

**CHANGE OF HEALTH DEVELOPMENT PARADIGM
AMONG HEALTH WORKERS IN HEALTH PROMOTING
HOSPITALS DEVOLVED TO LOCAL GOVERNMENT
: A QUALITATIVE STUDY**

PRACHERN SILAWAN

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
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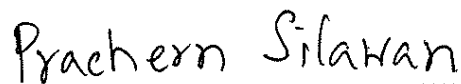
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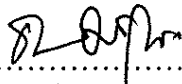
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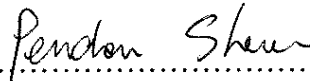
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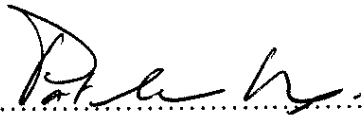
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Self – overcoming is true success above all victories in the world as is self – development to full competency. Constructed things are chaos, challenges, struggles and difficult works but I have to be happy at all times, with curiosity and energy and to keep on working. This thesis became the sense of all of the above. These are the most significant things that are shaped me above all promoters. I would like to express my gratitude to all of those below. I would like to thank Assoc. Prof. Luechai Sringernyuang, my advisor who supported the systematic thinking, with training and recommendations that are valued this dissertation. He told me “Puk mhud” (milestones). Next, Asst. Prof. Penchan Pradubmook - Sherer, Assoc. Prof. Sauwankon Ratanawijitrasin, Dr. Thammarat Marohabutr and Dr. Khongdej Leethochawalit who provided their valuable time to give me some recommendations about this dissertation in spite of their considerable work loads.

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CHANGE OF HEALTH DEVELOPMENT PARADIGM AMONG HEALTH WORKERS IN HEALTH PROMOTING HOSPITALS DEVOLVED TO LOCAL GOVERNMENT: A QUALITATIVE STUDY

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ABSTRACT

A paradigm is an important tool to determine ideas, beliefs, values, and lifestyles when trying to understand the problems of people in the social world. The first paradigms that had influence over the ideas, beliefs, values and practices of most people, in earlier times was called Normal science, until the scientific revolution era. Where prior knowledge cannot explain a phenomenon or a new discovery occurs, for people in the community to agree with a new practice for changing behavior, and making life better, it's called a paradigm shift. This research aimed to study and alter the paradigms of community health development currently practiced by the health profession and health professionals. Thailand's community health development paradigms involve both biological models and centralization, these, present limitations on promoting people's health achievements and well-being such as solutions and decisions are delayed and the pattern of management, as controlled by central bureaucracy, does not respond to the needs of the people. This research was "ethnography" based and the participants were selected from the health promoting hospitals in two areas in Thailand. The interviewees consisted of eleven participants.

The research indicated that the paradigms that exist in community health development were comprised of; community-based, integrated health, and public policy in health perspectives. The health profession has many paradigms for integrating knowledge, skills and ability. Paradigm shifts for community health development, by the health workers, found benefits in public policy for health, community based solutions and integrated health such as building health promotions by empowering people, and participation and health ownership by the citizens and community.

This study suggested that these issues should be studied, in addition to the impacted paradigms on community health status, within the next decade. The value of this study was to highlight the importance of initiating, implementing, and maintaining community health and to provide insights into the conditions that should be considered when planning and developing community health.

KEY WORDS: PARADIGM / PUBLIC POLICY / HEALTH WORKERS / HEALTH DEVELOPMENT.

การเปลี่ยนแปลงกระบวนทัศน์การพัฒนาสุขภาพของเจ้าหน้าที่สาธารณสุขในสถานอนามัยถ่ายโอน : การศึกษาเชิงคุณภาพ

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บทคัดย่อ

กระบวนทัศน์เป็นสิ่งสำคัญในการกำหนดความคิด ความเชื่อ ค่านิยม การดำรงชีวิตและความเข้าใจปัญหาของมนุษย์ในโลก กระบวนทัศน์จึงมีอิทธิพลเหนือความเชื่อ ค่านิยม และปฏิบัติของคนส่วนใหญ่ กระบวนทัศน์เกิดขึ้นครั้งแรก เรียกว่า กระบวนทัศน์ทางวิทยาศาสตร์ จนกระทั่งถึงยุคการปฏิวัติทางวิทยาศาสตร์ เมื่อความรู้ก่อนหน้านั้น ไม่สามารถอธิบายปรากฏการต่างๆ ได้ หรือ การค้นพบความรู้ใหม่ คนในสังคมก็จะประยุกต์ความรู้นั้นมาปรับเปลี่ยนพฤติกรรมและสังคม เพื่อให้มีคุณภาพชีวิตดีขึ้นกว่าเดิม เราเรียกว่ามีการเปลี่ยนแปลงกระบวนทัศน์ งานวิจัยนี้มีวัตถุประสงค์เพื่อศึกษาการเปลี่ยนแปลงกระบวนทัศน์ในการพัฒนาสุขภาพชุมชนของเจ้าหน้าที่สาธารณสุข ในพื้นที่การถ่ายโอนสถานอนามัยสู่องค์กรปกครองส่วนท้องถิ่น ซึ่งในปัจจุบันเจ้าหน้าที่เหล่านี้ ใช้กระบวนทัศน์การแพทย์แบบตะวันตกและการรวมศูนย์อำนาจของหน่วยงานราชการส่วนกลาง ในการให้บริการและแก้ปัญหาของคนในชุมชน กระบวนทัศน์ดังกล่าว มีข้อจำกัดในการที่จะทำให้คนในพื้นที่มีสุขภาพและคุณภาพชีวิตที่ดี อาทิ การแก้ไขปัญหาและการตัดสินใจล่าช้า และการบริหารจัดการของราชการส่วนกลางไม่ตอบสนองความต้องการของประชาชน งานวิจัยนี้ใช้แนวคิดและวิธีการศึกษาแบบชาติพันธุ์วรรณา โดยผู้วิจัยได้ฝังตัวอยู่ในชุมชน กลุ่มตัวอย่าง เลือกแบบเจาะจง จากเจ้าหน้าที่สาธารณสุขที่ปฏิบัติงานในพื้นที่การถ่ายโอนสถานอนามัย สังกัดองค์กรปกครองส่วนท้องถิ่น 2 แห่ง จำนวน 11 คน

ผลการวิจัย พบว่า กระบวนทัศน์ในการพัฒนาสุขภาพของชุมชน ประกอบด้วย การใช้พื้นที่เป็นฐาน สุขภาพแบบองค์รวมและการสร้างนโยบายสาธารณะเพื่อสุขภาพแบบมีส่วนร่วม เจ้าหน้าที่เหล่านี้ ได้ประยุกต์ กระบวนทัศน์ดังกล่าวมาใช้ในการคิด การสร้างความรู้ และการปฏิบัติงานเพื่อสุขภาพของชุมชน การเปลี่ยนแปลงกระบวนทัศน์ของเจ้าหน้าที่สาธารณสุขจากเดิม มาประยุกต์ใช้กระบวนทัศน์ อาทิ การสร้างนโยบายสาธารณะเพื่อสุขภาพ การใช้พื้นที่เป็นฐานและการแก้ไขปัญหาสาธารณสุขแบบองค์รวม นับว่าเป็นประโยชน์ต่อสุขภาพของคนในชุมชน การศึกษานี้ มีข้อเสนอแนะให้ประยุกต์กระบวนทัศน์ดังกล่าวร่วมกับกระบวนทัศน์สาธารณสุขเดิม พร้อมทั้งศึกษาเพิ่มเติมว่าในระยะยาวกระบวนทัศน์ดังกล่าวมีผลกระทบต่อสถานะสุขภาพของชุมชนอย่างไร คุณค่าของงานวิจัยนี้ ให้ความสำคัญในการริเริ่มการเปลี่ยนแปลงกระบวนทัศน์ การประยุกต์ใช้และการดำรงสุขภาพที่ดีของชุมชน โดยให้ความสำคัญกับการวางแผนและการพัฒนาสุขภาพของชุมชน

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CHAPTER I

INTRODUCTION

This chapter was developed to answer the question: “Why study and what is problem?” The research studied the concept and practices of community health by health workers at health promoting hospitals that have been devolved to local administrative organization and how they are different in concept and practice. When compared with health workers who have been working at health promoting hospitals in the ministry of public health. This research has the hypothesis that health concepts and practice are called “Paradigms”. These paradigms have been used in the health system in Thailand. The paradigms are comprised of scientific methods and centralization. The scientific method is based on matters of importance to methods used in western medicine. This article provides a detailed look at local decentralization both developing countries and developed countries. The decentralization concept leads to a resolution of health problems based on democracy, participation and market mechanics. Regarding decentralization in Thailand, this article illustrates how public health activities were devolved to local administrative organization. Health workers in health promoting hospitals were devolved to local administrative organization with the roles of common importance implying the same concept and practices as under the centralization of the central bureaucracy and the dominant health workers. All concept and practices have strengths and weaknesses. This is primary reasons an approximant paradigms are found in the community health development of health workers.

1.1 Background and significance of the study

The health system in Thailand has been in crisis with a higher budget but lower health status. People are still sick and have illnesses with diseases that it could control. (Suwit, 2011) The health service system of Thailand emphasizes treatment more than prevention, promotion and rehabilitation. Thailand’s health problems in 21st

century a cancer, cardiovascular diseases, heart disease, diabetes, hypertension and Human immunodeficiency virus infections acquired immune deficiency syndrome (HIV/AIDS) and aging (Institute for population and social research, 2014 ; Promote, 2014; WHO, 2015). Regarding the aforementioned problems. Capra, the philosopher, wrote “The turning point”. He believed these problems are caused by the paradigm (Capra, 1982). The health system is a paradigm that has a defined mechanism of reduction and World Health Organization believes that these health problems are caused by the centralization conceptual (Saltman & Bankauskaite, 2006). The conceptualism is limited and does not respond to these health issue, which can be explained thus: First, the biological model or mechanism, is the main basic of health system. This concept is based on the knowledge and consciousness of humans. The biological model presents real life and the world. The health system in Thailand is dominated by the biological model that reduces life merely to the physical. Health in the biological model is absent soul, values and humanity. Besides which, this model doesn't connect to society and the environment because the biological model only explains health and illness through empirical evidence. This concept is questioned by the social movement that wants to define the new health so it extends into well-being and human interplay with the environment. (McElroy & Townsend, 2009) Second, centralization of the central bureaucracy has been a problem 1) solutions and decisions are delayed because the central bureaucracy process has a hierarchy and commands need to be passed down.2) the pattern of management as controlled by the central bureaucracy dose not respond to needs of people. People have different cultures, races, religions, and geographical antecedents. 3) The centralization of the central bureaucracy has become a barrier to the participation of people in the politics of democracy and has obstructed learning and self-practiced (Atkinson, 2002).

Both of the above paradigms and concept are significant when trying to achieve that optimization for community health development. They inhibit decentralization, deliberation, democracy, community culture and holistic health. The decentralization conceptual extends to the international level and has been, important for more than half a century. Decentralization is defined as and the pattern are based on objectives. Rondinelli divided the decentralization phrases into two. Phrase I, decentralization post War II between 1970 – 1980 reformed the government structure

and bureaucratic system. Phase II, initiated mid-1980, defined decentralization perspective broadly as politic, democratic, market liberalization and a transfer to the private sector. For David and his colleagues decentralization is represented at international, country and local levels that considers the market, the customers and innovation (Mill, 1994; Rondinelli, Nelli & Cheema, 1989).

The biomedical paradigm describes health, disease and illness as reductionist which has a tendency to reduce all explanations to the physical workings of the body and is absent the mind, soul, values, and humanity (Porter, 1999). One of major criticisms of the biomedical model stems from its apparent unwillingness to acknowledge that both social and psychological factors exist (Barker *et al*, 2013; Freidson, 1970; Illich, 1976).

The paradigms mentioned above present limitations. The medical profession must be studied in order to select the paradigms that they fall under. From literature and research, the currently available paradigms are decentralization, community based, and holistic health (Gutmann & Dennis, 2004). First, decentralization was used in Europe post World War II with the objective of reforming the bureaucracies, politics, democracy, economics and privatization of resources. This decentralization process brought the service closer to the population and gave the municipalities a greater role in budgets and provision. However it also gave local administrative organization the authority to decide autonomously whether or not to fund health care, including the option to use the central government fiscal transfers for other purposes. Furthermore, it fragmented between different sectors the responsibility over production factors such as labor, capital, and inputs. This setup created difficulties for the local administrative organization in national priorities such as the management of facilities, and human resources, as well as in transparency and accountability. In Thailand, decentralization had been devolved by King Rama V to local bureaucracies. This decentralization's purpose was to promote local bureaucracies in order to strengthen and respond to the people who live in the community. Decentralization became an obligation in the 2009 Thai Constitution. Health promoting hospitals being devolved to local administrative organization was one area of decentralization. Second, another paradigm is community based and is called "participation". The concept of participation can be initiated at grassroots level

without professional sponsorship such as voluntary/bottom-up/community supportive, social participation, and imposed from above, with organizational components defined by professionals and state authorities such as top-down, community oppressive, and direct participation (Morgan,1993).The community based paradigm aims to resolve many problems and support people's empowerment (Sadan,1997; Starfiel,1994). People involvement in health refers to the community cohesion that results from positive aspects of community life, particularly from high levels of civil engagement as reflected in membership in local voluntary association. The final, paradigm is holistic health. Holistic health is in contrast to the biological paradigm in that it treats the whole person and is an understanding of life and disease being more than just the division of life into component parts as it also includes the social determinants of health.

One of decentralization reforms devolved the health promoting hospitals to local administrative organization. The criteria for devolving health promoting hospitals comprises of: First, local administrative organization has a good governance award and subsidies the local health fund. Local administrative organization must provide budget to the health fund of about 20%. This local health fund of local has the objective of promoting health activities. Second, persons in the health promoting hospitals are reluctance. Finally, both institutions are approved by the committee at province level. The chairman of the committee is then the chief of provincial health (Samrit, S., Wichai, A., Pongpisut, J., Jadej, T., Walaiporn, P., Winai, S.& Viroj, T., 2010).

Since 1997, health promoting hospitals has been devolved to local administrative organization but many problems have been found. First, between the ministry of public health and the ministry of interior had conflicts their roles. Second, officers in health promoting hospitals society are not confidence of standing up to local administrative organization, in lining up professionals, and in giving benefits to people. Third, the structure and size of local administrative organization budget is limited. Four, health promoting hospitals devolved to local administrative organization have questioned both corruption and good governmence. Finally, health promoting hospitals in local administrative organization control are not supported by a budget

and academics from the contracting unit of primary care: CUP (Lorain, H., Srisasalux, J. & Osornprasop, S.).

The trend is health promoting hospitals not being devolved to local administrative organization. There is only 39 devolutions from 9,770 between 2007 and 2012. The objective of the health promoting hospitals that were devolved to local administrative organization were quality service, equity, liberty and a clear role with no duplication (Preeda, 2012).

The situation of health decentralization in the health promoting hospitals devolved to local administrative organization is that there are many problems. But local administrative organization does join activities and partnership in health solutions. These health alliances are composed of: first, Thai promoting health foundation receives a budget from alcohol and cigarettes. This foundation supports the local administrative organization in promoting public health and in creating well – being in 1,500 sub – districts in Thailand. All sub – districts create health activities to further best practice and create centers of learning. Second, the National health commission of Thailand has the role of proposing health strategies and policy. This organization then presents the proposal to government. The health assembly and health constitutions are evidence of this. For example, the health constitution of Pueai sub – district Lui Amnat district, Amnat Charoen province, the health constitution of Song Men district, Prae province and the health constitution 2009 Act. Third, the National health security office was established by the National health 2000 Act. It has the role of supporting the health system. Third, the ministry of public health provides the delivery of health services in health management sub - districts. Four, health system research institutions have the duty to research and manage knowledge. All the sectors above cooperate to create public health strategies that share capital, personnel, and equipment. Local administrative organization owns the centers of learning and partnership, in order to create a well – being society (Komatra, 2005 ; Wiput, 2001).

Of all of the phenomena above, it is worth mentioning that health promoting hospitals of policy does not respond to these aims, but bottom up health development corrects this. Health workers apply these new paradigms to health development together. The researcher gives more details between old and new paradigm below.

The top – down structure that the medical professional uses to command is from central government. It is relatively vertical power and practice with lines up and divisions of labor. This concept means it is very difficult to create innovation. Health development under this concept does not work. It create suffering and unsuccessful. In contrast, the network perspective is created by people and organizations where nobody is dominant. But they, instead, relate to learning and growth (Prawase, 2009).

The principle of scientific management is the core divisions of labor, command and control in existing laws. This perspective treats the person, the community and local administrative organization as mechanisms, where each part creates special work to compliment the whole system. In contrast, learning organizations have learning and complete lives with no control, and are non – linear, un-predictable, adaptable to the learning organization's focus, creative, self – managing and with willing network relationships (Prawase, 2013).

The biomedical perspective defines health as a disease or an organic pathology or abnormality. This perspective is influenced by scientific methods and reason. It originated in the western medical model. This medical model is now the dominant health system under the control of the government and medical institutions. Scientific knowledge claims an ultimate truth and natural science is the existing phenomena that contrasts with the experience of lay person. The lay person has relative belief based on experience from daily life.

