community, implementation, and creating social space and public acceptance. Those community development processes are not just a linear steps; in contrast, they are dynamic processes which need to be developed continuously. The lessons learned from the Hua-Ngum age-friendly community experience indicates the importance of the power of the local community to tackle its aging society with regards to the social capital and social participation of all community members.

Keywords: *Age-friendly community, Thai aging society, rural development, older person in rural area*

1. Introduction

Currently, the increasing number of older adults worldwide is an important challenge to deal with. The World Health Organization (WHO) reported that the number of older people who are 65 years old and over is projected to increase from approximately 524 million in 2010 to nearly 1.5 billion in 2050, equal to 16% of the world's population (WHO, 2011). In noting the world's aging situation, WHO initiated the Global Age-friendly Cities Project in 2005 in 33 cities worldwide (WHO, 2007). The experiences from those 33 age-friendly cities have contributed to a new concept, known as the "age-friendly cities/communities concept," to deal with aging and aged societies across the world. Therefore, such a concept has been acknowledged widely since WHO's publication of "Global Age-friendly Cities: A Guide," which provides the age-friendly feature checklist as a tool for a city's self-assessment and a map to chart its progress (WHO, 2007). After that WHO project, there has been considerable interest on the part of policy-makers in the concept and movement to establish cities and communities as better places for older people (Menec & Nowicki, 2014). Particularly in the West - the United States, Canada, and Europe - the concept has flourished. In the United States, for example, Scharlach et al. (2012) indicate that there are 292 age-friendly community initiatives.

The concept indicates eight domains that are fundamental age-friendly cities and communities. These domains are: 1) outdoor spaces and buildings; 2) transportation; 3) housing; 4) respect and social inclusion; 5) social participation; 6) civic participation and employment opportunities; 7) communication and information; and 8) community support and health services (WHO, 2007; Plouffe & Kalanche, 2010). WHO presents the concept of age-friendly cities and communities as one approach to promote an active aging framework that refers to the processes that optimize opportunities for health, participation, and security to enhance the quality of life as people age (WHO, 2007).

Furthermore, there are several definitions of an age-friendly community, identified depending on the viewpoints or framework that the scholars are employed. The age-friendly community is considered as social interaction and independence of older people (Clark & Glicksman, 2012), as a community designed to promote and ensure health, security, and participation among older people (Everingham et al., 2009). It also serves as processes to promote positive health behaviors and physical health (Cherry et al., 2011), and a way to promote healthy aging identified by life satisfaction and self-perceived health (Menec & Nowicki, 2014). Based on Green (2012), age-friendly cities act as processes to ensure healthy aging in terms of raising awareness of older people as a resource to society, personal and community empowerment, accessibility of the full range of services, and supportive physical and social environments.

Additionally, the age-friendly community concept is viewed as a new discourse on gerontology. The concept views the elders as significant contributors to society and their communities, rather than as passive, dependent recipients of benefits and services (Austin et al., 2009). This statement marks a shift in the discourse about aging population from viewing them as a problem towards the viewpoint that considers older people as those who can flourish (Eales et al., 2008). Moreover, the age-friendly community regards older people as productive and contributing members of society, as opposed to the negative perspective, which views elders as passive and powerless seniors (Alley et al., 2007; Lui et al., 2009). This shift of paradigm leads itself towards a positive perspective of the elderly that emphasizes their values and abilities.

In the case of Thailand, the study of the National Statistical Office (NSO) indicates that Thailand became an aging society in 2005 (NSO, 2008). Although the percentage of the older population of the entire Thai population is not high when compared with other developed countries, such as France, which took more than 100 years for the shift of the population aged 65 and over from 7% to 14%. However, in Thailand, it took only 20 years. Consequently, Thailand has been facing with rapid aging. The rapidity of population aging in Thailand means that the country has a shorter time to deal with the new challenges related to an aging society (Jitapunkun et al., 2008). In the future, the aging society in Thailand will be a critical situation when the aging rate increases to 29.8% of the total population (estimated to be in 2050). At the same time, Thailand is experiencing a myriad of limitations, such as a lack of finance, a lack of manpower working in the healthcare system for the elderly, and constraints on healthcare facilities for older people (TGRI, 2009; Jitapunkun, et al., 2008; TGRI, 2011) while changes in the socio-culture, economic, and political context are also taking place.

The age-friendly cities and communities concept in Thailand seems to be a new idea. According to the ThaiLIS database¹, there are only four studies that have used the words “age-friendly,” most of which are in the field of public health. Moreover, the age-friendly built-environment, including specially designed age-friendly buildings, was launched by the Ministry of Social Development and Human Security in 2012, and in April 2014, the first project on age-friendly cities was introduced in Thailand by the Department of Health at the Ministry of Public Health (MoPH).

With awareness of the Thai aging situation, therefore, the present study is focusing on the development of an age-friendly community in rural Thailand with the important assumption that the age-friendly community concept has the potential to be one model for community-based welfare. Such a concept can lead to a rural development process, which does not only benefit the elders themselves but members of the community of all ages as well.

Moreover, the study has defined the rural community by using the type of local government as criteria. In the Thai local government system, the Sub-district Administrative Organizations (SAOs) refers to local government in rural areas, while other local governments, such as city municipalities, town municipalities, and sub-district municipalities, refer to the local governments in urban areas.

As a significance of the study, a review of previous studies illustrates the need for the study of age-friendly communities in rural areas. There currently exists a major gap in the literature, namely that the discourse around age-friendliness has tended to focus on cities (Menec & Nowicki, 2014). Therefore, the present study will lead to extending the knowledge boundary of age-friendly communities in rural

¹ Thai Library Integrated System (ThaiLIS) is the database that gathers research reports, research and review articles, Masters thesis, and Doctoral dissertations from the network. The ThaiLIS's network refers to university libraries and other organizations that are connected and working in cooperation. (Searched August 3, 2016)

communities. In Thailand in particular, the age-friendly community concept has not yet been introduced widely and deeply. Thus, this study will be a pioneering study that introduces and establishes the age-friendly community concept and movement in Thai academic society.

