CHAPTER V

PRESENTATION

This study deals with the issue of community health development through strengthening health partnership. It was presented for the final examination on 7th May 2002. The presentation highlighted the main concepts of the study which contained three parts: the essay, the research proposal, and data collection exercise.

The power-point program was prepared and used for the presentation. The content of the presentation is shown in the given presentation handout below, in the sequence as shown to the examination committee.

Community Health Development through Strengthening Health Partnerships: A Pilot Study in Keing Sub-district, Muang District, Maha Sarakham, Thailand

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Definitions

- **Community health development:** The planned evolution of all aspects of community well-being (economic, social, environmental and cultural) whereby community members come together to take collaborative action and generate solutions to health problems.
- **Partnership:** an alliance between two or more public agencies, local authorities, non-governmental or community-based organizations, the private sector and other sectors or stakeholders.

Definitions

- **Stakeholder:** a group or organization who has influence in a particular area of policy or who is affected by policies.
- **Effective collaboration:** a range of mechanism and activities through which stakeholders discuss and work towards understanding, the needs related to the management of a particular resources with the aim of ultimately negotiating and agreeing on how roles, rights and responsibilities for such management can be shared.

(Smith,and Frank, 1999, Bracht, 1999)

Global scenario

- Partners in Health 1999 and Beyond (the University of Tasmania's Faculty of Health Sciences)
- Tobacco-Free Oklahoma (TFOC)(Baker, 2001)
- The Milwaukee's community partnership program (NACCHO, 1996)
- The National Breast Cancer Coalition (NBCC, 1996)

Thailand's scenario (1)

- Strategies for Malnutrition in Children under 5 Year olds (Deesuwan, 1997)
- Community capacity for AIDS prevention and control in Pisanulok, 1989-1996Sornlump, et al (1997)
- Health Team Problem Solving (HPTS) Programs (1998)
- Health Partnerships between Community and School in Youth and AIDS prevention program (Chai-ngammuang (1999)

Thailand's scenario (2)

- The development of civil society: Case study in Donwan sub-district, Muang, Maha Saakhm (Sansurin (2000)
- The capacity of people around the Tambon Administrative Organization (Panya, 2000)
- The possibility process of health care decentralization (Hasroh, 2001)

Problems (1)

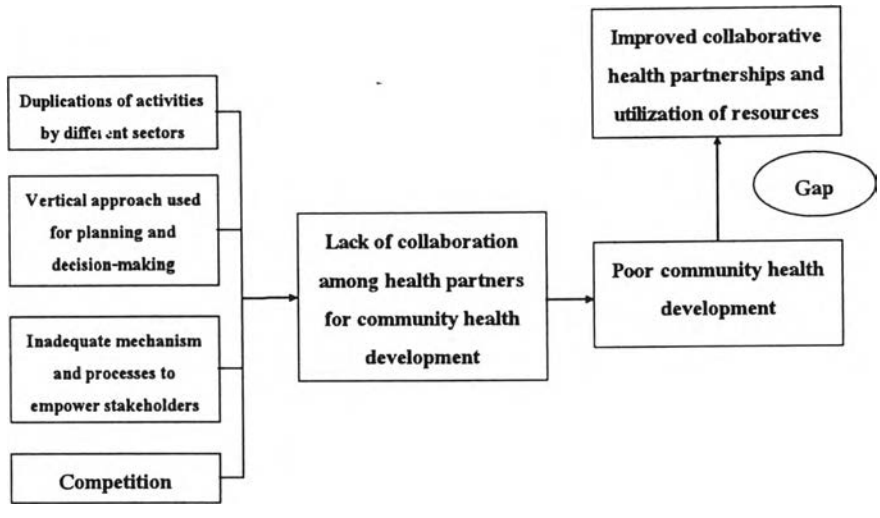
- No connecting thread (a catalyst)
- Fragmentation: doing alone
- Lack concerns on the *integrated needs* of people and communities: "experts" responsibility not the community as a whole
- The failure in development cooperation to produce sustainable results
- Competition

Problems (2)

- Difficulties and struggling to realize the full advantage of collaboration and attain their goals.
- Lack of continued support from allied sectors.
- Overlapping services
- Duplication of work and efforts
- Inadequate long-lasting development of partnerships.

