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# LOCAL GOVERNANCE AND ELDERLY WELL-BEING: DEVELOPING THE RICHES MODEL FOR RATCHABURI'S AGING SOCIETY, THAILAND

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**Abstract**

Thailand faces a critical demographic transition, necessitating innovative local governance strategies, particularly for its rapidly aging population in Ratchaburi Province. This study aimed to develop an integrated model to enhance older adults' capacity in this context. Employing a Sequential Explanatory Mixed-Methods Design, the research combined a quantitative survey of 400 participants with qualitative interviews involving 36 key stakeholders, ensuring comprehensive data collection. The study's central outcome is the RICHES Model (Readiness Integrated Community-based Holistic Elderly Support), a six-component framework comprising Readiness Assessment, Integrated Support System, Community-Based Local Wisdom, Holistic Health and Well-being, Enhanced Technology Integration, and Sustainable Network and Monitoring. RICHES addresses older adults' diverse needs, from tailored interventions and resource mobilization to leveraging local wisdom for economic empowerment, promoting holistic health, fostering digital literacy, and ensuring long-term program sustainability. This model aligns with the provincial context by integrating social, cultural, and economic capital. It offers a strategic framework for local administrative organizations and policymakers to enhance the dignity, health, and financial contributions of older people through a community-based, sustainable approach, significantly advancing existing frameworks and aligning with the Sustainable Development Goals.

**Keywords:** Aging Society, Local Governance, Elderly Empowerment, Community-Based Development, RICHES Model

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## Introduction

Thailand is undergoing a significant demographic transition, rapidly moving towards an aging society where over 20% of its population is aged 60 and above (Ratchaburi Provincial Statistical Office, 2024). Ratchaburi Province exemplifies this trend, facing a critical demographic shift from a young to an aging society, characterized by a declining birth rate and increasing life expectancy due to advancements in medicine and public health technology (National Statistical Office, 2012; Ratchaburi Provincial Statistical Office, 2024). This structural change necessitates adaptive local governance strategies to ensure the well-being and continued contribution of its older adult population.

Recognizing the urgency of this situation, the Thai government has implemented comprehensive policies for older adults. The Second National Plan for the Elderly (2002-2021) established five key strategies aimed at ensuring economic and social benefits for older people, including preparation for old age, promoting potential for income generation, comprehensive social protection, efficient service management, and knowledge dissemination (Ministry of Social Development and Human Security, 2010). Building upon this, the Third Phase of the Action Plan for the Elderly (2023-2037) further focuses on continuously improving their quality of life. Its five main goals are to develop employment and supplementary income skills, promote health and self-care, foster social and cultural participation, enhance community engagement, and support learning and technology use (Ministry of Social Development and Human Security, 2022). These national initiatives aim to address the evolving population structure and ensure a high quality of life, happiness, and sustainable social value for older people in Thailand.

In this context, the development and support for older adults are paramount, playing a crucial role in connecting communities and efficiently utilizing resources. With its aging adult population, Ratchaburi Province must continue to develop and enhance its capacity to meet these evolving needs. Local Administrative Organizations (LAOs) in Ratchaburi Province serve as a key mechanism for policy implementation, tasked with executing various measures such as skills training, intergenerational knowledge transfer, health screening, and promoting social activities to ensure older adults enjoy a good quality of life and self-sufficiency (Department of Older Persons Affairs, 2022; Ratchaburi Provincial Statistical Office, 2022). However, a transparent, integrated, and localized model is essential to effectively guide LAOs in fostering robust and sustainable older adult communities.

This research, therefore, aimed to develop an integrated model to enhance the capacity of older adults, specifically those supported by LAOs, in Ratchaburi Province. The study focused on surveying and analyzing data on collaboration with older people, assessing the impact of existing support, and exploring needs for additional services. Early findings, for instance, indicated a specific need for health and career promotion among older adults in Ratchaburi to increase their income (Prachuabmoh, 2010). The insights derived from this study are expected to be instrumental for LAOs in refining their plans and policies, and for formulating operational strategies that effectively address the needs and opportunities of the elderly. Ultimately, this research seeks to contribute significantly to the effective development and capacity-building of older adults in Ratchaburi Province, ensuring their well-being and achieving broader recognition across all sectors. To fulfill this overarching goal and provide a comprehensive framework, this study sought to answer three primary research questions: What are the needs and potential of the elderly population in Ratchaburi Province? How can LAOs effectively support and enhance the capacity of the elderly? Moreover, what are the key components of a community-based model for elderly support in Ratchaburi?