2. Objectives

The study has two main objectives: to study the situation of an aging society and age-friendly community in Hua-Ngum Sub-district, Chiang Rai, Thailand; and to identify the process to create an age-friendly community in the sub-district.

3. Materials and Methods

3.1 Research Site

The study focuses on rural communities in northern Thailand. The northern region (according to the four-region grouping system commonly used in Thailand) refers to seventeen provinces located in the northern part of Thailand (Chiang Rai is one of these provinces in the northern region). Northern Thailand has several significant problems that unavoidably affect the aging society of the region. For instance, it has become a rapidly aging society faster than any other regions. Since 1990, the old age population in the northern region has increased dramatically, such that in the year 2000, it reached 1,278,965 people (11.2%). Additionally, the population projector has revealed that in 2025, the number of elderly living in northern Thailand is expected to be 3,013,000, or 24.2% of the entire population of the region (Tangyongthakun, 2010). Furthermore, the ratio of poverty within the region is higher than that of the national level (second in rank, next behind the northeastern region). In 2008, the northern region had a poverty rate of 13.3%, while the national level was 8.9% (NRCT, 2010). When considering health aspects, northern residents have the highest rate of problems with their health status (27.3%), especially respiratory diseases, mental health problems, and suicide. Moreover, the highest rate of HIV-infected patients exists within this region (NRCT, 2010). Therefore, the aging society in northern Thailand will present a critical situation when combining these conditions.

Using one sub-district in northern Thailand, the researcher has selected the Hua-Ngum sub-district for its case study. Hua-Ngum sub-district is an old, rural sub-district of Chiang Rai province. It is an agricultural community that was established in 1915 (B.E. 2458). The Sub-district is located 739 kilometers north of Bangkok. It covers mainly a lowland area of 62.1 km² and contains thirteen villages. Hua-Ngum sub-district has already become an aged society, based on the information from 2016's census of Basic Minimal Needs (BMN). The census reveals that there are 1,823 households with a total population of 5,165, of which 50% are of working age (26-60 years). Older persons (over 60 years) account for 24.84%, which is considerably higher than the national average of 16.4%. To cope with the high rate of elderly people and the problems faced by the Hua-Ngum elderly, the Hua-Ngum SAO and its partners instituted several activities based on social participation and social capital, to establish an age-friendly community for the people of Hua-Ngum. Although they faced an array of limitations and challenges, such as a limited finance, staff, and a high percentage of elderly residents, the community is trying to establish effective practices for elderly care and development in their community for dealing with their aged society. Thus, the experience of Hua-Ngum sub-district has the potential to be studied and implemented in other communities, particularly in northern Thailand.

3.2 Research Method and Data Analysis

Both qualitative and quantitative research are employed in the study. As qualitative research, several methods are being conducted, such as documentary study (documents include hardcopy/printed versions, visual media, e.g. YouTube, websites, news), the interviewing of key informants involved in age-related activities in Hua-Ngum sub-district, (e.g. administrators and related staff of the Hua-Ngum SAO, Buddhist monks, elderly people who participate in the activities, etc.), and participatory and non-participatory observation. Regarding the quantitative method, survey research is also conducted by using questionnaires as a research tool. 188 elderly people are selected as research samples, with a total research population of 1,226, by employing possibility sampling using a systematic sampling technique. Interview

guidelines and questionnaires are approved by the Research Ethics Committees of Japan College of Social Work (No.15-0304, Date 6-8-2015).

In term of data analysis, content analysis (inductive approach) is adopted for qualitative research, while descriptive statistics is used to explain the data gained from survey research such as percentage, means (\bar{X}), and S.D.

4. Result

4.1 Situation of an Aged Society in Hua-Ngum Sub-District

Hua-Ngum sub-district has already become an aged society². The results from the survey research on the Hua-Ngum elderly contributes important data related to the aged society situation in Hua-Ngum sub-district. The study mainly collects data from the elderly (96.8%), with a small portion (3.2%) collected from the relatives of the elderly, e.g. daughters, younger sisters. More than half of the samples (53.7%) are the early-old elderly group (60-69 years of age), followed by the middle-old (70-79 years of age; 25.5%) and the old-old (80+ years of age) elderly groups at 20.8%, respectively. More than half of the participants (53.7%) are female. Almost three-fourths of them (70.2%) graduated at the elementary education level, follow by those who never enrolled in formal education (27.7%). The majority of the participants (64.9%) are married or living together, while more than one-fourth of them (29.8%) are widowed.

Health Status and Access to Care of the Elderly: Regarding access to primary health care services, almost all of them (99.5%) access annual health examinations, e.g. blood examinations to look for diabetes and measure cholesterol levels and blood pressure. Moreover, all of them (100.0%) access care and treatment when ill and have no limitations to gain access to care and treatment (100.0%). However, almost three-fourths of the elderly population (73.4%) has health problems, such as hypertension (48.4%) and diabetes (10.6%). Regarding exercise, more than half of them (61.2%) exercise at least three days a week (Table 1).

Table 1 Percentage of Health Status and Access to Care for the Elderly

Items	Yes % (N)	No % (N)
1. Last year, did you access an annual health examination? (e.g. blood examination to look for diabetes, measure cholesterol and blood pressure, and have a urine and stool examination)	99.5(187)	0.5(1)
2. Last year, did you access care and treatment when ill?	100.00 (188)	-
3. Last year, did you exercise ¹ at least three days a week?	61.2 (115)	38.8 (73)
4. Do you have any health problems now?	73.4 (138)	26.6 (500)
5. Do you have limitations to access care and treatment?	-	100.0 (188)

¹means movement or exercise to moderate exertion at least three days per week and 10-30 minutes a day.