People are passive object. From the opposite view point, the new social movement is about people needing to participate in self- management of their own well – being and healthier. Self – management is viewed as a problem in usual channels as the players and followers are not controlled by the professionals. The expert is not in charge of the people. The new social system is a multiple system, with participation and academic and not being health dominant.

A mentioned above, all perspectives are used to health development. Health professional works in health promoting hospitals that deliver a health service. This health service stresses such things as treatment, prevention, promotion, and rehabilitation. The aim of the health service is social equity and access to meet the needs of healthcare for vulnerable people. Health workers are central to the roles

within community health development such as in the *Depromt* and *Proadpai* health promoting hospitals.

From the situations mentioned above, the policy of a devolved health promoting hospital is not responsive to objective, where health development from the bottom - up is corrected. This process was initiated local administrative organization and the health alliance. They evolved new paradigms for community health development. These new health paradigms include deliberative democracy. This perspective creates health policy for the people's participation in public health.

1.2 Main questions

These areas were determined by the central bureaucracies and used the biological paradigm to promote community health. What other paradigms that health workers choose? What were the problems and how are the conditions related? How can health workers manage the problems and conditions?

1.2.1 Sub-questions

1. How do the health workers define "health"?
2. Do the health workers have concepts sufficient to deal with what they regard as community health development? If so, what are they?
3. Do the health workers have methods to developing community health? If so, How?
4. What are the problems or conditions in shifting the community health development paradigms? How could be done?

1.3 Objective

This research aims to study and alter the paradigms of community health development that the health profession currently practices.

1.3.1 Specific objective of the study

1. To determine the conceptual sets of community health development by the health workers.
2. To explore the practice of health workers in community health development.
3. To explain the process and conditions for changing the community health development paradigms in the health profession.

1.4 Definition

1. Paradigm means both concept and method used by the health profession in providing community health services and well-being.
2. Community health means the complete health of people; including mind, soul and equality in society.
3. The health workers are those who work in health promoting hospitals, such as medics, nurses and public health officials.
4. Health decentralization means the medical institution transfer power to communities, local administrative organization and the public sectors.
5. The biomedical model describes health, disease, and illness in terms of the physical working of the body; absents mind, soul, values, and humanity.
6. Community based means many problems are resolved in the local community such as by participation and empowerment.
7. Holistic health means an understanding that health and diseases are included in the social and psychological factors.

CHAPTER II

LITERATURE

This chapter (II) provides more details about the various literatures, perspectives and theories used for developing the framework and how the research design illuminates the understanding of the role of health professionals who apply health concept or paradigms to community health development. Community health development needs an understanding of the historical roots of health management by central bureaucracies and obstructions in exploring decentralization. This chapter has four sectors of importance: First, an explanation about the paradigms; their origins, meaning, and how they were developed. Second, health development by central bureaucracies was found to cover the international perspective, especially Europe where health development is undertaken by scientific methods. Third, new paradigms or perspectives in community health development are comprised of the decentralization, deliberative democracy, and community culture. The decentralization perspective explains patterns, forms and trends in Thailand. From the community culture perspective or community strength is defined to apply to common development. This perspective has the principles of participation and rights for receiving and rejecting the development perspective from the outside, using the democratic ideology of community culture perspectives. In the final part the researcher compared the old and new community health development perspectives, answer questions on why community health development perspectives are changing and what conditions create the new perspectives.

Part I Paradigms

2.1 The influence of Cartesian – Newtonian thought on the Biomedical model

This part introduces academics who have foreseen the importance of defining many paradigms. First, Thomas Kuhn, who published “The structure of scientific revolution” He gives meaning of the paradigm using two characteristics. He refers to a “paradigm” as a term that is closely related to scientific practice. For example, paradigms include law, theories, and applications and can also be open – ended to leave all sorts of problems for the redefined group practices to resolve. (Kuhn, 1970) Second, Egon G Guba’s paradigm is defined as the basic system or worldview that guides the investigator, not only in choices of method but also in ontologically and epistemologically fundamental ways. (Guba & Lincon, 1994). Third, Capra, an Austrian’ physicist, coined a new “paradigm” with a new vision of reality, with fundamental changes in our thoughts, perceptions, and values. The beginnings of this change, of the shift from the mechanistic to the holistic conception of reality, are in reality visible in all fields of life that dominate the present decade. (Capra, 1997: 5 - 6) Conclusively, the paradigm is a concept, belief, or a solution of many problems in the community the people in every place and times.

2.1.1 Developed scientific process

From defined paradigm mentioned above, the scientific process or main paradigm, has more importance in creating knowledge, technology, and the standardization of decided knowledge, ultimate truth and corrected things of the world. The philosophy of paradigms belief is the truth or real world becoming singular and objective. It means the being, the existence of truth or the known do not depend on other things. The truth or known facts were discovered and proved to have real and universal properties. The truth is used generally, is not limited by time and place and truth in that one subject is the only a single reality. In other words, the ultimate truth exists to provide independent weighting to the person who knows how to use the tools to uncover the rules of the truth. This perspective perceives the world as objective in time and place. The truth comprises of a complete substance that may be a person, an

object or a thing that is a small part, related to the mechanics of the mind or soul and is only a process of the brain of all parts of the body. The world of mind or soul is not real truth. The methods used to search the world and all things can be divided and seen to be small parts of the subsequent whole. When we understand those small parts well that expands into an understanding of the work as a whole as it comprises only a small part of the totality. The process of inquiry is used to prove, by experimentation with tools to produce and measure results such that they can be repeated and produce the same result (Cockerham, 2011; Singer & Erickson, 2011).

Many perspectives have roots in the Greek era and initiated growth in Western society since the 16th century. Paradigms had many philosophers developing and modifying scientific methods. The researcher selected four philosophers whose explanations will create understanding; comprising of Francis Bacon, Galileo, William Harvey, and Rene Descartes. First, Francis Bacon is called the father of science. He is an English national. He represents the role of searching for knowledge that is used to search natural through experimental evidence and set the rules of natural to explain phenomena instead of reflexive rationales that favour the traditional. He claims the aim of scientific knowledge is to create an understanding of nature, so they can use the knowledge of the laws of nature to create a comfortable habitat for humans. Galileo was an Italian astronomer, mathematician, and philosopher. He found that the Sun was the centre of the universe in accordance with Copernicus, but in conflict with Ptolemy and Aristotle. Aristotle and Ptolemy believed the world is central of the Universe. Galileo created the Telescope. This instrument was an object that could be used to search for the truth about nature and how the natural universe can speak the truth to academics by mathematics. The principles of mathematics can reveal the truth so that everyone can learn and understand. William Harvey discovered the circularly system, the heart and blood, and confirmed that humans' physical bodies are mechanisms. Rena Descartes is the father of modern philosophers. He emphasizes the study of small things in order to find more details about the division between body and soul. The assumption being that we can search the physical being without the soul. He proposed that the mind and body were independent of each other. The mind and the physical body require different methods to study their truth. He, therefore, accepts the body human is a mechanism. Although it complex system, it can understood by dividing it

into parts. This concept is important for biomedical models and modelling science. Descartes questioned everything to search for thinking as a process. He describes that life in the consciousness is true, whereas, life in dreams is not true, because dreams are not continuous. The principle of Descartes describe reflection and mediation, until to the point of non skepticism. He coined the phrase “I think therefore I am”. Finally, Newton was a great English physicist and mathematician. He describes the natural mechanism of the law of gravity and studied physics in order to develop knowledge, technology, and industries. All his work was based on thinking, processing, improving systems, and evaluating the truth. He published “the mathematical principles of natural philosophy.” in which he explained the motion theory and the gravity of objects. He believed that every where in the world, things operate under a single rule (Dubos, 1950; Haldane & Ross, 2003).

2.1.2 Biomedical model of Descartes – Newton.

Many of aforementioned philosophers have influenced the biomedical model, with the principle of the biomedical model being reduce to a mechanism. This perspective suggests all things in the world are objects, such as humans, substances, and natural. Many objects can be predicted and calculated by accurate mathematics. This perspective is only interested in the quantitative process that can be proved by humans. Health management under the biomedical model believes that illness, disease, and sickness are not cure by the individual, but are the duties of health workers, who are experts about diseases and genes. When people get sick, they are assisted by experts in the biomedical model. The structure of the health service is a hierarchy with specialist professionals having more power than general medical practitioners and medicine has more power than nurses (Cohen, 1989; Rosenberg & Ackerknecht, 2007).

2.1.3 Limited in biomedical model.

The concept is to determine the knowledge and consciousness of human. The health system in Thailand uses the biomedical model that provides a simple reduction to biology. The biomedical model therefore hinders for the following reasons: First, the biomedical model is absent holistic health measures such as

prevention, promotion, and rehabilitation. It emphasizes more on treatment leads to higher costs. Second, the biomedical model rejects the lay person with knowledge, which divides society from the medical process. Third, this perspective stresses an approach to disease that detaches patients from the community and environment, in order to direct medicine towards patients. Finally, the biomedical model cannot integrate human and natural. This perspective aims to overcome natural occurrences such as births, the elderly, illness, and death (Blood, 2013; Silverman, Jain, Ichalikaranje ; Jain, 2005).

Overall, the biomedical model treats humans as mechanisms that can be divided to parts analysis and to define disease and illnesses in humans. The biomedical model does not integrate the environment and avoids the roles of work, homelife, and lack of income etc.

Part II; The history of conceptual health management by governance.

2.2 Health management of state.

2.2.1 Pre – modern state.

In pre historical, ancient humans survives by hunter – gathering. However, in the modern era, man grow crops and domesticate animals. This process can increase food availability but can create new diseases from changes in the ecological system and society; changes such as malaria, and schistosomiasis in the ancient Mesopotamian community (Magner, 2005). Ancient medicines of the world were from China, Greece, and India. First, ancient Egyptian medicine, dating from least 3,000 B.C., believes that health and illness is caused by imbalances between the physical body and the soul. The healing process and rehabilitation involved magic, ritual, prayer and drugs. Second, Ayurvedic medicine from India, summised that either health or illness that can be resolved by a balance between food, body, and spirit. The treatment included caring for the mouth, teeth, tongue, and hair. Ayurvedic medicine takes a holistic view of human beings (Porter, 1994). Traditional Chinese medicine has been in practice for more than 200 years and includes acupuncture, massage, breathing exercises, and dietary therapy (Conrad & Dominik, 2000). This ancient system of

medicine, believed to be more than 5,000 years old, is based on two separate theories about the natural laws that govern good health and longevity, namely “Ying and Yang” which are in opposition to each other, and five elements. The five elements are earth, metal, water, wood, and fire each of which is linked to the main organ system of the body such as spleen, lung, kidney, liver, and heart respectively. It considers that an unbalanced diet, lifestyle or environment will disrupt the body balance, which in turn manifests as symptoms of illness (Cockerham, 2012; Porter, 1999; Ramawat, 2009; Strickmann, 2002).

2.2.2 Why is the state involved in the health management of citizens.

Health management by the state has two reasons; first, health is a basic right in America and France. Second, the advantages of science and social science, where the state can apply scientific knowledge to developing good health in people and to use social science to explain the causes of disease and illness (Cheema & Rondinelli, 2007 ; Collins, 1994).

1. Health as a civil right. The democratic revolution in America and France emphasized both the state and the health of citizens. Thomas Jefferson the 3rd American president, declared that a sick population was a product of a sick political system (Rosen, 1959) and described disease as being from despotic government. So democracy came to embrace well – being and health. The principles of politics are subordinate to liberty and the pursuit of happiness and those require people to have good health. The French revolutionaries announced that health was a human right and assists in developing democracy in the country. France has maintained the citizen’s charter of health since 1791 (Marmot & Wilkinson, 1999). This charter declares the functions of both state and civil life. The State must promote the infrastructures to support people’s health and the civil response to health such as exercise, diet, and modifying the environment (Figueras, McKee, Cain & Lessof, 2004).

2. Science and social science applied to manage people health. The property of people health in the democratic theories of both the Jeffersonian and the French revolutions declares health as a civil right. The French revolution intimates a social health contract between the modern state and the public. Health in the 19th

century dealt with the civil rights of health in prevention, illness, and disease. This century used social theories to conjecture that we get epidemical diseases from changes in society, the economy, and in politics. The industrial revolution emphasized growth in the economy and the development of urban centres. The modern city stimulates people in rural areas to move to the developed places to study or work, but is symbolic in the 19th century as being places where there were epidemics of typhoid, tuberculosis, and diarrhea (Tulchinsky & Varavikova, 2009).

In conclusion, the advantages of science in medicine and public health will lead to longevity of life and better health. It is the duty of the modern state to use knowledge to develop and adapt health policies for the people.

2.2.3 Why state must have health decentralization.

A question, why must there be health decentralization? It has three answers: First, people need to be involved in health in the 20th century. This is not to say that the state needs more health management. The state's function is delivery of a health service for vulnerable and dependent groups such as the elderly and disabled and for palliative care etc. It can take the form of privation, and non – government organizations being involved in public health. The pattern of health management depends on the philosophy or conceptual perspectives of each country, for example: England prefers universalism: whereas, Sweden is a welfare state. Many forms of health system are efficient and that effectiveness may differ. Second, the advantages of scientific knowledge can be used to deal with diseases such as tuberculosis, leprosy, and diarrhea. At present, these diseases are not active health problems. But non communicable diseases such as diabetes, cancer and hypertension are; and are increasing (Collins, Araujo & Barbosa, 2000).

1) Many people are frustrated at the governance in health management due to alterations in the conceptual approach, the process for quality healthcare and the health development of people in the 21th century. Health services are contracting but it must respond to the need for public health. The objectives of state to manage health in the industrial era is social cohesion not division based on social class and economic. In liberal democracies the health system favors tools for people to access the health

service and achieve an equitable health status. Many countries have determined that this conceptual perspective has improved the health system (Conrad & Schneider, 1992).

The study of social science involving people's health was initiated in Enlightenment rationalism that created a state that was strengthened with the measurement of people's health. In the 19th century as industrial era, an emphasis was placed more on the treatment of epidemic infections than on health promotion. The developing science of preventing disease requires political knowledge, economics, and social movement. Sanitation was reformed and state medicine was based on the belief that disease derived from the environment. The political methods were used to establish health institutions and to manage community health. In the late 19th century, the perception surrounding bacteria disease changed to them causing illness rather than the environment. So, in response, France proceeded to change from centralized state intervention by central bureaucracies in order to reduce centralization. Whereas, England attempted a balance between capitalism and welfare state (Driscoll & Clark, 2003).

2) Disease transition from infection epidemiology to non – communicable disease and chronic illness.

In the 21st century, the pattern of diseases changed from infectious disease deriving from bacteria such as in the Victorian era, where English suffered from “Black death” and the industrial era where diarrhea and typhoid were more prevalence, both being infectious diseases that can destroy people and cause death. In both eras they were eliminated by the use of medicine knowledge, public health, and modification in the environment. But disease is still a health problems in the 21st century and is now non – communicable disease and chronic illnesses that are effecting health management such as in treatment, promotion, prevention, and rehabilitation. All of these dimensions can add a burden to both the state and private pockets (WHO, 1998; 2008).

3) Economic dimension

The decentralization of resources from central bureaucracies to local organization has the following objectives. First, local accountability in planning the budget. Second, centralization by the central bureaucracies still requires a dependence on local organizations. Finally, the principle of budget management of state finances for providing a health service by local organizations that pushes or delivers good public health. Local organization can manage health service by using their own budget from central revenue (John, 2001).

In conclusion, the state of health management as mentioned above is present in pre – modern state. Health and illness responses by people is to search for methods and choices to cure themselves with both beliefs and transitive tradition. In advanced science, the state uses the knowledge management to develop quality health for people. Health problems in the 21st century are the only biomedical model that cannot be resolved. The biomedical model cannot clearly define illness and disease on its own. There are still other factors such human rights, equality of health, and allocated resources in societies all over the world.

2.3 Modern state

The modern state comprises of the governance of land, civil society, and sovereignty. The state of politics defines institutions such as governance in managing the country, centralised legal service, security, capital, and overcoming other institutions. This centralization can be both a condition and a relationship of the power within the state such as bureaucracy of the central institutions, such as the political institutions. The state must collect power to both control and prevent subversion of the country's security from outside. The structure of related centralization is in both politics and laws. The properties of the state comprised of: the state is the only organization capable of centralization, having a monopoly of legitimate authority, serving security and peace within country, using such tools as military institutions whose duties include the prevention and protection against threat from other countries. The police are accountable for peace and safety. Secondly, the state make the higher authority– decisions on powers of centralization, administration and politics, the state

uses its authority through central institutions to control and command. It promotes order to the outside from central institutions, with legal authority providing law. The central tenet of legitimate authority is in uniformity such as the tax system, the legal system, the health system, insurance, education and so on. Thirdly, the structure of the relationship between governance institutions relies on a detailed hierarchy. The relationship between organizations and the people by the central institutions is it is top – down, where administrations set the relationship between the chief and the subordinates. So all interactions use the top – down approach (Baer, Singer & Susser, 2003; McCarthy, 1985).