## Literature Review

The development and empowerment of the elderly in Ratchaburi Province are critical concerns that local administrative organizations (LAOs) must prioritize, given their profound impact on the quality of life for older adults and on the long-term societal fabric. This focus encompasses addressing the health, needs, and expectations of older people, supporting their potential, and fostering lifelong learning through collaborative efforts with public partners, government agencies, and private organizations. Several foundational theories underpin this approach. Erik Erikson's theory of age-related development, for instance, highlights the importance of achieving a complete identity in later life, while the World Health Organization's (WHO) Active Ageing concept champions active participation in society and health promotion. Building upon these, the present study integrates social capital theory, policy implementation theory, and decentralization theory to elucidate how LAOs can effectively act as agents of participatory governance to empower the elderly.

Further supporting the comprehensive care framework, Maslow's hierarchy of needs provides a lens for understanding the stages from basic survival to self-actualization, which are essential for older adults to achieve good health, societal participation, and stability. Complementing this, the World Health Organization's Quality of Life Development Team (The WHOQOL Group, 1994) has developed indicators that offer a framework for holistic care, encompassing physical, mental, social, and environmental dimensions. This aligns with the principles of participatory management, which further emphasizes the active involvement of older adults in decisions affecting their well-being and community life.

Previous studies in Thailand and Asia have extensively addressed elderly empowerment, although integrated models remain scarce. Recent works, such as Jaikamwang et al. (2025) on elderly emergency medical planning, Sangpud (2021) on the economic value of elderly participation, Whangmahaporn (2019), and Monnuanprang et al. (2019), consistently underscore the importance of participatory and community-based approaches in elderly development. Furthermore, research by Nuttarugs (2023) on empowering older adults for child development and by Budseeta (2022) on vocational skills for the elderly market highlights the diverse dimensions of promoting older adults' potential. Internationally, studies like Tsai et al. (2024) on technological empowerment and Reinhard & Flinn's (2023) CAPABLE model for community-based support provide valuable guidelines for comprehensive systems. These studies collectively emphasize the critical role of promoting quality-of-life development activities in creating elderly-friendly communities, particularly in contexts such as Ratchaburi Province. Despite these contributions, a significant gap persists in the literature: a lack of in-depth studies offering specific, integrated models for enhancing elderly potential within the unique context of Ratchaburi Province. Existing research in the area often lacks a comprehensive approach encompassing capacity development, robust networking, and the application of local wisdom. Crucially, there is also a limited understanding of the specific role of LAOs in systematically driving elderly development, including objective assessments of readiness and identification of supporting factors essential for successful localized interventions.

In summary, the existing literature strongly advocates for a multi-disciplinary and systematic approach to developing the potential of older adults, with robust theoretical foundations supporting the importance of participation, networking, and holistic development. However, the absence of studies tailored to the specific geographic, cultural, and resource characteristics of Ratchaburi Province represents a critical void. This gap underscores the necessity for the current study to develop an appropriate, practical, and contextually relevant development model for the area, addressing the unique challenges and opportunities presented by its rapidly aging population.

## Research Methodology

### Research Design

This research adopted a Sequential Explanatory Mixed-Methods Design, as advocated by Creswell (2014). This approach began with a quantitative phase, yielding broad insights into the potential and prevailing needs of the elderly population. Subsequently, a qualitative phase involving in-depth interviews was undertaken, providing rich contextual data crucial for the comprehensive development of the proposed model. The integration of quantitative and qualitative methodologies enabled a thorough and nuanced description and explanation of the phenomenon under investigation, specifically the development and strengthening of older adults' potential in Ratchaburi Province.

