



The Process of Community Health Policy Formulation in Community, Thailand

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ABSTRACT

This research aimed to examine the process of community health policy formulation in rural, Thailand. The study was conducted by the qualitative approach, in a rural village, Ubon Ratchathani province, Thailand where the community health policy formulation was done. The 25 key informants were sub-district health promotion hospital officers, sub-district municipality officers, community leaders, senior citizens, community organizational leaders, health volunteers and villagers who had participated in the community health policy formulation. Data were collected by in-depth interviews with interview guideline and non-participatory observation during February – April, 2014. Content analysis was employed for data analysis. Descriptive analytic method was used for result presentation.

Results showed that: The key operational principle of the process of community health policy formulation was the participation and consultation among community members. It consists of these three major procedures 1) Identifying health problem issues by health community forum 2) Preparing a policy proposal by village health volunteers meeting and 3) Arranging health community forum to accepted community health policy together. The results have led to the establishment of problem management project with chronic diseases in the village and the declaration of village announcement to create healthy environment.

Keywords: Health Policy Formulation, Community, Policy Process, Health Management Village, Health Community Forum, Village Health Volunteer

1. Introduction

In the 1980s, a paradigm of health has significantly been changed when the World Health Organization (WHO) released the “Ottawa Charter” in 1986. This was when the idea of health promotion has first become a key concept in public health development. Health promotion is a process to increase the ability of human to control and develop their health (World Health Organization, 1986), aiming to make the community an important operational base to promote health promotion movement initiated and controlled by people in the community through the process of healthy public policy formulation.

In Thailand, from the 1940s onwards, healthy public policy has been formulated by the Ministry of Public Health which is a central organization and it has been implemented by organizations in provincial and district levels and health stations in various sub-districts. A top-down approach has obviously been used. Later in the 1990s, after the Plans and Process for Decentralization to Local Government Organizations Act of B.E. 2542 (1999) was enacted, health management power was decentralized to local administration which allowed them to formulate their own local health policy. However, in reality, the local administration’s health policy formulation still conformed to the national health policy formulated by the central organization. The Aligning Care and Prevention of AIDS project, the Water Resource Development project and the Mother and Child Sanitation project were some examples. A top-down

approach was still used by these projects even though they meant to improve health of people in the community. This was the reason that caused previous health policies of local administration to fail to precisely solve the health problems of people in the community and fail to improve their health.

However, recently, there were cooperation network between people, groups and community organizations in some rural communities in Thailand to formulate community health policy in order to solve their own health problems. The result of this policy has led to the solutions to health problems and the creation of an environment that facilitated health promotion in their community. For that reason, in this research, the researchers are interested in studying the process of health policy formulation in a rural community which has an experience in community health policy formulation by using Anderson's public policy making concept (Anderson, 2006) which explained that the national public policy making consists of three most important processes. They are 1) identifying the policy problems 2) making a policy proposal and 3) making a decision to formulate the policy to study. The results of this research will lead to guidelines to develop the process of community health public policy for other communities.

2. Research Objective

This research has an objective to examine the process of community health policy formulation in a community in Thailand.

3. Research Methodology

The qualitative approach was employed in this research. The unit of analysis was a rural village where people have had an experience and had been successful in community health policy formulation. A village located in Ubon Ratchathani Province in the Northeast of Thailand called Nadi Village (The real name would not be used in this research) was chosen. In the past, the villagers had experienced health problems, especially the illness caused by chronic diseases and they had been working together to find the solutions through the process of community health policy formulation which had led to other projects and activities to prevent illness in the village level.

The researchers used the interview guideline and collected information for this research by conducting in-depth interviews (Marshall and Rossman, 2006) with 25 key informants. They were deliberately chosen. The criteria for selecting key informants were that the persons must have a role in community health policy formulation. The key informants in this research are administrators and officers in sub-district health promotion hospital whose roles are to introduce and operate the health management village, village health volunteers who are the important work force in every process of community health policy formulation, the village chief who coordinates between groups to encourage participation in the policy formulation process, and community organizational leaders and villagers who participate in the health community forum to present their opinions and to vote for the process. In addition, the researchers also used non-participatory observation to collect information in the community context.

The assessment and data analysis began with validating received information every day to review the omitted points and add them as necessary. Then the information was classified into three categories based on the designed concept which are identifying community health problems, preparing the proposal of health policy for the community and formulating the community health policy. Data analysis and data collection for this research had been done at the same time (while the information was collected during the interviews and after the interviews) to validate the information received and interpret it. Then, content analysis was done to explain activity details for each process of community health policy formulation (Neuman, 2004). The descriptive analysis was used to present the information.

