

PRINCE MAHIDOL
AWARD CONFERENCE

2019



THE POLITICAL ECONOMY OF NCDs
A WHOLE OF SOCIETY APPROACH

29 JANUARY – 3 FEBRUARY 2019, BANGKOK, THAILAND

THE POLITICAL ECONOMY OF NCDs A WHOLE OF SOCIETY APPROACH

*THE COMPANION BOOK
FOR FIELD TRIPS*



PRINCE MAHIDOL
AWARD CONFERENCE

2019



THE POLITICAL ECONOMY OF NCDs
A WHOLE OF SOCIETY APPROACH



THE POLITICAL ECONOMY OF NCDs
A WHOLE OF SOCIETY APPROACH

THE COMPANION BOOK
FOR FIELD TRIPS

The Political Economy of NCDs: A Whole of Society Approach

The companion book for field trips in PMAC 2019

ISBN: 978-616-7859-97-2

SUPPORTED BY Prince Mahidol Award Foundation under the Royal Patronage
Ministry of Public Health
Mahidol University
National Health Security Office

PUBLISHED BY National Health Security Office

EDITORS Jadej Thammatacharee, PhD, MD
Kamolrat Turner, PhD, RN
Sorachai Jamniandamrongkarn, BSc (Pharm)

AUTHORS Boontuan Wattanakul, PhD, RN
Kamolrat Turner, PhD, RN
Kanokwan Wetasin, PhD, RN
Laiad Jamjan, Ed.D, RN
Milin Sakornsins, MA
Orarat Wangpradit, PhD, BSc (Pharm)
Panarut Wisawatapnimit, PhD, RN
Pornruedee Nitirat, PhD, RN
Sirikul Karuncharernpanit, PhD, RN
Sukjai Charoensuk, PhD, RN
Thongsouy Sitanon, PhD, RN
Wannaporn Boonpleng, PhD, RN
Wilailuk Wisasa, MEcon BSc
Yupaporn Tirapaiwong, PhD, RN

REVIEWER Paul Alexander Turner, PhD

COORDINATORS Wilailuk Wisasa, MEcon, BSc
Suwaporn Marsook, BHI MSc.

PRINTER Sahamitr Printing & Publishing Co, Ltd.,
Bang Yai, Nonthaburi 11140, Thailand
Tel. 662 903 8257 – 9

Table of Contents

Preface	4
Six study sites	
1. Multidisciplinary-Based Approaches for Personalizing Holistic Care in Diabetes and Stroke	9
2. Managing NCDs at the District Health System	25
3. Tobacco Cessation for Patients with NCDs by Physician Networks	37
4. Community Leadership in Health Promotion to Curb NCDs Prevention and Control	53
5. Multi-Sectoral Network Participation for NCDs Management: Bansuan Town Municipality, Chonburi Province	67
6. Health Promotion for NCDs Prevention through a Political Economy Lens: ThaiHealth	81

Preface

NCDs, which include cerebro-cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, are still the leading causes of death and the prominent causes of disabilities worldwide. Evidences confirmed that majority of the health burden from NCDs are attributable from four major behavioral risks include, but not limited to, unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity. Most of the aforementioned risks are preventable.

Universal Health Coverage (UHC), identified as target SDG¹ 3.8, is both the goal and means by itself. UHC is particularly crucial for the management of NCDs, nutrition and mental health, in particularly for health system responses. Not only screening, diagnosis and treatment, UHC also contributes to disease prevention and health promotion. Scaling up implementation of NCDs best buys interventions is therefore clearly part of the path towards UHC.

The Prince Mahidol Award Conference in 2019 (PMAC 2019) is organized under the topic of “The political economy of NCDs: a whole of society approach.” The PMAC 2019 field trip has been arranged to share experience in implementing health care initiatives to identify major bottlenecks, root causes and propose solutions at national and local level in Thailand to accelerate implementation of NCDs prevention and control in different settings and groups in UHC implementation. The synopses of six site visits proposed for PMAC 2019 are as follows:

¹ SDGs = Sustainable Development Goals

1). Multidisciplinary-Based Approaches for Personalizing Holistic Care in Diabetes and Stroke: Siriraj Hospital

Prevalence of obesity and diabetes had exponentially increased in the past decade, while cerebro-cardiovascular diseases including stroke and heart diseases are still currently the leading causes of death. In the past, lack of appropriate multidisciplinary collaboration as well as coordination and implementation of solution was problematic but it was found that collaboration from healthcare team network could help tremendously provide efficient mechanism to handle NCDs burden. Therefore, Siriraj Hospital has advocated a strong multidisciplinary team to address acute, intermediate and long-term phases of **stroke and diabetes care** through collaboration, technological advance, personalized medicine and research, consequently applying all of them into medical care at clinics, primary care units and communities where most of NCDs epidemic start taking place. By using team approach as the coordinating mechanism, it's ensured to advocate and promote prevention and find the best solution to fight against NCDs not only at the hospital but also home and community levels.

2). Managing NCDs at the District Health System: Kaeng Khoi District, Saraburi Province

In 2013, the Ministry of Public Health (MoPH) launched the district health system (DHS) policy to encourage integrated management of health care at the district level in order to have more unity of Health care team, share resources and promote community participation. The aim of the DHS policy is to decentralize health decision and management from central level to district level which is closed to community at appropriate economy of scale in delivery comprehensive health services especially primary health care to people. The DHS

policy also aims to reinforce and strengthen the UHC policy and to encourage local governments, other local organizations and communities to engage in local health management for better advocate and promote prevention and find the best solution to battle against NCDs at the District Health System. In this study visit, the participant will learn the platform for learning and sharing experiences together between district health managers, teams, for better collaboration between district health teams and other sectors both inside and outside their districts in managing NCDs.

3). Tobacco Cessation for Patients with NCDs by Physician Networks: Paolo Private Hospital, Bangkok

Smoking is a major public health problem worldwide and a leading cause of preventable death. Smoking can cause lung cancer, chronic obstructive pulmonary disease, cardio-cerebrovascular diseases, social and economic problems and premature death. However, smoking cessation is difficult as evidenced by low smoking cessation success rates of 2-3%, without any intervention or aid. A tobacco survey in Thailand during 2008 - 2011 found 23% of the Thai population to be current smokers but only one-third of those smokers visited a health care provider regularly (Bureau of Tobacco Control, 2011). The smoking cessation program was attended by more patients, although the smoking cessation success rate was still low. This study visit will see how the Physician Network use mechanism to improve cessation rates and to determine other factors associated with successful smoking cessation in the patients to quit smoke.

4). Community Leadership in Health Promotion to Curb NCDs Prevention and Control: Yai Cha SubDistrict, Sampran District, Nakornpathom Province

The “Community Health Fund (CHF)” was launched under the Universal Coverage Scheme (UCS) in 2006. The community fund is made up of matching contributions from the NHSO and local government aiming to improve community health promotion and prevention activities including empowering local administrative officers and community groups. In 2018, nearly all local governments (99.6%) had already set up Community Health Funds. Preliminary assessments of the CHF found that key success factor was depending on the degree of coordination and cooperation between local government and health personnel. Moreover, studies had shown that the fund was a crucial mechanism for empowering local administrative officers and community groups in health promotion activities, i.e., physical activity program, metabolic disease screening, child development program, etc. The study visit will present one example of CHF which supports prevention and promotion activities and its output.

5). Multi-Sectoral Network Participation for NCDs Management: Bansuan Town Municipality, Chonburi Province

There was an initiative of networks in Chonburi Province to promote “Safety-healthy” by organizing meetings of various groups of people, getting consensus and taking actions. The concerned issues included healthy, safety, environment, NCDs management and etc. Many activities had been done to solve the problems. This study visit will present how they educate, empower and support network of communities, as well as the activities of network. Also the participants will be able to learn the process of how the network was formed and how they worked together and put health in all policies.

6). Health Promotion for NCD Prevention through Political Economy Lens: Thai Health Promotion Foundation (ThaiHealth), Bangkok

The Thai Health Promotion Foundation (ThaiHealth) works on addressing NCD major risk factors, including tobacco consumption, harmful use of alcohol, unhealthy diet and physical inactivity. Its NCD work is consistent with the Ottawa Charter's 5 Health Promotion Action Strategies. "Tri-Power Strategy" is employed by ThaiHealth, where strengthening three interconnected angles of the triangle or sectors is necessary to address the multi-pronged public health issues including NCDs. The three angles are 1) Policy Power 2) Knowledge Power and 3) Social Power. With its catalytic and strategic support of multi-sectoral partners, ThaiHealth has contributed to a significant achievement of NCD prevention in Thailand utilizing an innovative financial mechanism (sin-tax from tobacco and alcohol). The ThaiHealth model has been widely recognized by countries in South-East Asia and other regions, particularly its success in supporting movement on health promotion and NCD population-based interventions, such as social marketing campaigns, filling the gap of knowledge-to-policy, coordination for the engagement of multi-sectoral partners and networks. ThaiHealth has also become a learning hub for health promotion and NCD prevention at the international level.

The case studies of six site visits are described in the next consecutive chapters:

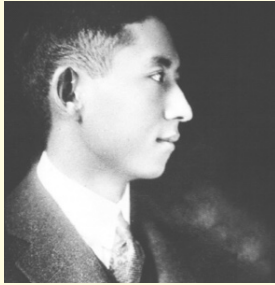
1

Multidisciplinary-Based Approaches for Personalizing Holistic Care in Diabetes and Stroke

Thongsouy Sitanon
Wannaporn Boonpleng

Multidisciplinary-Based Approaches for Personalizing Holistic Care in Diabetes and Stroke

Thongsouy Sitanon
Wannaporn Boonpleng



*“True success is not in the learning, but in its application to the benefit of mankind”
HRH Prince Mahidol of Songkla*

“Creator of Global Well-being” is an inspiring motto recently introduced to represent Siriraj Hospital. This hospital is not only the most famous, oldest, and largest hospital in Thailand, but now provides advanced supra-tertiary health care services for the people of our nation. Effective dynamic health management to improve better health of patients with NCDs is one of the key health care services that Siriraj Hospital offers. The hospital provides a model for the use of research to guide clinical practices, thus scaling up management of patients with NCDs.

“NCD prevention requires open-minded and sincere collaboration, developing and sharing lessons learned from each other’s experience to improve global health around the world”, said Professor Dr. Prasit Wattanapa, dean of Mahidol University’s Faculty of Medicine Siriraj Hospital.



*Professor Dr. Prasit Wattanapa,
Dean, Faculty of Medicine Siriraj
Hospital, Mahidol University*

Diabetes and stroke are examples of conditions that reflect the systematic NCD management developed at Siriraj Hospital. These diseases affect people around the world. Due to changes in lifestyles, the prevalence of obesity has been exponentially increasing for several decades. Overweight, obese, and physically inactive people are more likely to develop diabetes. This may in turn lead to increased incidence of stroke, with stroke also occurring at an earlier age. Holistic approaches, including early detection to prevent disease development and effective disease management, are required to prevent these complications.

To address these disease issues, strong multidisciplinary holistic approaches have been promoted at Siriraj Hospital. These

approaches are essentially applied in acute, intermediate, and long-term phases of care through collaboration, technological advancements, personalized medicine, and research at all levels including primary care units, hospitals, and communities. Modern Medicine (MM) and Thai Traditional Medicine (TTM) are used together to manage these disease issues and promote health for their well-being. The health care initiatives for NCDs are implemented in various sectors exemplified as follows.