### Research Area and Participants

The study was meticulously conducted within Ratchaburi Province, Thailand, focusing exclusively on older adults aged 60 years and over who reside across its various districts. The research involved two distinct groups of participants. For the quantitative component, the target population comprised elderly individuals residing in all 10 districts of Ratchaburi Province, totaling 192,036 people according to the Ministry of Interior (2024). A representative sample of 400 participants was calculated using Yamane's formula (Yamane, 1973) and subsequently selected through simple random sampling to ensure generalizability. Conversely, for the qualitative component, 36 key stakeholders were purposively selected. These informants were selected for their deep involvement in developing support guidelines and community-building initiatives tailored for the elderly in Ratchaburi Province. This group included representatives from local administrative organizations (such as Subdistrict Administrative Organizations and Municipalities), local leaders (including Kamnan, Village Headmen, and Village Committee members), Village Health Volunteers (VHVs), executives or representatives from agencies dedicated to older adult care, and representatives from community organizations (Community Organization Councils). Stringent inclusion, exclusion, and discontinuation criteria were applied during the participant selection process to ensure the relevance and quality of the collected data.

### Data Collection Tools and Methods

The data collection for this mixed-methods study employed two primary instruments: structured questionnaires for the quantitative phase and semi-structured interviews for the qualitative phase. For the quantitative data, a closed-ended questionnaire was developed, utilizing a five-level Likert-type rating scale (Likert, 1967) to gather information regarding guidelines for supporting and enhancing the quality of life for older adults in the province. The content consistency of this questionnaire was rigorously validated by five experts, resulting in an impressive average Content Validity Index (CVI) of 0.97. Its reliability was further affirmed through a pilot test involving 50 participants, which yielded a Cronbach's Alpha Coefficient of 0.871 (Cronbach, 1951), indicating strong internal consistency. For the qualitative data, semi-structured interviews were conducted following a meticulously prepared interview protocol. This protocol focused on essential themes such as health, participation, and learning and included open-ended questions, supplemented by follow-up sub-questions, to ensure clarity and elicit comprehensive responses. The interview responses were subsequently subjected to thematic coding using inductive analysis, with intercoder agreement verified by a Cohen's kappa ( $\kappa$ ) value exceeding 0.8.

### Data Analysis

The data analysis process was systematically executed to seamlessly integrate insights derived from both the quantitative and qualitative phases. Quantitative data, collected via questionnaires, were analyzed using descriptive statistics, which included percentages (%), means ( $\bar{x}$ ), and standard deviations (S.D.), specifically addressing the development and capacity building aspects concerning the elderly in Ratchaburi Province. For the qualitative

data, thematic analysis was applied to the interview transcripts, employing an inductive approach that involved three key steps: firstly, verifying the accuracy of the collected data; secondly, systematically classifying and organizing the data into emergent themes; and thirdly, thoroughly interpreting these themes to formulate robust conclusions that supported the overall inductive analysis. Furthermore, to gain a comprehensive understanding of the proposed support system, an opinion analysis method was utilized. This involved categorizing stakeholder opinions into "agreement" and "disagreement" groups, which facilitated the identification of prevailing trends and the assessment of proportional representation for each perspective, thereby enhancing the nuanced evaluation of the support system's components.

### **Ethical Considerations and Quality Control**

Throughout the research, rigorous quality control measures were consistently applied to all instruments and procedures. Ethical approval for this study (Project Code RSU-ERB2025/021.2702, Certification Document No. RSUERB2025-061) was formally granted by the Human Research Ethics Committee of Rangsit University on March 10, 2025, following a comprehensive full-board review. All participating individuals provided written informed consent prior to their involvement. To safeguard participant privacy and ensure confidentiality, anonymity was strictly preserved through the use of coded identifiers, and all collected data were securely stored in strict accordance with the university's established ethics policy.