Elderly Housing Conditions: Most of the Hua-Ngum elderly (89.9%) are living with families, with only 10.1% of the elderly living alone. In the latter group of elderly living alone, all of them (100.0%) stay near their children's and relative's houses. However, the majority of them have small families or "nuclear families," – 1 or 2 generation families. The "1-generation family" refers to the family that includes only the spouse, sister, or brother living together (36.5%), while the "2-generation family" refers to the family where the elderly live with their children or grandchildren (37.1%). (Table 2).

² An aging society is defined as a population in which over 10% of the total population is 60 years old or more (or 7% of the population is 65 years old and over), while an aged society or a completed aged society is one which 20% of the total population is 60 years old or more (or 14% of the population is 65 years old or more) (TGRI, 2016: 24).

Table 2 Percentage of the Elderly Living Alone and the Size of the Family of the Elderly

Items	N	%
Do you live alone?		
-Yes	19	10.1
- No	169	89.9
Size of family		
- 1 generation, e.g. spouse, sister, brother	62	36.5
- 2 generation, e.g. elderly and their children, elderly and their grandchildren	63	37.1
- Three generations e.g. elderly, their children and grandchildren	45	26.5

Regarding the condition of the current residence or house of the elderly, the majority of the samples state that they have good conditions for living. The top three most essential housing conditions as stated by the samples have enough lighting at 98.4%, followed by having non-slippery floors at 95.7% and having safe stairway railings outside the house, at 86.1%. In contrast, few samples have handrails inside the house (0.5%) and the bathroom (3.2%) (Table 3).

Table 3 Percentage of Conditions of Current Residence/House of the Elderly

Items	N	%
1. Safe stairway railings outside the house	136	86.1
2. Enough Lighting	185	98.4
3. Handrails inside the house	1	0.5
4. Handrails inside the bathroom	6	3.2
5. Non-slippery floors	180	95.7
6. Non-step floors	137	72.9
7. Flushing toilets/western toilets	111	59.0
8. Other, e.g. assistance buzzer/bell	1	0.5

Informative Learning of the Elderly: More than three-fourths of the samples (77.7%) attended training, seminars, meetings, or other educational activities held by the organizations in the community in the past year. This data shows a high level of opportunity for informative learning. Seminars and meetings are important channels that support the acknowledgement of rights and social welfare among the elderly (74.5%). In contrast, other channels seem to have a low potential to support such acknowledgement among the elderly, e.g. books, newspapers, magazines (1.1%), television (0%), radio (0%), and volunteers (0.5%) (Table 4).

Table 4 Percentage of Informative Learning of the Elderly and Media Supporting the Elderly Rights/Welfare

Items	Yes % (N)	No% (N)
Last year, did you attend in training, seminars, meetings, or any educational activities that were held by the organizations or senior citizen clubs?	77.7(146)	22.3(42)
Last year, did you access news or information on elderly rights or social welfare through the following media channels?		
1. Books, newspapers, magazines	1.1 (2)	98.9 (186)
2. Television	0.0 (0)	100.0 (188)
3. Radio	0.0 (0)	100.0 (188)
4. News broadcasting tower in community	0.0 (0)	100.0 (188)
5. Seminars/meetings	74.5 (140)	25.5 (48)
6. Volunteers	0.5 (1)	99.5 (187)
7. Other	0.0 (0)	100.0 (188)

Employment and Income of the Elderly: More than half of the elderly (59.6%) have no paid work. Most of the participants (98.9%) had sufficient income to cover their expenditures last year (Table 5).

Moreover, some of them explain that although they earn little money each month, they try to manage their budget by planting vegetables to lower their cost of living. Furthermore, many of them say that because their children support their food and other necessities, e.g. electric and water bills, they can manage their small income and do not need to borrow money from others.

The majority of the participants (93.6%) have savings. Only 6.4% of them have no savings (Table 5). Qualitative data reveals that the participants mainly save their money in financial institutions in the community such as microcredit groups. Those financial institutions are located close to the elderly. Thus they feel more familiar with those than the commercial banks run by the government or the private sector, which are located outside the community and are not easy to access. Therefore, the financial institutions operated by the local residents can be considered social support that promotes economic security for the rural elderly.

There are three main sources of income for the elderly, which include a monthly allowance by the Thai government (received by 100.0% of elderly people), work (income for 59.0% of the elderly), and their children (31.4% of the elderly). The average income per month is 3,620.21 THB (Table 6). Compared with the national average, half of them (50.0%) have an average income per month below the poverty line at the national level, 2,412 THB per month (NESDB, 2015) (Table 7).

Table 5 Percentage of Employment, Sufficient Income and Savings of the Elderly

Items	N	%
Are you working (paid work)?		
Yes	112	59.6
No	76	40.4
Last year, did you have sufficient income to cover your expenditures?		
Yes	186	98.9
No	2	1.1
Do you have savings?		
Yes	176	93.6
No	12	6.4

Table 6 Percentage of Main Sources of Income and Average Income per Month of the Elderly

At present, what is your main source of income?	Yes (%)	No (%)	\bar{X}	SD.	Max.	Min	Total (N)
Monthly Allowance for the Elderly	100.0	0.0	668.62	95.482	1,000	600	100.0 (188)
Monthly Allowance for People with disabilities	6.4	93.6	51.06	196.082	800	0	100.0 (188)
Children	31.4	68.6	673.67	1,272.124	5,000	0	100.0 (188)
Work	59.0	41.0	2,236.97	3,808.266	27,200	0	100.0 (188)
Average Income			3,620.21	3,770.504	27,800	600	100.0 (188)

*Unit: THB (1 USD =35 THB, approximately)

Table 7 Percentage of the Average Income of the Elderly Compared with Poverty Line at National Level

Average Income	N	%
Lower than poverty line at national level	94	50.0
Higher than poverty line at national level	94	50.0

In conclusion, the data mentioned above implies an important aging situation in Hua-Ngum sub-district, where the majority of elderly people have low educational levels, and faced with poverty as well as having health problems. The families still have major roles in providing care for the elderly. However, the majority of them live in nuclear families and encountered challenges like skip-generation households³.