Decreasing risk through encouraging early detection and promoting healthy lifestyles: Primary Care Unit, Siriraj Hospital

The Primary Care Unit (PCU), Siriraj Hospital has been established to provide universal health coverage (UHC) since 2002. Applying evidence-based practices, PCU personnel aim to reduce the incidence of NCDs by working collaboratively with diverse health care professionals, using multidisciplinary approaches to promote healthy lifestyles.

Healthy lifestyle packages are offered to patients visiting the PCU at Siriraj Hospital, as a way to educate about diabetes and stroke complications. Well-trained health care professionals help identify risky lifestyles and encourage more healthy ones through individual and public education. These professionals are currently monitoring the long term trends in NCD incidence, to assess the effects of their interventions around lifestyle, to enhance their understanding of disease processes and their successful reduction.



Promoting healthy lifestyles by training hand strengthening ball exercises

Use of traditional Thai remedies in healthcare practice is another example of multi-disciplinary approaches in the PCU. Health care professionals using MM and TTM collaborate to prepare home visit plans for medically complex and fragile patients with special health care needs. The aim is thus collaboratively to promote healthy lifestyles and provide other health care dimensions to manage health issues.

“Providing supra-tertiary health care services, we have a discharge plan including home visits with other health professions including TTM team. For home visits, we selectively visit people with complex NCDs to ensure optimal benefits to these patients”, said Dr Korapat Mayurasakorn, PCU family physician.



Multidisciplinary approaches to support a stroke patient at home

From Bench to Bed to Community: Siriraj Diabetes Center of Excellence (SiDCOE)

The Siriraj Diabetes Center has been established since 2005. The main goal is to optimize individual well-being for people with diabetes through research and education. Genetic analysis has been conducted in some rare forms of diabetes for several years. The study results have been synthesized to develop new bodies of knowledge on genes causing defects in insulin secretion and used to design personalized treatment plan for patients with diabetes.

“Living with diabetes is a long journey. People with diabetes must receive diabetic self-management education and skills, to make them into their own doctors. They must learn how to manage their health, guided by health care professionals to achieve their optimal personal health and well-being”, said Associate Professor Supawadee Likitmaskul, the director of SiDCOE.



Siriraj Diabetes Center of Excellence

Educational services for diabetes have been provided since 1989. Children and youths with type 1 diabetes were the first group of people who received the services. Diabetic camps for these children have been established to facilitate the children to develop their self-management skills to live successfully with type 1 diabetes.

The camp activities include glucose level monitoring, insulin administration, healthy eating behaviors, increased physical activities, and reduced risky health behaviors. The five-day structured educational program is arranged by an interdisciplinary health care team consisting of doctors, nurses, pharmacists, and nutritionists to educate not only the children but also their care givers.

Jenny, a 19-year-old girl with Type 1 diabetes, participated in this camp. Her experience empowers those who live with diabetes. In her interview for Sweet & Smart Life Book in 2017,

she commented: “Someone might experience failure when diabetes developed, while the others might learn from it, normally live with it, and become stronger persons. It is up to your view; don’t let diabetes limit your ability and opportunity”.

Providing diabetes education for people with type 2 diabetes is also offered in SiDCOE. Diabetes self-management education and support (DSMES) are organized by an interdisciplinary health care team, which may vary to meet individual patients’ needs. The DSMES package consists of various components, including use of a Stage of Change model, motivation interviews and interactive tools to improve knowledge, skills, and competencies essential for diabetes self-care. Individualized health care plan are then agreed with individuals, based on their needs and health conditions.

A self-help group is run every month, in order to share knowledge and experience about diabetic management among members both in clinics and in communication application (Chat Apps). Participating in this group benefits members in many ways. Evaluations show that patients are more able to control their blood sugar, A1C level, and decreased diabetes medication needs.

“Living with diabetes is an art of living. I must apply knowledge and skills from learning to my everyday life. I also learn various techniques from other people in the self-help group. The members are encouraged to change their behaviors and have a better health”, said Amporn Pattra, a 70-year-old woman with Type 2 diabetes.



Diabetic Self-Management Education and Support (DSMES) tools

For their success in delivering services to people with diabetes, the Faculty of Medicine Siriraj Hospital and SiDCOE have been approved by the International Diabetes Federation (IDF) to be an IDF Center of Excellence for Diabetes Care and Centers for Education in 2017. The diabetes educator certificate program is provided to diverse health care providers. This program enhances educators' capabilities to support patients with diabetes and their families to achieve individualized behavior goal and treatment goal, reduce risks, and ultimately improve health outcomes.

Increasing quality of life without disabilities: Siriraj Stroke Center

Siriraj Stroke Center has been established since July 2015 to enhance capabilities of health care professionals and to provide the best care for stroke patients.

“Providing care for patients with stroke requires large team efforts that can respond to stroke situations quickly and

efficiently to ensure high quality of life without disabilities. A multi-disciplinary team system must be ready in place for effective coordination by focusing on patient-centered care”, said Associate Professor Yongchai Nilanont, the director of Siriraj Stroke Center.



The Siriraj Mobile Stroke Unit Team

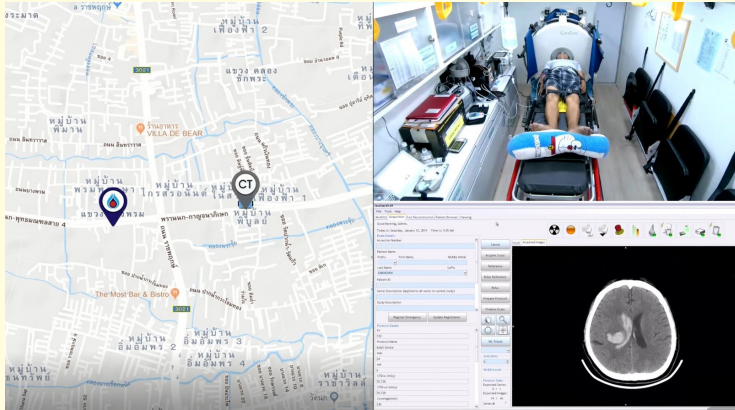
This powerful statement: “With a stroke, time lost is brain lost”, has been promoted globally by the American Heart Association. Evidence has demonstrated that for patients presenting with ischemic stroke, the time between arrival at hospital and receiving thrombolytic drugs must be less than 60 minutes. To reduce time delay, the stroke fast track (SFT) protocol has been developed to allow a multi-disciplinary stroke team (e.g. neurologist, neurosurgeon, nurse, radiologist, lab staff and other non-medical personnel) to work together effectively. When stroke patients come to the emergency room, doctors or nurses activate a stroke team. Patients are assessed for what type of stroke is occurring and which treatment is appropriate. After implementing the SFT protocol,

the treatment rate for intravenous thrombolysis on the target time increased from 70 to 90 percent.

As stroke is a critical health issue, health care personnel are well trained to immediately assess all in-patients with suspected stroke and respond to it by using the SFT guideline. A screening tool for assessing postoperative stroke has been developed and found to be effective in detecting suspected cases for stroke. After employing the SFT, the notification rate for suspicious stroke among in-patients increased. From case report audits, 50 percent of these suspected cases actually had a stroke and received immediate treatment.

Not only has SFT been found to be effective in hospital, but it has been also essential for outpatients. Time delay from community to hospital is an important barrier to receive stroke treatment, resulting in increased risk of poor health outcomes. A mobile stroke unit (MSU) has been developed as an effort to reduce the time between the onset of stroke-like symptoms and the delivery of thrombolytic drugs outside health care settings. The MSU is a custom-built vehicle equipped with essential tools and medications for diagnosing and treating patients with stroke. A doctor, nurse, radiologist and driver staff the MSU. Stroke diagnosis and treatment can be done in the MSU by the guidance of a stroke specialist at the hospital.

The MSU is run with support by multi-stakeholder partnerships between the government and non-government organization including Narenthorn hotline (1669), Erawan hotline, Por Tek Tung or Ruamkatanyu foundation, Petroleum authority of Thailand (PTT), Cisco, and Thaicom, etc. The MSU provides service in certain areas in Nonthaburi and Bangkok where people might have difficulty accessing acute stroke services at hospitals in three hours.



Stroke fleet tracking system and telestroke

Finally, because stroke prevention is so important, the Stroke Center increases public awareness for stroke prevention through various activities such as running campaign, bicycling campaign, stroke preventive mobile museum and stroke conferences. Education and training on stroke are arranged for health care providers on a regular basis. The Center also advances stroke care through international collaborative research and faculty exchange program. The stroke care model has been developed and expanded to the other regions of Thailand.

Complimentary to each other to benefit patients: Center of Applied Thai Traditional Medicine

The Center of Applied Thai Traditional Medicine (CATTM) has long been established in the health care system of Siriraj Hospital. CATTM offers Thai traditional medicines (TTM) to improve the health of patients with diabetes and stroke for a long period of time.



Hermit Doing Body Contortion posture used to improve quality of life

DM and Stroke patients usually need rehabilitation service. TTM plays an important role in this service by working collaboratively with modern medicine to manage health issues of these patients in order to increase their quality of life without disabilities. For instance, by providing rehabilitation care dimensions for patients with stroke, TTM helps improve muscle or tendon weakness or stiffness.

“We develop our rehabilitation plan together to ensure optimal benefits to our patients focusing on our complimentary to each other. We offer herbal medicine that helps relieve patients’ health issues”, said Associate Professor Dr. Pravit, Chairman of CATTM.



Medicinal plants used in Thai traditional medicine

Ways forward to sustain the Creator of Global Well-being

The improvement of healthcare services and optimal patient outcomes could not be achieved without the full support from administrators at all levels of Siriraj Hospital and other stakeholders from government and private sectors. To solve major global health challenges, individual, organizations or sectors cannot work alone. Multi-sector collaboration is crucial to enhance a success of diabetes and stroke care.

“The key success factor for global well-being is collaboration. Everyone must feel comfortable to present their experiences to others, to recognize their failures, and how to prevent them happening again. In this way, we can work together for the benefit of the global population”, said Professor Dr. Prasit Watanapa, dean of Mahidol University’s Faculty of Medicine Siriraj Hospital.

Acknowledgement

We would like to express our deepest gratitude to important people below for providing information, guidance, enthusiastic encouragement, and useful critiques of this documentary.

1. Professor Dr Prasit Watanapa, M.D., Ph.D.
2. Associate Professor Dr Pavit Akarasereenont, MD., Ph.D.
3. Associate Professor Supawadee Likitmaskul M.D.
4. Associate Professor Dr Yongchai Nilanont, M.D.
5. Dr. Korapat Mayurasakorn, M.D.
6. Dr. Lukana Prechasuk, M.D.
7. Mr. Sukree Kade
8. Mrs. Karuna Shukij, RN.
9. Mrs. Penrapee Phoosongtham

With sincere thanks to the staff of four field trip units, Siriraj Hospital.

With many thanks also to all liaison team members of Field Trip 2019 @SIRIRAJ for their wonderful coordination.

