



THE JOURNAL OF INTERDISCIPLINARY NETWORKS

**Special Issue on Interdisciplinary Research
and Development in ASEAN Universities**

Volume 2 (Special Issue), Number 1, January-June 2013

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Contact Information

Journal office:

The Interdisciplinary Foundation for Research and Development, The Royal Institute of Thailand, Sanam Suea Pa, Khet Dusit, Bangkok, 10300, Thailand.

Special issue office:

Maejo University Graduate School, 1st floor Faculty of Science building, Maejo University, San Sai, Chiang Mai 50290, Thailand.

Tel: +66-53-87-8113 E-mail: contact@grad.mju.ac.th

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Editor's Note

The Journal of Interdisciplinary Networks (JIN) special issue#1 is a collection of papers from the International Conference on Interdisciplinary Research and Development in ASEAN Universities on August 8-10, 2013 hosted by Maejo University and several academic institutions. The conference aims to present latest research outcomes from global researchers to share with those from ASEAN Universities under the theme ***Global Education: Building Bridges across ASEAN***. The content includes inter-disciplines among applied agriculture, organic and green, plant and animal applications, apiculture and apitherapy, health and wellness, functional foods and nutraceutical, natural science, global and environmental sciences, climate changes engineering and technology, applied education, socioeconomics, business and management, and information science and technology.

We hope that this special issue will draw attention of all peers. Our sincere appreciation is extended to all the authors and reviewers who provide great efforts to our special collection of JIN.

Siriwat Wongsiri
Guest Editor

Niwooti Whangchai and Somkiat Jaturonglumlert
Associate Editors

How Do People's Participation on Public Health Policy Development in Local Administration?

Sinth Sarobol, Ph.D.*

Assistant Professor of Development Administration at School of Administrative Studies, Maejo University, San Sai, Chiang Mai, Thailand.

* Corresponding author, e-mail: sarobosky@hotmail.com

Abstract: Various researches have shown that the occurrence of non-communicable diseases (NCD) has been increasing nowadays with negative impact on society than other types of diseases. Many NCD are related to health risks such as high blood pressure, high cholesterol, and obesity. These factors are closely related to the lifestyle of food intake, diet and physical activities and are considered the major cause of death of people in most parts of the world, including Thailand. Public health policy development supporting with physical activities is consequently a management tool in order to solve the aforementioned issues. This research project was intended to develop public health policies on physical activities as well as to provide a model for developing public health policies by the local community. The project was conducted in two municipalities in Chiang Mai province namely Muang Kaen Pattana and Mae Jo municipalities. The participatory action research methodology was employed in all aspects of the research process by local community and local government officers. Research findings revealed that the NCD that occurred as experienced by working and elderly people in both Muang Kaen Pattana and Mae Jo municipalities were high blood pressure, cholesterol, fat, obesity and lack of physical activities and stress-related due to existing problems, NCD public health policy development is needed. The research also found that the process of public health policy for physical activities was composed of five steps; first, determine the problems arise from NCD data for policy identification. Second, development of NCD alternative policy through the recommendations of municipality council representatives to solve existing issues related to NCD. Third, declaration of policy through proper dissemination within the community to increase peoples' awareness on NCD. Fourth, implementation of NCD policy through various recommended projects and applied physical activities to achieve NCD policy. Finally, evaluation of policy through questionnaires and focus group discussions vis-à-vis the behavior change of NCD in the community.

Keywords: Public health policy development, Participatory public policy development, Local administration, Non-communicable diseases.

INTRODUCTION

At present, non communicable disease [NCD] is seriously the main cause of death of people in the world population which challenges the World Health Organization. Therefore, WHO realized this problem and created world food, physical activities and health strategic plan. This strategic plan focuses on the significant factors related to non communicable disease such as food and physical activities which caused high blood pressure, high cholesterol, and obesity. These diseases resulted from lack of physical activities and malnutrition causing handicap and high death rates. For this reason, conceptualization of health should put emphasis on the attribute of "Well-Being" comprising the dimensions of physical, mind, wisdom, including the community. Thus, health

expands the scope of its meaning more than disease or illness. Moreover, the strategic plan in this research focuses on participation of people in public health policy development in local areas because health management should be realized on many aspects more than just simple health management.