³ Refers to families with only grandparent(s) and grandchild(ren) in residence.

Therefore, age-related activities by local communities are needed to support the families and to prepare for a change shortly.

4.2 Key Age-Related Activities Established in Hua-Ngum

Results are based on analysis of five age-related activities in Hua-Ngum sub-district – the TanTod social assistance program for the elderly with difficulties, a One-day One-baht community welfare fund, a Goodness Bank, a Little Doctors activity, and the School for the Elderly, both at the sub-district and the village level. The study indicates that over nearly a decade, the Hua-Ngum SAO and its partners have introduced significant age-related activities.

In 2006, the “TanTod” social assistance program for the elderly with difficulties, e.g. elders living in poverty, living alone, and bedridden was introduced to assist the elderly who are in difficult situations. In order to deliver the service, the SAO is the main player, operating the activity, coordinating with the head of each village to select three qualified elderly people to participate in the activity, and then delivering assistance to the selected participants in each village (a total of 13 villages). Such activities provide social assistance for the three chosen elderly people to receive every month both cash (at least 1,000 THB per person per time) and in-kind support.

In the same year (2006), the “One-day One-baht” Community Welfare Fund for disadvantaged people was launched to encourage local residents to participate in, and be aware of, assistance and support for people in difficult living situations in the sub-district. Due to the budget constraints, leaders from the sub-district advocated that the sub-district need to have its own fund on the basis of participation (donations from villagers). This inspires a mutual sentiment of solidarity among the community and raises awareness among villagers to support one another. Thus, money is donated continuously into the fund every month. The fund is given to TanTod participants as well as students as scholarships (Primary school – Higher Education). Moreover, the balance of the fund’s account is reported at monthly community meetings at the sub-district (on the 7th of every month). From 2012 to 2016, there have been 195 elderly persons who have benefited from the fund or 39 recipients per year.

In 2007, a significant community development process the “Goodness Bank” was introduced with two main purposes: 1) to encourage local people to participate in community affairs, and 2) to establish and strengthen the community’s social capital. The Hua-Ngum Goodness Bank, located at the SAO office, was started on December 28th 2007. By September 2015, the Bank had a total of ~2,304 members (approximately 44% of the total population) with 1,524,434 goodness points.

As its management system, the SAO and its partner have applied general banking management systems to their own processes. The Goodness Bank provides goodness savings and withdrawals. When members do good deeds, they can record the points in their account and withdraw those points for credit when they are in need. Goodness withdrawal means exchanging goodness points for necessities.

At the Goodness Bank office, which is located at the SAO, there are several goods for which the members can exchange their points. For instance, 20 goodness points can be exchanged for a pack of UHT milk and a pack of dried noodles in cups, whereas 500 points can be exchanged for a blanket or a set of goods to be used as an offering dedicated to Buddhist monks.

The Goodness Bank has several “goodness menus,” which refer to programs that promote and encourage local people in specific objectives. On the menu, the list of activities and points are presented. For example, the “*Goodness menu on social and civic participation*,” promotes and encourages local people to participate and get involved in community affairs, such as receiving 15 points per time when participating in monthly community meetings, meetings held by the SAO or other community organizations, or participating in activities, programs, projects, events, and festivals held by the SAO. Another example is the “*Goodness menu on health*” that fosters and encourages local people to decrease the risk factors that adversely affect their health and well-being. Individuals receive 50 points when reducing their waistline by 1 inch, yet they receive 300 and 500 points if they stop drinking alcohol and smoking. In addition, during the Buddhist Lent Day period (a total of 3 months), they receive 300 points for controlling their diabetes and blood pressure for six months continuously, and they receive one point per CC of blood donated.

In 2009, the “Little Doctors” activity was started by Padaeng Wittaya School (a primary - junior high school). The activity aims to raise public awareness and the volunteer spirit of students and to create a system to support bed-ridden elderly patients. The school provides healthcare training for junior high school students by professional nurses and public health officers. Also, they learn and practice healthcare services at the Hua-Ngum Tambon Health Promoting Hospital (THPH) on Saturday mornings and do fieldwork in the afternoon. This practical application provides real opportunities for learning such skills as the likes of blood pressure measurement, dressing wounds, Thai massage, and other health care concerns. In the next step in the students’ training, they deliver services to the targeted elderly by setting up name lists of elderly bed-ridden patients and making home visit schedules. They provide service on Sundays (5 students per group). Each group is responsible for taking care of five patients at a time for 24 weeks. Their services include measuring blood pressure, giving physical therapy and foot massages, Dharma storytelling, and doing house cleaning.

In 2010, **the School for the Elderly** was established with the aim to respond to age-related problems, including physical and mental health problems, abandonment, loneliness among the elderly, and especially suicide case among Hua-Ngum elderly. In 2013, the administrative committee of the School decided to extend the school to “*the School and University*,” to respond to increasing student enrollment. Moreover, the university could continue to work with the elderly students after finishing school to continue their involvement in school activities for as long as possible. Currently (2016), there are 267 elder students, both in the school and university level.

The school and university aim to provide social space and promote the learning process and capability for development among older people. It provides weekly classes every Thursday, from 8.30 a.m. – 4.00 p.m., taught by ten volunteer teachers. These teachers include retired government officers, schoolteachers, Buddhist monks, administrators of the SAO, and the THPH director. The schedule is divided into morning and afternoon sections. During the morning section, there are three main subjects: Buddhist knowledge, health care knowledge, and social science and cultural knowledge. During the afternoon session, all of the students participate in activities of individual interest, including cooking, crafts, yoga, Thai massage, academic skills (e.g., Thai language, English, computer training, traditional drumming, folk singing, musical groups, traditional dancing, petanque, and Thai traditional sports).