2

Managing NCDs at the District Health System

Orarat Wangpradit
Pornruedee Nitirat

Managing NCDs at the District Health System

Orarat Wangpradit
Pornruedee Nitirat

Imagine that you lose your leg from diabetes mellitus or you cannot move half of your body after a last night sleep. What would you feel? It is a nightmare that no one wants to face but it can happen to someone every single minute. Because health is the result of the dynamic interrelations among various individual's behaviors and his/her surrounding environment, we need to intervene personal factors and all social determinants in order to achieve sustainable health. Holistic management seems to be a right answer and many areas in Thailand including Kaengkhoi District adopt this concept and adapt to enhance quality of life of its people.

The minute as the doctor informed that there was the only way to save the patient's life is cutting his left gangrene leg, 'Uncle Sam' and his family were shocked and fear of loss because they did not prepare themselves to hear this terrible news. Mr. Sam Apame or 'Uncle Sam' has been a diabetes patient for almost ten years. Unfortunately, two years ago, he got a serious diabetic wound. There was no choice for him. Although fear to dead and hopeless, 'Uncle Sam' had to accept the doctor's proposition. He stayed in the hospital for a month and returned home with only one leg.

Like other losers, 'Uncle Sam' got depression, felt hopeless, and some days wanted to die. Anyway, sometimes bad luck brings good luck. Staying at home for a couple of days, there were family care and volunteer teams coming to visit him. The volunteer team is well known in the district, Kaengkhoi, as an

‘Oab Oum’ team. ‘Oab Oum’ means support and care which reflects what those volunteers bring to their neighbors. Every visit, an ‘Oab Oum’ team provides ‘Uncle Sam’ with physical and emotional support.

“I can’t imagine my life without the family care team and ‘Oab Oum’ teams. They gave lots of advices to me and encourage me to stay with my disability. They taught me how to exercise my amputated stump to ready for prosthetic leg use later. They made me very cheerful. The rest of my life, in part, was given by them” Said Mr. Apame

Nowadays, ‘Uncle Sam’ can nimbly walk with his prosthetic left leg and can do most daily activities by himself. He seems satisfied with his life since he does not perceive any disadvantages.



A smiley welcome of Uncle Sam to family care and Oab Oum teams at his house

Miss Samrit Wejchasup is another person who has got warm care from a family care team and an ‘Oab Oum’ team. At age of seventy-eight, an old single woman named ‘Grandma Samrit’ found that a right part of her body suddenly became weak. She could not even wag her fingers and her mouth was also wry. This old woman has got muscle paralysis without any family member. Her 2-story dilapidated house caused her a big

trouble. She has to lie on a bamboo litter after returning from Kaengkhoi Hospital.

While ‘Grandma Samrit’ struggled with her destiny, she still prayed for her better future. Kaengkhoi District Health Board (DHB) was informed by a family care team and subsequently provided support for her through Subdistrict Administration Organization (SAO) in building a clean new bedroom for her downstairs. Moreover, trained by family care team, the ‘Oab Oum’ team kindly gave her daily physical rehabilitation. Two years later, ‘Grandma Samrit’ almost completely recovered from her paralysis. Presently, she can take care of herself and do some basketwork at home to earn her living.



Grandma Samrit at her house repaired and modified by the SAO under DHB funding

“I am alone but not lonely because of my neighbors, the family care and the Oab Oum team. I tried hard to do what they told me. I believed that I would get my health back one day and my hope became true. This could not happen without the support from Kaengkhoi District Health Board, family care team and the Oab Oum team.” Said Miss Wejchasup.

Suffering from health loss obviously appeared as the incidence of chronic diseases has grown up all over the world. ‘Uncle Sam’ and ‘Grandma Samrit’ are those who have encountered that bad luck. However, they could wake up from their nightmare not because of luck but the thoughtful district health system.

District Health System (DHS)

The district health system (DHS) idea was firstly created by the national reform council in 2015 in order to tackle the problems regarding quality of life and community health system in each district under the concept of “area based with people centered” instead of conventional “hospital based with disease centered”.

Originally, 15 districts nationwide were selected to pilot DHS to adjust proper model for practical use throughout the country. One year later, official memorandum of understanding (MOU) for the DHS network was signed among Ministry of Public Health, Ministry of Interior, National Health Security Office, and Thai Health Promotion Foundation. The District Health Board (DHB) was identified and local authorized persons were assigned to serve the DHB.

One DHB was managed by 21 local members from 4 main sectors including administrative, academic, public health and public sectors. The District Chief Officer leads a DHB whereas the Chief of District Health Officers is a secretary of the DHB. Representatives from governmental, public, and private district organizations as well as hospital, school directors and district development officer are also appointed as the DHB members.

Kaengkhoi DHB is one of successful DHBs in Thailand. Covering 14 subdistricts and almost 100,000 populations, Kaengkhoi is also a nest of several large industries as well as main railways and roads to the northeastern Thailand. Health problems in Kaengkhoi, therefore, are primarily related to road accident, respiratory diseases, seasonal infectious diseases, and chronic diseases such as hypertension, and diabetes.

How Kaengkhoi DHB worked?

Kaengkhoi DHB has arranged meeting once a month to prioritize their community health problems and set strategic plans to solve them. The Chief of District Health Officers, the secretary of DHB, typically collected health information and reported to the committee. Kaengkhoi Chief Officer, the Chairman of DHB, then made a decision based on information provided and asked for suggestions from all committee members to move forward.



Kaengkhoi DHB monthly meeting



Home visit by the Kaengkhoi Chief Officer, subdistrict administrative staffs, a family care team from Kaengkhoi Hospital and village health volunteers

To tackle health problems in the area, Kaengkhoi DHB has cooperated with their networks including Saraburi Hospital, Kaengkhoi Hospital, 19 Subdistrict Health Promotion Hospitals, and 19 Subdistrict Administration Organizations. Furthermore, Kaengkhoi DHB has designated 9 family care teams comprising multidisciplinary health professions to coordinate with village health volunteers and community volunteer teams in providing health services as needed at patients' homes. In addition to governmental funding, budget used for Kaengkhoi DHB activities were also donated from devotees and private companies in the area. Kaengkhoi Quality of Life Improvement Fund has consequently been established to support health service activities.

Not only is funding needed, but also caregivers and labors are desired to improve quality of life for people in community. Volunteers are an essential jigsaw part for DHB. With their contribution to the community, patients in remote area or unable to access the health services at hospital are taken good care at home. The health network of Kaengkhoi DHS is shown in Figure 1.

Successful outcomes

In previous fiscal year (2017-2018), three major public health targets, road safety, food safety, as well as elderly/disadvantaged people and people with disabilities were chosen to be managed.

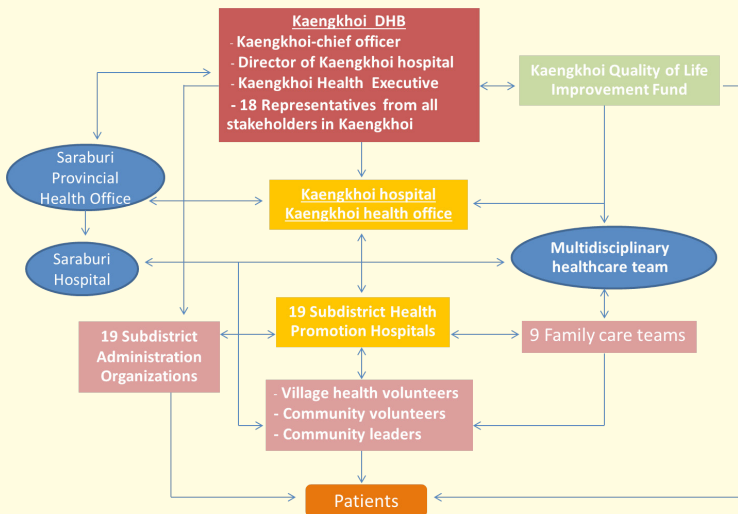


Figure 1: Health network of Kaengkhoi DHS.

Regarding road safety, Kaengkhoi DHB and its networks have fixed 116 points from 122 risk points of collision, thus significantly reducing car accidents since 2017. Likewise, healthy markets, as well as safe food and drinking water at schools were also arranged for Kaengkhoi people.

In terms of elderly, disadvantage people, and people with disabilities, Kaengkhoi DHB and its networks have built totally 17 small houses and repaired 163 houses to provide better sanitation for these people since 2014.

Not only ‘Uncle Sam’ and ‘Grandma Samrit’, but also many other patients with disabilities suffering from NCD diseases did receive supports from Kaengkhoi DHB to improve their health and well-being.



“Would you like to see your new house?” said Kaengkhoi Chief Officer when he encouraged an elderly patient to go for cataract surgery after she has been suffered with diabetes and cataract for many years.

Key success of Kaengkhoi DHS

Cooperative leadership of Mr. Ekaporn Chuisamrarn, the former Kaengkhoi Chief Officer, and Dr. Prasitchai Mangjit, the Director of Kaengkhoi Hospital, and Mr. Samarn Kongsomboon, the Chief of Kaengkhoi Health Officers as well as good partnership among government, public and private organizations have brought Kaengkhoi DHB a success.



The three musketeers of Kaengkhoi DHS, Dr. Prasitchai Mangjit, Director of Kaengkhoi Hospital, Mr. Ekaporn Chuisamrarn, former Kaengkhoi Chief Officer, and Mr. Samarn Kongsomboon, Chief of Kaengkhoi Health Officers

“Quality of life is important. When it is mentioned, people are willing to help and participate in DHB activities” said Mr. Kongsomboon.

Good quality of life and well-being of people in each district is an ultimate goal for DHS. Applying community networking strategies to achieve this goal and move forward to the same direction is another key success for Kaengkhoi DHS.

“Community participation to solve health problems and enhance quality of life is essential. By these, Kaengkhoi DHS could flourish and sustain” said Dr. Mangjit.

The DHS not only succeeded in Kaengkhoi, but has also been thrived in several districts of Thailand. Office of the Prime Minister, therefore, has announced the Regulations on Quality of Life Improvement at local level on March 9th, 2018 in order to effectively and sustainably move forward the DHS nationwide.

Acknowledgement

“We would like to cordially thank to Kaengkhoi Chief officer for his kind cooperation. We would also like express our sincere gratitude to the director of Kaengkhoi Hospital as well as the chief of Kaengkhoi Public Health officer and their team, Dr. Kittikun Chantanasiri, Mr. Tanin Suksangiam, Mrs. Somlak Trekalnon, Mrs.Veeraya Dansena, Mrs. Chalida Chuanprasit, Mrs.Supattra Tuneakkhun, and Mrs. Peeyapron Sirisri for their assistance and useful information.”

3

Tobacco Cessation for Patients with NCDs by Physician Networks

Kanokwan Wetasin
Yupaporn Tirapaiwong

Tobacco Cessation for Patients with NCDs by Physician Networks

Kanokwan Wetasin
Yupaporn Tirapaiwong

A Privately Owned Hospital and Tobacco Cessation



Paolo Pathology Hospital

Paolo Pathology Hospital, a privately owned hospital located in downtown Bangkok, has strived to render excellent patient care using the “Paolo Pathology Way” for quality circle. The so-called CIRCLE is the organizational core value where standard of care, integrity, respect to person, multidisciplinary collaboration, evidence-innovation-and-knowledge management-based learning, as well as service efficiency through the Lean management system, are the pillars that every hospital staff shall uphold. The hospital provides a comprehensive medical services ranging from primary to tertiary care with

its core competencies in personalized care and outstanding clinical outcomes in five areas including Management Information System (MIS), Cardiovascular Center, Oncology, NCDs, and Geriatric Care.

