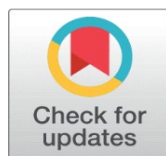


# RESEARCH ON THE DEVELOPMENT OF THE "ONE-STOP" ELDERLY CARE SERVICE CASE STUDY OF THAILAND

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## ABSTRACT

The pace of population aging in China is accelerating. According to the data from World Population Prospects, issued by the United Nations, the proportion of China's aging population with the age over 65 will double from 2010 to 2030, and the aging population will account for more than one fourth of the total population in 2050. The population aging will not only bring challenges to the elderly care, but also influence the economy, as well as various aspects of the society. The new mode of the "one-stop" elderly care service promotes the effective matching between the supply and demand of elderly care service from three major sectors of intelligent equipment, online platform and software, and offline service system. This paper mainly deeply analyzes related policies of the elderly care service, relevant academic papers and conference materials issued by domestic and foreign experts and scholars, in combination with Thailand's environment, medical care, services, consumption, etc. to have a detailed introduction to Thailand's elderly care service. Similar to China, Thailand is also a developing country and shares a great similarity with China. In the meanwhile, China is also a populous country. The study of Thailand's elderly care service can provide some suggestions and choices for China's retired groups.

**Keywords:** "One-Stop" Elderly Care Service, Population Aging, Elderly Care Security

## 1. INTRODUCTION

The 21st century is the era of population aging. With the continuous improvement of today's medical care level, people's lifetime has a significant extension. The topic of retirement and elderly care gradually becomes the focus of people, and China also transforms to an aging society in an unprecedented speed. To 2027, within merely 25 years, China will transform from an "aging society" to an "aged society" (the proportion of the aging population above 65 years old rising from 7% to 14%) Overseas elderly care may be a good choice. Many people who long for a peaceful and quiet environment will consider spending their twilight

years in a place full of exotic cultural elements, and then Thailand may be a wonderful option.

As reported in Thailand World Journal on January 11, the latest published 2022 Global Retirement Index in International Living (the United States) ranks 25 countries in the world according to the degree of suitability for elderly care. In this rank, Thailand ranks the 11th place in the list, which is the first place among Asian countries.

According to the research data, Chinese patients of cardiovascular and cerebrovascular diseases who die in winter is 41% more than those who die in summer, and most of the deceased are elderly people. Thailand is hot throughout the year. Its temperature keeps between 19~38 °C all year round, and the average temperature is about 28 °C. The hottest month of the year is April, which is about 38 °C. Thailand's summer is between March and May, which is the hottest season of the year. The following period from June to October is the rainy season, which is the season with the most frequent rainfall, and then the period between November and February is the cool season of Thailand, which is also a relatively comfortable season. It is a season suitable for elderly people.

In Bangkok, the capital of Thailand, Bumrungrad Hospital and Samitivej Hospital firstly passed the examination of JCI (Joint Commission on Accreditation of Healthcare Organizations, the subsidiary body that certify medical institutions from countries other than the United States) and gained qualification certificates. It can be said that JCI is the most authoritative standard for evaluating medical institutions. The certificate issued by this organization is the "gold standard" for measuring the medical level of medical service providers from all over the world. In such a world suffering from the epidemic, the economic status keeps depressed, and the exchange rate of the Thai baht against the RMB tends to be friendly.

China's legal retirement ages of employees in enterprises are as follows: Men's retirement age is 60 years old; woman's retirement age is 50 years old (female cadre's retirement age is 55 years old). Thailand's government supports foreigners to apply for Thailand's elderly care visa, which is also called as retirement visa, and the official name is Non-Immigrant Visa "O-A" (Long Stay), namely non-immigrant visa for long stay and leisure. The applicant can only apply for this visa after 50 years old. The visa should be annually signed and can be renewed without limit of times. The visa holder is allowed to apply for the re-entry visa within the valid period of the visa to freely enter and leave Thailand for many times. This point also attracts many retired people to come to Thailand for elderly care and take Thailand as their second homeland.