As well as increasing accessibility to the School for the Elderly in 2014, they initiated another activity, namely **the School for the Elderly at the village level**. This activity was launched in every village in the sub-district – a total of 13 villages. Because only 20% of the elderly in the sub-district participate in the School for the Elderly at the sub-district level, the Hua-Ngum SAO and its partner seek to expand its coverage to other parts of the community. The school operates once a month on the government “pay-day” (lasting approximately 2 hours), which is the day that elderly residents receive their monthly pension, according to the government’s policy. Staff members at the Hua-Ngum SAO are volunteer teachers who provide interesting and useful information to the older people. This activity covers 70-80% of the elders in the sub-district.

In conclusion, in one year, approximately 80% of the entire older population in the sub-district can benefit from these age-related activities. These activities establish opportunities for social participation for the elderly that reflect the friendliness towards the older people in the community, which in turn fosters social connectivity between the elderly and the community as a whole.

4.3 Features of Age-Friendliness in Hua-Ngum Sub-District

Based on analysis of the five age-related activities mentioned above, the findings reveal that there have been several social opportunities established in the sub-district. Those opportunities indicate the features of age-friendliness in Hua-Ngum, as follows:

4.3.1 Opportunities for lifelong learning

Elderly people obtain useful knowledge that leads them to be peaceful and healthy, such as information on healthy living, ways to exercise, healthy foods to eat and overall nutrition, and learning about behaviors for a good death according to Buddhist principles. Moreover, the elderly are given opportunities to develop public speaking skills, enhance their self-confidence, and express their opinions in

a public forum. Some of the elderly who had never been to school at all and could not read or write were taught at the School for the Elderly simply to write their names, something that they had never been able to do before they enrolled in this school.

I never enroll to the school because my family is very poor. When I was young, I had to help my father and mother to look after my brothers and sisters and work in the rice field. During the past life, I always make a fingerprint for signature. After I joined the School for the Elderly, I had the opportunity to learn and practice to write my name. The first time that I held the pen I was so excited. At present, I can write my name, and I can sign without making a fingerprint. I am so proud of myself.

(An elderly student at the School for the Elderly, interview, October 10th, 2015)

4.3.2 Opportunities for participating in community activities

As “Goodness Bank” members, elderly people are supported and encouraged to become involved in community activities. Individuals can accumulate goodness points in their goodness passbook. Such participation directly encourages older people to become part of their community by maintaining social connectivity with others in the sub-district. For instance, elderly who participate in a “Temple Cleaning Day” gain 15 points. Community meetings in which they actively participate earn them points as well. In the beginning, the points gained were a tool to motivate the elderly to take part in community affairs. Nowadays, getting the points is not the end of their participation in the Goodness Bank, because they participate in the activities voluntarily and realize that taking part in the community's affairs stems their commitment and responsibility as a member of the sub-district. Some of them do not record the points into their Goodness account even though they still participate frequently in the activities.

I, sometimes, don't record goodness points into my account because when I help the community affairs, e.g. to attend a community meeting, donate into the One-day One-baht fund, or help others in the community, I feel very happy that I have the opportunity to contribute to others and my community. I don't need any rewards; I just want to do good things for my community.

(An elderly member of the Goodness Bank, Interview, September 11th, 2015)

4.3.3 Opportunities for connecting the isolated elderly to the rest of the community

According to the “Tan Tod” activity, the isolated elderly people need to feel connected to the community. Home visits by core community leaders provide not only social support but also spiritual support. These visits produce meaningful interaction between the community and the otherwise isolated elderly. Buddhist monks act as important spiritual leaders, community leaders are representatives of the community, and schoolteachers represent people of high social status in the community. Therefore, home visits by those people demonstrate caring for the isolated elderly. Moreover, it emphasizes the community's recognition of the elderly as valued community members. The ties of social connectedness between the community and the isolated elderly are further developed and woven.

I don't have relatives here (in the sub-district). In fact, I have a brother and sister. Both of them are rich persons while I am very poor, so it is a long time that we never contact each other. They don't think I am their brother. We (interviewee and his wife) live in Hua-Ngum more than ten years without the relatives who have the same blood relationship. One day I received the assistance in TanTod activity. That day many people, such as monks, administrators of SAO, schoolteachers, community leaders, Director of THPH, neighbors, visited my house. It was the first time that many people came to my very old house. I was very delighted. I could not say anything. Tears were in my eyes. Only words “thank you so much” that I could say. They are not my blood relatives, but they express their kindness to my family. I really appreciate. I am happy to be Hua-Ngum people and live here. And every month I donate money into One-day One-baht Fund. I want to help others because I can receive from them, so I want to return.

(An elderly resident who receives assistance from TanTod, Interview, October, 10th, 2015)

4.3.4 Opportunities for integrating the younger generations

For example, the “Little Doctors” activity illustrates the social connectedness between the isolated elderly and the youth. “Little Doctors” are not only acting as representatives of the community at present but will be growing into quite such significant roles as they become adults of working age who have the power to determine and influence the ways in which the community develops in the future. When positive attitudes towards the elderly are learned and constructed through the “Little Doctors” activity, those health care workers will grow with warm feelings towards the elderly. In other words, the “Little Doctors” activity is a socialization process of elderly care and respect for younger generations that will lead to elder-friendliness preparation for the future.