The hospital has been a member of the “Smart Quit Clinic (Fah-Sai Clinic)” of Thai Physicians Alliance Against Tobacco since 2009 to help develop the tobacco cessation program for patients with NCDs. Meanwhile, the hospital started the tobacco cessation program in Diabetic Clinic in 2009. A year later, the hospital had achieved a good practice for tobacco cessation in diabetic patient. Then, the tobacco cessation program has been extended to other NCDs clinics such as Cardiology Clinic, Neurology Clinic, Chronic Obstructive Pulmonary Disease (COPD) Clinic, and Psychiatric Clinic. Moreover, One-Stop Service has been provided in each clinic for helping patients quit tobacco. By virtue of the hospital staff team’s commitments, in July 12, 2018 the hospital was selected by the National Alliance for Tobacco Free Thailand (NATFT) for the “Petch-Nakara Award” presented to the outstanding organizations in clinical practice of tobacco cessation.



*Petch-Nakara Award (Diamond of the City Award)
Winner in 2018*

Patients with NCDs and Tobacco Cessation



Dr. Araya Thongphiew, MD., Committee Member of Thai Physicians Alliance Against Tobacco

“Tobacco has a major impact on vascular vessel function. Patients with hypertension or diabetes who are smokers are at increased risk for severe conditions. Diabetes is an incurable disease. But patients can live happily with this disease. However, if diabetic patients smoke, it will increase their blood sugar levels. This will be more difficult to manage diabetes.”

Dr. Araya Thongphiew, MD who has worked as an Endocrinologist for more than four decades, pointed out one of the dangers of smoking for patients with NCDs including DM.

Dr. Thongphiew explained further why she wanted to help patients with diabetes and their families quit smoking. *“Nicotine and other narcotic substances in tobacco will block the action of insulin in the body, then blood sugar level of the smoker will increase. Therefore, patients with diabetes should definitely stop smoking.”*

According to UNDP, WHO policy brief report (2018), tobacco caused more than 50,000 deaths annually in Thailand or 19.6 % and 9.6 % of death among men and women, respectively. Smokers as well as those exposed to second-hand smoke, are subjected to increased risk from the four main NCDs – cardiovascular diseases, cancer, chronic respiratory disease, and diabetes. Smokers with diabetes (and people with diabetes exposed to second hand smoking) have a heightened risk of cardiovascular diseases, premature death, and microvascular complications.

Thailand has launched tobacco cessations campaigns for more than 3 decades. The survey of smoking behaviors in Thai population aged more than 15 years during 2004 to 2017 showed the rate of smoking is likely to decrease (from 23% to 19.1%) (Center for Tobacco Control Research and Knowledge Management, Mahidol University, 2018). However, smoking still contributes to the burden of healthcare costs. Comparing to international country rates, Thailand has a higher burden of smoking than average rate of the world (Health Promotion Policy Office, 2018).

In addition to her realization that smoking tobacco is a leading cause to increased risk for NCDs, Dr.Thongphiew is also a committee member of Thai Physicians Alliance Against Tobacco, who has played significantly driving force roles behind the idea of helping smokers and their family members to quit smoking in hospitals throughout the country since 2009.

Tobacco Cessation: From Health Professional Standard in Tobacco Control to Hospital Accreditation

According to Dr.Thongphiew, the route to tobacco-free hospital has started from adhering to national and international standard of professional practice.

The national measures developed by the Toward Clinical Excellence' Network (TCEN), has been used to guide the practice related to tobacco cessation—the indicator number 17: rate of diabetic patients receive advice to quit smoking.

The regulation by American Diabetes Association (ADA) which also emphasizes on important of smoking cessation has been used to guide diabetic care practice as well.

Afterwards, WHO Code of Health Professional and Tobacco Control (2005) has been followed since the hospital has joined with Thai Health Professional Alliance Against Tobacco (THPAAT) in 2005.

Thereafter, the 8-step working standard, the so called “Tobacco-Free Hospital /Health-Care Setting Standards” indicated in the Clinical Practice Guidelines (CPGs) for Treatments of Tobacco Dependence (3rd edition, 2018) has been used to frame and assess the tobacco cessation in the Hospital Accreditation (HA) process. Paolo hospital has supported Dr.Thongphiew to contribute as a panel expert of the Thai Physicians Alliance Against Tobacco to develop this CPG since the first edition (2009) till the latest edition (2018). The 8-step working standard that consists of 8 standards with 43 criteria (Figure 1), has been widely used as a key strategy to strengthen the performance of physicians and allied health professionals throughout Thailand and 11 countries in South-East Asia.

All healthcare professions in the hospital have their own code of ethics and professional standard to provide quality tobacco cessation services with productive outcomes. The tobacco cessation practice also improved through HA process with the standardized performance measures put in place.

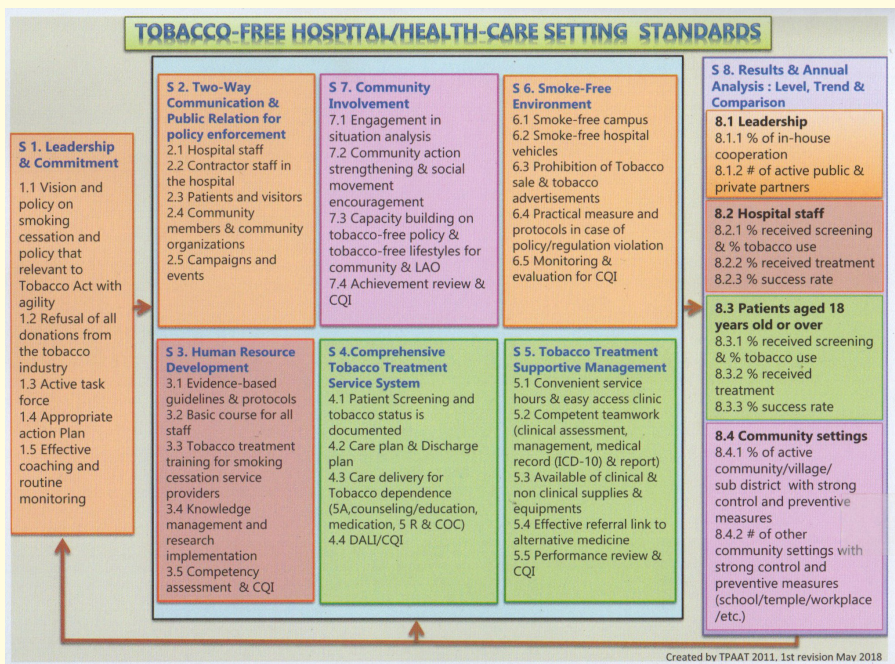


Figure 1 Tobacco-Free Hospital/Health-Care Setting Standards

Tobacco-Free Hospital: Everyone must be involved

“Helping patients to quit smoking. Everyone in the hospital must be involved.” Dr. Araya Thongphiew.



Tobacco cessation team

Dr. Thongphiew explained how to develop the hospital to be “Tobacco-Free Hospital” that took almost three years to success from 2009 to 2012. Paolo hospital has officially appointed tobacco cessation team based on a clear policy. This team included a staff physician (a head team), nurses, pharmacists, dietitians, and physical therapists. The hospital has used the principle of quality control to guide them how to help patients to quit tobacco, including E (Evaluation), I (Improvement), I (Innovation), I (Integration), O (Outcome) (EIIIO).

E (Evaluation): Evaluation needs and problems.

Before setting up “Tobacco Cessation Clinic”, Dr. Thongphiew and her staff team had evaluated their needsto serve Tobacco Cessation Clinic. The most significant problem was that their team member did not have sufficient knowledge and skills to be a counsellor for tobacco cessation.

I (Improvement): Training for tobacco cessation.

To develop competency of the staff readily to be counselor for smoking patients, they were trained continuously on tobacco cessation supported by Thai Physicians Alliance Against Tobacco. Moreover, the hospital also has supported the staff team to be the trainers for other hospitals, which in turn help advance their knowledges and skills for tobacco cessation.

I (Innovation): Care map, CPG of 6 diseases.

The tobacco cessation team set up working standard (the-8 step working standard) that are related to WHO recommendations. They also used clinical practice for Tobacco cessation for patients with NCDs developed byThai Physicians Alliance

Against Tobacco for patients with NCDs, such as COPD, TB, Hypertension and Cardiovascular, Cerebral Stroke, Diabetes, and Psychiatric disorders. Moreover, they had set up outcome indicators too such as clinical evidence and satisfaction of each patient.

The tobacco cessation team had meeting every 2 months to review the 8-step working standard, present outcomes of the project and discuss how to improve the standard of practice in tobacco control. Then, they have used the information gained from the meeting for the Continuous Quality Improvement (CQI) to develop new knowledge for innovation.

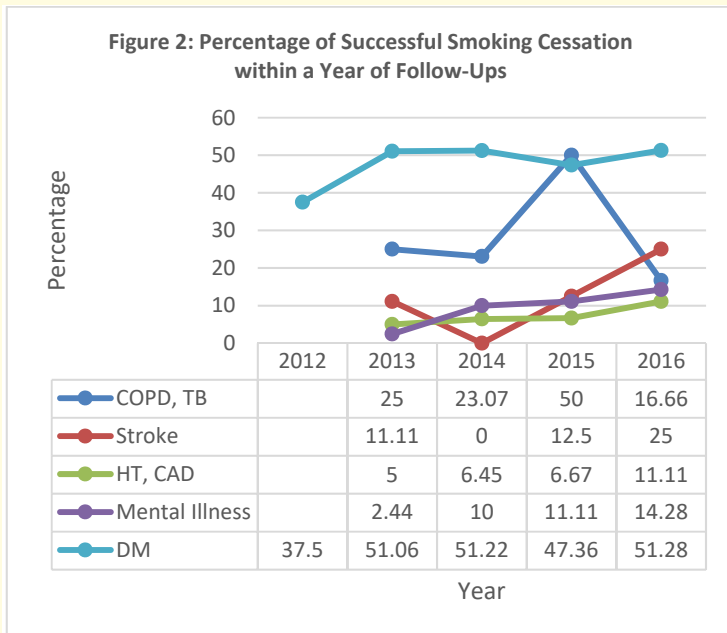
I (Integration): One-stop service

The hospital started the program in diabetic clinic in 2009. In a later year, the hospital had good practice of tobacco cessation in patients with DM. The hospital expanded tobacco cessation program to other NCDs clinics as mentioned earlier. In the first period, tobacco cessation had been set up only in psychiatric clinic, and found that it was not appropriate for the patients who had no psychiatric problems. Therefore, the hospital set up “one-stop service” in each clinic for helping patients quit tobacco. These new settings has made more convenient for both service providers and targeted patients. Furthermore, the hospital had issued clear policy for other hospital staff teams to effectively work together to support tobacco cessation teams. These teams include: 1) Quality Management Team, 2) Health Promotion Team, 3) Patient Care Team (PCT), 4) Multidisciplinary Team, 5) IT Department, 6) Medical Record Department, 7) Environment Management Committee, 8) Medical Device Department, and 9) Human Resource Department.

