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การศึกษาความเข้มแข็งในการจัดการสุขภาพชุมชน ขององค์กรปกครองส่วนท้องถิ่น ในอำเภอสันทราย จังหวัดเชียงใหม่

Study on The Capability of Community Health Management
of Local Administrative Organizations
in San Sai District, Chiang Mai Province

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บทคัดย่อ

การศึกษาความเข้มแข็งในการจัดการสุขภาพชุมชนขององค์กรปกครองส่วนท้องถิ่นในอำเภอสันทราย จังหวัดเชียงใหม่ ระหว่างปี พ.ศ. 2557-2558 มีวัตถุประสงค์เพื่อศึกษาความเข้มแข็งในการจัดการสุขภาพชุมชน และปัจจัยที่มีความสัมพันธ์กับความเข้มแข็งในการจัดการสุขภาพชุมชน ขององค์กรปกครองส่วนท้องถิ่น ในอำเภอสันทราย การวิจัยครั้งนี้ใช้วิธีการวิจัยแบบผสม ในเชิงสำรวจซึ่งมีการสุ่มตัวอย่างแบบหลายขั้นตอน โดยใช้เครื่องมือในการเก็บรวบรวมข้อมูลประกอบด้วยแบบสอบถาม การสัมภาษณ์ และมีกลุ่มตัวอย่างได้แก่ ผู้บริหารองค์กร และผู้ที่มีส่วนเกี่ยวข้องกับงานด้านการสาธารณสุขและการจัดการสุขภาพชุมชนภายในองค์กรปกครองส่วนท้องถิ่นในอำเภอสันทราย รวมจำนวน 12 เทศบาล มีการวิเคราะห์ข้อมูลเป็นสถิติภาคพรรณนา ร่วมกับการวิเคราะห์ความสัมพันธ์ถดถอยพหุคูณแบบขั้นตอน โดยใช้โปรแกรมสำเร็จรูปสำหรับการวิเคราะห์ข้อมูลทางสังคมศาสตร์ SPSS (เวอร์ชัน 21)

ผลการศึกษาพบว่า องค์กรปกครองส่วนท้องถิ่นในอำเภอสันทราย มีระดับความเข้มแข็งในการจัดการสุขภาพชุมชนในภาพรวมอยู่ในระดับปานกลาง ($=3.11$, $S.D. = 0.74$) และปัจจัยด้านการรับรู้โอกาสเสี่ยงด้านสุขภาพของชุมชน เป็นปัจจัยที่มีความสัมพันธ์กับความเข้มแข็งในการจัดการสุขภาพชุมชนมากที่สุด โดยมีค่าสัมประสิทธิ์ความสัมพันธ์เท่ากับ (R^2) 0.852 ($P < 0.05$)

คำสำคัญ: ความเข้มแข็ง, การจัดการสุขภาพชุมชน, การมีส่วนร่วม

Abstract

The objectives of the study on the capability of community health management of local administrative organizations in Sansai district, Chiang Mai province during 2014-2015 are to study the capability of community health management and the factors related to the capability of community health management in Sansai district. This particular research of mixed method type according to survey research and multi stage sampling using questionnaires combined with interviews. The samples including the administrators and those involved in community public health and community health management under the local administrative organizations, comprising of 12 municipalities. The data analysis was conducted by descriptive statistic and stepwise multiple regression analysis using SPSS (version 21).

Results of the study showed that local administrative organizations in Sansai district had an over-all moderate level of capability in the community health management ($\bar{x}=3.11$, S.D. = 0.74) and the perception of risk opportunities on community health (PERC) was highest positively correlated to the capability at $R^2 = 0.852$ ($P<0.05$)

Keywords: capability, community health management, participation

Introduction

In the development of the country towards its progress, man is a resource that is most valuable and important, thus there is a need for human resources development because human population has the highest value to become the force of national development. The government has realized the importance of this issue and has thus decreed to include physical fitness and sports activities as part of a policy for state administration. Therefore, it has promoted awareness among the people to allow them to know more about sports and physical exercises in every proper way in order to help develop human fitness of the country so that each one has high quality physically, emotionally, socially and mentally. The government has thus put real interest in promoting population development so that people can have good physical health by mandating the local government to be responsible on this issue of physical fitness among the people within the locality as a mean of strengthening people's health, as similarly reported by Supaluk Wattana Wittawat (1999, 8) who indicated that good health is important to man's way of life and existence. An individual with good health thus can be compared to having inner resources that initially control one's energy to enable oneself to live a life of great value in terms of his own life and with others. Perhaps it can be said that health means daily life that leads one to true happiness and real success in life.