In the past, I don't like my grandma because she was grumbling. So I wanted to stay far away from her. However, when I have participated in Little Doctors activity and experienced as Little Doctor, my mind has already changed. When I did a home visit and took after the target elderly, it seems to be a good lesson to learn and understand the elderly. Some of them were living alone; some were being with illness. I really sympathized and understood their feeling. They need love and caring. So when I went back to my house, I provided Thai massage to my grandma. Firstly, she was surprised but finally we love to spend time together. And now I love my grandmom so much.

(Junior high school student “Little Doctor”, Interview, September 20th, 2015)

4.3.5 Opportunity for contribution

The opportunity to contribute to the community and society is vital for the dignity of the elderly because it empowers the elderly to be “givers” and not only “receivers.” For example, one of the elderly ladies in the community is very poor. However, she is actively involved in contributing to the “One day, One-baht” community welfare fund, which has important aims of helping disadvantaged people and supporting scholarships for children in Hua-Ngum sub-district (donation to the fund is one of the social activities under the Goodness Bank umbrella. When people donate 5 baht, they receive 1 “goodness point”). Moreover, elderly people have opportunities to contribute to the community as cultural experts and volunteers in community affairs, e.g. teaching students about traditional arts and crafts, folk songs and music, and other local wisdom. Furthermore, it is the elderly students who participate and drive the School for the Elderly. Their participation and cooperation are necessary for the achievements of the School. At the beginning of 2015, the school was rewarded for the excellence of the project on the development of quality of life for older people. Consequently, the SAO received a four million baht award (approximately 18% of the yearly budget the SAO received from the government). Not surprisingly, the elderly students were extremely proud of their participation.

I'm very glad that our School won the prize and got 4 million baht. This shows obviously the importance of the elderly's role in the community. I'm so happy to be part of the School.

(An elderly student, interview, October 5th, 2015)

I can't move well because I'm elderly and have a problem with my back while my husband is blind. We can't work. Every month we receive the allowance from the government both as the elderly and people with disability so we can survive. However, even though we are very poor, we donate into the One-day One-baht Fund almost every month. Although, just small money donated, but we're happy that can make a good thing for others. It is a way for making a merit.

(An elderly resident who receives assistance from TanTod activity, Interview, October 10th, 2015)

4.3.6 Opportunities for being valued and respected

The establishment of opportunities to be valued and respected seems to be the ultimate result of the activities. For example, goodness points recorded in each elderly person's passbook give them a feeling of happiness and pride. The points reflect the worthiness of the older people. Furthermore, in 2015, at the learning center of the School for the Elderly, where several communities and organizations across the nation came to visit and learn, there were 59 groups with 2,734 visitors who visited and learned at the School. Thus, the elderly students are very proud of their school and themselves because they are part of a famously beneficial school for the elderly in Thailand. Their reputation and the acknowledgement of the

school for the elderly in Hua-Ngum sub-district encourages local people to realize the power and value of the elderly as people who can play a significant role in community development.

I really respect the cooperation from the elderly. They actively participate in community affairs. They have an important role to drive our community development. Without their good participation, the sub-district cannot launch the important development activities, like Goodness Bank and School for the Elderly.

(A member of SAO Council, Interview, October 11th, 2015)

Look...Look (showing her Goodness Bank passbook). I never withdraw my goodness points because I'm so proud of them. And I want to keep and show them to others, especially my children and grandchild. They are also proud of me.

(A Goodness Bank member, Interview, September 20th, 2015)

I had never enrolled in the school. The first time I sang the national song at the School (for the Elderly), I felt very delighted. It was the first time in my life. I never thought that I would have the opportunity to do that before. Moreover, when I graduated from the School (3 years participated as an elderly student) and got the certificate from the SAO, I was very happy. My children show my certificate and pictures from the graduation ceremony day on the wall in our house.

(An elderly student, Interview, September 20th, 2015)

Those social opportunities reveal positive outlooks toward the older people. Such opportunities, moreover, indicate the power of the elderly as one key stakeholder who drives the community development process and demonstrates the achievement of meaning in the later life of the Hua-Ngum elderly. Furthermore, these findings lead the researcher to establish the definition of an age-friendly community in the rural northern Thailand context, as follows:

An age-friendly community means the community which establishes opportunities for social participation of the elderly, e.g. opportunities for lifelong learning, participating, contributing. These opportunities are based on participation of local people and regarded as the community's social capital. Such opportunities foster social connectivity both among active and isolated older people. Opportunities for social participation encourage older people to achieve a higher quality of life.

4.4 The Process to Create an Age-Friendly Community in Hua-Ngum Sub-District

Hua-Ngum's experience, moreover, reveals key four steps to developing age-friendliness within communities. Those community steps are not linear steps; in contrast, they are dynamic processes that need to be steadily developed.

4.4.1 The 1st step: raising awareness to build consensus

This step is considered to be the 'starting point' of the whole process. The step for raising awareness to build consensus is mainly aimed at raising awareness among villagers to comprehend the elderly's issues. This is the central element for building a sense of belonging and commitment to deal with problems. In this regard, the Hua-Ngum SAO and its partner have implemented the following important activities:

a) To conduct the learning process by sharing relevant data, such as that which the SAO presents on the aging society, (e.g. the percentage of the elderly in the population, services for the elderly, problems and needs of the elderly, etc.). The Tambon Health Promoting Hospital (THPH) mainly exchanges the data related to the health status of the elderly.

b) To set up a platform where the core community leaders from related units can gather and exchange information among themselves. Such core leaders, namely "the first-row community leaders," include Buddhist monks, the administrator of the SAO, schoolteachers, and the Director of the THPH.

c) To extend and relay the ideas and results of the meeting to "the second-row community leaders," such as the village leaders, the members of the SAO council, community health volunteers, and

etc. In the sub-district, the monthly meetings at the sub-district level are conducted on the 7th of every month, with approximately 70-90 members attending. The SAO acts as the meeting moderator and chair. Such meetings benefit the local community as a public forum in order to promote the learning process and exchange relevant information.