4. Research Results

This research will be presented in two parts; an explanation of the community context which is the study area and the three step process of community health policy formulation.

4.1 Community Context

The study revealed that the target community in this study exhibits characteristics of community context that encourage villagers' participation to push forward the successful health policy formulation process. These characteristics of community context can be described in four sections below.

First, Nadi Village is a rural village situated 30 km to the north of Ubon Ratchathani city. Some villagers in the community could not access medical services in any big hospital because transportation to the city is going to cost them a lot of money. In the past, when villagers suffered from an illness, the folk

medicine healers would use their accumulated wisdom and treated patients with herbal medicine. For this reason, the community has initiated a concept of self-reliance for their health care for a long time. The concept nowadays has been developed into a collaboration that produces health care and illness prevention guideline for people in the community.

Second, Nadi Village is an old community built in 1771. It still preserves the quality of rural society. Most villagers are relatives and have a close relationship with their next-door neighbors as the families have known each other for many generations. As a result, they trust their neighbors, live together in harmony and help each other out. Whenever the community organizes Buddhist activities or traditional activities, all villagers will participate and will use their ability to assist until their tasks are completed. These characteristics had resulted in their success in the process of community health policy formulation with villagers' participation.

Third, the village has the administrative structure with a village chief and village committee. The village's administrative structure consists of five divisions. Each division has selected a leader to coordinate between the village chief and villagers by giving them the updating messages. Therefore, they can effectively inform the public about health community to formulate community health policy. Besides, the village has community organizations such as village fund, savings group, senior citizen club, woman development committee and village health volunteer group and these organizations have continuously been arranging group activities. For this reason, villagers are familiar with group works, so they are not afraid to present their opinions and listen to what other people say when they are in health community.

Forth, after the health aspect in community context has been studied, it revealed that the community health management has been progressively developed as a result of health policy from the central organization. It can be divided into three periods. The first period was the traditional health management (before 1988). During this period, there was no health services organization in this community. The villagers managed their own health care by using traditional methods given by folk medicine healers who primarily used their accumulated local wisdom. The second period was the health management by primary health care (1989-1998). The arrival of health station in 1989 was a significant change in the village. This included the formation of village health volunteer group allowing villagers to get better access to health services. The villagers have received health education and have their medical check-up done and received basic medications throughout. The third period was the health management with the participation of people in the community (1999-present). The important change was the decentralization of power to the Sub-district Administrative Organization (SAO) which caused villagers to participate more in the health policy formulation process. Moreover, after the sub-district health security fund was found in 2007, villagers were able to gather into a group and propose a health project to get budget support. In 2012, the health management village was operated in the community. In this project, villagers would work together to announce their health problems that need to be resolved. Then they would draw up a plan or measure to solve the problems together and would follow that plan. According to the development of community health management in the past which was mentioned above, since the arrival of primary health care and the decentralization of power to local administration, especially, people in the community has been very interested in health management. As a result of that the villagers today want to be actively involved in the community health policy formulation process.

4.2 The Process of Community Health Policy Formulation

Study results found that the process of community health policy formulation is part of the health management village operation. The finding will be presented in two parts: the preparation to operate health management village and the process of community health policy formulation.

4.2.1 Preparation to Operate Health Management Village

The results revealed that in the past the community did not have the process that villagers could visibly participate in health policy formulation. The organization which formulated health policy for the community was the sub-district administrative organization. The sub-district administrative organization then used the village community to create annual development plans. At a community meeting, the villagers would be able to present their problems and health needs but to a limited degree only because normally the agenda was already set in advance. The villagers could only express themselves opinion within the existing framework. So, this did not actually allow villagers to participate in decision making in health policy.

The change did happen in 2011 when the provincial health office wanted to implement "health management village" policy. Technically, this policy aimed to encourage participation of people in the

community/village to make a health plan together. A budget has been allocated for health development. Health activities have been organized and the health assessment has been done. It was expected to be applied to every sub-district in the province. As a result, the director of sub-district health promotion hospital who was responsible for the area, has called the village chief and village health volunteers for a meeting. All of them agreed to operate health management village because nowadays the community has faced health problems and the chronic illness in the community tended to increase due to behavior changes similar to people in the urban community. The operation of health management village would encourage villagers to involve finding health solutions through the process of community health policy formulation.