In addition to physicians and nurses who are mainly involved in inpatient counseling, other staff also participated in this project such as dentists, pharmacists, nutritionists, and staff of environment department. For example, staff of environment department will collect number of cigarette butts in the parking lot to assess smoking in the hospital. The tobacco cessation team helps continuously smoking patients both at inpatient and outpatient departments. The hospital also has “Home Call Service” if patients need. The information of patients was sent to Health promotion team to review the outcomes of the program.

O (Outcome): Patient outcomes and good practice.

“One of the missions of the NCDs clinic is helping patient to quit smoking to reduce the cost of care as well as increase the health benefits to patients” Dr. Araya Thongphiew.



In 2011, all clinics of Paolo Hospital could be a consultation clinic for tobacco cessation. Every patient was asked whether or not he/she and their family member was a smoker. If they wanted to quit smoking, they could consult their physician and nurses at each clinic. For example, in cardiology clinic, the cardiologist asked every patient about smoking and informed about the dangers of smoking. The patient who wanted to quit smoking was sent to the nurse for advice one of the 5A intervention (Ask, Advice, Assess, Assist, and Arrange). The results showed that patients with heart disease who were able to quit smoking had lower blood pressure after joining the tobacco cessation intervention.





One-Stop Service for Tobacco Cessation

Because of the staff team's commitments, the hospital had won several awards related to tobacco cessation, such as the outstanding organization award for a clinical practice of tobacco cessation from Thai Physicians Alliance Against Tobacco. Moreover, the hospital is well recognized as the learning center for tobacco cessation for other hospitals.

Scaling up the Tobacco-Free Network: Success and Challenge Faced

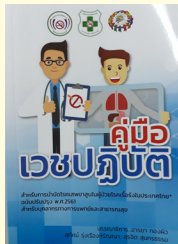
The Tobacco-Free Initiative in Paolo Hospital had not only grown within, but also expanded to embrace the tobacco-free network by participating with Thai Health Professional Alliance Against Tobacco (THPAAT) in 2005. The THPAAT was first founded by 5 professions included physician, nurse, dentist, pharmacist, and public health personnel. Later on in 2012, THPAAT had included 21 health professional allies. The hospital had also joined with National Alliance for Tobacco free Thailand (NATFT) established in 2013.

After becoming a role model for Tobacco-Free Hospital in Thailand, the hospital has supported Dr.Thongphiew to participate with Thai Physicians Alliance Against Tobacco as a committee member. As stated by Thai Physicians Alliance Against Tobacco (2013), physicians roles against tobacco include elucidate as a health researcher, educate as a learned counselor, alleviate as a care provider, advocate as a health activist if necessary, and agitate as a concerned citizen. Thus, Paolo hospital has participated as being a study site and a co-investigator with Thai Physicians Alliance Against Tobacco and THPAAT with financial support from Thai Health Promotion Foundation (ThaiHealth) in conducting national tobacco cessation activities throughout the following 3 main phases.

Phase 1 (2012-2014): a pilot project for smoking cessation in NCD sat 16 hospitals in 12 provinces. Clinical Practice Guidelines (CPGs) for Treatments of Tobacco Dependence (1st edition, 2009) was used in the pilot sites. The outcomes of this pilot project were the published lessons learned by each site including Paolo hospital.

Phase 2 (2014-2016): a smoking -free province project was implemented at 29 health service settings in 6 provinces from 4 regions of Thailand. The 1st edition CPGs for Treatments of Tobacco Dependence was developed to be the 2nd edition, 2016. All of 29 health service setting had presented their tobacco cessation outcomes in the 11th ASIA Pacific Conference on Tobacco or Health (APACT 2016) held in Beijing, China.

Phase 3 (2016 to present): 14 competent hospitals including Paolo Hospital, had been selected to serve as role models and outstanding mentors for health service settings interested in learning and adopting Tobacco Cessation for NCDs. In this phase, the 2nd CPGs for Treatments of Tobacco Dependence has been updated to the 3rd edition, 2018 to be more practical. The 14 mentor hospitals have been appraised through Hospital Accreditation (HA) process using the 8-step working standard that help strengthen the continuous quality improvement of tobacco cessation services in them. Consequently, Paolo hospital has been endorsed by Thai Physicians Alliance Against Tobacco and THPAAT as an achiever of HA for tobacco cessation.



Knowledge Management in tobacco cessation

Key success factors of the tobacco-free networks include but not limit to (a) clear policy and supports from the administrators/executive board members; (b) academic and professional performance of health care providers; (c) adherence to code of ethics and standard of practice in tobacco control; (d) multi-disciplinary team work; and (e) clinical and patient-oriented outcome measures.

To strengthen the tobacco-free networks, challenges faced that need to be addressed include recruitment of well-determined hospital team with high recognition of benefits of tobacco cessation to clients. The chosen hospitals need to persist in management and improvement of tobacco cessation by facts and scientific evidences.

Ways Forwards

Tobacco Cessation for patients with NCDs by Physician Networks, which later on has expanded to include every health professions in this privately owned hospital, has come a long way enough to serve as a milestone for the other hospitals aspired to provide a one-stop service for tobacco cessation. With the sufficient supports from the Chief Executive Officer of the hospital and the Tobacco Cessation Committee, the hospital will continue to participate with the national research project aiming at examining the economy of tobacco cessation provided by health professional alliance. To shed more light in using provider payments and reimbursement to strengthening the tobacco cessation service system in Thailand, the promising findings will serve as sound evidence-informed policy regarding provider payment mechanism reinforcing health care providers' service behaviors. Furthermore, together with the Medical Association of Thailand, the hospital will pursue to strengthen academic networks at international level by contributing their lessons learned about Tobacco Cessation

in NCD Clinic in the coming 13th ASIA Pacific Conference on Tobacco or Health (APACT 2020): Theme Professional Alliance Moving Together for Tobacco-Free Society.

Acknowledgement

We would like to gratefully thank for the kind cooperation from Dr. Siam Pichetsin, the Director of Paolo Hospital. Our deep gratitude is to Dr. Araya Thongphiew, Committee Member of Thai Physicians Alliance Against Tobacco and the tobacco cessation team for their kind assistance and insightful information given regarding tobacco cessation service.

We appreciate the kind assistance from Professor Emeritus Dr. Somsri Pausawasdi, the President of Thai Health Professional Alliance Against Tobacco (THPAAT) and Dr. Nuntha Auamkul, Developer of Standard of Tobacco Cessation in Thailand for their valuable information and permission to use a figure of “Tobacco-Free Hospital/Health-Care Setting Standards”.

References

1. UNDP, World Health Organization. (2018). Tobacco Control as an Accelerator for the Sustainable Development Goals in Thailand. Retrieved from http://www.asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/hiv_aids/hhd-2018-policy-brief-on-sdgs-and-tobacco-thailand.pdf.
2. Center for Tobacco Control Research and Knowledge Management, Mahidol University. (2018). Tobacco Consumption Statistics Report in Thailand. Chareon Dee Munkong, Bangkok.

4

Community Leadership in Health Promotion

to Curb NCDs Prevention and Control

Boontuan Wattanakul
Laiad Jamjun

Community Leadership in Health Promotion to Curb NCDs Prevention and Control

Boontuan Wattanakul

Laiad Jamjun

Yai Cha, 31 kms from Bangkok, is one of 17 sub-districts in Sampran District of Nakornpathom Province (with the biggest pagoda in Thailand). It is semi-urban community on a bank of Taa-jeen river. There are about 8,000 domestic people living in the town and about 4,000 immigrants resided from Laos, Myanmar, and Cambodia.

Yai Cha Subdistrict has been well-known as an area of strong community with a very good management for taking care of its people. A small group of active people had initiated a powerful volunteer club in charge of elevating quality of life of Yai Cha population focusing on the elderly, the disabled, the poor and other vulnerable persons.

*“Community for Community, Patriotism and Harmony,
Healthy Eating, Life Safety, Integration, Peaceful and
Sustainable”*

- Motto of Yai Cha Community

Like any other countries, NCDs in Thailand has been continually increasing, the increased NCD burden also places a critical pressure on the Thai health system. The increasing NCD levels are being influenced by many factors including tobacco smoking, alcoholic beverage drinking, and high salt, high fat or high sugartaking. Congruently, rapid demographic transition towards an aging society and epidemiological transition towards chronic diseases are double challenges to NCD burden. These social determinants are synchronized to the political economy and generate the risk factors leading to the rise in NCDs.

The NCD problem is complex that needs an approach of a whole society system, not only health sector. Public policy and interventions to be effective systems are needed to response to the complexity of the NCD problem. Political economy in multilevel has critical influence and impacts on NCDs.

A story of Yai Cha Subdistrict Administrative Organization (SAO) provides an example of system approaches to address political economy in local level in respond to NCDs. This will highlight on the process of political economy in the community level by creating effective NCD prevention and control.

NCDs in Yai Cha Community

Mrs. Wanpen Mengkred, the director of Yai Cha health promotion hospital said that premature NCD death resulted from poor control and lacking appropriate treatments. Either diagnosed or undiagnosed NCDs were concealed within Yai Cha community and undiagnosed persons never sought for treatment. Some NCD patients were not able to afford for transportation, some shared their medicines with other patients.

Like any other subdistrict profile, population demography in Yai Cha had changed to aging society. The elderly were obliged to live alone at home while their children had been working in the other places and not often came back. Some of the elderly were NCD patients with ineffective management to control the diseases. Unluckily, some elderly were completely homebound or bedbound. Although the health sector had recognized the problems, there was not enough budgets and other resources to support for improving quality of life for them all.

Mrs. Wanpen Mengkred said, *“NCD patients in community have to go to the hospital at early morning and it takes all day*

long. Complications from the poor control happens because they often let the medicine running out, and not take a good health care of them."

Wassana Klinphayom, Chief Executive of the Yai Cha Subdistrict Administrative Organization (SAO)



*Wanpen Mengkred,
Director of Yai Cha health promoting hospital*

Leadership and Effective Management

Mrs. Wassana Klinphayom, Chief Executive of the Yai Cha Subdistrict Administrative Organization (SAO), attempted to assess problems in the community and allowed the problems being raised by the community. She scrutinized both health- and non-health problems at Yai Cha subdistrict and found

that ‘no one solution fits all problems’. She drove the holistic system approaches to solve health problems because they were being complicated and influenced by many factors including low income, lack of care givers, unhealthy habits, and other social determinants. Some elderly left alone were depressed and turned into homebound or bed-ridden. She thought that these problems needed multisectoral actions. The best way of solving solution was to establish collaboration between local governments, private sectors, public health setting, local people, and organizations in the community including temples and schools. Mrs. Wassana believed that community strengthening was the first step for community development. She started to facilitate all of village headmen to solve health problems in their villages. Multiple measures and strong effort were employed to build public awareness, develop health literacy, and ensure community empowerment.

To reduce the prevalence of NCDS, they tried to build awareness among people by giving health education. Local health sector addressed the modifiable behavioral and clinical factors, and brought the facts to discuss to find solution together in the meeting of the community committees with local government. The committee decided to provide an NCD clinic service in community. However, at that time, the National Health Security Organization did not agree to support budget for an NCD clinic in the health promotion hospitals. Then, local government and villagers were willing to donate 1,500 baht a month during the past 6 years, this allowed the NCD patients visit a doctor once a month.