4.4.2 The 2nd step: strengthening partnerships and networks

This step emphasizes the significance of “partnership” to develop an age-friendly community. The Hua-Ngum SAO, as a facilitator, realizes that an age-friendly community cannot be developed and maintained by a single actor. According to this strategy, several activities are conducted, as follows:

a) To establish a “Sub-district Board Committee” as the main instrument to drive the process of an age-friendly community. The committee is composed of Phrakhrū Sujina Kunlayanadham (a Buddhist monk and spiritual leader), the Chief Executive of the SAO and two Deputies, three SAO consultants, three School headmasters, a schoolteacher from Padaeng Wittaya School, village headmen and two assistants in every village, members of the SAO Council, and the THPH director.

b) To extend the ideas and communicate with villagers through each community meeting of the 13 villages.

c) To utilize the monthly meeting at the sub-district level as a platform to listen to local resident’s voices, discuss the working process and any problems, and give feedback to them.

4.4.3 The 3rd step: implementation

As the implementation step, it is the process that turns strategies and plans into actions through activities and projects.

a) To plan and launch activities by developing “social innovations⁴,” or initiatives to meet the needs of the elderly. The innovation must be compatible with existing social capital. In this regard, Hua-Ngum sub-district has created social innovations for the aged, as follows: the “TanTod” activity, the One-day One-baht community welfare fund, the “Little Doctors” program, and the School for the Elderly.

b) To integrate those age-related activities (social innovations) with the Goodness Bank. In the sub-district, the Goodness Bank is established as a key community development mechanism, which is carried out under the merit system, according to Buddhist ideology. In other words, each activity conducted can gain points for the participant from the Goodness Bank system. For instance, 15 points are granted when an elderly person participates in activities for the School for the Elderly, 1 point is granted when 5 THB is donated to the community welfare fund, and 15 points are granted when the “Little Doctors” take care of elderly, bed-ridden patients.

4.4.4 The 4th step: creating social space and public acceptance

This step is focusing on extending the age-related activities and experiences toward the society. Strategies for creating social space and public acceptance include showcasing lessons learned and sharing experiences with others from the community level to the national level. This process is significant in a way that it empowers the elderly with pride and dignity from their efforts and commitment, which renders the process sustainable and self-maintaining.

a) To build good relationships with the media by providing the utmost assistance to the media. The media publicizes the work of Hua-Ngum – the Goodness Bank, the School for the Elderly, and the Little Doctors activity, via their outlets, (e.g. TV channels, printed-version newspapers, online newspapers, YouTube channels, and radio stations).

b) To provide study visits for other organizations across the country. For instance, in 2015, there were 59 groups (2,734 visitors) that made study visits to the School for the Elderly.

⁴ This refers to new ideas on dealing with an aging society in each area, and not relying on a government policy that is based on the idea of “one size fits all.”

c) To support other communities, Hua-Ngum sub-district has provided assistance and suggestions to those interested in applying the concepts to their communities, such as being a monitor for establishing a School for the Elderly in Weang sub-district, Phang district, Chiang Mai province, and in Chiang Khong, Chiang Rai province.

d) To attend national contests to officially attain recognition from other organizations. In 2009, for example, the Hua-Ngum SAO won a two million THB award for the “Local Government with Good Governance Prize,” distributed by the Office of Decentralization to the Local Government Organization Committee. In receiving such a prize, the Goodness Bank is presented to the Committee as a way to encourage and achieve participation by the local residents. In 2015, the School for the Elderly won a four million THB award for the same prize, this time focusing on “the development of quality of life of older people.” Winning the prize not only contributes additional money for community development but also leads to greater acceptance from the local residents in particular and society in general. Prizes won from legitimate organizations are significant social symbols that lead to other needed resources, such as budgets, cooperation, and participation.

5. Discussion

5.1 Key Factors Contributing to Success in Creating an Age-Friendly Community in Hua-Ngum

The age-friendly community established in Hua-Ngum is a process, not a project. The word “process” implies dynamism, participation, learning, and sustainability. These three key factors deemed to be crucial in establishing age-friendliness within Hua-Ngum. Firstly, leadership is one important element contributing to the success in building an age-friendly community in the sub-district. Phrakhru Sujina Kunlayanadham and the Chief Executive of the Hua-Ngum SAO are key leaders who drive all processes in Hua-Ngum sub-district.

Phrakhru Sujina Kunlayanadham is a Buddhist monk who is a significant spiritual leader and has community development in mind. He does not only play an important role in teaching Buddhism, which is his core duty but also leads development in the sub-district. At present, he is studying in a doctoral program in social development to obtain further academic knowledge, which will in turn benefit community development in Hua-Ngum. By being in an important position among local people, he can reach to the faith and trust of the local residents. Therefore, when he introduces new ideas, the local residents, particularly the elderly, are likely to cooperate.

The Chief Executive of the SAO is a significant policymaker in Hua-Ngum sub-district. He was born in Hua-Ngum and has spent his life in the sub-district. He won elected office and had worked as the Chief Executive of the SAO since 1996. Thus he has opportunities to continue his community development policy and processes. He graduated with a Master’s degree in social development, so he is considered by the local residents as someone of the younger generation with high education within the rural context. Combining the good relationship between the two key leaders, which refers to the Buddhist monk and the Chief Executive of the SAO, such new ideas related to age-friendly community development (and other aspects of community development affairs) are usually accepted more easily by the local people. The monk is often the first person to introduce new ideas, followed and supported by the Chief Executive of the SAO. With a good vision on age-friendly community development by the Chief Executive, consequently, there is a strong support from the Hua-Ngum SAO. The SAO is the core organization to drive the age-related activities at the sub-district level and plays an active role in the whole process. It supports both policy and practical application, such as place, budgets, staff, supplies, and transportation.