Thailand is famous for its tourism resources, and it has significant advantages in the aspects of environment, medical care, services, consumption, etc. attracting gradually more elderly people to come here for elderly care. In the meantime, with the strong support of the government, more supportive policies aiming to promote Thailand's elderly care tourism industry will be promulgated, and more complete elderly care guarantee system will be established.

## **2. LITERATURE REVIEW**

### **2.1. POPULATION AGING**

The data of the 7<sup>th</sup> national population census organized by the National Bureau of Statistics show that by the end of 2020, the number of people who is above 60 years old in China is about 264 million, and that of people who is above 65 years old reaches 190 million, accounting for 13.50% of the total population. The degree of

population aging further deepens. The pressure caused by long-term and balanced development of the population will be persistently faced for a period in the future.

From the traditional perspective, family members tend to abide by the Confucian principle of filial piety and bear the responsibility of caring for the old and the weak. However, it is hard for this method to continue.

Especially in cities, a new type of "4-2-1" family structure is emerging, which includes four grandparents, two parents (both have no siblings) and an only child. Children are expected to bear the major responsibility of taking care of the old. There is a circumstance in China, which can be summarized as follows: Although the traditional filial piety still has a profound influence at present, it can't satisfy the surging demands of elderly people in China.

It is because of this population structure and socioeconomic development tendency that a huge gap between the requirement of elderly care and elderly care service appears.

According to a recent study, 60% of respondents expect the retirement income provided by the government, over 80% of respondents expect the elderly care service improvement and elderly care service and elderly person rehabilitation institution investment conducted by the government

## **2.2. RESEARCH ON THE SOCIAL SECURITY SYSTEM OF THAILAND**

Before 2001, Thailand's health insurance plan included national civil servant's medical security system, social security plan, workmen's insurance plan, voluntary health card plan, low-income health card system and private insurance plan. The people covered by this plan account for 80.3% of the total population. From April 2002, Thailand started to implement the "plan of 30-baht" (hereinafter referred to as the "30-baht plan"), with the aim of covering people without any health insurance or welfare plan at that time, realizing universal coverage and replacing the health card plan. Therefore, since the plan was formally implemented in April 2002, Thailand has been one of the few countries, which can provide the guarantee of basic health services, in the low-income country group.

Xia, Z. (2009) conducted research on the social security system of countries in Southeast Asia and indicated that Thailand's social security system was built after the 1990s, and it included pension insurance, disability insurance, death insurance, medical insurance, and employment injury insurance. The disability insurance and death insurance were set and implemented in 1991. The medical insurance was set and implemented in 1990. The employment injury insurance was implemented at an earlier time, namely 1956, and was revised in 1994. The funds of the disability insurance and death insurance in Thailand are borne by the three parties of the employer, employee, and government. Among them, the employee pays 1.5% of the total amount of the annual salary, and the government and the employer also pay 1.5% of the employee's annual salary as the funds. The payment of the employment injury insurance is borne by the employer, and the employee and the government don't need to bear this responsibility. Based on the payment standard, that is, the degree of risk of the work, the employer pays 0.2%-2% of the total amount of the employee's annual salary, which may vary according to the concrete situation. During the period of injuries, the employee enjoys the subsidies of treatment, physical examination and living, and the standard of subsidies also varies according to the disability degree. The people who can enjoy the subsidies of the employment injury insurance also include the disabled persons' spouses, parents, and offspring

under the age of 18 (in case of offspring in the school age, there is no age limitation) who can't earn their own living. Moreover, Thailand's government also provides subsidies that can meet the basic requirement of living to the single, widowed, old, weak, sick, and disabled who have no income.

### **2.3. RESEARCH ON THE ENDOWMENT INSURANCE OF THAILAND**

Xia, Z. (2009) proposed that Thailand's pension insurance, which was borne by the three parties of the employer, employee, and government, was firstly established, and implemented in 1999. Among them, the employee pays 1.5% of the total amount of the annual salary, and the government and the employer also pay 1.5% of the employee's annual salary as the funds.