To ensure community strength, local government empowered the community by urging them to write proposal for granting community development budget. Village leaders raised some problems in the meeting, local government promised to find

budget from outside, maybe from private sources if government could not support. When the project was completed, result reports were presented to grantors to make them feel confident to grant more in the future. Mrs. Wassana said, “The community leaders know now, how they write the proposal and where to submit for granting.”

To reassure quality of life of vulnerable population, specially elderly and disabilities, the measures were given to prevent falls, depression, and dementia. Mrs. Wanpen Mengkred informed that, more than 6 years ago, an elderly had never come to the meeting of the elderly club and no one knew the reason. Until the health team visited her home, then they found that she was homebound without caregiver. Health team brought this problem to the community meeting. Then, the committee agreed to build-up a group of voluntary caregivers, and an aging school. Aging school was called ‘Ma-Ha-Rai Yai Cha’, ‘Ma-Ha-Rai’ is sound alike “university” in Thai language but stands for ‘anything you are looking for’. The aging school offered lessons about health care for the elderly included how to prevent falling, dementia, depression, and how to eat healthily. The volunteers were trained in community health care course, some of them charged as caregivers, others joined the essential community activities, for example, home visit, waste management, patient’s home cleaning, visitor receptions, etc. Unlike the common health volunteers, the volunteers of Yai Cha did not receive remuneration.

The Elderly Club and Aging School “Ma-Ha-Rai Yai Cha”

The elderly club was established in 2003 with members aged over 60 years. Until now, there is 64 elderly members join in the elderly club and actively participate in all activities. All of them realize that the elderly are at risks of NCDs due to natural deterioration. The elderly club had done activities

to protect themselves from preventable diseases or severe complications. In the fact that the elderly have more health risks than the younger, so they need to learn more about self-care and self-management. The aging school was set up with the purpose of encouraging the elderly to be able to control the NCDs. Yai Cha community adopted an organic food model from Sampran Model. Local government empowered the community and the elderly club to build-up an organic farm, and the community had developed a farm for tourists by selling organic products from the farmers in the villages. All activities of the aging school are supported by the Yai Cha SAO.



*Mr. Nives Nunthakasikorn,
the president of aging school
of Yai Cha, Nakhonpathom.*

Home visit is one of activities of the aging school. Yai Cha health team and local government team have visited the elderly at home on the date of 15th in every month since 2010. Mr. Nives Nunthakasikorn, the president of aging school of Yai Cha said “We have visited the elderly at home every month for already 6 years, we go with team including the Chief Executive of the Yai Cha SAO, health provider, members of aging school, and all leaders of the community.”

The Volunteer Club

Mrs. Sompassorn Jeenpracha currently serves as a village headman assistant and hold a position of the president of the volunteer club in Yai Cha Subdistrict. After her children graduated in the last 6 years, she started to be a volunteer in Yai Cha. She has very good management skill and very strong leadership. As a community leader, she put her efforts to plug in activities of health system service that fostered quality of life in disable and vulnerable groups in Yai Cha Subdistrict.

Mrs. Wassana, Mrs. Wanpen, and home visit team visited the poor, and found an elderly with bed-bound, a woman with renal failure, which lived with poor conditions and no family income. Mrs. Wassana knew that it's impossible to find government budget for helping this case. Then, she raised this issue for discussing in the community meeting. Local government decided to help find a source of private fund to renovate house for the poor with NCD problems.

In 2013, about 8 – 9 villagers joined together to inaugurate the volunteer club to help disable and vulnerable populations in their community. The volunteers were trained how to check blood pressure, blood sugar, oral health, weight, height and obesity. The volunteer happened to fulfil the gap of human resource shortage. In addition, the villagers are supposed to be members of the community health fund. The community health fund members require to pay for 30 Baht per month.

Caregivers must be trained for 70 hours. The trained caregivers will serve for active health promotion in family focused on rehabilitation for disable and vulnerable populations. The volunteer could take care for simple psychological support to the elderly and family.

After being trained about health care, the volunteers will play many roles such as supporting activities of the aging school, leading members for exercise, and participating in home visit team. Mrs. Sompassorn Jeenpracha said, “Home visit and activities in the elderly club can prevent the elderly from depression and home-bound”.

The local government also had a project of disable person security funded by Ministry of Social Development and Human Security. The objective of this project was to improve the disable persons’ living environment. This project was able to save labor cost by contribution of Yai Cha’s volunteers in renovating their house and surround.



Mrs. Sompassorn Jeenpracha, a village headman assistant and the president of the volunteers and community health fund. “If we are strong, it builds trust to our donor.”

Activities of aging school and home visit with happy meals.





Key Success Factors

The leadership of the local government is the most influential factor for this success. Other key success factors are good management, good coordination and good cooperation.

Challenges and Ways Forward

Social determinants and political economy are great challenge that make NCDs more complicated. It is more difficult to find measures for prevention and control. Political wills in higher level are indeed support to local government on-the-go of holistic system approach. Community empowerment is deep-rooted in community growth and sustainable development. In addition, the measures are need evaluation for review and improvement.

Acknowledgement

The authors please to extend our deepest thankful to staffs of the Yai Cha Subdistrict Administrative Organization (SAO), specially Mrs. Wassana Klinphayom, Chief Executive; Wanpen Mengkred, Director of Yai Cha Health Promotion Hospital; and Ms. Pakaporn Penkasame and colleagues on the 4th year nursing undergraduate students from Royal Thai Army Nursing College in Bangkok for their inspiring experiences as an input in this article. Finally, thanks for a great coordination of Ms. Lapasrada Choosuan, Deputy Chief Administrator of the Yai Cha SAO.



Tourists' activities in an organic farm at Yai Cha community.

5

Multi-Sectoral Network Participation for NCDs Management: Bansuan Town Municipality, Chonburi Province

Sukjai Charoensuk
Sirikul Karuncharearnpanit

Multi-Sectoral Network Participation for NCDs Management: Bansuan Town Municipality, Chonburi Province

Sukjai Charoensuk
Sirikul Karuncharernpanit

‘Beautiful sea, Delicious Kaolam (sticky rice with sugar and coconut milk), Sweet sugar cane, Good bamboo basketry, and Buffalo running tradition’ is a motto that reflect lifestyle of people and outstanding point of tourism in Chonburi Province. Chonburi is ranked number 8 among 77 provinces on reported cases of diabetes with 932.19 per 100,000 population¹. Bansuan Town Municipality is a subdistrict in urban area of Chonburi Province. There are 75,188 residents with 39,743 aged over 35. Based on screening for diabetes in 2018, there were about 10% of 28,762 screened cases were at risk of diabetes.

Hypertension is another NCD that attracts to people in Bansuan Town Municipality. The Health Department of Bausuan Municipality had reported top 5 chronic illnesses in 2017, hypertension was on the first rank followed by diabetes. NCDs are significant threats to health of Bansuan people.



Bansuan Town Municipality

Multi-Sectoral Collaboration to Manage NCDs

Thailand formulated “Thailand Healthy Lifestyle Strategic Plan B.E. 2554-2563” to combat NCDs with a vision “Thai people are able to manage risk factors and environment that effect the lifestyle diseases by sustainable integrating forces from all related sectors based on Sufficient Economy Philosophy”². The question is how we can draw all related sectors to collaborate for fighting with NCDs...and Bansuan Town Municipality is one example of how local government works as a focal point in collaborating with health care providers and volunteers to develop well-being for their hometown.

Bansuan Town Municipality collaborates with Mueang Community Health Center, a Primary Health Care Center of Chonburi Hospital, to promote health and well-being of Bansuan people. Health care providers from Mueang Community Health Center do not only provide comprehensive health services, but also empower Bansuan people by developing their health literacy. Bansuan Town Municipality plays an important role by providing both financial and material support to improve its people’s quality of life. People sector in Bansuan community has been very active, they have participated in the process of formulating community development plan continually and many of them have come to volunteer to care for their vulnerable neighbors. With support and empowerment from Bansuan Town Municipality and Mueang Community Health Center, more people at Bansuan have been capable to keep themselves far from NCDs and to care for those suffering from NCDs. The collaboration among these three significant sectors has made Bansuan be a happy home town called “Bansuan Happy Home Town Model” as shown in figure 1.

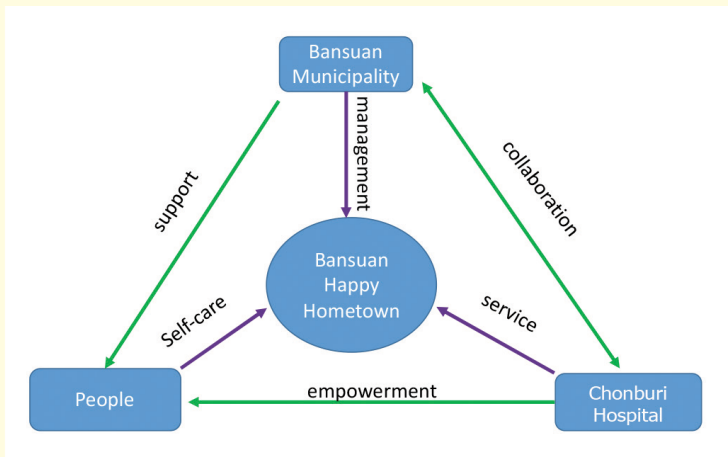


Figure 1: Bansuan Happy Home Town Model

Bansuan Happy Hometown

‘Bansuan Happy Hometown’, the vision of Bansuan Town Municipality, requires many aspects or factors to discuss: community participation, good education, active citizens, available and convenient public utility, good quality of life, health promotion, and safety environment. However, this part will focus only on some aspects related to health.

First, community participation, a part of good governance, is applied as the key strategy on initiatives or developmental projects run by Bansuan Town Municipality. Community participation of Bansuan can be defined as a part of people centered development, decisions and initiative programs are made by their own people in Bansuan community.

Dr. Jakkawan Tangprakob, the Mayor of Bansuan Town Municipality, claimed that

“I always make decision based on people’s voices from many channels such as ‘a direct line to the Mayor’ or ‘civil society’. For civil society, leaders of each community, policy makers, officers and health care providers will meet together regularly to express their needs and discuss for appropriate solutions.”



*Dr. Jakkawan Tangprakob, the Mayor of
Bansuan Town Municipality*



*Meetings among community leaders to
develop the initiative plans and projects
for their own community*

This strategy is believed that it will lead to sustainable development in the future. However, this strategy requires supportive elements such as good education and empowerment of people.

Second, good education will help improve quality of life not only for the youth or young generations who will grow to be qualified people for Banson Subdistrict in the future, but also for the elder. Banson Town Municipality has arranged and provided supportive resources on both formal school systems for children and informal schools for the elder. The main objective of school for the elder is to increase self-care competency, such as health literacy for the elder.



Activities in the schools for the elder

Third, surely, health promotion and disease prevention are also a key strategy to improve health, prevent or delay chronic diseases such as diabetes mellitus, hypertension and stroke.

At the first step, health volunteers were trained about health promotion and disease prevention activities. Later, these health volunteers will teach and look after their assigned Bansuan people using some medical devices or test kits such as sphygmomanometer, dextrometer supported by the Bansuan Town Municipality.



A training session for health volunteers

Furthermore, the health promotion program for all aged groups in Bansuan are also fully supported by Bansuan Town Municipality as well as academic support from Mueang Community Health Center. Exercise program such as aerobic dance and Yoga can be easily seen in many communities in the evening.



Various types of exercise program such as aerobic dance and yoga.