In the beginning, there was a village announcement to appoint health management village committee. The committee members included the village chief, members of sub-district administrative organization who was living in the village, leaders of various community organizations and village health volunteers. The reasons for making the village announcement were to conform to the guideline of health management village policy and to make the committee realize their roles and duties. However, it was discovered that in practice all the 14 village health volunteers has played a significant role as a working group. In the preparation process, before starting the operation, the sub-district health promotion hospital has arranged a training session to give knowledge about the operational process of health management village to all village health volunteers. This included educating them about team spirit so that they would be the most important group to work on the project.

In conclusion, the process of community health policy formulation was a result of the implementation of health management village policy. However, the process emphasized the involvement of people in the community who will push forward health issues to formulate their own policy in the bottom-up approach.

4.2.2 Process of Health Policy Formulation in The Community

This process was part of health management village operation. It can be explained by using Anderson's public policy making concept (Anderson, 2006) comprising three main steps.

1) Problem Identification

This step is to identify community health issues which need to be resolved by sticking to community involvement. It consists of three minor activities.

(1) Preparation for community health condition information

The working group prepared this activity by coordinating with the sub-district health promotion hospital to collect medical exam data of people in the community between the year 2010 and 2011. They also had informal conversations with villagers to find out about their health problems and needs. As the villagers trusted the working group who has been working as village health volunteers for a long time and these people were also relatives, they were willing to give their health information to the team. They did not feel shy to talk about their health. After the information was collected, the team concluded that the community was now facing the problem of chronic diseases, especially high blood pressure and diabetes which the number of patients has increased. The community walking map showing physical description, resources and patients' households was also made. It would educate the working group on community analysis and development very well as the map showed a brief overview of community with a lot of information in the shortest time. This would make them understand the social meaning and social function of physical space. It is the first tool that will introduce them to an understanding of the community which is easy and takes a little time (Chuengsathiansap, 2008).

(2) Preparation for health community forum

The working group had introduced the importance of health management village operation and invited the villagers to join the health community forum. They also invited people in the network, such as members of sub-district administrative office, teachers, monks and sub-district health promotion hospital officers, to participate as community health policy formulation needed multilateral cooperation. These people would be advisors and resource providers for the operation (Ayuwat, 2007). Besides, the working group has prepared a location and facilities for village health community forum.

(3) Health community operation

In February 2012, the working group held a meeting with ongoing activities. First, they presented prepared health data of villagers indicating that there were more patients in the village who have been suffering from chronic diseases such as diabetes and high blood pressure, in particular, and the number of patients tended to increase in the next year. The data indicated that changing consumption behavior, such as consuming convenience food, coffee and tea, and deep-fried or grilled food which is high in fat more often, was the primary cause of the situation.

Next, people who joined community issued the health problems. There were nine problems that villagers want them to be resolved. They were: lack of exercise, kids addicted to games, garbage management, increasing number of patients with chronic diseases, inequitable distribution of disability welfare, youth drinking and smoking, underage sex, selling cigarette to persons under 18 years of age and the dengue fever control. From the issues presented it was obvious that villagers have thought about health in all aspects including the community environment that affected their health. This corresponded to the concept of public problem identification which needs to be considered in the broad scope of effects. The problems should also have an effect on other people who are not relevant or the problems may lead to new public problems (Anderson, 2006).

In the last activities in this stage, the community arranged the problems by using the order of importance to decide on the most critical problem that the community agreed to begin with first. There were four criteria for consideration: problem size, problem severity, problem solving difficulty and involvement. Participants would score each criterion on a scale of 1-4 (from least to most). From the order of importance, it showed that four problems that the participants wanted to be resolved were 1) chronic illness 2) garbage management 3) dengue fever control and 4) lack of exercise. The reasons the villagers chose these four were that they were public problems affecting everybody in the community, while other problems left behind could be resolved by themselves or by their family. This corresponded to Dusadee Ayuwat's study result (Ayuwat, 2007) which indicated that the high developed community will realize that the problems which need to be resolved by making a development plan are the public problems only. Family problems cannot be solved by a community development plan.

Another issue to be discussed is the process of community health problem identification which has a concept corresponding to the process of national public policy formulation. Generally public policy is formed when there are public problems (Anderson, 2006; Dunn, 2009). When the community health problems were identified in four aspects; chronic illness, garbage management and dengue fever control, they had the characteristics of public problems. They are community problems, not personal problems. When the problems occur, the community will be generally affected. People in the community agreed to find the solutions to these problems by voting to arrange them in order of importance. In addition, community health problem identification via village community could raise the status of the problem to agenda setting (Kraft and Furlong, 2009; Birkland, 2010). People in the community would then be acknowledged of the problems. They would accept them and agree that policymaking is needed to resolve these health problems.