Shewen, C. (2001) studied the pension insurance institution of Thailand, summarized the general situation of Thailand's pension insurance system, and stated that the pension insurance institution in there has a management system that is highly decentralized, and there is a great difference among different financing methods and treatment activation methods according to different subjects of management. He also conducted research on the pension insurance fund of Thailand and summarized the source, operation mode and investment channel of Thailand's pension insurance fund. In his research, he pointed out that: Due to the satisfying effect of the government's pension insurance fund operation in recent years (even during the period of the financial crisis), Thailand's government tried to further complete and develop this fund at that time. The government's preliminary plan includes four parts. The first part refers to calling on the insured to pay more on a voluntary basis. The second part refers to allowing investment in foreign capital markets. The third part is the permission of free investment and operation of the insured.

The last part is to increase the treatment items of the insured.

### **2.4. RESEARCH ON MEDICAL INSURANCE AND MEDICAL ASSISTANCE SYSTEM OF THAILAND**

Guangliang Y. (2007) thought that the mode of community cooperative medical security implemented in Thailand follows the principle of

"Risk sharing and mutual assistance". It is a comprehensive basic medical care measure that raises the medical security fund through collecting money from the public within the range of the community, in combination with subsidies offered by the government, and pays the insured and their family's service fees, such as medical, prevention, health care fees in the way of prepayment.

Gu Xin, in his paper, the Medical Assistance System of Thailand and its Enlightenment on China, introduced the specific content of Thailand's medical assistance and the reference significance for China, and put forward that the justice of basic medical care's accessibility is a basic principle of human civilization. However, in the reality, especially in many developing countries, the circumstances in which poor people have to seek for perfunctory treatments due to their financial difficulty is very common. Lu, Y. and Chaoyang, Z. (2003) conducted the research on Thailand's health service system, summarized the overview of it from the four aspects of health resource status, health expenditure collection and distribution, collection and distribution and health service provision, studied Thailand's elementary health care work, and indicated that Thailand's elementary health care

mainly relies on the propagation and guidance of health care volunteer in villages to help villagers understand what should they do when facing health problems.

Xia, Z. (2009) studied the payment rate of social security and medical insurance premiums of Thailand and stated that Thailand's medical insurance fund is borne by the three parties of the employer, employee, and government. The employee shall pay 1.5% of the total amount of the annual salary, and the employer and the government should also pay 1.5% of the total amount of the annual salary respectively. Besides, the medical insurance shall include the physical examination fee, hospitalization expense, medicine fee, rehabilitation fee and other necessary expenses.

As reported in Thailand World Journal on December 27, recently, the Thailand Social Insurance Policy Office and the General Committee of the Central Budget Office approved the insuring of the applicants who have the disease of renal failure in the terminal stage and increasing the social insurance and medical benefits to make more terminal stage renal failure patients receive drug treatment of stimulating the generation of erythrocytes, and specify related pharmaceutical catalogs and prices for unified implementation. From April 1, 2012, all citizens in Thailand can receive emergency treatment in any hospital for free. It is the first step of the new medical service plan approved by the Thai Cabinet on the 13th, which will integrate the current medical welfare system.

Yujuan, L. (2011) conducted research on Thailand's "30-baht plan" and obtained the enlightenment that is brought by it to domestic medical insurance. She thought that there are four points of the successful experience of the "30-baht plan". The first point is payment system reform. The second point lies in the transformation of the government's budget distribution mode. The third point refers to the fact that the government fully supports the medical and health construction, and the financial allocation is increased. The fourth point refers to the optimization of the medical service network and the focus on the establishment of community health service. She simultaneously put forward that Thailand's "30-baht plan" provide four points of enlightenment for China. The first point is to gradually increase financial investment in medical and health services. The second point is to reform the existing payment method of medical fees. The third point is to strengthen the construction of health service institutions at the grass-roots level. The fourth point is to attach importance to prevention and health care.

Moreover, in order to cope with the upcoming aging society, the Public Service Development Committee of Thailand approved to set a department level institution that is responsible for the construction of the elderly people nursing system. At present, there are 7 million elderly people in Thailand, accounting for 11% of the total population, while this number will increase to 17 million 20 years later, which will account for 1/4 of the total population.