Promoting good health is one method of having one's body away from various diseases. The government is therefore promoting and providing importance to projects that give significance to physical fitness such as the

project on “just moving is equal to physical exercise”, Thai Health Promotion Foundation (Sor Sor Sor), that was initiated in 2007 with goals of enabling the people in the society to have awareness towards sports and physical fitness, and start to change the way of life where physical fitness becomes an important part of one’s daily activities (Thai Health Promotion Foundation (Sor Sor Sor), 2009); and, the project on “promoting physical fitness and sports in Chiang Mai province” by the Chiang Mai Office for Tourism and Sports” with a goal towards development of a strong and healthy way of life of Chiang Mai people.

As such, public health services is one basic activity that contributed by government’s administration that allows each member of the population in the country to have the rights for equal services. The local administrative organization is one organization that takes a major role in contributing good health and that role has the trend of adding increasing importance to it because the decentralization must take care about the resources. The administration of public services within one’s area of responsibility emanates from the decentralization to govern that specific locality. Likhit Theerawekin (2001, 245) attributed that it is a reflection of the Thai regime of democratic government that realizes the value and importance with the locality that is similar to the roots of the country or otherwise referred to another way that local governance is an important key in a democratic government because comparatively, it is the basic foundation of national democracy that also includes the population being the important resource of the country. In 2007, there was a phenomenal change in the over-all decentralization at the national level and on the part of the Ministry of Public Health. The law promulgated decrees that an organization in the local government such as the municipality and the sub-district (Tambon) administrative organizations, are organizations that should receive the decentralization. The new constitution emphasizes clearly the direction of the decentralization towards the locality. The local government therefore takes in a role and duties related to public health and sanitation of the people in the locality by considering physical fitness and exercises as the

activities and necessities of human life because aside from making the body strong and sound, they also lead to the strengthening of its capacity in many aspects (Health Systems Research Institute, 2009, 274)

In the past, the development of the system for medical services and public health in the locality was largely the responsibility of the central and provincial administrations. Even though medical and public health services and sanitation were provided within the municipality area and district by the local government, but the implementation was less efficient as expected. There was usually a lack of coordination among public offices (from the central and provincial levels) on the aspect of planning, participatory practices and on the implementation of the functional and duty powers including the relationship between organizations. Aside from these, the relationship of the municipality and district with the community was in a more vertical than horizontal manner and was similar to the general Thai government system which lacks community participation in solving problems on public health in the locality in terms of efficiency and integration including the quality of life of the people in the said area (Health Systems Research Institute, 2010). Prior to a decree promulgating the planning and procedures for decentralization to the local government (1999), it can be said that the decentralization for health issues within the scope of the Ministry of Public Health would then refer to the transfer or designating the power and responsibility. In other words, decentralization from the central level to the district means shorter tape of bureaucracy with the central unit having the authority of state control in terms of individual administration and budget. In 1965, important structural changes occurred in the Ministry of Public Health that caused virtually all health service units at the district level to fall under the direct supervision of the medical head of the provincial health office and who has to report directly to the office of the deputy minister of public health. This distributed or deconcentrated power or authority from the central office to the regional level thus making the implementation to become more united and efficient. Besides in 1999, a decree was promulgated that created relevant public organizations which in turn

caused state organizations to become more free and more flexible, thus indicating delegation of powers. (Economic Research and Training Center, 2009) At present, the decentralization on health is a mission that must be implemented based on the decreed law and that, the 1997 constitution has indicated that there should be decentralization from the central government to the local governing bodies, with the 5th clause emphasizing the main policy of the government. Article 78 states that “the government must deconcentrate its powers for self-reliance of the local government and enabling it to decide its own local activities.....” and 9th clause, governance of the locality, Article 282-290, declaring again the establishment of planning and procedures to deconcentrate power or authority to the local administrative bodies in 1999 and even when there was the new constitution of 2007 but the principles of decentralization have not changed the decree on the planning and procedures for decentralization to the local administrative bodies. In 1999, it was declared that the local administrative bodies must be created through election, must have free working administration and must have the optimum participation of the people in the governance of the locality for their own true benefit, by distributing and transferring the missions in 6 aspects including the development of the quality of life including public health Office of the Decentralization to the Local administrative Organization Committee. (Decentralization to Local Administrative Organization, 2002)