2) Community Health Policy Formulation

It is a development of an operational guideline to resolve community health problem. There were three minor activities as follows.

(1) Working group meeting to conclude information

The meeting aimed to consider the four selected issues and solutions. Based on the meeting, it can be concluded that there were going to be two solutions. 1) The first solution is the problems that need budget support from other organizations. For example, the problem of patients with chronic diseases required some help from other professions and the operation would cost money. For this reason, the budget was needed. 2) The second solution is the problems that people in the community can work out by themselves without any budget (e.g., garbage management, dengue fever control, and lack of exercise). These are behavior problems of people in the community and they can be resolved by changing behavior. The operations do not require any budget.

(2) Consultation between the working group and outsiders

The working group invited administrators and officers of the sub-district health promotion hospital and officers of the sub-district administrative office to discuss about an outline proposal for the community health policy formulation. This included listening to new detailed information about the content or suitable details of the proposal for health policy.

(3) The working group made an outline for health policy

After taking all additional information from related persons, the working group arranged another meeting to make health policy proposal. Members of the working group were divided into four small groups; each was responsible for the outline proposal of one problem. The leader of each group would organize a meeting to get the ideas from their team about guidelines, activities or regulations that should be set up to solve the assigned problem. Everyone can express their opinion freely. When the conclusion was made, each group made a record of their proposal to present to the working group in the meeting to improve the detail of their outline policy. In this activity, advice would be given directly by

administrators and officers of sub-district health promotion hospital. As a result, the community health policy proposal covering the following four areas has been created.

(a) Outline project for chronic illness problem: The project needs to ask for support budget from sub-district health fund because the main points are to educate patients with chronic diseases and the risk group and to organize a health buddy activity for the risk group to care for each other.

(b) Outline regulations to prevent dengue fever: The main idea is to enforce regulations for every household to search for and get rid of *Aedes aegypti* mosquito larvae in their house every week. Village health volunteers will inspect *Aedes aegypti* mosquito larvae in their responsible area every Friday. Anyone who fails to comply will be instructed, receive admonitions or will be fined.

(c) Outline village announcement of exercise promotion: The key objective is to provide a guideline to promote exercise in the village. For example, local broadcast tower will play music for exercise every day so that the village's youth can enjoy group exercise at the community sports field.

(d) Outline village announcement of community garbage management: The main idea is to provide a guideline for community garbage management. This includes recommending each household to find adequate garbage bins and to separate their garbage and collecting garbage disposal fee of 10 baht/month for each household.

From the process of making a village health policy proposal, it showed that "the proposal for public policy in the community level" may be presented in different forms, either in the form of a project to resolve health problem or in the form of village announcement to set the social standard for villagers to comply. No matter what form it is, it matches with a national public policy proposal which has clear objectives covering the problems and has procedures that lead to success based on the objectives of the policy (Kraft and Furlong, 2009; Wu, 2010; Birkland, 2010)

3) Health Policy Adoption for the Community

It was a process of making community health policy legitimate and being accepted. The working group again organized village community. As this was an important issue, a consensus needed to be achieved before community health policy is formed. Therefore, leaders from every division in the village were asked to invite the villagers to participate all together. However, to make a compromise, each household must send at least one member to participate in health community. There were three minor activities as follows.

(1) The working group presented four areas of the outline policy to the community in details.

(2) Villagers who participate in the community were encouraged to express their view on these four areas in order to adjust them to suit their needs. In this activity, the important subjects that villagers had their opinions on being the village announcement of dengue fever control and garbage management which are social sanctions they will have to obey and those who fail to do so may be liable for a fine. During the meeting, the villagers had asked about who will be a person responsible for collecting fines. After getting the answers from the village chief and the working group that the village chief and village health volunteers would collect the fines, they were acknowledged and accepted it.

(3) Villagers who participate in community voted for community health policy adoption. They showed their agreement by a show of hands in all four health issues of the policy, one issue at a time. Final decisions have been made by voting with a majority. The results were that all issues were accepted and community health policy was declared.

After the community has made decisions to adopt community health policy together, the village chief and the working group made billboards to advertise three village announcements at the community hall so that villagers would be informed and the announcements would be put into action. For health policy in the form of a project to resolve the chronic illness problem, the working group would present the project to the sub-district health security fund for the support budget.