The main weakness of centralization, is that the intensive centralization of central institutions both politics and administration, have the effect of having a negative impact on managing to develop the country. First, the administration of central institutions have problems with bureaucratic red tape and do not respond to public needs. Second, centralization of allocated resource to central institutions dose not distribute equally to local organizations. Provided public goods are not effective and efficient in both regional and local levels. Third, decision – making and the determinate of the policies of central institutions are effected by the non-response to the problems of the people. Fourth, the political system of intensive central bureaucracies does not results in the growth of a culture of participation in political democracy, because the political institutions of central bureaucracies are not open to learning and practice and local self – management (Ichimura & Bahi, 2009).

2.4. Medical dominance

Medical dominance perspective has roots in the political economics of Karl Marx who presented principles of mode of production and social class. Modes of production are related to the owners of resources and the working class. The working class are people who do not owner of the means of production but who survives from working and wages. The bourgeoisie relate to the biomedical model, because the biomedical model's perspective involves social class and ideology. Every era of the ruling class seek dominance, this social class forces increased production in society and enforces an ideology on the working class as well. So, this perspective focuses on

the political economic system. Karl Marx mentions social interaction that comprises of two parts such as the sub - structure and the super - structure. The sub - structure has its economic roots in society, where the mode of production is the core in the produce of society in each era in developed social history. The mode of production comprises management, control, and allocation of resources such as capital, land, technology, and labor. The super - structure collects the ideologies of society such as beliefs, religion, values, political law, and other institutions. Marx theorized that the sub - structure has the power to order matter and assure performance for the super - structure. In other words, the super - structure effects the sub - structure and each society comprises of class related capitalism. The classes of economics and politics are bourgeois. These classes have influence on the order of social content and the pattern of the super - structure that results in a dominance of political law and political culture. The working class means labor who lie down to the power of bourgeois. Both relationships are in conflict and inequity because the working class is exploited by bourgeoisie in the capital system. Private property is the principle of imitating class and conflict. Many of the working class are willing under the relative product of capitalism because they have false consciousness. The relative product of capitalism is control and dominance and that it has more effectiveness than the working class fascinates capitalism's non reflective exploitation of bourgeoisie. Marx critics relate this conflict originates from state's role. The state performs a negative role as its tool to influence the bourgeoisie. The bourgeois class uses the state and social institutions to dominant the working class. When extreme conflicts arise the working class collect together in revolution to stop the dominance (Fischer, 1996; Thomas, 2013; Waitzkin, 1991).

The developed political economic perspective is for critical functional perspective only special in Marx concerning the capitalism related economic system. The political economic perspective was favored in 1970 – 1980 and has influenced the medical sociology perspective, under the perspective of sociology concerning health and illness. The political economic perspective treats health not only as an amoral body but it also access to the health service and the control of resources. Baer mentioned “a key component of health is struggle”. Medical dominance effects the fight against authority among the bourgeois class and working class by conflicting

interest to their basic needs higher status to gain more power. The political economic perspective considers patients who are aging or disabled as marginal groups in society, because they do not contribute economically. From this perspective, the medical institutions have come to managing a health system that aims for people's good health to promote the economic system's working class and consumers. This perspective is unwilling to devote resources for those who do not respond to treatment and who are unable return to the labor market. Medical institutions boost inequality in society between individuals and classes more than curing them. Illich mentioned modern medicine as a threat for body and mind, because the health service is controlled by professionals due to patients dependence on it (Freidson, 1970; Illich, 1976; Patterson.2009).

Patients perceive the medical service as a penance. Political factors effect illness and withdraw power from people who want to self-manage their cure. Both the functional perspective and the political economic perspective agree that the medical service is moral exercise that defines what normal or deviant is, and treats following the laws and orders of society. They have differing perspective as power for only medical authorities pose more danger than merit. For example, power is harmful rather than benevolent and is abused by the health workers. The political economic perspective has questions about the value of biomedicine. Many factors such as politics, economics and history have effects on health, disease, and treatment. Some academics present the economic system of capitalism implied in health system as goods that aimed to create a profit. Therefore, relationship between medicine and patients are in conflict. Academic discussions about biomedicine narrowly define disease, as causing illness or sickness without physical cures for acute illness. The political economic perspective prefers to search for illness from other factors such as economic and social determinants. For example, pesticide in food, stress, safety in the work place and substances used in food processing. Personal medicines have authority because they are following up on law and certification of education (McLellan, 2000; Sheaff, 2005).

Marx mentioned the medical dominant perspective relating to the state. First, the state means the instruments of class domination. This perspective is of the state being of benefit to certain class groups. Class is controlled and has authority

through institutions such as the military, police, medicine, and university etc. Health management was designed by social class from a historical context that the health needs of the labouring class is seen as corporate liberalism. Second, in the neo – Marxist era, many academic define the state as an arena of struggle in that power is used by some groups society through social conflict. The role of the state uses this mechanism to foster cohesion to promote a balance in society. Third, the post – Marxist perspective implies that the state is tool of the bourgeoisie and in that function creates laws and legitimization in order to support the economic system of capitalism. The aims of which are to accumulate capital and secure the democratic system (Robert & Wenzel, 2005; Weitz, 2007).

Thailand reformed the health system to be as advanced and modern as the Western systems. It manages a health system that trusts health institutions such as medicine, dentistry, pharmacy, and nursing etc. Originally the health organization was to first; control the standard as norms in society and an agreement with the public as a social contract. This social contraction declares public trust and safety when using the health service and duties of administration, control, measurement, and self – management etc. Second, medical institutions have authority to manage people's health by supporting the state in such things as legitimisation, law, education, vocational training, licensing bodies, and by registering members into a self – interested monopoly (Purdy & Bank, 2001).

The monopoly condition is needed for the professional process for inducing people to trust in the medical service for care and in the struggle for authority. The professional process must eliminate those who are non-professional with only scientific knowledge being acceptable. Only medical science is not enough to serve the monopoly authority. A competitive monopoly must have support from the state. The monopoly's authority in the profession is accepted by people and the state because of such things as the research system, ethics, registrations, and licensing (Sheaff, 2005).

The professional process rejects knowledge of non-scientific methods such as lay knowledge about herbs so that it can measure and control. Herbs are reduced in value to only substances and the care process divided ritual from society. Characteristic in the profession is specialist knowledge not easily understood by the

average citizens with expansion through research. Medical authorities does not come from effective treatment, but from defining disease (Wolff, 2002).

The medical dominate perspective imitates the political economy in that social relations are dominated by production. Marx believed the mode of production divided society in-to two class namely, the bourgeoisie and the working class. Both classes are in conflict all the time, because they need different benefit from the health system. For example, medicine is a nominee of the bourgeois class that creates policy and order for class identity.

Part III New paradigms for community health development.

New paradigms for community health development comprise of decentralization, deliberative democracy, and community culture.

2.5. Health decentralized perspective.

Decentralized health perspective applies in Thailand. Decentralized health is classified into four parts *de* – concentration, delegation, devolution, and privatization. *Delegation* refers to the transfer of managerial responsibility for specified functions to other public organizations outside normal central bureaucracies control, whether provincial or local government, *de – concentration* is to a lower administrative level, *devolution* implies transferring authority to a lower political level, and *privatization* take place when tasks are transferred from public into private ownership (Collin, Araujo & Barbosa, 2000; Pondinelli, Nellis & Cheema, 1983).

2.5.1 Strength of decentralization

The benefits of decentralization listed below assume that decentralization take the form of strong autonomous and participatory people in local organization, who enjoys extensive and real power in local self – management. First, decentralization gets people to participate more in decision – making in politics and steering the public administration to aim towards democracy. Second, decentralization

to local government can respond to community problems because local government is the closest and is sensitively consciousness of the basic needs from the health service for people. Third, decentralization of the decision – making authority and participation of local government in administrative process has resulted in the legitimation of using the public sector. Four, decentralization makes the health network checking the balance of power. For example, exchanging information between institutions. Finally, efficiency is the result in both economic and administrative term. Local government provides public goods easily and fast (Lorain, Srisasalux & Osornprasop, 2009; Mill, 1994).

2.5.2 Disadvantages of decentralization

The disadvantage of decentralization must be considered in three dimensions. First, the political dimension may create chaotic conditions and insecurity in the politic. Second, the fiscal dimension of more decentralization lead to a lack of insecurity in the state budgets as local government create imbalanced budgets therefore they get lower revenues. Finally, the equality dimension of excess decentralization may bring about to different health statuses and access to health care such as economically, fiscally, in the quality of life, and in public service (Regmi, 2014).

2.6. Deliberative democratic perspective

Democracy originates in ancient Greece. Athens evolved into direct democracy. This is a form of government in which citizens rule and make laws directly rather than through representatives. Then come the modern city, growth in the economy, and an increase in people are all reasons that direct democracy no longer responds to the problems of people and society. Democracy has many fields such as representative democracy, participatory democracy, liberal democracy and deliberative democracy (Dryzek, 2000 & Flynn, 2006). The researcher will give more detail as follow:

Direct democracy is defined as people engaging in referendums of political activities to provide legitimation. Although representatives of the people make draft

laws, the referendum is used for decision – making by the people. Direct democracy does not respond well when there are too many people. So, direct democracy changed into represented democracy. Since 1960, social structures, politics, and the economy have changed. America has a democratic process, in which the consciousness of the people is for self – determination. More deliberative democracy delivers participation in politics because political participation supports methods for people to make decisions by themselves. Jurgen Habermas, a German philosopher, explained that deliberative democracy is the method for using dialogue with communicative reasoning. Deliberative democracy, as a concept creates social justice, truth democracy, and more interest in the public sphere. The public sphere is an intermediate structure that creates mediation between the state, the political system and private life. Habermas introduced important change in the investigation of the public sphere and democracy, reshaping the relationship between the system and the real world with an emphasis on the systemic dimension being translated into terms of deliberative procedural politics or democracy (Komatra, 2005; Lubenow, 2012)

2.6.1 Deliberative democracy process

The deliberative democracy process uses arguments with reason. Stakeholder can present things such as equity, respect, and acceptance. The reason for the argument is for finding ways to increase the citizen's benefits. The deliberative process has two major factors. First, reasoning between people, where differences are negotiates between interest groups. Second, the principles of public acts are revealed to citizens. The accepted reasons are then weighed and voted on by members. The reason deliberative democracy asks citizens and their representation to argue is appeal to the principle that individuals who are trying to find fair terms for cooperation cannot reasonably reject the result. They are the reason that proposals are accepted by free and equal persons seeking fair terms of cooperation. Persons should be treated not merely as the objects of legislation, as passive subjects to be ruled, but as autonomous being who take part in the governance of their own society, directly or through their representatives. Second, another characteristic of deliberative democracy is that the reason given in the process should be accessible to all citizens to whom they are addressed. The reason must be public in two senses. First, the deliberative democracy

itself must take place in public, not merely in the privacy of one's own mind. Second, the reason must be of public concern as to their content. The deliberative justification does not even get started if those to whom it is addressed do not find it to be acceptable. The third, characteristic of deliberative democracy is that its process aims at producing a decision that is binding for some period of time. Fourth, the process is dynamic, although deliberation aims at a justifiable decision. It does not presuppose that the decision in hand will in fact be justified, let alone that a justification to day will suffice for the indefinite future. It keeps open the possibility of a continuous dialogue. One of which citizens can criticize previous decisions and move ahead on the basis of that criticism (Gutman, 2002 & Rostboll, 2008)

2.6.2 Benefit of deliberative democracy

The general aim of deliberative democracy is to provide the most justification for dealing with moral disagreements in politics. Deliberative democracy serves four purposes. The first is to promote the legitimacy of the collective decision. The second is to encourage a public spirited perspective on public issues. The third is to promote a mutually respectful process of decision – making. The fourth is to help correct any mistakes (Pogy, 2007).

In conclusion, democracy is a political system in which citizens govern, either by themselves or through others that are elected, influenced, and controlled by the people.

2.7 Community strength or community culture perspective.

Community strength or community culture is a developed theory for the whole country and locally. Community culture has been deriving in Thailand, from non – government organizations since 1977. Some organization initiated support and acceptance to make plans in the development of the country. Community culture is constrained by the constitution and related laws for developing the country. Community culture can be divided into three phrases. Each phrase has both conflicts and cooperation with other theories until the concept of the theory is accepted. Phrase I, community culture is in a position to alter choice in development since between

1977 – 1986. The foundation for Thailand's rural reconstruction is the movement to use community culture perspectives in developing rural areas. It is found in developed countries outside capitalism. It uses the community culture perspective choice. Another organization is the Catholic council of Thailand for development. The leader of the organization was talking about conception, when the second Vatican ecumenical council met. It addressed the relationship between the Catholic Church and the local world that understood the lifestyle of people in the community. Phase II community culture was the position of developing countries and social theory in the period 1987 – 1996. Many academics in universities of Thailand undertook research and knowledge management that collected concepts of non – government organizations and local people (Sadan, 2007). These concepts were accepted and applied to many organizations. Community culture in the history of Thailand is the basis for developing a community without using capitalism. This perspective is about justice for the community and citizens that provides benefits for major players. Phase III community culture is the ideology of society in the period 1997 – present. Thailand had an economic crisis in 1997. This event presented weak economics and politics and lead to the float of Thailand's currency, the baht. One of the reasons this crisis was so deep and so shocking was that the long boom of the 1987-96 convinced many Thais and international investors that growth and profits were a 'sure thing'. Economic activity was fast and loose, with insider trading, easy and cheap finance, collusion, and expectations of state 'guarantees' that, together, encouraged a false confidence that saw the boom going on forever. (Hewison, 1999). After, Thailand's economic crisis the community culture perspective was accepted and expanded into many institutions and society. It became the ideology of societies such as the economic community that joined the capitalist system in developing activities in income, labor, and investment in villages. Community culture is, from sufficient economic perspective, the King of Thailand's philosophy of a sufficiency economy that highlights a balanced way of living. Three principles - moderation, reasonableness, and self-immunity—along with the conditions of morality and knowledge can be applied to any level of the society, from an individual to the whole country. This article proposes that the philosophy of sufficiency economy conveys a new theory in addressing current development challenges, which are issues of institutions, human capital, environmental

sustainability and the role of government. The philosophy of the sufficiency economy, as a new paradigm of development, aims at improving human well-being as a development goal. (Mongsawad, 2010; Wibuliwasdi, Piboolsravut & Pootrakool, 2010).

Another perspective, social movement, is supporting a trend developing in Thailand either directly or indirectly. After, the political crisis in Thailand, commonly known as Black May 1992, initiated movements such as the peace movement, the student movement, animal rights, the anti – nuclear energy protests, alternative medicine, and gay rights etc. New social movements argue that a resource mobilization approach is the answer as to how the original new social movement, and anti – Marxist theory, was used to explain the phenomena in Europe or the new social movement in 1960. Some academics have questions about social movement. They believe the new social movement is not from the class – struggle among capital, labor, and martialing economics it is, instead, based on the social movement perspective. Alberto Melucci, an Italian sociologist, was one of the first to describe the contemporary social movement. He argued that the issue of identity was a separate traditional social movement from the new social movement. This theory is based on the assumption that individual and group identities in the new social movement are linked to important social processes. Second, Alain Touraine, studied the relationship between the subjects, the individuals, and the social movement. Touraine considers the subject to be the fundamental agent of the social movement and studied the ways in which structural and culture dimensions are of interest in the new social movement and its collective actions. Touraine developed an action theoretical analysis of the identity formation process that actors go through as members of a social movement. (Cohen, 1985; Touraine, 1991) Finally, Jurgen Habermas is a sociologist and philosopher who developed the concept of communicative action to explain the situation in which the actions of agents are involved in coordination and interpretation. Harbermas argues that the new social movement develops as a result of intrusion by the state and the market into areas of private life.

In conclusion, the new social movement connects anti – war, the environment, civil rights, and feminism. The new social movement emerged in the 1950s in response to political economic and social changes in post – war society.

Many early new social movements were classified as conflicted movement that used protests and strikes to achieve their goals. Sociologists use the new social movement theory to analysis how new social movements form and achieve their objectives for change (Harbermas, 1987; Palet, 2002).

Part IV; Critical analysis between the old public health care perspective and new public health perspectives.

This part compares the old public health and new public health perspectives.

I) How the old public health and the new public health perspectives are different.

Previously, health promotion hospitals in the ministry of public health devolved to local government or the ministry of the interior that set policies, plans, and projections by central bureaucracies. When central organizations order policies and plans for health workers who practice in health promotion hospitals that join volunteer groups. The village health volunteers are the back bone in the health delivery system. In the practice of health activities, the village health volunteers do not join in the decision – making regarding plans and policy. Citizens do not have an understanding of significant health problems. In contrast, there is working with a horizontal perspective in interactive learning coordination, and empowerment. Communities and villages feature many organizations such as educational establishments, temples, churches, schools, and undefined organizations etc. Health workers must change from relating to the vertical division of labor to the horizontal by participation, and equality.

a. Bureaucracy and consciousness

Bureaucracy is a threat for participatory citizens, because this perspective has the decision – making authority for allocating resource via multiple – systems, absent any coordination and with duplication. Bureaucratic organizations are not efficient and responsive. Health workers perform for results and practice in response to higher institutions. From these reason above, the aforementioned health

workers are not flexible and do not respond to the needs health problems of the citizens.

b. Passive versus Active

The old public health perspective was of health workers treating citizens passively with in the health service. Health workers must understand that citizens do not paternalism but that the health service is human right based on the constitution. Citizens as customers can measure explanations, quality, service, and established care. Citizens are empowered to resolve many health problems by themselves, take a role of politics, and create the participation in health policy.