The topic of elderly care now is a popular theme for the whole world. As time goes by, and with the growth of the world population, the support of elderly people will become more influential to the development of the society and economy. Based on the reality of the "one-stop" elderly care service, this paper takes Thailand as the research region, elderly people as the research object, summarizes and arranges academic circles' discussion content on this topic.

### **3. RESEARCH METHOD**

#### **3.1. LITERATURE RESEARCH METHOD**

The study in this paper mainly adopts the method of secondary data collection, consults relevant literature and research results of the development of the "one-stop" elderly care service through systematically accessing CNKI, Wanfang Data and other academic websites, retrospects and arranges the literature to master the research trend of the study, accesses Thailand's official websites to gain data and material required by this study with the application of scientific research methods, and classifies them to lay a foundation for the research on the development of Thailand's "one-stop" elderly care service.

##### **3.1.1. ANALYSIS OF THE STRATEGY OF ELDERLY CARE SERVICE DEVELOPMENT**

**Three major sectors of the new mode of the "one-stop" elderly care service**

The "one-stop" elderly care service is more inclusive. It takes service as its core, service platform operation as auxiliary, and adopts a closed-loop mode, namely intelligent equipment, online software, service platform, and offline service circle. It integrates Thailand's elderly care service resources, breaks the barrier between supply and demand, provides more premium and convenient elderly care service for elderly people and comprehensively improve the quality of elderly care services. The coordinated development of the three major sectors of the "one-stop" elderly care service mode makes it become a bottom-up mode, which is reflected in that the offline intelligent equipment collects information and uploads the elderly people's living habits and potential needs to the online platform. In the meanwhile, it is also a top-down mode, which can be reflected as follows: Relying on the excavation of elderly care requirements by online big data resources, the offline service circle provides targeted and precise services to elderly people according to the allocation of the online platform, and finally forms a closed loop to realize the seamless joint between elderly care services and demands. Accordingly, the online and offline resource allocation can be adjusted. The elder consumer group is connected with the elderly care service, and the optimized processing of the supply and demand of elderly care services is realized. The structure drawing of the mode is shown in the figure.

Figure 1

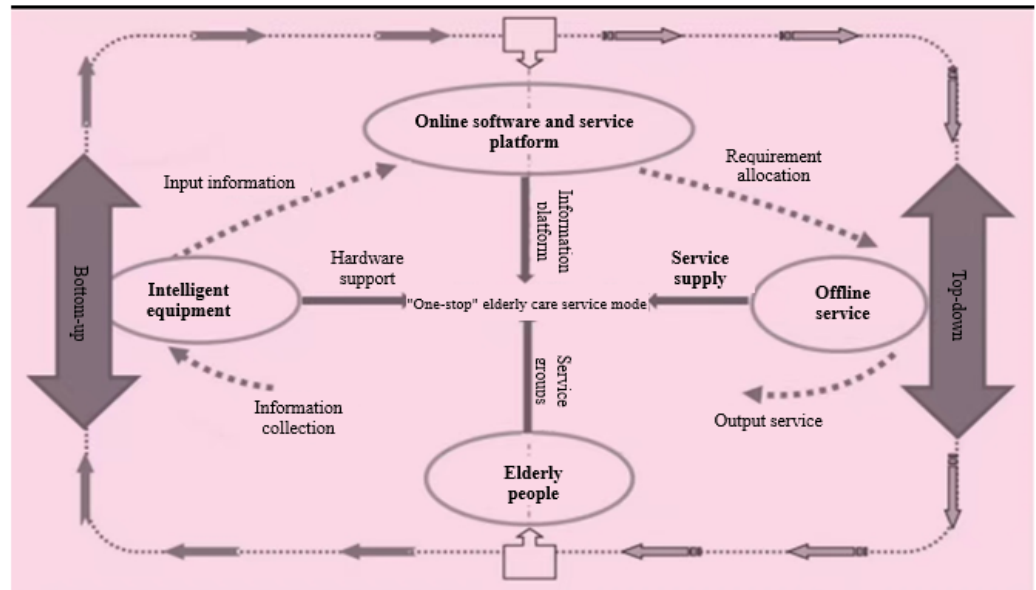


Figure 1 The Structure Drawing of the "One-Stop" Elderly Care Service Mode

### 3.1.2. ANALYSIS OF THE DEVELOPMENT OF THE "ONE-STOP" ELDERLY CARE SERVICE

- 1) Establish the spiritual paradise for elderly people and implement spiritual support