## **Research Results**

This research, employing a mixed-methods approach that combined quantitative data from questionnaires and surveys with qualitative data from in-depth interviews and focus groups, successfully generated a comprehensive understanding of the factors influencing the development and potential of the elderly in Ratchaburi Province. The culmination of these findings is the development of the RICHES Model (Readiness Integrated Community-based Holistic Elderly Support), a six-component system meticulously designed to interlink readiness, integrated support, community wisdom, holistic health, technology inclusion, and sustainable monitoring. This model is strategically aligned with the local socio-economic context of Ratchaburi Province, offering a practical framework to enhance the potential of the elderly in real-world settings.

The RICHES model itself is an integrated concept specifically engineered to foster the potential of older people throughout Ratchaburi Province. The study underscored that realizing the potential of older people in this region requires a holistic approach that seamlessly integrates health, economics, society, culture, and technology, and demands collaborative efforts across multiple sectors. These six pivotal elements collectively form the foundation of the RICHES model.

### **Component 1: R - Readiness Assessment**

A comprehensive survey of older adults in Ratchaburi Province revealed a notable willingness and openness to acquire new skills, including applying traditional wisdom to create value, as reflected in a high average score of 3.72 out of 5. However, the survey also highlighted significant individual disparities, particularly in physical health, with an average score of 3.44 and a standard deviation of 0.974. Furthermore, the average score for existing skills among older adults was 3.90. This assessment allowed classification of older adults into three distinct groups: those demonstrating high readiness, those requiring additional support, and those facing significant health limitations.

### **Component 2: I - Integrated Support System**

An investigation into the role of local government organizations in supporting the development of the elderly indicated their high importance and active involvement,

evidenced by a favorable average score of 3.61. Despite this positive engagement, a notable weakness in network connectivity remained, with an average score of 3.42. Consequently, the findings underscore the necessity of a comprehensive, integrated system capable of coordinating budget allocation, training initiatives, marketing support, and the promotion of interest-free revolving funds to bolster this vital support infrastructure.

### **Component 3: C - Community-Based Local Wisdom**

An assessment of the potential of local wisdom to generate economic value revealed a fascinating contradiction between quantitative perceptions and qualitative realities. Quantitatively, perceptions of economic potential remained modest, averaging 2.33. However, qualitative analysis robustly demonstrated that local wisdom possesses immense untapped potential, awaiting systematic revitalization and development. Qualitative analysis further revealed that this local wisdom encompasses five main categories: handicrafts and crafts, food and agricultural product processing, herbal products and traditional medicines, sustainable agriculture, and cultural tourism and knowledge transfer.

### **Element 4: H - Holistic Health and Well-Being**

Elderly health care today is characterized by complex and multidimensional challenges, with many older adults grappling with chronic health problems that are often not entirely curable. Beyond physical ailments, mental health issues, particularly depression and feelings of loneliness, represent significant concerns. To address these multifaceted health challenges, the development of a holistic health care system is imperative, grounded in the body-mental-social-intellectual dimension of health. Such a system should encompass four main pillars: promoting comprehensive health, preventing depression and loneliness, developing essential life skills, and effectively managing care for vulnerable groups.

### **Element 5: E - Enhanced Technology Integration**

A study examining technology use among older adults indicated that its adoption is not yet widespread, with an average score of 3.73 out of 5. This moderate usage is primarily attributed to unfamiliarity with modern technologies and devices, as well as concerns about their use. Therefore, the imperative for technology design to be user-friendly and accessible for older adults is clear. To facilitate greater adoption, development guidelines propose creating user-friendly technology systems, leveraging intermediaries as assistants, offering basic digital skills training, and using familiar platforms.

### **Component 6: S - Sustainable Network and Monitoring**

An analysis of past elderly development projects revealed two critical shortcomings: a lack of continuity in project implementation and the absence of modern monitoring and evaluation systems. To ensure such continuity and sustainability, the RICHES model advocates for a four-sector coordination system, engaging the government (for policymaking and budget allocation), the private sector (for market creation and technology application), communities (as sources of knowledge and participation), and academic institutions (for research and development). Additionally, the model proposes developing a robust monitoring and evaluation system, primarily centered on subdistrict health promotion hospitals and village health volunteers. This includes establishing a real-time evaluation system powered by technology, alongside a long-term budget and personnel plan to ensure continuity and sustainability.