II) Why old public health changed to new public health perspectives.

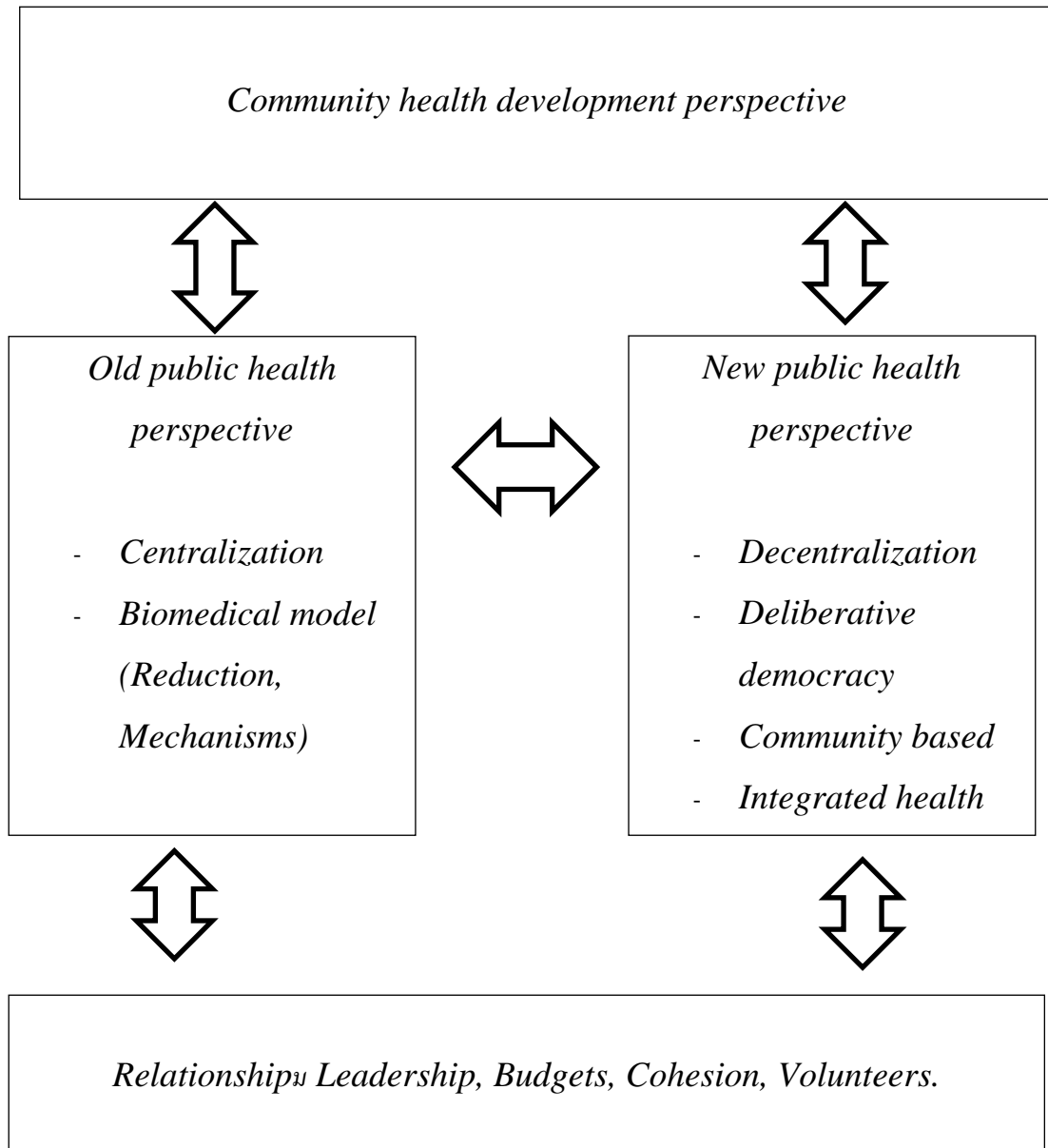
First, the old public health system could not resolve many health problems, such as threats from chronic disease, non – communicable disease, HIV/AIDS, and accidents etc. Second, citizens are concerned about the negative results of biomedicine that destroys the values of human, beliefs and culture. Third, the citizens are interested in health participation, the determination of health policy and choices in handling health measures by themselves. Other in words, the old public health perspective needed to changes to the new public health system. People report waiting involvement in meeting health problems for themselves, in taking care of basic health needs and rejecting the provision certain health services dominated by professionals.

III) What conditions are needed to change to the new community health development?

As detail below: First, complicated health problems cannot be resolved only using the biological model because health problems are not caused just from disease but they can originate from the environment, occupations, society and culture etc. The process of resolving health problems must connect to the horizontal perspective with health networking, community empowerment, and support by all health sectors for the individual, family, and community. Second, the 2007 constitution of Thailand noted the devolution of authority to local government for providing the health service and public goods. Third, several health organizations are concerned about promoting local government for its inability to resolve health

problems by itself. Four, community strength can mobilize internal and external resources for health activities such organic agriculture groups, and communities without alcohol in funeral rituals.

Table 2.1 Conceptual framework



Source: modified (WHO, 2009:43)

CHAPTER III

METHODOLOGY

This chapter (3) explains about the methods used for collecting the data and some parts of the information which resulted from the study. The method of obtaining all the results of the research were gained throughout the presentation, starting from the study areas, methods, data analysis, reflexs, and ethics.

Part: Materials and Methods

3.1 Study areas

Study areas are selected by the purposive approach. The health promoting hospitals studied were 2 out of 39 at Thailand. The starting point of the study began when the researcher arrived at the two health promoting hospitals, in Samut Prakan province and Pathum Thani in the central region of Thailand. These are 166 kilometers and 50 kilometers from Bangkok, the capital, respectively. The characteristics of the study areas were the health promoting hospitals were devolved from ministry of public health to local government of the ministry of the Interior. Both local government properties received “Good governance awards”. The other criteria were building public policies for public health, initiating health networks to manage health community, creating space for civil society participation and health promoting hospitals endorsing the knowledge and public health resources for providing community health to local government organizations. The researcher resided in the both communities for 6 months.

3.2 Key information

This research uses a case study approach, in order to achieve the aim of reaching and explaining the paradigms that the health workers chose to promote

community health. The researcher used the qualitative approach and selected the health workers who had experience and knowledge of community health development over 5 years. The participants have fundamental roles in building community health such as the director of the health promoting hospital and the chief of local governance. Participants were called “information rich cases”

The case study approach, the researcher started the field work without any problems. The researcher lived at the village in the study area in Samut Prakan province for approximately 3 months. The first month of researcher did not undertake data collection. The researcher only made relationships with the health workers and villagers. The researcher was interested in the geography, economy, and the society of the people in those areas. Sometimes researcher interviewed the aging groups, occupational groups and shop owners. The researcher had activities with young groups and health workers such as playing football and volleyball in the evening of each day. For the health workers, the researcher asked to visit patients at home and observed the health activities and activities of the village public health volunteers groups. The health professionals were visited at home for providing health service for disability groups, palliative groups, and aging groups. The researcher and health workers worked in the field a few days per week.

The second study area was in a health promoting hospital in Pathum Thani province. The researcher observed the health service in a village such as treatment, rehabilitation, and alternative medicine. The researcher lived in this study area about 3 months.

Before the interviews, the researcher introduced themselves and briefed about the objectives of the study to key informants. The key informants were required to sign a consent form before being interviewed.

3.3 Instrument

Two kinds of field notes were used; these included a diary which was used for appointments and as a scratchpad and a chronological record of important events that happened each day. These notes were taken on site during interviews or observations. These notes were rough drafts complete with diagrams and sketches.

Furthermore, both pictorial, using a camera, and audio records were made. By the end of the field work recordings had been made of thirty –three cases, together with 109 pictures. As the instrument for data collection, the researcher collected data from the field by non-participatory observation and by in-depth interviews with 11 of the health workers.

In-depth interviews: some of the question guidelines in the in - depth interviews were derived from approaches such as community based, decentralization, holistic health, centralization, and biomedical models. The guidelines were developed after the researcher had reviewed the relevant literature, documents, and previous research so that the guideline would cover the content and objectives of the study. Some of the question guidelines in the in- depth interviews were created during the process before the data collection. The researcher would, therefore, create additional questions when the available data indicated important and interesting issues that related to the community health development of health workers. Sensitive questions for health workers such as their feelings about conditions and conflict with local governance. The researcher kept these questions for the last interview session. The data analysis and data collection in the field were done simultaneously. All questions were open-ended questions. In order to completely gather information from each in-depth interview, the researcher usually asked the informants permission for sound-recordings and written note-taking. The researcher used an audio digital player to prevent any awkwardness on the part of the informants when answering questions or revealing details about their lives.

Aside from data collection, through in-depth interviews, the researcher used non-participatory observation by accompanying the health workers on their rounds. When they visited patients at home, and rallied to control and prevent diseases.

3.4 The researcher

This study was not quantitative research, instead the researcher used as themselves as the instrument to obtain all the data, using their own expertise in being a public health technical officer working at the health promoting hospital in Sisaket

province. The researcher has experience in community health development of over 20 years and used this knowledge to apply to this research.

3.5 Data analysis

Data analysis is conducted immediately after data collection daily, in order to completely collect all of the information related to the study items. When the data reached the saturation point; the researcher stopped and started analyzing the data using the inductive approach. The inductive approach has the following characteristic; (1) Produce transcripts of the interview and read through a small sample of the text, (2) Identify potential analytic categories or potential themes that arise, (3) As the categories emerge, pull all the data from those categories and compare them, (4) Think about how the categories are linked together (5) Use the relationships among the categories to build a theoretical module by constantly checking the models against the data, particularly in negative cases (6) present the results of the analysis using exemplars, such as quotes from interviews that illuminate the theory (Bernard,2006).

Part II Basic key information

The 11 medical professional participants all took part in in-depth interviews. Demography data were based on the following; sex, age, life experiences, positions and areas. The minimum and maximum ages were 28 and 53 years of age, respectively. The minimum and maximum in life experiences of the community health development were 6 to 24 years. The positions of the health workers at the health promoting hospitals comprised of; a medical physician, 2 directors, 2 registered nurses, 2 physical therapists, a public health technical officer, a dental nurse, a physical therapy specialist, a Thai traditional medicine practitioner, and a public health officer. The study areas were the health promoting hospitals in the Muang district of Samud Songkram province and the Thanyabury district of Pathum Thani province; both in central region of Thailand. (Table 1)

Table 3.1 Basic information of key informants

Case	Sex	Age (years)	Experience (years)	Positions	Areas
A	Male	53	10	Medical physician	Pathum Thani
B	Female	45	27	Director	Samut prakan
C	Male	43	23	Director	Pathum Thani
D	Male	42	24	Public health technical officer	Samut prakan
E	Male	38	19	Thai traditional medicine	Pathum Thani
F	Male	36	16	Public health officer	Samut prakan
G	Female	35	15	Registered nurse	Samut prakan
H	Female	33	6	Registered nurse	Pathum Thani
I	Female	30	8	Physical therapy	Pathum Thani
G	Female	30	12	Dental nurse	Samut prakan
K	Female	28	10	Physical therapy	Pathum Thani

CHAPTER IV

CHANGE OF HEALTH DEVELOPMENT PARADIGM

This chapter (IV) describes the result from health workers in health promoting hospitals in sub - district administrative organizations. The present situation of health promoting hospitals changes within the community health development such as human resources, delivery health service, the relationship with sub - district administrative organizations and context of the older environment of health promoting hospitals.

4.1 Case I *Deprom* health promoting hospital

To understanding the origins of the *Deprom* health promoting hospital development, this hospital is located at Pratum thani Province, it is a condensed area of people close to Dream world and Future Park, Rangsit. Its distance from main road is about 500 meters. People can depart from Future Park Rangsit by the van and arrive at the Royal temple. People can turn left and go straight through the temple school and immediately the hospital is near to both the school and the temple. This area was owned by the temple in the past. In the area there are famous places such as Dream world and Wat Khian hhen. Dream world is an amusement park and relaxation venue where various kinds of entertainment are put together in an area of more than 0.25 square kilometers. It is comprised of 4 areas designed to be different places of happiness and fun. Wat Khian Khet was constructed in 1896. Mom Khian Khet a wife of Prachao Worawongthoe Cho Saisanitwong, donated land to build the temple. Interesting objects in the temple are an ancient bell tower, an old marble OBosot and a mural depicting the Thai tradition and lifestyles in nearby Pratum Thani. Most people are employed in industry and services. This hospital supports the people in the area with about 50,000 cases that are divided into 31,145 registered residents with the rest

being residual foreign workers. The foreign workers are comprised of people from Laos, Myanmar and Kampuchea.

Inside the *Deprom* health promoting hospital are garage buildings and divided into specific areas for hospital personnel, officers and patients. The number of garages and parking space are appropriate for the number of patients. These garages were built by appreciative former patients who used the health promoting hospital in 2014. The first priority of patients is the needs for garages or parking. In addition, these areas also have scenic water – falls and many flower gardens in addition to the buildings. Customers can walk and/or sit and relax in this place between health services periods or while waiting to be attended to.

This health promoting hospital is devolved to the sub – district administrative organization. It has many buildings for serving customers. It differs from other health promoting hospitals in the ministry of public health that do not have quite so many offices. It has three new offices. The first office is the setting for the physical therapy clinic. This office has two floors, where the first floor is not used. The second floors is divided into many rooms. The new office was built to replace an old office that was built over 30 years ago.

This hospital delivers health services such as the physical therapy clinic, curative clinic, dental clinic and Thai traditional clinic. The researcher will now describe these in more detail. First, physical therapy is originated from the coordinated work between executives of the sub – district administrative organization and the ministry of public health because making plans usually involves proposals from the higher institutions when it is to be used over longer time or for many years. The executives of muang municipality had the goal of developing a health service to meet the needs of the people in the area in accessing essential care and their research reports conclude that people needed a new office.

In the plan got for the new offices, we have the strategy of ordering health workers to move much of their material to offices on the second floors, then the first floor would be used by firemen to store water and the bloodbank would also be situated there. The management then offer this plan to the ministry of public health. (Executives of Muang municipality)

Addition, the first floor of physical therapy office was supported by a budget obtained from the muang municipality. The second floors of this building also used as a meeting room. The second new office building got its budget from the department of local administration in the ministry of the interior. This building has two floors. The first floor is used as a treatment clinic that is divided into many rooms such as an emergency room, three diagnosis rooms, a laboratory room, an ultrasound room and a room for the pharmacy. The second floors of this building houses Thai traditional and alternative clinics and a dental clinic. The third new offices building houses the administration unit. All offices result from a good plan - knowing which resources are required and a good relationship with muang municipality and the health workers. This health promoting hospital has many offices that differ from all other hospitals in the ministry of public health. These offices were designed for facilitating vulnerable groups such as the elderly, the disabled, children and pregnant mothers and are called a “universal design”. Universal design refers to the design and composition of an environment so that it can be accessed to the greatest extent possible by all people, regardless their age, size, ability and disabilities (National disability authority, 2005). For example, larger toilet compartments provide easier access to wheelchair users, for those with luggage or parcels or with pushchairs or accompanying small children, for those using walking or mobility aids and larger people.

Developing the quality of service and the technology of treatment are the main goals of the health promoting hospital for creating trust and confidence in the health services by customers. This hospital has many clinics such as physical clinic, dental clinic, treatment clinic and Thai traditional and alternative medicine clinics. Delivery health services are available for caring for chronic illness groups such as disabilities, hypertension, cardiovascular diseases, cancer and psychological disorders. All health problems are described above, in former times, were catered for in pharmacies and in hospital treatment at district level but now people can use the health services available at this institution. The quality of services and the medical equipment are similar to the hospitals at district level. The main advantages for people using the health service at this hospital are that it is close to their community, there are shorter waiting times for the health services. It is cheaper and they can consult for a longer time with the medical staff. This main strength of this hospital is that it is located at

the centre community and people can easily get appointment to receive health services.

*People never used to ask - questions and trusted in the health workers who offered treatment. Now customers have more knowledge and are searching for more information. The **Deprom** health promoting hospital must provide the medicine, the diagnosis and treatment. (Executives of health promoting hospital)*

The treatment clinic has automatic opening and closing doors. Many rooms in this office have air – conditioners cope with the hot weather in Thailand. Many material pre - delivery services are provided prior to receiving treatment such as benches, chairs, televisions for information and entertainment and book shelves. Both pre and post health service, health education is provided by health workers in this clinic. Clinics issue are fast – tracked for the elderly, disabled and children. The health workers' core function is to provide health services in the clinic such as medicine, pharmacy, nurses and public health workers. This hospital had stocked its own medicine since 2014. The medical processes work well in this facility because of the close relationship between the executives of the hospital and the medical staff. The medicine is worked in this office that former was staff in private hospital in muang district. The medical efforts were started to cure chronic illnesses in special clinics then hospitals evaluated the medicine performance. The evaluation of the results found that in this hospital the medical worked form Monday to Friday. The wages of the medical is paid by money from the health promoting hospital, under the authority of executives from Muang municipality. Local administration enforces the order specifically for transforming the health promoting hospital. The rules for the wage scales of the medical staff come from the ministry of public health. Personal health issues, not covered by village health volunteers, are covered by the hospital providing health worker resources who are, in turn, supported by the Muang municipality. These human resources have the duty of screening for diabetes and hypertension, by measurements such as body weight, measuring blood pressure and blood sugar levels

etc. Village health volunteers do not work at this hospital because it requires quality health services from professional health personnel. When the patients have serious medical problems that cannot be provided by a local health service. The solution to this is to refer patients to the district hospital. Those patients not in a serious condition can receive treatment at the closest health promoting hospital such as Wat Moon Jinda and from the municipal hospitals which are about 2 – 3 kilometers away. The determination of the wages of the hospital personnel is set based on many factors such as the wages in health centers of metropolitan Bangkok, and the health center in Rangsit University and the medical center in Thammasat University etc. When the data compilation is complete, committees take into account the wages of medical experts such as in Muang municipality and of experts.