Furthermore, public policy is a process as a guiding principle or strategy more so than simply declaration. Good public policy resulted from participation of many groups or organizations of people in the community or in a society involving exchange of viable information, data, and knowledge. Also public policy involves the process of assessing situations, defining problems, clarifying values and goals, developing and recommending options, and implementing and/or evaluating outcomes to come up with better solutions in relation to some issue or problem. On the other hand, decentralization supports local communities by providing citizens or their elected representatives at the local level with more power in decision making and supports democratization by giving them more influence in the formulation and implementation of policies. The decentralization empower local government to make a decision in natural resource management, fiscal, technology which are suitable in each local community but foremost significant are cooperation and responsibility in states, sub district administrative, and communities. However at present, it is created by strong communities in management competency and with efficiency. Therefore, this participatory action research aimed to develop public health policy involving physical activities in local level in Chiang Mai province which stimulates local communities and local government participation to become the role model for other local communities and local governments.

Therefore, to strengthen the public health policy development in local administration, the objectives of the study endeavored to answer three vital questions: first, how does non communicable disease [NCD] situation be described on working age and senior individuals in local communities. Second, how may participatory public health policy be developed involving physical activities, and lastly, how may participatory physical activity projects be developed with the objective of solving NCD problems on working age and senior individuals in local communities.

MATERIALS AND METHODS

Healthy public policy in Thailand

According to Rasanathan, Posayanonda, Birmingham and Tangcharoensathien (2012), Thailand has had a strong movement to build healthy public policy since the mid-1980s through the Basic Minimum Needs and Quality of Life approach. However, this has been mainly government driven. Improvements in participation and intersectoral action in health began with political reform in the mid-1990s with the new 1997 Thai constitution emphasizing participatory democracy and decentralization. Other related drivers for health systems reform in Thailand included persisting unequal access to essential health care services and fragmentation of the health care system with focus on health facility-based curative care, neglecting health promotion, disease prevention and inter-sectoral action.

The establishment of the Thai Health Promotion Fund in 2002, funded by a 2% additional levy on excise of tobacco and alcoholic beverages, has resulted in increased public resources to strengthen the role of civil society and the community in intersectoral action, health promotion and healthy public policy in Thailand. The Fund has actively sponsored civil society groups to build capacity for

health promotion activities. The National Health Systems Reform Committee convened its first national health assembly in 2001, with the aim of establishing a clear mechanism to promote active multi-sectoral involvement in the formulation of healthy public policy. Five further assemblies were convened by 2006. However, the assemblies were successful in mobilizing strong civil society participation, but other state actors such as government agencies and the private sector were not actively engaged, partly because of the absence of a strong legal mandate and infrastructure. These assemblies also lacked systematic processes of preparation (such as technical analysis using available evidence) to underpin policy discussion and to help build consensus.

Health Public Policy

Public Health Policy is one of the key health promotion actions. Advancement of Healthy Public Policy requires that the health consequences of policy should be correctly foreseen and that the policy process should be influenced so that those health consequences are considered. The Ottawa Charter (WHO, 1986) identified Public Health Policy as one of five key health promotion actions. However, Public Health Policy is a policy that enhances the health and well-being of the individuals and communities. Milio (1986) argued that public policy should set a framework within which individuals and communities were enabled to take control of their own health and well-being. Public Health Policy might be conceived of as favorably influencing the determinants of health at the higher levels as described by Whitehead (1995). These levels are general socio-economic, cultural and environmental conditions, living and working conditions, and social and community influences. Individual lifestyle factors together with age, sex and heredity also determine health but are less important than the higher level determinants (Evans et al., 1994; Marmot, 1998). Health services, while important in determining the outcome of episodes of illness, are relatively unimportant in determining population health. It follows that virtually all aspects of public policy impact on health, and it is self-evidently desirable that all public policy should be Public Health Policy.

Regarding to the notion of health, promoted by advocates of Public Health Policy, is a broad one. Both equity and sustainability would be regarded as necessary conditions for health. Inequity is both bad per se and is a mechanism through which the health of individuals and communities is damaged. It is therefore appropriate that reduction of health inequalities is advocated as an essential feature of Public Health Policy in WHO Health 21 targets number 1 and 2 (WHO Regional Office for Europe, 1999). Sustainability may be defined as ‘meeting the needs of the present without compromising the ability of future generations to meet their own needs’ (World Commission on Environment and Development, 1988). Since Public Health Policy is concerned with the health of future, as well as present generations, it must be concerned with sustaining ecosystems, which support the well-being of human populations (Coles et al., 1999). Therefore, public health policies should be improved the conditions under which people live: secure, safe, adequate, and sustainable livelihoods, lifestyles, and environments, including housing, education, nutrition, information exchange, child care, transportation, and necessary community and personal social and health services. Policy adequacy may be measured by its impact on population health.