In summary, the RICHES model emerged directly from extensive field research conducted in Ratchaburi Province. It adeptly addresses the multifaceted realities of society and the elderly, emphasizing individual differences and the profound importance of genuine community participation. The essence of the model lies in fostering participatory cooperation and shared ownership among local stakeholders, thereby transforming older adults from potential burdens into invaluable community and societal resources. This empowers the elderly to maintain their dignity, enjoy good health, and contribute sustainable economic value. The

study's culmination, the RICHES model, comprises these six interrelated components: Readiness Assessment, Integrated Support System, Community-Based Local Wisdom, Holistic Health, Enhanced Technology Integration, and Sustainable Network and Monitoring. A comparative analysis with similar initiatives in Thailand, Japan, and Indonesia further underscores the adaptability of the RICHES model within diverse Asian local governance contexts.

## Conclusion and Discussion

The developed RICHES model significantly advances existing frameworks by forging strong links between readiness assessment and sustained local collaboration. This integrated approach robustly aligns with several Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being), SDG 8 (Decent Work and Economic Growth), and SDG 11 (Sustainable Cities and Communities), thereby ensuring healthy lives, promoting decent work, and fostering sustainable communities. Such a comprehensive integration reinforces local resilience and actively promotes self-reliance among older adults, positioning them as valuable contributors rather than mere recipients of care.

A deeper discussion of each component highlights the model's distinct contributions and addresses identified gaps in previous research:

1) Assessment of the Readiness and Potential of the Elderly: The study revealed that older adults in Ratchaburi Province are generally well-prepared for development, yet significant individual differences persist, particularly concerning physical health and prior skills. These variations stem from diverse life experiences, educational backgrounds, health statuses, and the historical absence of standardized assessment tools. This finding resonates with Ngamlamom's (2025) research, which indicated a high priority among older adults for quality-of-life development activities, though career promotion lagged. While Ngamlamom's work effectively identified problems and needs, it did not propose a systematic assessment or clearly delineate target groups, a gap addressed by RICHES's Readiness Assessment component. Furthermore, while Budseeta's (2022) study identified high potential and a need for career development among older adults and successfully developed five short-term courses, it struggled with establishing long-term sustainability and broader expansion. Similarly, Nuttarugs (2023) observed that older adults could perform relevant activities at a high level despite identifying six potential enhancement models. These prior efforts, however, largely failed to establish comprehensive policies for retiree employment and consistent resource support, which the RICHES model seeks to provide through a more structured readiness framework.

2) Local Wisdom and Economic Potential: This research unveiled a compelling paradox: a low general awareness of the economic potential embedded in local wisdom contrasted sharply with its very high potential as identified through qualitative inquiry. This latent potential, categorized into five main groups including handicrafts, food processing, herbal products, sustainable agriculture, and cultural tourism, remains untapped mainly due to inadequate development and presentation processes, limited connection to modern markets, and a significant lack of systematic marketing support. Benjawan and Kleebprathum's (2024) research, for instance, successfully identified six components of success in local wisdom related to marigold flower making, wreath making, snack preparation, and product costing. However, it also failed to extend into other areas or to establish robust marketing networks. Concurrently, Thatwakorn's (2020) study demonstrated that older adults possess knowledge and wisdom across five areas and are willing primarily to transfer it to their communities; however, a concrete mechanism for translating this wisdom into economic value was notably absent. The RICHES model directly addresses this by providing a framework for systematically reviving, developing, and marketing local wisdom.

3) Support System and Network Connection: Despite the unequivocally significant role of Local Administrative Organizations (LAOs), the study highlighted a critical deficiency in network connectivity, characterized by a standard deviation of 0.996. This insufficiency primarily resulted from a lack of systematic coordination mechanisms, fragmented efforts across various agencies, and pervasive operational continuity. Supporting this, Saktewin's (2021) study identified significant problems and obstacles in career promotion, business education, and management. While proposing a three-part network management model, it did not empirically test its effectiveness or long-term sustainability. Similarly, research by The Technical Promotion and Support Office, Region 8 (2022) and the Ministry of Social Development and Human Security (2022) underscored the necessity of a key driving mechanism for capacity development across four dimensions. However, it failed to establish effective horizontal links between communities and coordinating agencies. The RICHES model offers a systematic, integrated support system designed to overcome these fragmentation issues, fostering genuine collaboration and operational continuity.