Dr. Jakkawan Tangprakob clearly mentioned *“Health promotion and disease prevention are necessary investment in health, if not and wait until the diseases occur, it may cost a lot much more and lower their quality of life unavoidably.”*

Most activities have been supported by two main funds, municipal fund and community fund. The rest such as cost for disposable diapers have been supported by the charity fund.

All of these mentioned above worked together to achieve the vision ‘Happy Hometown’.

Family Care Team: NCDs Management focused on 3 Aor and 2 Sor [3 Aors; Ar-han (Food), Ar-rom (Emotion), Aok-kamlang-kai (Exercise) and 2 Sors; Sura (Alcohol) and Soob-bu-ri (Smoking)]

Crowded patients at OPD of Chonburi Hospital, the biggest hospital in the eastern region of Thailand, is a common scenery like other tertiary hospitals. The Ministry of Public Health of Thailand declared a policy of ‘PCC’ (Primary Care Cluster) to strengthen primary health care service system and to reduce congestion of tertiary care services. Mrs. Sutasana,

the head nurse of Mueang Community Health Center, recalled that the service system was modified from traditional one to two PCCs (Mueang Chonburi PCC and Bansuan PCC) in 2016. One cluster composes of 3 family care teams responsible for a population of 30,000. Each team consists of a family medicine doctor, four nurse practitioners, one dentist with one assistant, one pharmacy technician, four public health officers, one Thai traditional medicine doctor, and one physio-therapist.

*Mrs.Sutasana Likhitkulthanaporn,
the head nurse of Mueang
Community Health Center*



*Dr.Soraya Wongwilai, the head of
social medicine department,
Chonburi Hospital*

Mueang Chonburi PCC and Bansuan PCC developed an integrated primary care model with Bansuan Town Municipality focusing on health promotion and disease prevention with participation of health volunteers in the villages. They developed a community plan integrating resources to combat NCDs using a strategic 'behavioral modification in 3 Aors and 2 Sors. Family Care Team (FCT) does not only provide comprehensive services, but also equip health volunteers with knowledge and skills for screening, educating, and caring for patients with NCDs. Annual screening helping FCT to classified people into 3 groups; normal, at risk, and sick. The normal group will be given

health education about 3 Aors and 2 Sors by health volunteers, and the risk group will be given behavioral modification program by FCT. The continuing of care from primary care to secondary and tertiary care by FCT will be provided for the sick group. The patients will be referred to be treated by medical specialist at Chonburi Hospital. After acute phase, they will be referred back to community and received care by FCT and health volunteers.

“We screen eyes, kidney and feet...we connect with Chonburi Hospital to care for sick cases, and we also collaborate with Bansuan Town Municipality to care for complicated cases...the municipality provides financial and material support...we also educate health volunteers for screening and we try to develop health literacy of health volunteers and care-givers...” said Dr. Soraya Wongwilai, the head of social medicine department, Chonburi Hospital



Screening in community



Behavioral modification using 3 Aors and 2 Sors by FCT

Spirit of Volunteers: Key persons for Managing NCDs in Community

Strong spirit of volunteers in Bansuan Subdistrict is an essential factor for propelling mission to the success of healthy and happy hometown. Volunteer spirit of Bansuan people manifests in three main ways: donating for charity fund; participating in the process of setting up the strategic plan; and contributing as health volunteers.

Contributing as health volunteers is an important role of volunteers in Bansuan Subdistrict. Direct care roles include: 1) caring for people with disability who lack of their own caregivers at their home, 2) giving health education in health promotion and prevention, 3) raising awareness on health promotion, disease prevention and early detection of NCDs which is the difficult part and require long time experience.

“Persuading people with normal condition to be screened for NCDs is very difficult because they do not recognize its importance. So, I had to illustrate the real cases who suffered from complications of NCDs in our community. Later on, it made them came to join the screening test much more than before.” said Ms.Reutai Charoenpha, the head of caregiver.

Reasons of working as a health volunteer is a pride to be a part of Bansuan Happy Hometown and to be able to help people.

“I am very proud to be a health volunteer because I can help many people to maintain their health or prevent them from serious illness or complication. For example, a child of suspected diabetic patient just said thank for my suggestion to take his mother to the hospital for diabetic treatment after I rechecked her high blood sugar and now she can control her sugar well.” Said Ms.Reutai Charoenpha, the head of caregiver.



Roles of health volunteers in Bansuan Subdistrict

Key success factors

There are three key success factors of well collaboration among various sectors of Bansuan Subdistrict: good leadership, strong and service minded team, and continuum of care.

- 1) The Mayor, Dr. Jakkawan Tangprakob, is accepted by both municipality and health care provider's sides because of his good leadership, good governance, good management skill, clear vision and people-centered focusing vision.
- 2) Strong and service minded team are admitted from all three sides. Luckily, they can recruit service minded people to the team, resulting in trust development among clients.
- 3) Continuum of care can be observed in seamless service from home to hospital and in regular meeting for monitoring their actions.

Recently, Bansuan Town Municipality was an award winner at national level for a good public management in 2017.

Challenges and ways forward

First, sometimes the rules and regulation of municipality were obstacle for supporting their activities to achieve goals of '*Bansuan Town Municipality Happy Hometown*'.

Second, shortage of new generation health volunteer was apparent in the recent years because of wide gap between the new generation and the team. Transferring lessons from experienced to new generation is the way forward.

Acknowledgement

We would like to express our deep gratitude to:

- 1) Dr. Jakkawan Tangprakob, the Mayor of Bansuan Town Municipality and Ms. Cholticha Nalinrat
- 2) Dr. Soraya Wongwilai, the head of social medicine department and Mrs. Sutassana Likhitkulthanaporn, the head nurse of Mueang Community Health Center.
- 3) All health volunteers at Bansuan Subdistrict for their comprehensive information.
- 4) Special thanks to Mr. Mogens Ojen for his kind English editing.

References

¹The Ministry of Public Health, Thailand. **Surveillance Report 2015**. [Internet]. 2015 [cited 2018 Dec 23]. Available from: www.boe.moph.go.th/Annual/AESR2015/aesr2558/Part%201/11/diabetes.pdf

²The Ministry of Public Health, Thailand. Thailand **Healthy Lifestyle Strategic Plan B.E. 2554-2563**. Nonthaburi: Thailand Healthy Strategic Management Office; 2011.

6

Health Promotion for NCDs Prevention through a Political Economy Lens: ThaiHealth

Panarut Wisawatapnimit
Kamolrat Turner
Milin Sakornsinn

Health Promotion for NCDs Prevention through a Political Economy Lens: ThaiHealth

Panarut Wisawatapnimit
Kamolrat Turner
Milin Sakornsinn

“Quit for King”: An example of campaign activities to tackle NCDs

“The top priority cause of health problem in our community is smoking. We had campaigned to stop smoking by using the direct sales approach. We asked a community health volunteer to persuade his/her beloved family members to participate in the smoking cessation’s activities. The main approaches of this activity were the sharing of knowledge and experiences about smoking cessation among networks and former smokers as well as providing social and family support for smokers to succeed in quitting smoking”, said Mr. Vinai Sensuk, Chairman of Papyrus Craft Community Enterprise and community coordinator of Ban Lao Phatthana, Na Wa, Nakhon Phanom Province.



Opening “Quit for King” project by leaders of Ministry of Public Health, ThaiHealth, and other networks

This activity is an example of activities in the project “Quit for King”, in Remembrance of His Majesty King Bhumibol Adulyadej. It has been organized by the Ministry of Public Health, Thai Health Promotion Foundation (ThaiHealth), and other networks, between June 2016 and May 2019, with the

main aim of reducing NCDs caused by smoking. The main approach of this project is that one million community health volunteers all over Thailand invite, persuade, reinforce, and support smokers to voluntarily quit smoking continuously for at least six months or all their lifetime. The target is three million smokers within three years. In December 2018, more than eight hundred thousand smokers had applied to participate in this project, of which about 18% had already quit smoking for six months. This is only one of many projects under the tobacco control plan of ThaiHealth. Indeed, ThaiHealth has organized and supported a great deal of health promotion projects nationwide for seventeen years to sustain the well-being of Thai people, especially battle against NCDs.

Establishment of ThaiHealth with innovative approaches

The establishment of ThaiHealth, and many other health promotion projects in Thailand, can be linked back to the efforts following the Ottawa Charter for Health Promotion in 1986. The Thai Anti-Smoking Campaign launched in 1986 by the Folk Doctor Foundation was an outstanding example leading to an increase in the excise tax on cigarettes. In 1993, nevertheless, the efforts to earmark the tax surplus to support tobacco control activities had not been successful, the Health Systems Research Institute (HSRI), Thailand, had searched for innovative financing models for health promotion in other countries, such as the Victorian Health Promotion Foundation (VicHealth), Australia, that pioneered health promotion based on the Ottawa Charter which was established and funded with a dedicated levy on tobacco.

As the momentum to use the earmarked cigarette and alcohol taxes to finance health promotion in Thailand increased, ThaiHealth was established in 2001 as an autonomous state

agency under the Health Promotion Foundation Act. Since then, with innovative approaches in health promotion, it has become a catalytic source of finance for a number of health promotion programs. It acts as an innovative enabler with the mission to inspire, motivate, coordinate, and empower individuals and organizations in all sectors for the enhancement of health promotive capability as well as a healthy society and environment. Its annual revenue of about 120 million USD is derived from a surcharge of two percent of the excise taxes on tobacco and alcoholic beverage collected directly from the producers and importers (see Figure 1).

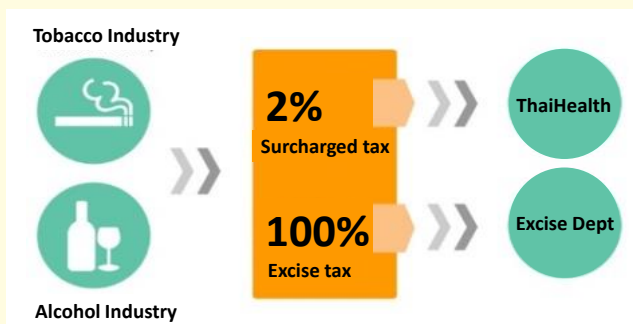


Figure 1: ThaiHealth’s annual revenue

Tri-Power Model: The main strategy of ThaiHealth

Besides the Ottawa Charter for Health Promotion, ThaiHealth has employed the tri-power model as health promotion philosophy and practice. This model is based on Professor Prawase



Wasi’s “Triangle that Moves the Mountain” used for changing society that is as difficult as moving a mountain. The three powers include knowledge, social, and political powers (see Figure 2).

Prof. Prawase Wasi

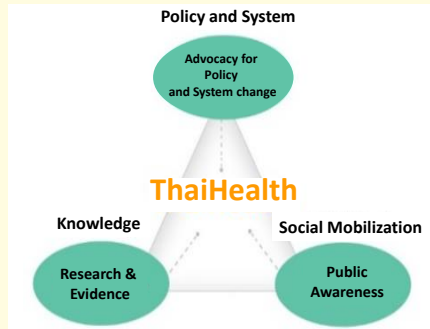


Figure 2: ThaiHealth’s “Tri-Power Model”

Through political power, ThaiHealth focuses on increasing advocacy for health promotion policy change using Thai leaders, WHO’s strategies on the Ottawa Charter for Health Promotion, and “Health in All Policies (HiAP)”, as well as trade for legislation and enforcement. A research and evidence-based approach is adopted to develop knowledge power. Increasing social participation and public awareness by networks and social marketing approaches is the social power.

