

**SE2024059:** Reduce risky behavior and reduce chronic disease by using the community as a base at Ban Nam Tok, Sa Kaeo Subdistrict, Tha Sala District, Nakhon Si Thammarat Province

(Budget 60,000 baht)

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The situation of the non-communicable chronic disease problem in Ban Namtok, Tambon Sa Kaeo, from the health screening of the population at risk aged 35 years and over, totaling 480 people, accounting for 97.17 percent, found that there were 134 people at risk of diabetes, accounting for 27.92 percent, with 48 diabetic patients, and six diabetic patients with complications. From the survey of the causes of diabetes by the community, it was found that 36 people had inappropriate food consumption behaviors, 35 people did not exercise, seven people smoked, and three people drank alcohol. In terms of the environment, it was found that the community did not have enough places to exercise. The places to exercise were not conducive to exercise. There were many soft drink shops in the area. In the past, it was found that the community still lacked a group to organize activities to control non-communicable chronic diseases. There was a health service mechanism for screening but a need for continuous problem-solving activities. As a result, the number of diabetic patients increased every year.

The implementation of the prevention and control of non-communicable chronic diseases based on the community and the concept of the Ottawa Charter is a strategy that the Ban Namtok, Tambon Sa Kaeo community has applied as a guideline for proactive operations to drive control activities. Preventing diabetes in the community includes: 1) Creating policies/measures and community rules together 2) Creating an environment conducive to good health and controlling risky environments 3) Developing robust community/leader mechanisms to drive various activities 4) Adjusting the health service system to facilitate access/provision of services that can be operated by the public sector and 5) Changing behaviors and risk factors of individuals that are consistent with the Ministry of Public Health's strategy to promote and prevent risk factors/risk behaviors, such as changing behaviors in (1) healthy food, promoting the consumption of vegetables and fruits, reducing sweet, fatty, salty/sodium foods (2) exercise/physical activities (3) emotions/mental health (4) not smoking/drugs and (5) not drinking alcohol, including obesity/overweight and high blood fat, etc., along with coordinating with network partners, mobilizing resources and local wisdom through a systematic process of thinking and acting in the community, appropriate for lifestyle problems and community contexts.

The process of diabetes prevention and control in Ban Namtok community, Sa Kaeo sub-district, consists of 5 steps: 1) Appoint a working group to drive the operation, 2) Evaluate and analyze the community related to non-communicable diseases, 3) Create a community plan together in the community forum, 4) Operate according to the community plan, and 5) Supervise, monitor, and evaluate the operation to achieve the objective of reducing the risk of non-communicable diseases. Improve the work continuously according to the situation and create sustainability, which requires the power of the people as the foundation and the participation of all sectors that focus on the community as the center, creating strength for the community, resulting in reducing the risk, disease, and complications of non-communicable diseases. From the above problems and situations, organizing the project "Reduce risk behavior, reduce diabetes using the community as a base" to encourage people to change their behavior according to the correct principles, together with community participation, is an important strategy to support people in the community to have good health, reduce illness, control the disease, and reduce complications from the disease effectively and sustainably.

Project results 1) A working group consisting of village health volunteers, people, community leaders, and public health officers was formed to achieve the project results. 2) A joint agreement was reached to control diabetes in the community by exercising regularly, with village health volunteer representatives responsible for the project. Long drums, a local wisdom, were used in exercise activities. Local shops were asked to sell food that was less sweet and salty. 3) 80 percent of the at-risk group received knowledge about self-care to prevent diabetes. 4) 50 percent of the target group changed their eating behavior and increased their exercise.