Over-all, health administration by the local administrative organizations has been found, based on preparation to receive the deconcentrated power or authority by the locality particularly that pertaining to public health, still some gaps existing that show less or absence of preparedness in the actual and proper implementation. The Ministry of Public Health in the central government has stated that the decentralization to the local government has been a good action that leads to better development of the people thus allowing them to receive more benefits and solving the problems has resulted to direct and better response to the needs of the people. However, the local administrative organizations themselves

especially the municipalities and the tambon administrative organizations are still less prepared in responding to this mission. Most of the problems seen included the lack of working staff who have better knowledge about health issues, regulations that do not support or help the changes in positions possible for transfers, lack of sufficient budget for the implementation, and unclear regulations on cash reimbursements. As for management, there is a lack of clarity in the policy and guidelines in the practice of health activities including the absence of coordination with state organizations that led to the repetitive implementation (Kamukda, 2011, 6). The decentralization on health thus depends on the condition of needs towards immediate development particularly on issues such as concept adjustment, understanding and cooperation of various organizations that bear authority to decide on the different aspects because if there is a lack of clarity and commitment towards the need, these would fully affect the decentralization.

From the role and duties as stated initially and under the varied differences in the potential capability of administrative management of the local administrative organizations, the establishment of the problem issues of this research thus consisted of questions on how local administrative organizations proceed with the community health management with their differences on the administration emphasized on the factors or conditions; does the local administrative organizations have strategic policy and how does it affect community health administration and if the development to strengthen the community health management is given by the local administrative organizations, how is the implementation would be conducted. The researchers, therefore, had initiated this study on the issue of community health management by the local administrative organizations in Sansai district, Chiang Mai province.

The results of this research would greatly benefit the aspect of development in order to strengthen local administrative organizations in the implementation of the administrative management based on the mission transferred from the Ministry of Public Health, which should have direct and

indirect effects of increasing the efficiency and effectiveness in the management of community health and also increasing the quality of life of the people in local community in the future.

Objective

1. To study the capability of the community health management of the local administrative organizations in Sansai district, Chiang Mai province.
2. To study the factors that are related to the capability of community health management of the local administrative organizations in Sansai district, Chiang Mai province.

Method

This research was conducted in order to respond to the objectives of this study in the 1st and 2nd issues, namely, study of the existing conditions in relation to the capability in the community health management including the study of factors related to the capability in community health management of the local administrative organizations in Sansai district, Chiang Mai province. Firstly, 12 targets municipalities were selected from local administrative organizations under Chiang Mai province using Taro Yamane Formula (Taro Yamane, 1973, 125). Samples were administrators and those involved in community public health and community health management under the local administrative organization. Data collection was conducted by mixed method combined with quantitative and participatory action research, experimental tools were questionnaire and structured interviews as developed by the researcher to have validity and reliability respectively. As for data analysis, descriptive statistics and stepwise multiple regression analysis, the SPSS version 21 program for social studies was used.

Research Results

1. Capability of community health management of local administrative organization

The result of the study on the capability of community health management of the local administrative organizations in Sansai district, Chiang Mai province, consisted of 9 aspects: 1) brainstorming; 2) setting up of organization or committee directly responsible for community health management; 3) meetings to exchange knowledge and conduct of study trips on community health; 4) continued test evaluation of projects or activities; 5) individual activities; 6) organizational coordination; 7) information technology; 8) ability to apply planning to practice; and, 9) ability to perform based on mission and authority. Results of the analysis, are as follow:

1) On brainstorming, it was found that local administrative the organizations had a moderate level in community health management ($\bar{X}=3.25$, S.D. = 0.73)

2) On the setting up of an organization or committee directly responsible for the community health management, results indicated that local administrative organizations in Sansai district, Chiang Mai province, had a low level of capability for community health management ($\bar{X}=2.54$, S.D. = 0.82)

3) On meetings to exchange knowledge and conduct of study trips on community health, the study showed that the local administrative organizations in Sansai district had a moderate level of capability in community health management ($\bar{X}=3.24$, S.D. = 0.63)