The main actions of ThaiHealth include increasing tobacco and alcoholic beverage taxes, promoting healthy sponsorship of sports and culture, developing healthy environments, developing multi-sectoral support for health promotion by taking a social determinants approach to health promotion.

Health promotion through political lens: A seventeen-year journey of ThaiHealth

With strong political will, commitment, and effort, as well as its multi-sectoral networks, ThaiHealth has created many “big changes” in health promotion for Thai society through the 17 years of their journey. Ever since its establishment, ThaiHealth has become renowned in tobacco and alcoholic beverage control. Examples of highlighted interventions on this control based on “Tri-Power model” are shown in Figure 3.

THAIHEALTH

A 17 year-journey on tobacco and alcohol control

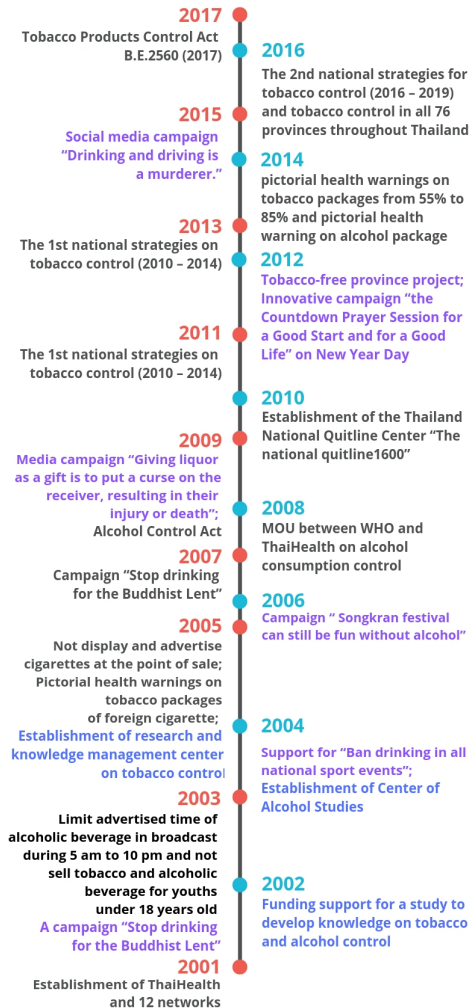


Figure 3: Seventeen years of ThaiHealth’s tobacco and alcoholic beverage control

Currently, ThaiHealth has endorsed 15 strategic plans for health promotion, covering health risk control of Thai people with holistic, well-being approaches across all age groups. All activities of these plans are related to ultimate goals of well-being and “sook” (in Thai) or “happiness” (in English) of Thai people. With the success of health promotion, ThaiHealth has been recognized as the forefront in formulating and driving health promotion policies and a catalyst in promoting health of Thai people using innovative approaches of health finance for funding health promotion, political economy and social marketing. ThaiHealth is also a model for other countries in the area of health promotion and has international collaboration on health promotion. In 2017, ThaiHealth and WHO signed an agreement for collaboration on health promotion from 2017 - 2020.



Prof. Emeritus Dr. Piyasakol Sakolsatayadorn, Minister of Public Health, Thailand and Dr. Tedros Adhanom Ghebreyesus, Director-General, WHO signed an agreement on health promotion

Two increased and two decreased behaviors: Health promotion strategies to conquer NCDs

ThaiHealth has introduced a 'Two Increase and Two Decrease Strategy' to conquer NCDs and its impacts have been substantially recognized. The 'Two Increases' means increasing physical activities and consuming a healthy diet while the 'Two Decreases' attempts to reduce smoking and drinking behaviors.

To increase physical exercise and reduce sedentary behaviors, ThaiHealth focuses on a life-course approach across all age groups within four settings (house, school, workplace, and public area/community). Increasing people's awareness of the benefits from physical exercise, changing in daily life culture by promoting walking and bicycling, developing areas for physical exercise, and supporting sport events are the main schemes. ThaiHealth also opens its building for people to perform physical exercise and activities in the evening and Saturday morning. The campaigns have dramatically increased public awareness and physical activities have become more popular in Thailand. The campaign "Bike for Dad" led by the King of Thailand and the physical exercise on Wednesday afternoon of government officers led by the Prime Minister Prayut Chan-Ocha are shown as examples of the support from the country's leaders.



*Exercise in
ThaiHealth building*



Running activity



Bike for Dad

Increasing healthy or nutritious food consumption, including clean fruit and clean vegetables, while reducing the intake of high sugar, high salt, and high fat foods are important goals. ThaiHealth has worked with their networks to drive health policies on healthy nutrition by increasing access to, and the planting of, organic vegetables and fruits at homes, schools, and workplaces, and producing media to increase health literacy on healthy foods and nutrition of Thai people. With the impacts of awareness of healthy foods and causes of NCDs from unhealthy foods, the Thai government has supported and formulated laws related to healthy foods and nutrition. An explicit example of this effort is that trans fat was banned in Thailand and effected on the 9th of January, 2019, because evidence had shown that it contributes to cardiovascular disease. This regulation is set earlier than WHO's target for all countries to free of trans-fat foods by 2023.



A campaign “taking sugar only 4 grams per day”



Healthy nutrition in school

To reduce tobacco and alcoholic beverage consumption, ThaiHealth continues to put its effort towards driving policies and developing body of knowledge, databases, models, innovative interventions and networks to control them. Raising awareness of the Thai people on the negative impacts of tobacco and alcohol on their health, economic and social conditions, is still an important mission.



An activity to promote tobacco control



A campaign "Stop drinking for the Buddhist Lent"

The success of implementing these strategies can be seen by the improvement of many figures, though some qualitative results have not yet been systematically assessed. The report of ThaiHealth (2017) showed some success via statistical changes regarding the number of people smoking, drinking, exercising, and healthy eating. During recent years, the National Statistical Office revealed that the smoking rate had decreased across most age groups, especially among females. The frequency of drinking had decreased in any group of people while the amount of alcohol consumed per head and the proportion of heavy drinking people had also decreased. Consumption of pure alcohol per head had decreased from 8.16 liters in 2006 to 6.95 in 2016. The survey of the Institute for Population and Social Research, in collaboration with MOPH and ThaiHealth, revealed that the percentage of people participating in physical activity had increased from 66.3 in 2012 to 70.9 in 2016 and 72.9 in 2017.

Strong campaigns to promote physical activity, especially the campaign "running for life", had increased the trend of people to participate in physical activities. The campaign to improve healthy diet and reduce unhealthy diet has been implemented and has gradually achieved its aim. The rate of vegetable and fruit consumption had increased slightly from a very low of 17.70% in 2009 to 25.90% in 2014.

The work of ThaiHealth has driven several critical changes. There is a big change in social value regarding smoking. People widely recognize that smoking is bad for health not only of the smoker but also of the others nearby. Smoking does not make people look smart but dull and stop smoking can help them save more money. With social marketing approach, alcohol has been excluded from many events of traditions and festivals. The “Tobacco Products Control Act 2017” is another evidence of the great impact resulting from the efforts of ThaiHealth and its alliance in seriously driving activities and campaigns against smoking.

Challenges of ThaiHealth in health promotion practices

Though many evidences show its progress and several goals have been achieved, some people have asked for qualitative results from the strategies of ThaiHealth in terms of their implementation regarding factors such as family relationships, expansion of life expectancy, prevalence and incidence of NCDs, and social happiness. Changing people from health risk behaviors to be healthy behaviors for preventing NCDs is also very challenging as there are many risk factors resulted from current contexts and lifestyle.

Dr. Supreda Adulyanon, Chief Executive Officer of ThaiHealth proposed different view on the challenge. For him, ‘making people understand ThaiHealth’ roles in health promotion is a real challenge. He clarified “ThaiHealth plays a vital role as a catalyst and policy advocate on national health promotion strategies. Its impact is too complex to measure; thus, we



*Dr. Supreda Adulyanon,
CEO of ThaiHealth”*

need to make others understand our roles which are different from health care providers.”

Key success factors

- Governance structure and leadership: ThaiHealth’s governing structure is multi-sectoral, consisting of representatives from various backgrounds which contribute to a broad view on health promotion. Administrators at all levels have high commitment and strong leadership.



*Prof. Emeritus
Dr. Piyasakol Sakolsatayadorn,
Minister of Public Health,
Thailand opened a tobacco
control activity*

- Autonomous organization: ThaiHealth is an autonomous organization that has more flexible regulations than those of a public agency. This type of organization facilitates ThaiHealth to be able to move fast and introduce change rapidly.

- Strategy of **“Triangle that Moves the Mountain”**: This tri-power strategy had been proved in many difficult cases that it really worked.

- Social marketing approach: This approach can’t be ignored because it is a proven tool for influencing behavior in a sustainable and cost-effective way.

- Holistic approach and Health in All Policies: ThaiHealth had to address complicated health challenges, integrated policies were necessary to solve them.

- Communities' engagement with their ownership: ThaiHealth provided many platforms to build trust among various communities, their engagement and ownership brought to sustainable development.

Future direction of ThaiHealth to battle against NCDs

Dr. Supreda Adulyanon expressed "To battle with a durable enemy like NCDs, we need to sharpen the focus more, and must be characterized by increased rigour and more emphasis on strategy. New stringency must be brought to ThaiHealth's evaluation practices. Besides evaluating process, capacity building, strategic thinking, effective learning and innovating must be promoted and supported much more for all alliance networks."



ThaiHealth building



ThaiHealth staff

Acknowledgement

We would like to extend our deepest gratitude to the staff of ThaiHealth, especially Dr. Supreda Adulyanon, Chief Executive Officer of ThaiHealth, Finally, we would like to thank Dr. Paul Turner for English language editing.

With the cooperation of:

Faculty of Medicine Siriraj Hospital, Mahidol University
Kaengkhoi Hospital, Saraburi
Kaengkhoi District Office, Saraburi
Paolo Hospital, Bangkok
Thai Health Professional Alliance Against Tobacco (THPAAT)
Yai Cha Subdistrict Administrative Organization, Nakhonpathom
Yai Cha Health Promoting Hospital, Nakhonpathom
Bansuan Town Municipality, Chonburi
Chonburi Hospital, Chonburi
Thai Health Promotion Foundation

Boromarajonani College of Nursing, Bangkok
Boromarajonani College of Nursing, Chakriraj
Boromarajonani College of Nursing, Chonburi
Boromarajonani College of Nursing, Nakornratchasima
Boromarajonani College of Nursing, Nopparat Vajira
Boromarajonani College of Nursing, Changwat Nonthaburi
Phrapokklao Nursing College, Chanthaburi
Saint Louis College
Sirindhorn College of Public Health, Chonburi



*“I don’t want you to be only a doctor,
but I also want you to be a man.”*

HRH PRINCE MAHIDOL OF SONGKLA



National Health Security Office

Government Complex, Building B , No. 120 ,
Moo 3 , Chaengwattana Road , Tungsonghong Subdistrict,
Laksi District, Bangkok 10210

Tel 662 1414000 Fax 662 143 9730-31

e-mail : interNHSO@nhso.go.th

website: <http://www.nhso.go.th>