Secondly, there are strong local partnerships within the sub-district. The Hua-Ngum SAO is an important local organization that contributes to elder-friendliness in the sub-district. However, the SAO cannot run the activities without help. Support and cooperation from the other organizations, designated as partnerships, is necessary. In Hua-Ngum, good relationships and great cooperation among the SAO, Buddhist monks, the staff of the THPH, school teachers, community leaders, elderly people, and their organizations, and other related stakeholders (e.g. village health volunteers) are developed and maintained. One strategy for the maintenance of this healthy relationship is the establishment and conducting of

monthly meetings. Such meetings are conducted on the 7th of every month, with approximately 70-90 members attending, (e.g. community leaders, elderly people, women's groups, and representatives of external organizations) with the SAO acting as the meeting moderator and chairperson. These meetings benefit the local community as a public forum to exchange information, acknowledge the progress of activities, discuss problems that have occurred and suggest how to overcome any problems or limitations.

Thirdly, the sub-district utilizes the local mechanisms and channels to achieve civil participation. Community leaders at the village level are a significant mechanism that encourages participation among residents. In Hua-Ngum, there are at least 65 formal community leaders (which include the village headman and two of his or her assistants and two members of the SAO Council, or five formal community leaders in each village). The monthly meeting at the sub-district level (on the 7th of each month) is a strategy to enhance the mechanism of community leaders. Community leaders play important roles in promoting and encouraging residents to become involved and participate in the age-related activities by using the monthly meetings at the village level to inform the residents of relevant information, as well as listening to residents' voices and receiving feedback from the residents to the SAO and other organizations. Also, community radio stations are additional channels by which to inform community members about age-related activities for residents.

5.2 The Difference between Age-Friendliness in Urban and Rural Areas

When considering the difference between urban and rural communities, the study reveals the features of the age-friendly rural community, which differs from the age-friendly community in an urban area. According to the WHO's age-friendly city concept (WHO, 2007), eight domains constitute the features of such a city, especially the physical aspects, such as outdoor space, transportation, and buildings indicated by the urban context. In a rural context, the age-friendly community focuses on an "age-friendly social environment" due to limitations of the budget. However, the social environment seems to be the key fundamental feature of age-friendly communities, both in rural and urban areas. Without a friendly social environment, meaning a lack of respect towards the elderly or few opportunities for social participation among older people, suitable buildings have little value towards the human dignity of elderly people.

5.3 Age-Friendly Communities and the Shift of Paradigm

The results of the study reveal that the development of an age-friendly community leads us to shift the paradigm view towards the elderly. Such a concept views the elderly as significant contributors, rather than as passive, dependent recipients of benefits and services (Austin et al., 2009), believes they can flourish (Eales et al., 2008), and sees them as productive and contributing members of society, as opposed to the negative perspective, which views elders as passive and powerless older people (Alley et al., 2007; Lui et al., 2009). The case of the elderly who are members of the Goodness Bank and who donate into the One-day One-baht Community Welfare Fund, demonstrates their action as contributors or givers who are not passive, even though they are elderly and faced with certain difficulties, such as poverty. Meanwhile, for the case of the elderly student at the School for the Elderly who learned to write her name first time later in her life shows the flourishing of the elderly.

5.4 Establishing Age-Friendly Communities and Community Development

The development of the age-friendly community is one model of the community development process, especially in rural areas, because the process is based on the social capital of the local community and on the social participation of the local residents who endeavor to achieve a sense of belonging among all members of the community. The result of the features of age-friendliness, based on Hua-Ngum's experience, reveals that not only do the elderly benefit from the process to establish an age-friendly community in the sub-district but that other ages also benefit from such a process. For instance, the elderly can assist the community in receiving additional funding for community development projects, encourage younger residents to participate in community affairs, and establish the spirit to be a volunteer among residents. Building a good relationship between the younger generation and the elderly is important in

establishing a friendly community for both; they can learn from each other. Therefore, the friendly community is a good place for all, not only the elderly.

Lessons learned based on the Hua-Ngum age-friendly community can benefit other communities becoming aging and aged societies. However, there might be certain conditions that need to be considered, as follows.

a) It is necessary first to analyze and evaluate what causes problems within the community and then consider the existing social capital to find proper resolutions that meet the needs of the people. To illustrate, as a Buddhist community, activities conducted in Hua-Ngum are based on Buddhist principles, such as the Goodness Bank. TanTod is also a case in point that traditional practices can be revived to solve problems. Moreover, the School for the Elderly in the village takes advantage of existing elder routines and activities.

b) Leaders with social welfare and community development mentalities are critical for establishing age-friendly communities. The lessons learned from Hua-Ngum indicate that the significance of both formal and informal leaders is the key to driving the process. Therefore, good cooperation between two types of community leaders should be created in other sub-districts where they would like to implement such processes.

c) The partnership is important. Strong partnerships among Buddhist monks, the SAO, the THPH, schools, the elderly, the group of village health volunteers, and other community organizations is vital to drive the process to create age-friendliness within the community. Therefore, strategies to establish and maintain such relationships should be heavily supported. In the case of Hua-Ngum, monthly sub-district meetings is an effective strategy and mechanism to develop and maintain partnerships.

6. Conclusion

Building an age-friendly community based on Hua-Ngum's experience reveals the power of the local community in dealing with an aged or aging society in its own community. Over the past decade, the SAO and its partner have established significant age-related activities, for tackling their aged society and developing the community as a whole. Six keys opportunities, which indicate features of age-friendliness in the sub-district, contribute to those significant age-related activities. Such key opportunities express positive views toward the elderly, e.g. as contributors or givers and valued and respected persons. Furthermore, there are four steps to creating the age-friendly community in Hua-Ngum sub-district, including steps for raising awareness to build consensus; strengthening partnerships and networks; implementation; and creating social space and public acceptance. These community steps are not just a linear steps; in contrast, they are dynamic processes that need to be continuously developed.

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