In the context of China's increasingly promoted material living standard, elderly people's basic physiological needs can be met on the whole. However, under the traditional elderly care method in China, all contents focused by the government, family members and the society are limited within the range of physiological needs, rather than spiritual needs, which leads to a lack of the care for elderly people's spiritual world. As of 0:00 on November 1, 2020, there were 264.02 million elderly people whose age was over 60 in China, accounting for 18.70% of the total population. The population above 65 years old in China was 190.64 million, accounting for 13.50% of the total population. China's elderly people supporting rate was 19.70%, 7.8% higher than that in 2010. There were 73.38 million people whose age is between 60 and 65. In case of no severe disease, although elderly people in this stage can't move flexibly, they can still act freely. It can be found that although part of healthy elderly people can't work hard in retired ages, they still want to make contributions to the society with their knowledge and experience. They hope to play their roles through various voluntary social work or reducing the burden of their offspring. Nevertheless, under the traditional elderly care service mode, most elderly people with a relatively healthy body can only stay at home with nothing to do, and their psychological need of self-fulfilment can't be satisfied. Moreover, some elderly people with a poor physical condition and self-care ability can't go out, communicate with others, or do some recreational activities.

The new mode of the "one-stop" elderly care service considers elderly people's requirements from various aspects and promotes the effective matching between the demand and supply of elderly care services through the three major sectors of the intelligent equipment, online platform and software and offline service system. It makes overseas elderly people enjoy cultural recreation, social interaction, and

mental consolation, and satisfies their spiritual needs. The new mode platform of the "one-stop" elderly care service mainly serves healthy elderly people who want to continue to participate in the work. It establishes study and re-employment platforms for elderly people according to their needs or ask them to apply on the elderly care platform and do some volunteer work as far as they can under the guidance of professional service personnel, so that their enthusiasm and demand can be satisfied. It makes elderly people give a play to their skills and experience to meet their demand of self-realization and promote their physical and mental health. The handicrafts of Chiang Mai, Thailand, are famous throughout the country, and are sold overseas. These handicrafts mainly include woodcarving, lacquerware, silverware, rattan works, bamboo works and other exquisite artware. Elderly people's opinions are collected online for carrying out cultural and entertainment activities. If elderly people have a strong demand of activities and there is a certain number of people who want to participate in activities, offline teaching activities for the production of handicrafts and other collective activities can be organized to enrich elderly people's spiritual life and promote local culture. Elderly care platforms play a positive role in improving elderly people's happiness. They improve elderly people's mental health status and mental attitude and create an atmosphere of happiness in elderly care.

2) Meet the actual need of elderly care, and realize the integration of health care and pension resources

America's JCI certification is widely recognized as the "gold standard" of hospital level evaluation. As of the end of February 2017, no more than 73 hospitals in China passed JCI certification. In Thailand, such a small country, there are 42 hospitals and clinics having the certification of JCI. This record ranks the first in ASEAN countries. The traditional strengths of Thailand 's medical care are plastic surgery, transsexual operation, health physical examination, and tooth beauty. In recent years, it also makes progress in the fields of heart disease, test-tube baby, chronic kidney disease, diabetes, and cancer, and its level can be comparable to that of developed countries in Europe and the United States. There are annually over 1.4 million foreigners going to Thailand for heart, plastic surgery, tooth and other operations. Most of these people come from the United States and Japan, whose medical levels rank in higher places in the global list.

The new mode platform of the "one-stop" elderly care service makes elderly people receive supplies in both medical resource aspect and elderly care resource aspect. The online service platform plays the role as a pivot. It can overcome the shortcomings of traditional medical services and elderly care services facilitate the full development of the elderly care industry through the connection with platforms of medical institutions.