Setting of sub – committees, committees comprised of experts in the community, the chief of finance and the chiefs of public health and environment. Using reference from Rangsit University, metropolitan Bangkok, the amount of money paid for medicine was determined. Ranking from special medicine at 700 baht, general medicine at 500 baht, and pharmaceutical products at 500 baht, following the orders from the ministry of public health. The department of local administration provided special orders for devolved hospitals. (Executive of health promoting hospital)

Developing health service quality is standard and this provides the advantage that medical equipment is the first priority. This hospital has modern technology such as Ultra sound, Electrocardiograms, and a laboratory. This hospital had few laboratory skills, therefore this health promoting hospital outsourced laboratory functions to private organizations. All of the tools aforementioned above are used by the medical staff for the diagnosis of patients to provide treatment coverage. The health service is of good quality and has the advantages of technology that creates patient satisfaction at a good level. This result was from a survey undertaken in 2015 by Rangsit University.

The chronic disease clinic provide common medicine from the practice services, appointments and health consulting promotions. Patients can receive health service in this hospital such that they do not need to go to the district hospital in Pathum Thani province. The district hospital, when compared to this hospital has more patients, longer waiting times prior to receiving health servicing, longer distances and the requirement to pay for every - thing. This hospital initiated the development of this health service to provide a center for receiving patients from two sub – hospital because both hospitals did not have doctor but only a registered nurse. The main reasons for the development of this hospital was to provide more access to health service to patients from all groups and for free, non – paid, access to those patients. The following statement was issued in regard to this.

The sub – district administrative organization needs to assist patients in accessing health services equally. Making this happen is in celebration of the King's birthday amongst other things. (Executives of health promoting hospital)

The dental clinic is open all days accepts holidays. It is active between 08.30 am. and 16.30 pm. Health workers comprised of two dentists and two dental assistants. The roles of dental clinic include tooth extraction, drug prescriptions and oral checkups. Executives of the health promoting hospital asked for two dental assistants and dental equipment from sub – hospitals because these hospital have a fewer patients that receive dental services and are far from the communities they serve. In this hospital, patients can use many different health services. Dental personell not only provide dental services in the office but they also visit communities and villages in a mobile unit. Home visits focus on dependent patients and vulnerable groups. Dental services in homes include make tooth extraction, gingival diseases and oral health.

Both sub – hospital the dental clinics were closed and this concept has been copied. The ministry of public health manages things in such a way that health promoting hospitals undertake these activities for just a few patients but they still have all the available material resources. All health resources will now be brought to this hospital such as dental personell and the dental unit. (Executives of the health promoting hospital)

Thai traditional and alternative medicine stresses the rehabilitation of patients and is used to treat occupational health problems. These Thai traditions are supported by the municipality administrative organization. There are Thai traditional and alternative medical staff that were formerly tasked with children's care having skill in the Thai tradition. It is a good strategy to provide staff competency, so the executives of the health promoting hospital asked the executives of the municipality administrative organization to allow these people to assist in this clinic. This method allows personell to approximate their skills.

The physical therapy clinic adds strength to the health services because this clinic has many personel such as two physical therapists and two assistants. Both physical therapy assistants are supported by the sub – district municipality. This clinic is many activities both in the office and in the communities. The patients can receive health services at home that are the most approximate for both existing patients and new patients. For patients at home, physical therapy can be coordinated with the Muang municipality to visit homes and give help for easing life. Scheduled tasks of the practice at the patient home take place on Monday, Tuesday and Friday at 16.30 pm. – 20.30 pm. Health promoting hospital has an emphasizes on the health service for the elderly who are completely dependent. Health delivery in communities offers innovation to rehabilitees, exercise, registration of disabilities and in searching for new disabled groups. The physical therapy personel are divided into community and office staff, one person to do home visit while two persons receive patients in the clinic. The clinic has equipment such as an electric stimulator, and cervical and lumbar traction.

All equipment is supported by Muang municipality in the amount of one million baht. This physical therapy clinic initiated from the policy of an executive of Muang municipality because this executive had a neck bone illness and he thought to bring this competence to this health promoting hospital. The second reason is that the national health security office supports the budget that it pays for directing the outcome. The third reason is from good governance of the executives of the health promoting hospital such as recruiting health personnel, collecting budgets and creating policy.

This hospital has many groups assisting in the health service such as volunteers, non – government and village leaderships and those who live in the communities. The national health security office has more money as capitalism that supported the health service activities. If this hospital achieves better results, it get more money. (Physical therapy of health promoting hospital)

On home visits, physical therapists can ask for assistance from members of the Muang municipality as ordered by the executive of the Muang municipality. If, between home visits, health problems are found, the health teams may present those problems to the executives of Muang municipality to find a way to resolve them. The Muang municipality assists patients with such things as wheelchairs, flower beds and in providing survival bags for elderly and disabled groups. Physical therapists and members of local government work together. This policy is from the executives of Muang municipality, if they do not conform they will lose the next election. Essential care for the elderly, disabled, and palliative groups is provided by the health service by this hospital. Important health activities are home visits and home wards. Physical therapies are common roles for bringing together many health disciplines such as medicine, dentistry, pharmacy, nursing and Thai traditional medicine. The Muang municipality supports social care such as modifying houses and the environment for needful patients. The health promoting hospital and physical therapy faculty have created a palliative course. They have trained village public health volunteers to care

for vulnerable groups. This project aims to decrease the complications of diseases and the disability of patients. Volunteers are trained to gain more skills and knowledge to assist vulnerable groups. These volunteers are comprised of ex – civil servants, local politicians and village leaders. Twenty – three volunteers were trained. The number of disabled or vulnerable groups that receive this health service is about three hundred cases.

The pharmacy clinic has a pharmacist as the chief of the clinic providing health activities both in and out of the office especially in the community. The advantages of home visits match the social reality of patients' life – styles and conditions. All information can be used to apply to consultations and practice for the health needs of the patients. The pharmacy clinic is a drug consultant, providing evaluation and drug storage and prescription drugs.

Besides, developing many clinics, the health promoting hospital has established a quality of life development centre for the elderly. The Muang municipality has three such places in Piyavararom, Farrungsit and Sataporn villages. The objective of these centres aims to provide both care and the promotion of health care. About 3,000 elderly patients benefit from these activities. Activities in the life quality developing centre are in training people to swim, playing karaoke songs, exercise and dance, training in computers and short – practice occupations. The Patient's satisfaction surveyed in 2015 by the social welfare faculty in Rangsit University. All the activities are provided by Muang municipality. Furthermore, there is a private elderly care centre called "Ban thodthankun". The physical therapy unit cares for twenty nine elderly people in the centre. The elderly in this centre are mostly disabled and have had strokes. All health services for them are provided free with state support.

Available policies of Muang municipality provided to promote elderly health for chronic diseases. Elderly did not work. We will train them for short occupation, collecting activities for promoting physical and mind. (Executives of health promoting hospital)

The health personnel resources of the health promoting hospital can be enhanced by recruiting teams using many methods such as support from Muang municipality and the department of local administration as devolved. Medical personnel's wages are from the revenue of the district hospital, dental clinic and pharmacy clinic as requested. This hospital has a good plan for human resources. These are at present 18 staff in the health promoting hospital. The number of personnel equals the number in a small hospital in the ministry of public health and is enough. This hospital can provide many clinics to deliver health services that are managed differently from hospitals in the ministry of public health across Thailand. The hospitals in the ministry of public health usually promote these health services.

*We have eighteen staff that only work in the treatment clinic.
We also provide health delivery in communities and villages.
We do home visits. We have many staff such as five physical therapists, two Thai traditional, cleaners, gardeners and porters etc. All of them work to provide the health service.
We have Muang municipality support at all times.
(Executives of the health promoting hospital)*

Budgets for the health promoting hospital is received using many channels such as budgets per capita from National health security, revenues of hospital, and supporting budgets from Muang municipality and the department of local administration. This hospital can get cash from non – local patients who received health services. The amount received from patients is one hundred baht per visit. This money is determined by the law of Muang municipality treatment categories. The Health promoting hospital can get money from civil servants, social insurance, semi – governance and out patients from which it can receive one hundred thousand per month. This hospital does not dependent on Muang municipality and is self – managed.

Health promotion and the prevention of diseases in this hospital can be integrated with the local health fund. An executives from Muang municipality is the chairman of this fund. The committers is comprised of executives of the health

promoting hospital, experts in the communities, executives from the district's public health and the chief of finance of the municipality. This fund has three objectives. First, to open places for village leadership, leaders of communities and non – governmental organizations to project health promotions and developing quality of life for people. Second, for people to get health information such as promotions, prevention and control and rehabilitation. Finally, for supporting the health promoting hospital in providing a health services for all patient groups such as promotion, prevention, treatment and rehabilitation.

The background of local health security fund is that it is collected by National health security and the interior ministry. National health security is paid to the local health security fund in the amount of 37.50 baht per capita, for a total of 1,200,000 baht, and Muang municipality supports this with 800,000 baht; a total of two millions baht. The local health security fund is pilot project is one of 888 areas in Thailand. In 2014, National health security paid money to local health security fund in the amount of 24 baht per capita. Muang municipality is a large organization that must pay 50 percent of the fund. The committee has agree to provide over two million baht to the local health security fund. The activities of health promotion are comprised of playing football, playing Patong, swimming, Aerobic dance, short – training occupations and training in the English language.

Developing health service in communities comprised of such things as first aid, basic treatment, oral health, rehabilitation using Thai traditional medicine, physical therapy and a community pharmacy. This hospital creates care givers and volunteers to care for disabled patient groups. The objective of the health service also assists the bed ridden patients that generally have low incomes. The strategy for developing the health service in this hospital is duplicated in Donkheaw sub – district hospital, in Chiang Mai province. It has the principle of promoting health with the participation of people. The Donkheaw sub – district hospital has various activities such as a decrease in garbage in the community, village public health volunteers caring for disabled patients and Thai traditional rehabilitation for dependent patients.

This hospital needs to develop the health service to expand its activities in communities. When making a health service that is similar to the Donkheaw sub – district hospital, Chiang Mai province, it uses volunteers to care for disabled patients. I want health service system that has caring managers. I want the volunteers helping patients that are not getting treatment. I will provide mobile care teams for the communities. My boss has ordered that a health service is developed for improving care givers. (Executives of health promoting hospital)

Many health projects are integrated with health – networking such as alternative education institutions, developed community institutions, public health and environment units and the social welfare units. These under - projects are helping the health service in many sectors in collecting budgets, negotiating health plans and having the same goal. This hospital is connected with many health networks to create projects such as; first project, the little nurses connected the health sector and secondary schools. One hundred students have been trained in first aid skills and life rescue such as stopping blood and moving patients to a secondary hospital. These objective of the project aims to create many students that can care for themselves and others in first aid and basic rescue. The project has cost around 48,300 baht. The emergency rescue unit is a separate project. Second projects, health screening is practiced in all communities not only in the office but also in villages. The project can benefit 12,012 people and has found new 28 diabetes and 70 hypertension cases. This project used 92,420 baht. Third, disabled rehabilitation and chronic illness. The projects started with many activities in the villages by multi – discipline teams such as nurses, physical therapists, public health technician and dentists. These projects in the communities have found physical impairment in patients such as cardiovascular diseases and diabetes. Both diseases were found in 128 cases. Disabled patients comprised of 10 mental retardation and 7 visual disability cases. Health workers consulted with mental retardation groups so that they can exercise in partly weak body areas such as stretching hands or legs. For visual disabilities, multi – discipline health

workers advise promoting both physical and mental abilities with the goal of self – management. The physical therapists assisted disabled groups such as activities about voice coaching, questions relating to color and training the disabled to eat by themselves. For disabled rehabilitation of bone and muscle, physical therapists advised treatment using hot packs for recovery from pain and introduced body exercises such as muscle stretching. This project was supported by personal local health fund by the amount of 99,000 baht. Fourth, village public health personel visit patients with chronic illnesses and disabled patients. This hospital trains volunteers in caring for the disabled patients. 33 volunteers were trained on this courses. This project is aims at patients gaining access to the health service. The patients can receive health benefits for such as Parkinson’s disease, cancer, intelligence disabilities, mental retardation and bone and muscle impairment. During the home visits problems were found with patient’s relatives who did not join these activities and patients not taking personal care of themselves. This project is supported by the local health fund with 101,400 baht. Finally, the control and prevention of dengue fever project. In 2015, this hospital has 24 cases of dengue fever. All patients were evaluated by health workers. The method for controlling this disease is eliminate adult mosquitos from an areas of around 100 meters from the patient’s house. Activities include destroying the mosquitoes, both adult and larvae, 48 times per years. The morbidity rate is 32.00 per 100,000 of the population and is lower than the average in Thailand. This hospital can control the dengue fever better than the health promoting hospitals in the ministry of public health. Muang municipality supports this project with 200,000 baht.

Second parts, back 1994 - 2007, this hospital had only four health workers; comprising of three public health workers and a chief of office. The role of public health workers was only in undertaking immunization in children, pregnancy, disease control, health promotion and treatment. The immunization service was via passive vaccinations for those under 5 years old, primary school students and pregnant women. The prevention of diseases comprised of treating diarrhea by using anti – biotic drugs. The treatment dimension included first aid and basic diseases. Each day 30 patients come to receive health service. The budget is not large enough to pay for infrastructure such as electricity, water, and over time for personal health workers because the most patients go to receive health services in the district hospital. This

office was old and damaged and it was established in 1971. The characteristic of the office was that it was a small building with two floors, with the upper floors divided into many rooms such as first aid, pharmacy and a radio room. The lower floors was almost useless, for example, when the rainy season came, it usually flooded.

Ten years ago, the health promoting hospital devolved to local administrative organizations in Thailand the same as this hospital, while committees of local administrative organization expired. The devolved process were the responsibility of the chief of civil administration in Muang municipality and the chief of division of public health and environment. Both them assisted in that role and were ordered to achieve the objectives of devolving policy. They consulted and searched for information about weak points and strengths relating to concerns regarding the hospital transplanting to local organization. The department of local administration in the ministry of interior and the bureau of policy and strategy, in the ministry of public health provided consultation via conferences. Many workshops were presented to motivate the hospital to transfer to the local organization. The objective of the workshops was aimed at learning and exchanging experiences of working together with a local organization. This hospital is one of twenty – eight places that joined in the devolved project.

The relationship between Muang municipality and this hospital have been friendly at all times. They supported and joined the health service using many methods such as budgets, drugs and equipment for the dental clinic that was valued at about one million baht. Muang municipality supported this hospital as it created the new health service. In particular, the physical therapy building was last place in Pathum Thani province to receive a budget from the ministry of public health. The budget for building office was about 1.5 million baht. Both relationships are stronger since the executive of Muang municipality become the chief of the sub – district administration.

The physical therapy building was established and supported by the executives of Muang municipality. This office received a budgets from the office of the permanent secretary in the ministry of public health. Relationships are close with the integrated health services. (Public health worker)

The control and command from central bureaucracies caused the health workers at this hospital to decide to transfer to Muang municipality. Central bureaucracies control resources and decision making authority over important policies of the lower institutions in local areas and regions have no participation. These characteristics mean that they were not flexible to work in the health services in an appropriate way. Health workers must devolve power to Muang municipality for creating innovation in the health services because Muang municipality supports and is close to the population and understands the needs of the basic health services better than central bureaucracies in the city. Most of the population have high educational levels, higher income and more information about what to expect regarding health service quality. This has forced the development hospital to respond with a health service that meets the criteria of all groups who were receiving it.

The ministry of public health manages the top – down approach that one size fits all. This hospital is different in that it wants to determine their goal via self – governance. The hospital needed to create a health service and provides the health performance for people. (Executives of the health promoting hospital.)

Besides control and command from central bureaucracies, there are many indications such as quality performance and the satisfaction of the customers. Some indications do not show significant solutions to health problems and they create burn out for health workers.

The criteria are determined between the health promoting hospital devolved to Muang municipality, the ministry of the interior and the ministry of public health. Only 50% of health workers from the hospital joined the project. Muang municipality received the good governance reward 3 times over 3 years. In Pathum Thani province only this hospital gained that award in over 5 years. Following the plan and process of decentralization to local governance act 2005, it was determined that the ministry of public health would devolve health promoting hospitals to local administrative organizations by 2007.