4) On the continued test evaluation of projects or activities, it was found that local administrative organizations in Sansai district had a moderate level of capability for community health management ($\bar{X}=3.15$, S.D. = 0.57)

5) On individual performance, results showed that the local administrative organizations had a moderate level of capability for community health management ($\bar{X}=2.96$, S.D. = 0.77)

6) On organizational coordination, results showed that local administrative organizations in Sansai district had a high level of capability for community health management ($\bar{X}= 3.59$, S.D. = 0.77)

7) On information technology, the result realized that local administrative organizations in Sansai district had a low level of capability for

community health management (\bar{X} =2.59, S.D. = 0.71)

8) On the ability to apply planning to actual task, results indicated that the local administrative organizations had a moderate level of capability for community health management (\bar{X} =3.37, S.D. = 0.88)

9) On the ability to practice based on mission and authority, it was shown that local administrative organizations in Sansai district, Chiang Mai province, had a moderate level of capability for community health management (\bar{X} =3.26, S.D. = 0.82)

Results of the analysis of the factors involved the administration effected the capability in community health management of the local administrative organizations in Sansai district, Chiang Mai province, as follow:

1) The administrative experience of the municipal mayors of the local administrative organizations, indicated that 66.67% of the municipal mayors of the local administrative organizations in Sansai district, Chiang Mai province, had more than 5 years of experience in administration.

2) The population within the site of the local administrative organizations in Sansai district, found that 58.34% of the local administrative organizations had population at more than 10,000 people with an average population in each site of 9,497 persons.

3) The ratio of budget on community health of the local administrative organizations, found that 41.67% had a budget for community health at 500,000-1,000,000 baht per year with average ratio per year of 2,438,059 baht.

4) The number of individuals involved in community health of the local administrative organizations, was found to have 50% of the local administrative organizations in Sansai district had 3-5 staff workers and an average of 3 persons.

5) The perception of the opportunity for risk on community health in the community health management of the local administrative organizations in Sansai district, showed that the local administrative organizations in Sansai district perceived a moderate level of risk opportunity on community health in the management of community health (\bar{X} =3.27, S.D. = 0.70)

6) The level of participation in the community health management of the local governing organizations, indicated that the initial participation on collective thinking of the local governing organizations in Sansai district, Chiang Mai province was at moderate level ($\bar{X}=3.28$, S.D. = 0.72); participation in planning at moderate level ($\bar{X}=3.09$, S.D. = 0.65); participation in implementation at the moderate level ($\bar{X}=3.14$, S.D. = 0.61) and participation in evaluation at low level ($\bar{X}=2.47$, S.D. = 0.61)

On the over-all analysis of the participation in the community health management of the local administrative organizations, it was found that they had a moderate level of over-all participation of the local administrative organizations ($\bar{X}=3.11$, S.D. = 0.74). Additionally, the attitude of the members of the organization on community health management of the local administrative organizations, showed that the local administrative organizations in Sansai district had a high level of good attitude towards community health management ($\bar{X}=3.77$, S.D. = 1.01)

2. Factors related to the capability of community health management of the local administrative organizations.

Results of the analysis of factors related to the capability for community health management of the local governing organizations in Sansai district, Chiang Mai province, are as follow:

1) Factors on the perception of risk opportunity on community health (PERC), showed a positive correlation with the capability on community health management, with a highly statistical significance ($b=0.481$ $P<0.05$) by which the perception for risk opportunity on community health by the administrators could explain the variation of the capability in administrative management of the local administrative organizations in Sansai district at 67.60 ($R=0.676$ $P<0.05$)

2) Factors on participation in the management of community health showed correlation with the capability in community health management at a highly statistical significance ($b=0.91$ $P<0.05$), with factor on the perception of risk opportunity on community health of the administrators and the factor on participation on community health management could explain together the capability in community health management of the local governing

organizations in Sansai district, at a percentage of 77.60.

3) The factor on the attitude towards community health management (ATT) was found to be positively correlated with the capability in community health management of the local administrative organizations in Sansai district, at a highly statistical significance ($b=0.89$ $P<0.05$) and when used in the stepwise multiple regression analysis with factor on perception of risk opportunity on community health by administrators and factor on participation in community health management, it was found that the 3 factors could be able to explain the variation of capabilities in community health management, at a percentage of 81.70.