3) Establish elderly care service platforms to provide diversified and personalized services

Currently, immigrants from China for elderly care in Thailand are located relatively scattered, which is not conducive to joint development. The new mode platform of the "one-stop" elderly care service provides professional and personalized services for elderly people according to their different demands. Supply channels of the traditional elderly care mode are relatively single, while the new platform can provide diversified supply channels, and each of them performs its own task, providing personalized services for elderly people.



### **3.2. SUGGESTIONS ON THE DEVELOPMENT OF THE "ONE-STOP" ELDERLY CARE SERVICE**

- 1) Research and develop equipment that are suitable for elderly people to use, and popularize new concepts**

Elderly people's vision, hearing and learning ability will be weakened when they grow older, and they may feel nervous when facing with electronic products. It is necessary to strive for introducing innovative enterprises, encourage them to take the initiative to research and develop software and programs that are easy for elderly people to operate, and reduce the learning cost of elderly people as far as possible, thus, to realize effective operation. During the process of building the elderly care platform, it is necessary to ensure the real-time communication with elderly people. The design of vertical levels in the elderly care platform's framework should be reduced as far as possible, and all functions should be set in horizontal levels to improve the efficiency and enthusiasm of elderly people to use the platform. Moreover, the technology of robot voice ordering can be adopted. The order can be sent to the robot after pressing the switch. Reserving in advance and delivering on time seem to be convenient for elderly people who don't know how to use mobile phones. Only by sending a voice order, they can immediately receive services provided by others.

At present, the overall degree of education of elderly people is relatively low, and they also have poor ability of accepting and using new type electronic products. Therefore, to change elderly people's traditional concept of elderly care and improve the information skill level of elderly people are urgent affairs for promoting the construction of the elderly care platform. To win elderly people's trust is the essential problem that requires to be solved to develop elderly care platforms. The target group of elderly care platforms is elderly people who accept the emerging digital products slowly. Therefore, it is necessary to strengthen the publicity of the new elderly care mode and organize interested elderly people to study information technologies, so that the elderly care concept can be popularized, and the elderly care service platform can be really accepted by elderly people. The online information platform can make elderly people feel the high efficiency of the platform service, improve elderly people's acceptance rate, rectify their cognitive biases of the elderly care platform industry, reduce the price of service items to attract procurement of elderly people, and transform intentions to effective demands.

- 2) Cultivate professional talents and provide employment incentives**

The establishment and operation of the elderly care platform based on the new mode of the "one-stop" elderly care service require not only talents in the fields of technical development and platform construction, but also professional personnel of medical care. The most important factor for the establishment of the new mode elderly care platform is talents. The most important task is to set up a professional and specialized talent team for the elderly care service. The in-service elderly care nursing personnel should be trained and gradually master elderly care nursing skills. On the basis of stabilizing the current elderly care service personnel team, it is necessary to open more channels for accepting elderly care service talents, encourage university graduates majoring in elderly care service, elderly care nursing, medical care, etc. to work in the elderly care service industry, provide convenient conditions for retired medical workers and younger elderly people to participate in and provide elderly care services.

#### **4. SUMMARY**

"One-stop" elderly care is advanced in the aspect of technology, which greatly enriches the service methods and service contents, making elderly people receive services they need easily and conveniently. To construct an information-based and intelligent operational mode can effectively promote the sustainable, healthy, and rapid development of the institutional elderly care service industry. It can provide one-stop services, solve the dilemma of elderly care, closely connect itself with elderly people through the service platform, solve elderly people's living problems of weakness, illness and inconvenient movement from multiple dimensions and levels, and pave a new way for elderly people's elderly care. Therefore, the construction of an intelligent elderly care platform that can provide one-stop service, which conforms to the vital interests of elderly people, has important social value and practical significance. It is available to create a kind of "one-stop" elderly care service to realize the healthy, happy, livable and carefree new mode of modern elderly care life.

#### **CONFLICT OF INTERESTS**

None.

#### **ACKNOWLEDGMENTS**

None.

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