4.2 Cases II *Prodpai* health promoting hospital

Currently, the health promoting hospital differs from the past. Developed dimensions are comprised of medical technology, health delivery, health personnel and budgets. The present office was modified on top and first floors. This office was supported budgets and medical equipment from the sub – district administrative organization and the department of local administration. The office is designed to be comfortable for disabled patients and the elderly. Things are facilitated for vulnerable groups such as toilets and ramps for wheelchairs. This was the opposite of the office in the past which was small and has been destroyed. The location of office areas was contributed from ex- chief of the temple and amounts to 0.80 acre. The health promoting hospital has four health workers that are comprised of one registered nurse and three public health workers. There was adverse situation in the past in that the office only had two public health workers. The present delivery health service allows them to be available for such things as home visits and health promoting for elderly groups

Many stories are related to the changing of the concepts and practice of the health workers of *Drodpai* health promoting hospital. The details, provided to the researcher, are as follows. All situations are embraced in using experience, skill, thought and practice in the health service. All the above - mentioned can contribute to the concepts and practice of changing themselves by accumulating works over many years

In the past, this office did not have many tasks, only vaccinations, visiting post – maternal mothers and the control and prevention of diseases. (Executive of the health promoting hospital)

The characteristics were of the health delivery provided for people in this areas before devolving to sub – district administrative organization. Many tasks of this hospital are policies from central bureaucracies and routine. Many reports were created in response to higher institution levels such as the district health office,

provincial health office and the bureau of policy and strategy of ministry of public health. Most of documents reported that did not respond to the health problems and need of the people. Health workers wasted time with more reports to higher authority. For example, health workers must provide the home visits to patients and need to prepare many resources such as instruments and documents. Each home visit provides the longer about 30 minutes. Data on patients must be noted with a lot of details in the report when they return to the office that they must put the complete data into a computer programs called “JHCIS”. Many tasks created significant problems such that they burned out. For example, the number of health personel was not enough per head of population.

Most documents in the ministry of public health covered things such as strategy and civil society. Civil society is still a process to provide problem solutions in the health service. The additional tasks increased with academic reports to respond research. Who? Promoting is positional occupation. Each year there is an increase in time, more and more. For example, health development in village – management. We must sent a zero report. We must relate to business. I had headaches. These increasing burdens do not make a routine health service for patients. Additional works is in research, with more evaluation. We must only make reports it is waste of times to treat people who need basic health. (Executives of the health promoting hospital)

Line command was top – down, in the **Prodpai** health promoting hospital, before joining with the sub – district administrative organization. It is under the control and command of the ministry of public health with the provincial public health office and the district public health office both in close control. The central bureaucracy of the ministry of public health provided policy, resources such as health personel, medical instruments and offices. Sure, some policy is ordered by the central bureaucracy that do not respond to local health problems when they are implemented. They do not accord with local needs. The characteristic of the bureaucratic process is

that it started in October to make plans with more details and more processes added until March; that is the plans took longer than 6 months. Plans and projects are implemented later. For example, the policy of the ministry of public health was to order the people to wear yellow shirts to undertake aerobic dancing. This hospital analysed the local health problems and found that they were disabled groups who were not being taken care of and they did not have the medical instrument needed for protecting life prior to being admitted to hospital. It did not make sense.

*The policy of the ministry of public health didn't respond to the health problems in local areas. Broad government in the past promoted more aerobic dance where people were collected wearing yellow shirts in evening. The local areas were not treat by aerobic dance and they should have resolved issues for the disabled groups, infectious diseases, medical equipment and emergency equipment. These problems were not of interest to the government sectors.
(Public health worker)*

The relationship between the ***Proadpai*** health promoting hospital and the sub – district administrative organization is close and friendly. For example, one of personel in the health office the brother of an executive of local organization. Coordinative dimensions are made easily as they don't use more formal patterns. Relative patterns are both informal and formal. Health activities can be coordinated with local organizations at all times such as controlling dengue hemorrhagic fever, campaigning, screening for diabetes and hypertension and in rehabilitating disabilities. Committees within the sub – district administrative organization support this hospital with things such as budgets and human resources. Reports and evaluation can be presented informal such as when playing football with the council local organization. Executives of sub – district administrative organization boost all activities for young people with an interest in health such that they don't succumb to drug and alcohol addiction. Good relationships between both institutions have developed over time especially since an executive of the sub – district administrative organization became

the chairman of the council of the sub – district. No personel in this office take part in political activities.

We changed the concept of practicing health service development because the sub – district administrative organization provided us with things such as budgets and health workers. This local organization supported us with 70,000 baht per years so that this hospital can create many health service by itself. (Executives of the health promoting hospital)

The cohesion of the office personel in the health promoting hospital is clear for community health development as they are integrated with the sub – district administrative organization. All office personel are colleagues, keen and with similar goals. They understand situations and overview opportunities responding to the health service for people. The health workers worked together for a long time, giving assistance, with equal opportunities and not divided by gender. They have the goal of community health development such as all patient groups getting accessed to the health service and for providing continuous care for the disabled and those with chronic illnesses. All of the health services are of benefit for patients as the delivery of the health service uses the principle of people – centred goals.

One of many reasons we joined with the sub – district administrative organization in community health development was that we had similar goals, were of the same generation and usually consulted at all times. We can therefore expect to improve the health service. (Public health worker)

Health alliance sectors supported improving the health service. Health networking can make adequate budget dimensions. Many budgets are provided for the health service in communities; such as preventive diseases like dengue hemorrhagic fever, screening for cervical and breast cancer and high blood pressure. This hospital

can receive the budgets from the sub –district administrative organization by making action plans and developing 5 year plans. All the events above can appear when they are geared towards the goal relating to health problems.

Obviously, caring for patients can be undertaken in both the office and the community. In the past it was not like that. In addition, we can legally support directed hospitals and make plans for a period of 5 years. (Executive of the sub – district administrative organization)

The delivery of health services are include health promotion, prevention and the control of diseases and those activities attract budgets from the local health fund. This fund provides money to health activity groups such as women leader groups, maternity groups, village public health volunteers and this hospital. An executive of the sub – district administrative organization became the chairman of the local health fund. The secretary of this fund is the civil servants’ chief. The chief of the public health and environment unit assists in the local health fund. This local health fund is the original innovation of health service providing things such as screening for cervical cancer by private obstetricians, which is the opposite to the method used in the past.

When screening for cervical cancer, we can now pay a private obstetrician. Previously, screening for cervical cancer failed became only the formality of screening was the goal. (Executives of the sub – district administrative organization)

The sub – district administrative organization and the community share in providing the health service. This issue can help resolve the health problems such as enough health personel, absent budgets and allocated resources. Health workers induce the village public health volunteers, local politicians, village leaders, executives of the sub – district administrative organization and the people to join the project called “Thum boon duay roiy yim”. This project has health activities such as health

promotions and providing health services for the patient groups who are vulnerable and dependent. The sub – district administrative organization provides the money for this project. The method used in the project include improving skills such as training volunteers to measure blood pressure, test blood glucose from finger tips, dress wounds and to move the patients to hospital. The result of the project is appreciate by the patients, participants and local organizations. This project was rewarded at the national level by his Majesty the Prince.

Many planes are made while meeting the stakeholders. We asked them. What do you want us to provide in the health service? The local health fund has been supporting many health activities such as providing volunteers to care for the elderly when the village public health volunteers integrated with us. This project started when the village public health volunteers acquired knowledge about diabetes, high blood pressure and infectious diseases. We worked on an integrated health service such as caring for disabled and elderly, screening for the breast cancer and detecting diseases. All sectors merged in communities. (Executives of the sub – district administrative organization)

Health workers have been very important for health promotion and preventive interventions. Executives of the sub – district administrative organization see the health offices who are working to create strength in the communities. They can support voting and political benefits. Moreover, health workers understand the health communities, health problems and have more competence.

Health workers are usually involved in the communities. When they are joined with sub – district administrative organization they have more effectiveness. They assisted me in political archiving and improving people's health. (Executive of the sub – district administrative organization)

The delivery of health services have improved the treatment in this hospital as to its needs for medicine to correctly diagnose and analyse chronic diseases such as diabetes, high blood pressure and cardiovascular diseases. The main advantage of medicine in this hospital is in lower for travel costs than to a provincial hospital, which takes less time. The patients don't have to go to receive their health service in distant hospitals.

In 2016, we will gain the medicine to care for patients's disabilities such as chronic illness, the elderly, the disabled and vulnerable groups. We modified the Thai traditional medicine that we proposed to the department of local administration. This institution supported more material for the health service. Supporting the health service was under the authority of executive of the sub – district administrative organization. (Executive of health promoting hospital)

Developing health workers are important in the careers of health workers who can motive the health workers to change their practices and health perspectives. Motivated health workers are promoted into dual career paths such as public health can move to the executive branch. The dual career path is simple and fast because it can be considered within provincial committees.

A career path is motived to alter health perspectives. The promotion on a career path of health workers is from the technical public health officers to executive officers. (Executive of the health promoting hospital)

The sub – district administrative organization supports the health activities in that it assists the health workers in changing health perspectives and practice. Both the department of local administration and the sub – district administrative organization can supply the material for hospitals such as medical equipment, medical offices and dental equipment. All material health can be in plans offered the sub – district administrative organization.

4.3 Characteristic of project joined with health networking.

This hospital integrates with communities and sub – district administrative organization to resolve health problems with the participation of people. All sectors collected to solve problems by themselves through many projects such as

First, the elderly network is supported by health promotions. This project places importance on culture, life – styles and elderly health behaviors. Objectives are prepared for the elderly groups to improve health and increases the social value of the elderly by such things as learning in differ age groups and palliative elderly care at the end of life. This hospital has established elderly groups. Active projects are to evaluate body weight, screening for chronic diseases and training in short – occupations to increase income. This project has benefitted the elderly in 60 cases.

Second, improving happiness for those with disabilities and personal impairment who are not only absent in physical and mental health but also absent health services. Good social values must support the disabled groups towards empowerment so that they can self – manage and not be a burden on society. Activities in the project are to find newly disabled patients and to induce the disabled groups into rehabilitation. All disabled people receive cash from the department of social welfare. Both this hospital and the health alliance sectors promoted - the social welfare for disabled groups on the so called “on stop service”. This project created the social values of solidarity, empowerment and visiting the disabled with gifts of a set amount of 300 baht. The number of disabled have benefitted - from the project is 35.

Third, self - screening for breast cancer. This program can decrease the mortality by the early screening of women who are related to breast cancer sufferers to provide the correct treatment. Breast cancer is main cause of death in Thai women. This disease creates suffering, grief, unhappiness and economic losses. Breast self – examination can be of benefit to the plans and help when providing treatment. Early detection of the breast cancer can benefit both the treatment and quality of life of patients and also extend their life. The goal of this project is to train the village public health volunteers and women leaders in 200 cases. All participants can undertake breast self – examinations and they consult with other groups.

Four, smile smart teeth for children, Thailand. This project is active in pre – school students. The health promoting hospital provides the dental service such as

permanent teeth and fillings that places an emphasize on students in primary schools. They have activities to promote oral health such as brushing teeth after meals.

Finally, dengue hemorrhagic fever must prevented and controlled. In 2015, this hospital had 14 cases. Both the health promoting hospital and the sub – district administrative organization are integrated to prevent and control this disease. They have provided many resources such as chemical larvicides and money. More important in the control and prevention of dengue fever are the village public health volunteers. The key strategy in the control and prevention of this disease is to modify the environment and chemical larvicides on the first day of the school's semester. The process of control and prevention of dengue fever must be continuous and sustained with things such as sustainable vector controls and effective community – based vector control.

4.4 The time line of the shift to community health development by health workers.

This section presents the ordinal shift in health perspectives that is community health development run by health workers. How was it established? When did it accumulate? What it were the conditions for shifting the health perspective? The researcher was provided with a history by a medical professional named “One” (anonymous). One started working at health promoting hospital in a public health position, in Pathum Thani province. In 2004, this hospital had two health workers. The office was old and decayed and there was only one dwell. The task of the health service was only the control of infective diseases, disease examination and providing vaccines. The treatment dimension was 5 patient per day. The people did not used this hospital because was a long way from the villages. The road was rough, especial in rain season, full of mud and slippery. The personel providing treatment to patients were not fair because this office did not have enough personel. If they went to a meeting, training or controlling disease in villages, this office was closed. When patients had emergencies such as accidents, they cannot receive treatment. This effects the community, so the people and the officers did not have good relationship. The officer was not developed and had no work goal, in other words it was hopeless. One

of officers was waiting to retire and not motivated to working in the health service. This officer was made into the chief of the hospital. One found that the new concepts and practice that made people happy about working in health system was absent, there were few personel resources and no goals. He wanted to change office so that he could work in the city. His hospital was located in the community. In 2007, and had 4 staff. The characteristics of the office was it was small and narrow with two floors. The first floor was not used to any benefit. It was first established in 1989. He initiated this office with coordination from the sub – district administrative organization. Both institutions assisted each other and were good friends. Although the two offices differed in the ministry, as this hospital was supported the sub – district administrative organization in things such as school health. School health has activities such as treatment for scabies and lice and a mobile health service. Later in 2009, health workers found that students in primary schools had health problems such as teeth decay and caries. He has a good relationship so he asked the sub – district administrative organization to support the dental unit in the amount of one million baht. When the dental unit was completed it could not operate because this hospital was absent suitable dental professionals. He asked the provincial health office, and they provided a dental officer since the health promoting hospital was providing the dental clinic in addition to the treatment clinic.

The dental clinic was the first task that both offices joined in and undertook together. After a few years, an executive of the sub – district administrative organization decided this hospital must provide a physical clinic because this administrator has an experienced an illness that required them to go far for treatment at district hospital. The executive of Muang municipality saw the competence this hospital and that it had good leadership and was smart. The administrator supported both health personel and resources to provide the physical clinic. The executive of Muang municipality supported three physical therapists and assisted with the dental instruments valued at two million baht. The objective physical therapy clinic aimed the rehabilitate patients with disabilities, chronic illnesses and cardiovascular diseases. Who are not accessing the health services? These patient groups are not promoting empowerment and competence, therefore they are not a burden on society and their

family such that this groups must recovery their potential. Additionally, the vulnerable groups must access the health service for justice in society and humanity.

Between 2007 – 2015, this health promoting hospital can developed the health service using private sector medicine. The process of selecting the private sector medicine is one of close relationship and working together. Health workers are usually the one to evaluate in the clinic's standard patients. Both sets of personel are always consulting about improving health service in areas such as health elderly and chronic illness. This treatment is offered in the community clinic and it's open between 08.30 am. – 20.00 pm. Most customers for the clinic are the population for with this hospital is accountable. It is a good idea that this hospital induces the medical staff to work together. The medical staff treat similar patients groups. This medical system can work both this hospital and in clinics. The first phrase was where the medical staff treated the elderly groups and those with chronic illnesses in special clinics. The income for this hospital is paid at 600 baht per hour. The second phrases, this hospital contracts the medical staff working on all full official days to treat patients in all groups. The money to pay the medical staff is income from this hospital and the budgets of Muang municipality. This hospital has medicine that can improve the health workers' skills, first, the developed treatment service can benefit all populations and the health workers can consult and received information about diseases from other medical staff such as dentists, nurses, pharmacists, Thai traditional medicine practitioner and physical therapists to increase the competence of the health personel. Second, the partnership with Muang municipality is accountable to the local population. The patients are confident and trust this hospital since it has the medical resources.