There were two reasons the community had achieved consensus on the four areas and had adopted community health policy without any conflict, although some aspects of it have put more of the burden on them. The first reason was that the working group or village health volunteers usually have other leading positions in the community such as the village chief, the assistant of the chief, the leaders of divisions and the directors of community organizations. As a result, villagers accepted them, trusted them and they were willing to follow their guideline. The second reason was that the village still has the context of rural community. People have cultivated tight relationships and harmony and they have the same values. As a result, they can make decisions about the policy together without conflict. This corresponded with many other studies which indicated that the community contexts such as norms, values (Kegler *et al.*, 2011)

relationships between neighbors (Wakefield and Poland, 2005) and political participation (Poortinga, 2011) are factors affecting health development plan in the community level

In addition, when community health policy were considered in the aspects of reducing the number of chronic diseases patients, exercise promotion, *Aedes aegypti* mosquito larvae control to prevent dengue fever and community garbage management, it was founded that the policy covers the prevention of diseases, the promotion of strong community activity and the creation of healthy environment which is corresponded to WHO's Ottawa Charter health promotion (World Health Organization, 1986). This also matches with other academic works which pointed out that health policy or health plan in the community level can have a broad scope and all factors relating to public health should be considered (Pearson, 2003; France, 2004; Allender, 2009; McKenzie, 2012).

5. Conclusions and Recommendations

It can be concluded that the health policy formulation process can be occurred in the community level as part of health management village operation. It consists of three main steps which are to identify health problems of the community, to make a community health proposal and to formulate community health policy. These steps are derived from two conditions. The first condition includes the community context of kinship, social harmony and groups of strong community leaders. It is a solid foundation for pushing ahead with other steps to formulate health policy successfully. The second condition is the roles of multilateral cooperation, for example, health promotion hospital and sub-district administrative organization who have participated as advisors and resource supporters in the policymaking process. It can be actually said that community health policy could not be achieved by people in the community alone. It is usually combined with supporting roles from related multilateral agents.

According to the research results, in order to improve the process of health policy formulation for other communities, the researchers suggest that potentialities of the community should be put to push forward the process. The main working group to formulate policy should come from the community because these people will play a significant role during the operation. All decisions made during the process should be based on the agreement of people in the community. Besides, mechanisms for an effective collaboration between the main working group and outside organizations that support the process should be developed. The outside organizations should only provide academic support or resources for the operation. They should not give instructions for every operation in the community. Moreover, they should understand regulations, rules and common practices of the community in order to play a suitable support role in the community.

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References

- Allender, S., 2009. Moving beyond rates, roads and rubbish: How do local government make choices about healthy public policy to prevent obesity? *Australia and New Zealand Health Policy*, 6(20): 1-8.
- Anderson, J., 2006. *Public policy-making*. Houghton Mifflin Company.
- Ayuwat, D., 2007. A research report on participatory planning for community Development Plan Organization (Thailand).
- Birkland, T., 2011. *An introduction to the policy process: Theories, concepts and models of public policy making*. M.E.Sharpe.
- Chuengsathiansap, K., 2008. *Training for trainers: Learning guideline*. Health System Research Institute.
- Dunn, W.N., 2009. *Public policy analysis: An introduction*. Prentice-Hall, Inc.
- France, C., 2004. Health contribution to local government planning. *Environmental Impact Assessment Review*, 24(2): 189-198.
- Kegler, M., J. Rigler and S. Honeycutt, 2011. The role of community context in planning and implementing community-based health promotion projects. *Evaluation and Program Planning*, 34(3): 246-253.
- Kraft, M.E. and S. Furlong, 2009. *Public policy: Politics, analysis, and alternatives*. CQ Press.
- Marshall, C. and G.B. Rossman, 2006. *Designing qualitative research*. Sage Publication.
- McKenzie, J., 2012. *An introduction to community health*. Jones & Bartlett Learning.
- Neuman, L., 2004. *Basic of social research: Qualitative and quantitative approaches* Pearson Education, Inc.

- Pearson, A., 2003. A Statement for public health practitioners, healthcare provider and health policy makers from the American health association expert panel on population and prevention science. American Health Association, Inc.
- Poortinga, W., 2011. Community resilience and health: The role of bonding, bridging and linking aspects of social capital. *Health & Place*, 18(2): 286-295.
- Wakefield, S. and B. Poland, 2005. Family, friend or foe? Critical reflections on the relevance and role of social capital in health promotion and community development. *Social Science & Medicine*, 60(12): 2819-2832.
- World Health Organization, 1986. The Ottawa charter for health promotion. WHO Regional office of Europe.
- Wu, X., 2010. The public policy primer: Managing the policy process. Routledge.