4) The factor on the number of community health workers (STAFF) was found to have a negative correlation with the capability on community health management of the local administrative organizations in Sansai district, at a highly statistical significance ($b= -0.022$ $P<0.05$) and when used in the stepwise multiple regression analysis together with the factor on perception of risk opportunity on community health of administrators, factor on the participation on community health management and factor on the attitude towards community health management, results showed that the 4 factors could explain the variation of the capabilities in community health management of the local administrative organizations in Sansai district, at a percentage of 83.50 ($R=0.835$ $P<0.05$).

5) The factor on the experience on administrative management of the municipal mayors (EXPE) showed a positive correlation with the capability on community health management of the local administrative organizations in Sansai district, at a highly statistical significance ($b=0.020$ $P<0.05$) and when used in stepwise multiple regression analysis together with factor on perception of risk opportunity on community health of administrators, factor on participation on community health management, factor on the attitude towards community health management and factor on the number of health workers, it was found that the 5 factors were able to explain the variation in the capabilities in community health management, at a percentage of 84.10.

6) The factor on the budget for community health (BUDGET) showed a negative correlation with capability on community health management of the local administrative organizations in Sansai district, at a highly statistical significance ($b = -0.009$ $P < 0.05$) and when used in stepwise multiple regression analysis together with factor on perception of risk opportunity on community health of administrators, factor on participation on community health management, factor on the attitude towards community health management, factor on the number of health workers and factor on the experience of administration of community health by municipal mayors, it was found that the 6 factors were able to explain the variation in the capabilities in community health management, at a percentage of 84.20.

7) The factor on the population in the area (POP) showed a negative correlation with capability on community health management of the local administrative organizations in Sansai district, at a highly statistical significance ($b = -0.006$ $P < 0.05$) and when used in stepwise multiple regression analysis together with factor on perception of risk opportunity on community health of administrators, factor on participation on community health management, factor on the attitude towards community health management, factor on the number of health workers and factor on the experience of administration of community health by municipal mayors and the factor on the allocation of budget on community health, it was found that the 7 factors were able to explain the variation in the capabilities in community health management, at a percentage of 85.20

Conclusion and Discussion

In summary, over-all analysis of the capability in community health management of the local administrative organizations in Sansai district, Chiang Mai province, indicated that the local administrative organizations in Sansai district had a moderate level of capability in the community health management ($\bar{X} = 3.11$, S.D. = 0.74).

When considering as organizational cases, it was found that the high level of capability in community health management occurred when related

to coordination done by the organization ($\bar{X} = 3.59$), followed by the moderate level in the ability of applying planning to actual practice ($\bar{X} = 3.37$), ability to perform based on the mission and authoritative duties ($\bar{X} = 3.26$), brainstorming ($\bar{X} = 3.25$), meetings to exchange ideas, learning and study tours on community health ($\bar{X} = 3.24$), continuous test evaluation of projects or activities ($\bar{X} = 3.15$), performance of staff workers ($\bar{X} = 2.96$) and again followed by those having low level of capability due to information technology ($\bar{X} = 2.59$) and setting up of the organization or committee directly responsible for community health management ($\bar{X} = 2.54$).

To summarize the study of factors correlated with the capability on community health management of the local administrative organizations in Sansai district, the stepwise multiple regression analysis data showed that the factor on perception of risk opportunity on community health (PERC), had the highest correlation with the capability in community health management, and this was followed by participation on community health management health (PARTI), attitude towards community health (ATT), number of community health workers (STAFF), experience on community health management by the municipal mayors (EXPE), allocation of budget for community health (BUDGET) and population in the working site (POP), respectively. And all the factors were able to explain the varying levels of capabilities in community health management by the local administrative organizations in Sansai district, at percentage of 85.20.

Recommendations

From the study on the capability for community health management of the local administrative organizations in Sansai district, Chiang Mai province, it was found that the local administrative organizations in Sansai district had a moderate level of capability because it still lacked the continuous test evaluations of projects and activities related to community health and also they lacked the clarity in the setting up of organization or committee that are directly responsible for community health management. The results of the study on the factors related to the capability on community health

management of the local administrative organizations in Sansai district, showed that factor on the perception of risk opportunity on community health was the most highly correlated with the capability in community health management because perception of risk opportunity on community health was an important element in deciding to participate in the implementation of various health projects or activities by those involved in the community health management by the local administrative organizations in Sansai district.

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