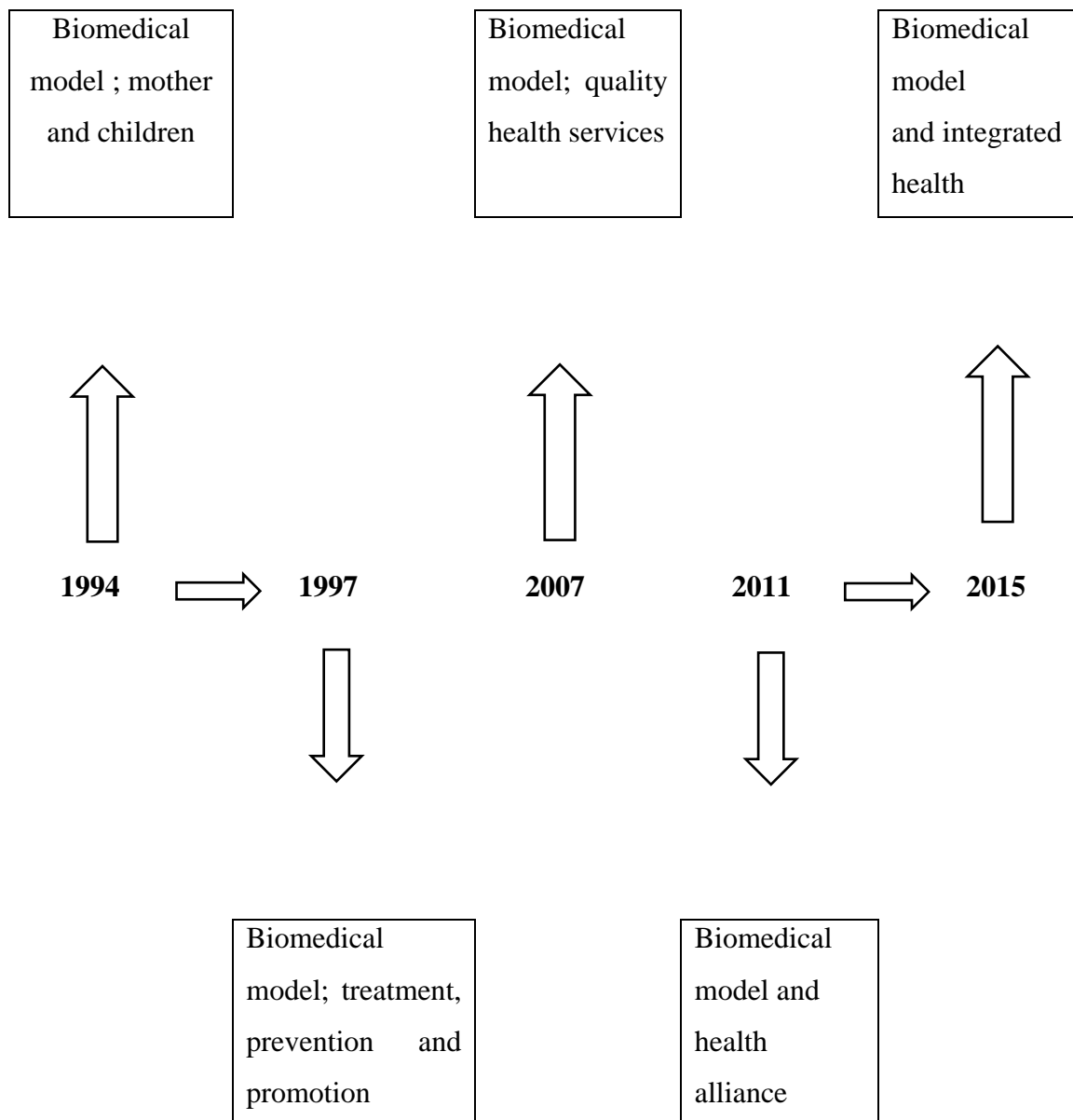
This hospital is under the leader of a medical professional in the developed health service. The health workers search for opportunities to undertake other development such as coordinating with Muang municipality to recruit health workers such as dentists, pharmacists, nurses, physical therapists and Thai traditional medicine practitioners. These health workers are the solutions the seriously health problems. Muang municipality does not only support the personal health workers but also provides two assistants to the physical therapists. When the health workers completed

their health duties in the offices they care of patients in the vulnerable groups such as the elderly and disabled.

The physical therapy clinic is connected to the community and the hospital so that they the health service efficiently. The physical therapy clinic is also purposed to visit patients. Those who cannot self – manage need help and rehabilitation both the physically and mentally. This objective is aimed at the bed - ridden patients. This hospital has dependent patients who can undertake activities of daily living with score lower than 4.

The health workers promote a competent community by inducing the village public health volunteers, and local politicians to jointly give care and promote activities for chronic conditions. This solution is not only from the biomedical perspective but also from the participatory perspective. The correct way must involve the participation of the community to manage health problem by themselves.

The story above is presented by medical professional who moved to the health perspective in community perspective but started from the biological model. Health workers are expected to lead in things such as recruiting health workers and developing the health service so that it alters to the community's health. Community health development is comprised of first, the health management by the leadership of Muang municipality that has obligated them to plan to develop the health service and unity health teams. Muang municipality, its people and this hospital have similar goals in solving the health problems in the community. Second, the health services for essential care in community aim to promote health equity, access to health services and to respond to the dignity of humans. The health workers provide the physical therapy and health volunteers care the dependent patients groups. Third, empowerment of people in the community is derived from the members of the family that can treat patients by participation and self – reliance. Finally, this hospital can share the health resources such as three officials, health workers and medical equipment. These shared health resources between Muang municipality and this hospital.



Figures 4.1 The time line of the shift to community health development by health workers, named “One”

4.5 The evolution of altering the health perspective in medical professional “Two”

The medical professional “two” started as a health officer in 1994 at this hospital. 30 years ago, this hospital was not busy. Most of the health tasks involved sanitation, health promotion such as clean water, providing toilets and for mothers and children. With, mothers and children the emphasis was on pregnancy, labor, immunization and treatment. All health activities were provided by health workers. The result was good working environment and not a burden for the health worker. The number of health worker was appropriate. From then to now, the health problems changed. The cause of the changing of the health problems are the environment, society, demographic structures and the transitional populations in that they are became the burden some diseases and new public health hazards such as children and teens, alcohol addition, behaviorial risks, excessive consumption, social aging and chronic conditions. So the medical professional had to adapt both in concept and in practice. He shifted the promoting health unity teams to sub – district level under the management of a local politician. All sectors joined the health teams with the health workers as the secretary of team. The sub – district health system has the role of the planning, policy making, allocating budgets, developing human resources and sharing resources. The health problems are bed – bound and non – communicable diseases.

This hospital can share health resources with the sub – district administrative organization, the community development institution and the local health fund. The health resources are efficient in resolving health problems in the community. This hospital is supported by nurses from the sub – district administrative organization to improve the treatment quality. Previously, the treatment service was provided by public health workers. In the present day, the hospital can manage to care for chronic patients with disabilities such as hypertension, diabetes, depression and other disabilities. This health service must use special knowledge so nurses are important in resolving the health problems.

Long – term care is another important health service. The health workers must plan it with the provincial hospital, the sub - district administrative organization and village public health volunteers. They collectively care for five patient groups such as children and mothers, working groups, teens, the disabled and the elderly.

These groups all have health problems. These health problems cannot be resolved by only the biomedical model so health workers must coordinate with the community to participate and understand the health problems. The strategy for a solution to those health problems is empowerment in the community and to create volunteers to care for dependent patients.

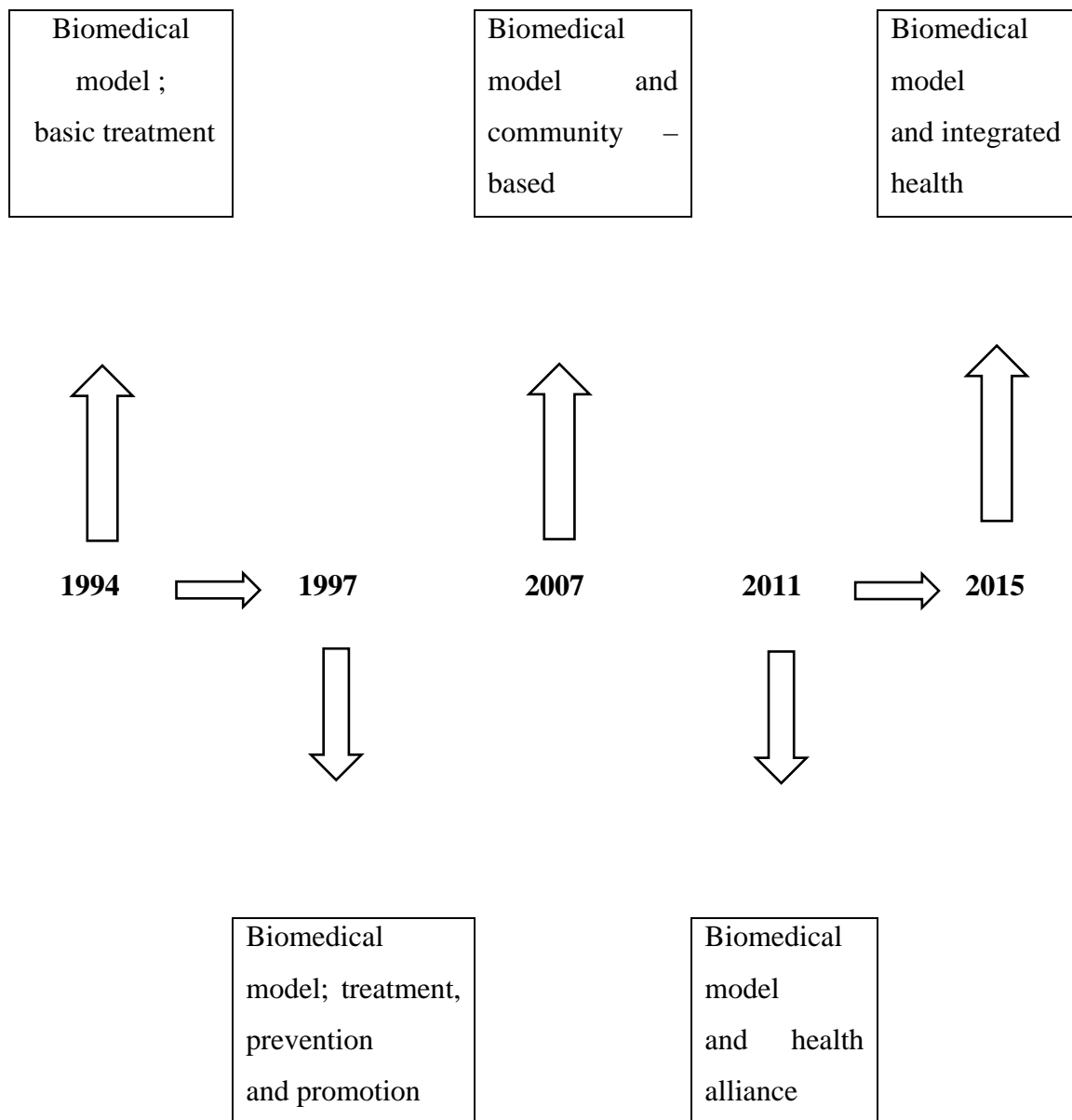
In 2007, this health promoting hospital was supported by the health officers such as dental workers from the department of local administration in the ministry of the interior. The role of dental officer is oral health in primary schools students, extracting teeth from the elderly and fillings. These oral problems are important issues for people in this area. Previously, patients used the dental service at the provincial hospital and private dental clinics that patients found were difficult and they were not comfortable in using their services. This hospital a dental officer and the result is a good plan that is coordinated with the sub - district administrative organization. In addition to the dental clinic, this hospital is managed by “Two” the health professional that resolves the health problems in the locality such as dengue fever, the register of disability and chronic illnesses. These problems must be solved by many sectors by sharing the health resources such as budgets, human health workers and medical equipment. The health service must respond to resolving the health problems by promoting multi – disciplinary teams that can work with the cross functional skills.

The empowerment and appreciation are supported by health workers to value works that the health alliance collected into care five groups. These groups use the different health services and essential care. The health workers and volunteers must expand their good activities for healing the public such as in the health care market and on Songkran day. On Songkran day music shows are provided for elderly groups. The appreciation is provided on the birthday of the community leader to give merit for elderly groups such as giving gift sets and providing lunches in that these are virtuous activities in this community. Evidence can then be presented that the community has cohesion and solidarity. These events cannot be initiated if there is an absence the support from the health workers.

The sustainable health community system was planned by health workers and includes things such as participation in the community and ownership of health

problems that they can promote in the care givers, volunteers and village public health volunteers. These volunteers groups are provided for home visits, for the empowerment of patients and for the rehabilitation of patients. Other health problems are resolved such as modifying houses and in providing care givers to assist in the life activity of patients. The dependent groups are provided with essential care such as bed – bound groups of palliative sufferers, the disabled, the depressed and the elderly. The perspective is used in community health development in things such as social equity and access to the health service for vulnerable groups and all other people.

For patients who have serious conditions that are beyond the competence of this hospital, the health workers plan and refer them to the district hospital level where they are provided with treatment by a multi – discipline team. When the patients are discharged from the hospital other health workers provide the health teams to modifying their homes and prepared the important medical equipment for the patients.



Figures 4.2 The evolution of altering the health perspective in medical professional “Two”

4.6 The moving community health development perspective for health workers in health promoting hospital at the once place in Sisaket province.

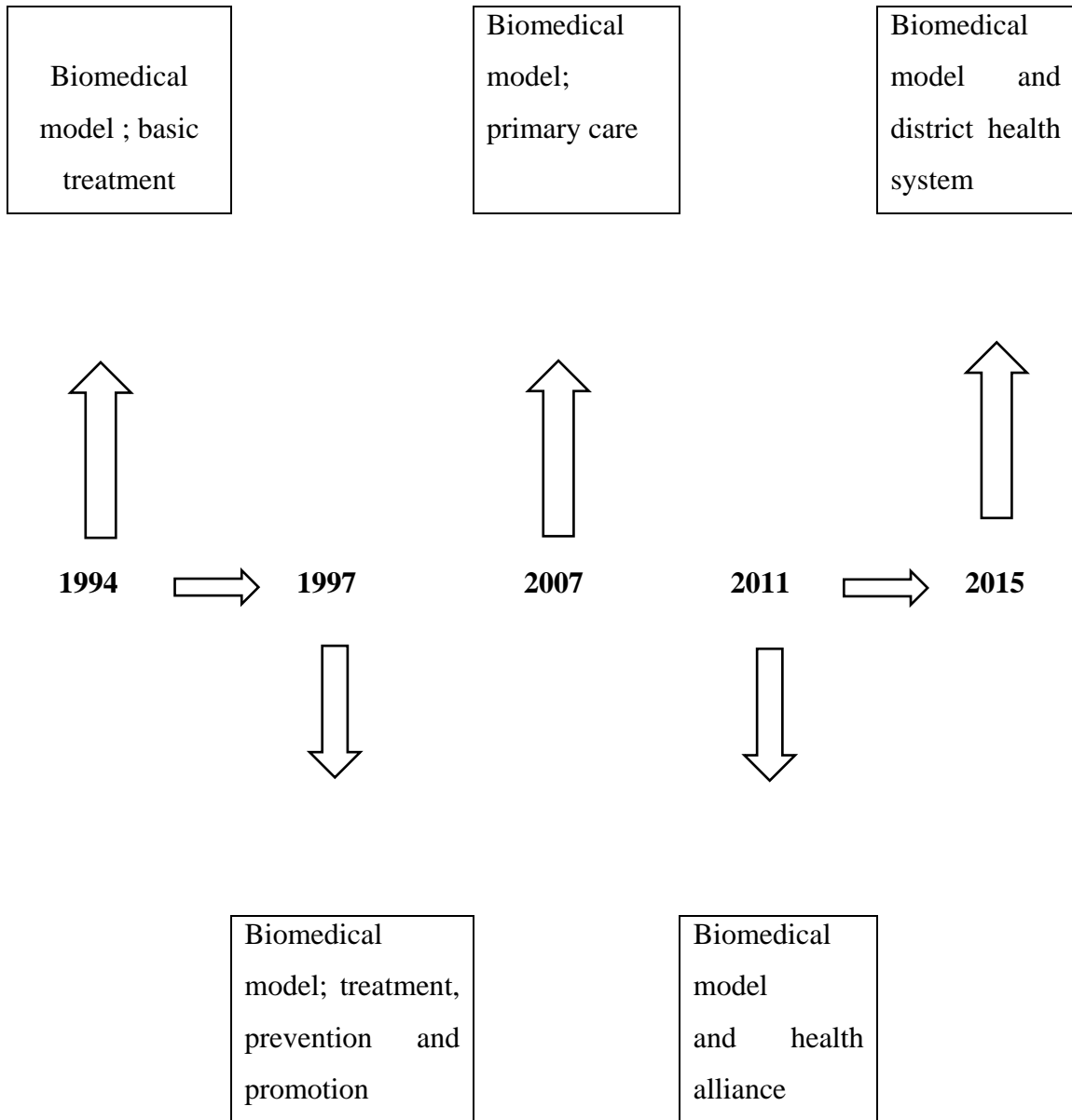
Thirty years ago, the health promoting hospitals were called health care centers. The health services were simplified and there are no complicated health problems at this time. The health care center in the past provided treatment, controlled diseases, undertook health promotion and provided immunization. The health workers emphasized the promotion of toilets and clean water to control diarrhea. There were fewer bureaucratic reports. The health care center had only two health care officials. If one health person went to a meeting then the health care center was closed. The home of health workers was small and decayed. The patients received minimal health care services. These conditions persisted for more than ten years that not resolved.

In 1999, the health care center was promoted to develop a quality health service for patients. The ministry of public health had the policy for developing the health care center over a decade. This policy can promoted the health care center with things such as more offices, health workers and bigger budgets. Under this policy they could provide a health care center with new offices instead of the old and more the medical equipment.

Later in 2009, the governance promoted the policy of “strength Thai”. This policy promoted the health care center to become the health promoting hospital by Apisit Vejjajiva, prime ministry of Thailand. That this perspective worked to increase the medical competence in the health promoting hospital is not true. Only the registered nurses provided treatment services. This project has evidence such as new or modified offices and was given a new name. Now, this project no longer running.

From 2012 to present, the health promoting hospitals has important roles such as developing primary health care that it held in the patients’ center. This primary health care is supported by the district health system. The district health system is comprised of the health plan, with similar goal and action plans under single command at district level and they are sharing health resources with the health alliance. It also has the participation of the community in sustainable health services, has been allocated a budget and provides essential care. All health services are provided to

patients such as dependent groups, the disabled, depressed patients, and the elderly. These projects resulted in meeting the equality of health services, good medical technology and advantageous health services.



Figures 4.3 The moving community health development perspective for health workers in health promoting hospital at the once place in Sisaket province.

