

“Reduce risky behavior and reduce chronic disease by using the community as a base, Ban Sala Sam Lang, Sa Kaeo Subdistrict, Tha Sala District, Nakhon Si Thammarat Province”

Asst. Prof. Kumlai Somrak

Asst. Prof. Dr. Rachadaporn Jantasuwana

Dr. Chadjane Jantarapat

"Chronic non-communicable diseases (NCDs) are a significant issue in the Baan Sala Sam Lang community. A community analysis identified a high-risk group of chronic disease patients among the population aged 35-60 years, with a total of 120 individuals, accounting for 26.73% of the population. In a community forum, it was revealed that the community wishes to undertake a prevention and control initiative for chronic diseases through a community-based approach. The initiative will be guided by the Ottawa Charter, with the following five strategies including, 1) Establishing joint community policies, measures, and regulations 2) Creating an environment conducive to good health 3) Strengthening community mechanisms and leadership to drive various activities 4) Adjusting health services to be more accessible and encouraging community-driven service provision and 5) Promoting behavioral changes and reducing individual risk factors, while enhancing individuals' decision-making capabilities to adopt healthier practices. Collaboration with partners, mobilization of resources, and integration of local knowledge will be facilitated through systematic community engagement processes aligned with the community's context. The initiative is supported by three key mechanisms including, 1) A regional management unit, led by the School of Nursing at WU, which oversees the learning process with funding and academic support from the Creative Opportunities Division of the Thai Health Promotion (ThaiHealth) 2) Two field mentors who provide academic support to community leaders in driving the project and 3) The community leaders of Ban Sala Sam Lang.

The operational process consists of five steps: 1) Establishing a working group to drive the initiative. 2) Assessing and analyzing the community in relation to NCDs 3) Developing a community plan through community forums 4) Implementing the community plan and 5) Monitoring, evaluating, and adjusting the implementation to achieve the objectives of reducing risks and preventing NCDs. This includes continuous improvement based on evolving circumstances to ensure sustainability. The process relies on community engagement as the foundation and emphasizes participation from all sectors with a community-centered approach.

Strengthening the community's capacity will lead to reduced risk, fewer cases of disease, and lower complications from chronic non-communicable diseases.

Results:

1) The community held meetings and appointed a working group consisting of 12 members. This group included the village headman (1 person), the village health volunteer (1 person), member of the subdistrict administrative organization (1 person), four village health volunteers, the president of the occupation group (1 person), and four community members.

2) Community members underwent health screenings, such as blood pressure measurement, blood sugar testing, weight measurement, and height assessment.

3) All 60 participants (100%) in the high-risk group for diabetes, hypertension, and abdominal obesity gained increased knowledge about health care, specifically related to diet and exercise. Of this group, 50% participated in group exercise activities.

4) The community established regulations requiring the high-risk group to engage in daily physical exercise.

5) The community created an environment conducive to the control of NCDs, including two low-sugar beverage shops, one health food restaurant, and the use of the village's Line messaging group to track participation in activities and share health information.

Impact:

Ten community members who are not part of the at-risk group joined the exercise activities.