4) Technology Integration: The study indicated a moderate level of technology use among the elderly, underscoring the persistent "digital divide." This phenomenon is attributable to unfamiliarity with technological devices, concerns about personal data security, fears of online fraud, and insufficient appropriate teaching assistance. Kleechaya and Keeratiwasin's (2023) research found that older adults in the 50-59 and 60-69 age groups had moderate technological literacy and could leverage technology for online sales, healthcare access, and intergenerational relationship-building. However, despite proposing four development models, they did not establish mechanisms to assist vulnerable older adults who lack technological access. Concurrently, the Technical Promotion and Support Office, Region 7 (2022) identified moderate technological and innovation readiness but did not propose a systematic support mechanism for technology use within its comprehensive age-specific readiness model. The RICHES model actively seeks to bridge this digital divide by focusing on user-friendly design, intermediary support, and foundational digital skills training.

5) Overall Health: The study found that older adults frequently confront complex chronic health issues, psychological problems (particularly depression and loneliness), a diminished sense of social roles post-retirement, and challenges arising from changes in family structures. These issues are deeply rooted in natural physiological aging, evolving family dynamics, and a pronounced lack of a holistic healthcare system. Chantajam's (2022) research corroborated these findings, detailing physical, mental, emotional, social, environmental, and intellectual health problems, including depression. Although four health promotion activities were developed, they ultimately failed to establish a comprehensive, sustainable care system for vulnerable groups. Furthermore, Saisudjai et al. (2024) highlighted the need for new, high-quality exercise programs among the elderly, yet their well-designed, community-aligned, and participatory programs lacked long-term follow-up and sustainability assessments. The RICHES model directly addresses these challenges by advocating for a holistic health and well-being component that encompasses comprehensive health promotion, mental health support, life skills development, and managing care for vulnerable groups.

6) Sustainability, Monitoring, and Evaluation: A critical finding was the outdated and discontinuous nature of existing monitoring and evaluation systems. This deficiency was mainly due to reliance on traditional methods, a lack of modern technology, the absence of clear long-term plans, and insufficient inter-agency integration. Saivaew and Promasatayaprot's (2021) study, despite outlining a four-step development process (context study, project implementation, monitoring, and conclusion) and achieving certification as a long-term care sub-district with continuity, failed to integrate modern technology for monitoring or widespread expansion. Similarly, despite high satisfaction, Kantha's (2021)

four-phase model (planning, implementation, monitoring, and improvement) did not establish a technology-based monitoring system or a long-term impact assessment. The RICHES model addresses these shortcomings by proposing a robust four-sector coordination system (government, private sector, communities, and academia) and developing a real-time, technology-powered evaluation system, coupled with a long-term budget and personnel plan to ensure continuity and sustainability.

### **Summary of the Successes and Challenges of the RICHES Model**

The RICHES model represents a significant leap forward by successfully integrating strengths from prior research and effectively addressing previously identified weaknesses. It meticulously establishes critical linkages across readiness assessment, support systems, wisdom-based interventions, healthcare, technology integration, and systematic monitoring. This achievement stems from a deliberate learning process, drawing lessons from the failures of earlier research to establish sustainability, build effective networks, and leverage modern technologies.

However, implementing the RICHES model is not without its challenges. Adapting the model to diverse local contexts and ensuring its long-term sustainability will require genuine shared ownership across all sectors, reduced reliance on any single agency, and the establishment of truly robust monitoring and evaluation systems. The core distinctions of the RICHES model, compared to prior research, lie in its precise three-phased driving mechanism, the innovative use of a real-time evaluation system, and its unique ability to integrate all six key components into a unified, single-step framework—a comprehensive achievement that prior research has not achieved.

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