Research Methodologies

The research methodology comprised of three parts 1) evaluation of non communicable disease situation on two population groups that comprised of the working age and the elderly in local area by questionnaires and focus group discussions; 2) public health policy development through participatory action research involving physical activities and participatory learning; and 3) development of participatory physical activities policy pattern for both experimental sample

populations. The research areas constituted 27 and 19 communities in Moug Kaen Municipality and Maejo Municipality, respectively both located in Chiang Mai Province.

RESULTS AND DISCUSSION

The research findings from Maejo municipality data revealed that female dominated the male population as well as senior population with average working age of 47 years old while in Moug Kaen Municipality, the average age was found to be 48 years old and the average age among elderly participants was 70 years old. Also both municipality and experimental population who are Buddhists acquired only elementary level of education. In the aspect of well-being, both municipalities, male and female working age were found to have good rate while senior participants had fair rate in both municipalities. Moreover, both municipalities and experimental population usually engaged in farm work such in rice field, orchard, and also doing some household chores as part of their daily life physical activities but seemed to have had lack of support from municipalities. Therefore, development of physical activities policy deemed to be essential to have especial facilities in their communities.

The research findings also disclosed that high blood pressure, cholesterol, fat, obesity and lack of physical activities and stress-related due to existing problems were the types of non-communicable diseases that working age and elderly people usually experienced and had occurred both in Muang Kaen Pattana and Maejo municipalities, thus NCD public health policy development indeed, should be needed. The findings also found that the process of health policy for physical activities consisted of five steps: first, determination of the problems obtained from NCD data for policy identification. Second, development of NCD alternative policy through the recommendations of municipality council representatives to solve existing issues related to NCD. Third, announcement of NCD policy through proper dissemination to all individuals within the community. Fourth, implementation of NCD policy through various recommended projects and applied physical activities to achieve NCD policy. Finally, evaluation of policy through questionnaires and focus group discussions vis-à-vis the behavior change of NCD in the community.

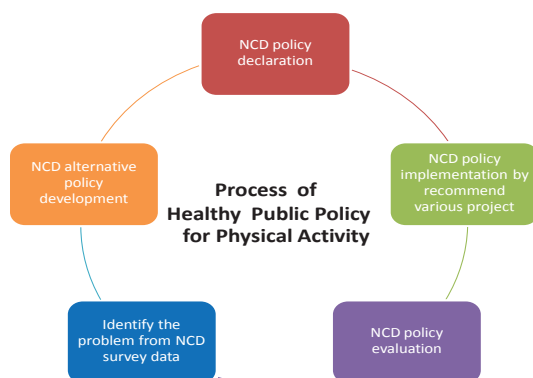


Figure 9 Process of healthy public policy for physical activity

However, local government managed participatory physical activities did not have a clear and comprehensive physical activities participation policy. Hence, this research was undertaken to investigate and created participatory action research on public health policy development involving projects for physical activities in both municipalities.

Therefore, physical activities development process plan (Figure 1) and public policy should give corresponding feedback to communities by rethinking and reflecting on the problems with people's participation to analyze such problems, causes, and condition in each community and also SWOT analysis was carried out to create health care strategic plan. After conducting participatory research process, the findings in this case showed that Maejo municipality had 25 projects to name a few such as organic vegetables plan, aerobic dance activity, and natural fertilizer making. On the other hand, Moug Kaen Municipality came up to 30 projects like Hula Hoop activity, cycling on culture heritage road, learning old wisdom, building field physical activities, and happy dancing project.

Finally, this research made a space for civil society to create the "Health Civil Society" which is the proclamation of "Physical activities policy" and made a knowledge-base for communities and other local governments. Therefore, according to the research studies, it made both Maejo and Moug Kaen municipalities to be the role models on participatory action research on public health policy development for physical activities in local administration.

Regarding public health policy development, the research findings also found that the process of public health policy for physical activities was composed of five steps: first, determine the problems arise from NCD data for policy identification. Second, development of NCD alternative policy through the recommendations of municipality council representatives to solve existing issues related to NCD. Third is the announcement of the formulated policy through proper dissemination among the people within the community to increase their awareness on non-communicable diseases. Fourth, implementation of NCD policy through various recommended projects and applied physical activities to achieve NCD policy. Finally, evaluation of policy through questionnaires and focus group discussions vis-à-vis the behavior change of NCD in the community.

CONCLUSION

Non-communicable diseases (NCD) of working and elderly people in rural research sites were high blood pressure, high cholesterol, obesity and lack of physical activity. Recommended information was sent to municipality's representative council concerning health policy development for physical activities in five steps by: identification, alternative development; declaration, implementation as well as evaluation of public health policy. However, public health policy development for physical activity is a management tool for enhancing and solving NCD problems of rural people. Various physical activities projects have been activated after policy declaration and evaluation for its sustainability.

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