4.7 The competition of community health development perspective between the health promoting hospital in local governance and the ministry of public health

The movement of community health development perspective between the health promoting hospital in local governance and the ministry of public health was found to have three phrases. Phrase I, thirty years ago, the health promoting hospitals were old named “Health care center” in the ministry of public health. The community health development perspective was mainly a biomedical model that it is comprised of basic treatment, the control and prevention of local diseases and providing immunization such as polio and tuberculosis vaccines and tetanus toxoid. The additional perspective was primary health care to provide for the participation of the community and to develop basic health needs such as providing clean water and promoting toilets. Phrases II, period 1997 – 2006, the health promoting hospital was still using the biomedical model that emphasized primary health care. This phrase was developed in the health care center in the ministry of public health and had the advantages in health care services such as more health workers, higher budgets and medical instruments. Phrases III, period 2007 – present, the community health development perspective differed between the two institutions. Hospitals in the ministry of public health are dominated by policies and plans from the center of the bureaucratic organization. This phrases were developed within the project named “strength Thai”. It provided health services such as the home visits for dependent patients. All of the health care centers in ministry of public health are used the biomedical model but they increased the participation of people, developed a health network and promoted social equity. Social equity is comprised of access to health care services, continuation of care and universal services. The new health perspective provided the health services such as long – term care for chronic illnesses and dependent patients. The health promoting hospital in local governances were developed further and with more flexible health care services than in the ministry of public health. These hospitals under local governances have more resources, higher budgets, new offices and especial nurses and dental assistants than they had in other places.

Table 4.1 Comparing the community health development perspective between health workers at the health promoting hospital in the ministry of public health and in the ministry of interior.

Period	Community health development perspective	
	Ministry of public health	Ministry of interior
1987 - 1996	Biomedical model, emphasized basic treatment.	Biomedical model, emphasized basic treatment.
1997 - 2006	Biomedical model, emphasized primary health care.	Biomedical model, emphasized primary health care and participation.
2007- present	Biomedical model, emphasized the district health system.	Biomedical model, emphasized the sub - district health system, the participation and the health network.

CHAPTER V

CONCLUSION DISCUSSION AND RECOMMENDATIONS

This research has the title “change of health development paradigm among health workers in health promoting hospitals devolved to local government”. The objective of the research aimed to study the set of perceptions, practices and conditions of the changes in the health workers for community health development perspectives. This research had the hypothesis that the health workers must change the community health development perspectives. The old community health development perspectives were centralization of central bureaucracies and biomedical models or western medicine. The new community health developments feature decentralization, integrated health, deliberative democracy or public policy for community based health participation to resolve health problems. In other words, the perspective must study the health system’ role the minister of public health that has medical staff, nurses and public health workers working at many hospital levels such as tertiary hospitals, secondary hospitals, general hospitals, community hospitals and health promoting hospitals. The role of the ministry of public health was to change the role of local government organizations in the ministry of the interior and the community. They are collectively manage primary health care and have the support of health workers in consulting and facilitating.

5.1 Conclusion

The health workers changed the community health development perspective that resulted in the transfer of the health promoting hospitals to local government organizations. It has more detail as follows:

1. The decentralization perspective is the principle of transferring the decision – making of budgets, human resources, the policy of central bureaucracies or high institutional levels to the periphery such as the regions, provinces, district and sub

– districts. This case study is about how the health workers and bureaucracy are changing the people's health roles in the health system toward self – reliance in primary health care by supporting health institutions. The decentralization perspective in this research can be defined as devolving the health promoting hospitals in ministry of public health to local governance such as sub –district administrative organizations and the municipalities in the ministry of the interior. The decentralization perspective has two meanings. First, health workers effected by devolving the health promoting hospital to local governances. How did they feel their thoughts and practices? Second, how local governances are received in the hospitals' self – management and how they interacted and benefited from the policy. This research found that health workers in the hospital were consulted but were reluctant to devolve to local governances; yet, the health promoting hospitals have benefited as follows.

1.1 Both hospitals have different practices from the past when they were in the ministry of public health, such as no duplicate work and people received the benefits from this policy. Additionally, the health promoting hospitals were created and initiated the health service systems because the local governances gained the authority for devolving the hospitals. For instance, the *Deprom* health promoting hospital can manage the permanent medicine staff working at this hospital and use the income of the hospital to pay the wages of the medical staff. Other hospitals provide a dental clinic that can operate at times that are convenient for people who were not accessing the dental service. This dental clinic receives money from the local health fund to pay for the extra work. It is only this type of hospital that can open a dental clinic.

1.2 The advances in careers to a high level for the health workers who can change their positions to executive level such as executives of public health and the environment. These positions can be provided if the hospital needs and has determined the number of health workers needed. The number of health offices and the advances in the career path can be handled by the provincial committees. For instance, the health workers at *Prodpai* health promoting hospital can upgrade public health technicians to become executives of public health and environment or as administrators.

1.3 The appreciation and promotions are made by health workers when they are satisfied because they are considered to be fairer and have more justice than in the ministry of public health. The appreciation is a result of the health workers changing the community health development perspective. The new perspective responds to the people and local governance because the local governances has the authority to command and make policy and is accountable.

1.4 A number of health workers, who were previously transferred the hospital to local governance, were prepared for management by assistance of the ministry of public health and the local bureaucracy. The health workers are connected with the local government that can increase the number of health workers. For instance, the *Prodpai* health promoting hospital gained the registered nurses and dental workers by supporting the bureaucracy of the local administration and the ministry of public health. For *Deprom* hospital, it can determine the number and positions for providing health services such as nurses, physical therapists and Thai traditional practitioners.

The decentralization perspective is of benefit for local governance as follows. First, the local governances gained the health promoting hospitals that has good government awards for three years running. The principles of good governances such as good evaluations, participation and accountability. The strength of the policy of the executive of local governances from the past to the present is because they can overcome the local politicians. They can respond to the voice of vulnerable patient groups in society. This goal is similar to that of the health workers who wanted to create the health service system. The second issue, the plans and processes of decentralization were in the local governance act 1999 and in the 2007 constitution of Thailand. The main principle was to determine that the ministry of public health transfers health activities to local governance such as basic treatment and the promoting environment. The decentralization to local governances prevented the duplication of health services in both institutions. Third, the satisfaction of the people in public health are integrated into both institutions. The good opportunities for health services are supported by local governance. The health workers are competent in working in the community and they understand the context of the patients and have efficient skills in joining with the village public health volunteers. Four, the budgets

are available as resources for the devolved hospitals. The budgets are from five sources such as the national health security fund, local governance, pocket money, the contracting unit for primary care and the bureaucracy and some governances. Additionally, the bureau of local administration can provide support with offices, health workers and money.

2. The participation of public policy is the core for the people in that they can determine the projects and decision – making and receive equality in the health service. This research emphasized the sharing of local governances that are opened for participation by people in all steps such as the determination of health problems, practices to resolve problems and to evaluate the project etc. For instance, the health workers promoted by the participation of citizens helps to resolve health problems in that this hospital does not have enough health workers. This project aimed at sharing resources such as public health workers and health activities. These projects can increase the participation of citizens and strengthen the capacity for building health public policy. Additionally, executives of the sub – district administrative organization supported the creation of the football field that in the area that is enjoyed by young people. They also decreased poor health behaviors such as alcohol and drug substance. This field is only one in Samut Songkram province.

3. The health workers altered the biomedical model or western medicine that emphasized treatment, diagnosis and high technology to integrate the health perspective. Integrated health is focussed on the suffering of patients such as the un – employed, children and elderly that nobody care about. In other words, integrated health services are health services that are managed and delivered in such a way that they ensure people receive a continuum of health promotions, disease prevention, disease management, rehabilitation and palliative care services.

4. Basing it in the community resolved many health problems. Both hospitals have duties such as treatment, disease prevention and control, rehabilitation and health promotion. They can also provide a dental clinic, which can work outside office hours for people who lived in city. They work in industrial factories and offices and do not have the time to use dental services in normal official hours. *Prodpai* hospital provided it. In the other hospital, the treatment clinic offers quality health services. The *Deprom* hospital can provide health services such as Thai traditional

medicine clinic, physical therapy clinic, pharmacy etc. In the particular the physical therapy clinic is important in caring for patients who are dependent. It can promote patients to decrease the suffering of individuals, families and communities. Both hospitals can use their community base to create health services that serve their needs throughout their life. Furthermore, both hospitals can provide toilets and modify buildings for patients to support their life. These hospitals can work together with communities in that they shared health problems and concerns. Both hospitals provided health services that they are defined by the target communities.

5.2 The shifting health professional perspective to health participation and health networks.

Transferring the health perspective of the professional ideology can help to make the health workers shift their knowledge to support the empowering of communities and help people with health self – management. People in the community can promote primary health care with support from the health workers who provided consultation and facilitation. This perspective can improve the role of citizens in self – management. For example, there is evidence of shifts in the community health development perspective such as

First, “Thum boon douy roiy yim” project is aimed at all participating sectors that research the handling of health problems, not only the roles and duties of hospitals but also community ownership and the exercises of management. They collect methods of health problems solutions for health problems such as cancer, strokes, diabetes and hypertension. This project is successful in that it can resolve health problems, such as a lack of public health workers, the absence of resources and deficiencies in health participation. This project has the disadvantage of being absent disease prevention and patient care givers. The health workers support this project, such as improving health activities to control dengue fever and creating care givers for assisting elderly patients. The project is connected to many professionals for caring for patients, local governances and citizens. This project can also help to create innovation.

Second, the *Deprom* health promoting hospital boosts quality health services such as, for example it initiated a dental clinic, a physical clinic, a pharmacy, a treatment clinic and a Thai traditional medicine clinic. They provide health services for all patients groups. The health workers seek the methods for community health development by creating multi – disciplined professionals for home visits, bed – bound patients and home wards that utilise village public health volunteers. Furthermore, this hospital creates volunteers and care givers to care for patients who are disabled, elderly and are on the margins.

5.3 Discussion

This research emphasized the study of how the community health development perspective was shifted by the health workers at health promoting hospital under local governance organization. The community health development perspective shifts the old meaning about the completed physical and mind. The health system has the role and function of health workers that changes health with the participation of the community, local governance, families and individuals. All health networks are accountable to promote health self – management. This research found that health workers had shifted the health perspective. It is the old health perspective that emphasized disease, treatment and high medical technology for such things as cancer, influenza and chronic illnesses. The change was integrated health. Covering disease control and prevention, health promotion and rehabilitation. Preserving health is prior to illness and getting disease. In other words, health connected with people’s lives, community and societal well – being. This research is in accordance with the results of many academics such as Harris, who defined health as related the societies, individual behaviors, health service and mental health (Harris, 2010). Mabery and colleagues studied the title “community participation in health” that found that individual participation in the community was efficient in making health services and represented the ownership of health problems (Mabery *et al*, 2013). Rotolo and colleagues’ research found that promoting community health must have the participation of people and represented ownership of health problems such as volunteers in hospitals. The volunteers are important for solving health problems in

the community, such as health equality. The characteristics of volunteers are that they receive a lower income than the market. The volunteers worked in many organizations such as the rotary club, non – governmental organizations, religious institutions, hospitals and political institutions (Rotolo *et al*, 2010). The community health development issues changed the role of multi – professionals to the role of community health and local governance. This issue is in accordance with the research of Margolius and colleagues that provided the primary health care. This research found the changing the role of multi – discipline professionals in the health services through to social carers, who are non – health professionals, for providing for those with the chronic illness. Social care can improve glucose control for diabetes patients and increase personal health care (Margolius *et al*, 2012). In accordance with this, Cope found that community health development must be integrated with all health sectors. It starts with the health services system at community health and local environment (Cop, 2013).

Furthermore, building public policy for health by people's participation aimed for sustainable and continuous care in the health project. This research found that health workers were in health promoting hospitals under local governance. These hospitals can create a public policy for health by participation of stakeholders, such as local governance, citizens, the community and individuals. These methods build participation in public health policy by health workers that is becomes the policy at national, province, district and sub – district levels and leads to civil social areas and the goals of health institutions, the community and people. They are building public policy from the bottom - up. This issue is in accordance with Pertrich and fellows that studied the challenges and opportunities in the integrated health system in Australia. Building public policy is important to reform the health system such as financial reform, participation of citizens and local governance. The reform financial fund for health and community participation has initiated innovation (Petrich *et al*, 2013). Furthermore, this is in accordance with the research of Freund and fellows who found multi – discipline professionals teams such as social workers, physical therapists and pharmacists are presenting the roles that promoted patients in accessing quality health services thus building health policy and making research for searching for appropriate health service models (Freund *et al*, 2015).

The community based perspective is used to resolve the health problems of the local environment. The principles behind this concept are engagement and shared health resources in distant rural areas. The result of the research assisting in using this perspective to promote community health is correct because the community and local governance are strong features and they understand their health problems. They are also able to mobilize health resources to be used for people to become healthier by themselves such as the merit and smile project. This research is also in accordance with, first, Hoke that found the community based perspectives can be used to resolve the planning of contraceptive issue for mature women in Africa by volunteers using health education and distributing the pill to participants in distant rural areas (Hoke, 2009). Second, the research of Blood that used the community based perspective, such as in village and with local governance organizations to care for elderly groups (Blood, 2013). Third, the research of Kusumasari and colleagues studied “the building networks to manage after the disaster in Indonesia” that found the local governance played a key role in supporting and resolving health problems. There are also health alliances to manage health such as integrated health services and human dignity (Kusumasari *et al*, 2012). Four, Mcentire and fellows investigated how several institutions such as the ministry of public health, local governance and the ministry of interior to solve disasters (Mcebtire *et al*, 2010). Finally, this research is in accordance with the research of Syon and colleagues that found the community based perspective helps to care for the dependent elderly (Syon *et al*, 2010). The research of Montenegro and colleagues found integrated multi – discipline professionals and social care aid the elderly and disabled groups (Momtenegro *et al*, 2011). And the research of Wilding and colleagues found that integrated health networks cover the elderly using local governance organizations that can help those groups to access the health services and so these people will have a better quality of life (Wilding *et al*, 2010).

5.4 Recommendations

To use the implementation from this research for community health development. The researcher proposes that the health workers work in health

promoting hospitals in local governance organizations. They can apply the results of the research to solve health problems in context, respectively.

Building health promotion by empowering people and the community

Good health promotion is not only completed physical and mental health but also a decrease in the suffering of patients and the seeking of methods to resolve the burden of diseases such as not enough income, absent care givers and no access to health services. Both research areas are present in the community and local governance that collectivize to solve health problems by being patients – centred. They emphasize the understanding of the patients’ suffering and increased their ability to self – management. Therefore, the researcher prefers that health workers have knowledge and skills and practice health servicing, especially technical treatment and health care. They are no longer dominant health resources but now they must understand that health means integrated health. They must change their direct roles from control and command to consult, assist and facilitate. Multi – discipline health professionals must change their role to empowering villagers, volunteers and local governance. They will give enhanced abilities to the community to manage and control infectious disease and respond to crises such as with the elderly, disabled, vulnerable groups and palliative patients. For example, the *Deprom* hospital taught the volunteers to care for dependent disabled patients by supporting the health workers. The health workers are then the care managers.

Participation and health ownership by the citizens and community.

The people in the community are not powerless and have effectiveness not just passive receivers of health services from the state but they have power, concepts and competency if they receive the support and promotion from health workers and local governance. The people can set the health care for the community such as caring for the elderly and disabled patients. The resources in the community are available both money and labor, such as volunteers in the villages’ public health and care givers. The social workers are volunteers and care givers that can assist the health workers caring for the vulnerable groups. This social care is an interesting issue currently because vulnerable groups are important recipients of care in the community as

dependent patients and patients with chronic illness. There are diseases that must be provided with continuous health services such as cancer, diabetes, hypertension and strokes. These diseases must be cared for over the long – term and continuously. The volunteers are close to and understand the community and the local economic system.

Therefore currently there are not enough health volunteers or care givers to give assistance so care giver courses are empowering people in community to train and increase knowledge. Currently society in Thailand is aging, therefore care givers are essential to provide long – term care. The research suggest creating care givers in the community for preparing diseases.

Local governances are key health stakeholders

The local governance has a role in developing the quality of life for people in the community. It has the full authority of an agency as it can create and prioritize health problems using self – management. The special health promoting hospitals were devolved to be under the command of local governance. The local governance can manage the health services by themselves. It can connect with health alliances such as hospitals, schools and non – governance organizations because local governance has a lot of personel and available resources. In addition, local governance has two types of health promotion funds known as the health security fund and the rehabilitee elderly fund that are provided to be related to the creation of health services for people in these areas.

Therefore, the researcher suggests that local governance is key in resolving the handling health problems such as planning, sharing resources and providing budgets.

The shifting health perspective to create the networks and social cares by communities.

The advantages in health system are especially important now that knowledge and medical technology have such things as genes, computer scan technology and brain surgery but it does not overcome diseases such as non – communicable infirmities like cancer, strokes and accidents. Additionally, the elderly are also dependent. On their own the ministry of public health or health institutions

cannot resolve these health problems. The health workers or relatives must change the health perspective to emphasize health promotion, disease control and disease prevention and the rehabilitation of physical problems. The health alliances of local governance, people and the community must fulfill the mandate of strengthening the health system by supporting it with budgets and health workers.

Finally, the researcher prefers shifting the health perspective from the past health perspective with an emphasis on eradicating disease using such things as developing high cost medical technology and providing the advantages of professional specialists if it aims to move the main treatment to health promotion. Thus health is related to such things as houses, schools, food and income. The health of people must be lower cost so that can be provided by local governance using simple tools. The health ideology provided the primary health care has the strategy of using things such as participation, health networks and building the public policy for health.

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