(Wagner et al., 1997; Chrislip and Larson, 1994, Kreuter, Lezin, and Young, 2000; Wandersmand, Goodman and Butterfoss, 1997, Buasai, 1997).

Factors contributing to poor community health development system in Muang district, Maha Sarakham



Rationale (1)

- Needs participation of diverse people and organizations in the community health development over time.
- Needs a call for collaborated efforts from all the sectors/agencies in attaining and maintaining a state of good health
- Co-management: Building familiarity, trust, equitable participation and commitment

Rationale (2)

- Establishment of shared benefits: Democratic principles of transparency, accountability and participation
- Integrated management by empowering and encouraging partnerships
- Brings together a tremendous amount of knowledge and experiences which enables community to come up with several options for community development.

(WHO/SERO, 1993, Buasai, 1997, Kreuter, Lezin, and Young, 2000, Hasroh, 2001)

Proposed strategy

Strengthening health partnerships through Health Team Problem Solving (HTPS) to improve collaboration for community health development

Benefits of partnerships (1)

- A means for finding solutions to complex issues
- Combine efforts to share opportunities
- Incorporates community values into strategic plans
- Enable groups to do and learn from each other's knowledge and skills
- Eliminate overlap and duplication of effort

Benefits of partnerships(2)

- Integrate ideas, activities and goals with others
- Pool resources: Avoid overuse of limited local resources
- Builds bridge between various governmental and non-governmental organizations as well as between people of different socio-economic levels.
- Sharing the load, risk, responsibility and accountability
- Creates a sense of ownership in community activities and projects

(Bracht and Tsouros, 1990)

Intervention Approaches

* **Beliefs**
  - Academies without walls

* **Fallacies**
  - The fallacy of empty vessel
  - The fallacy of single pyramid
  - The fallacy of separate capsule
  - The fallacy of interchangeable

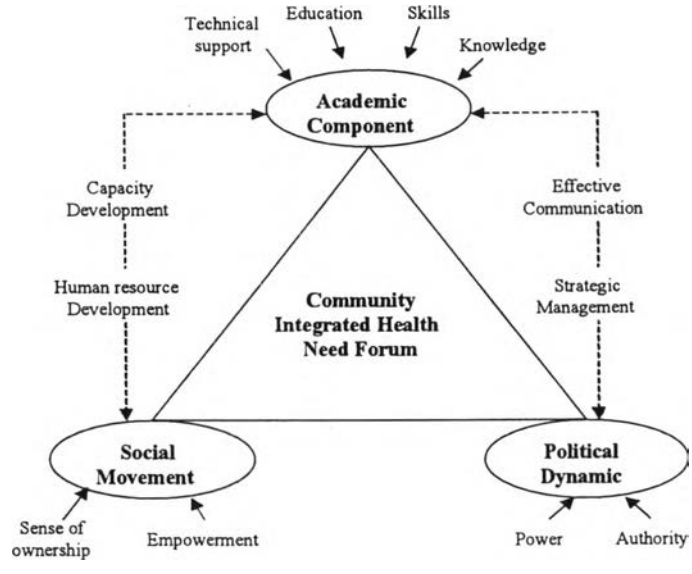
(Polgar, cited in Wibulpoolprasert 1998)

Intervention Approaches (2)

* **Government policies**
  - **The Eighth National Economic and Social Development Plan (for 1997 - 2001):** Addresses a more people-centred strategy, reforming the system of public administration to allow more decentralized decision-making and participation.
  - **Health Care Decentralization, Thailand's 1997 constitution:** Decentralization of Health Care Act of 1999 Section 78, points toward the decentralization of health services that sub-district/Tambon Administrative Organizations (TAOs) will take responsibility as the partnership with local health providers for primary health care provision in the community.

(1997 Constitution (Draft), 1997, Wannarat L., et al, 1997)

Conceptual framework of effectiveness of local health partnerships in establishing community forums.



Study Questions

Can improvement of collaborative health partnerships through HTPS result in changes in community health development, increase people's health and quality of life?

General objectives

To improve collaboration among health partners through Health Team Problem Solving (HTPS) for community development in Keing sub-district, Muang district, Mahasarakham, Thailand.

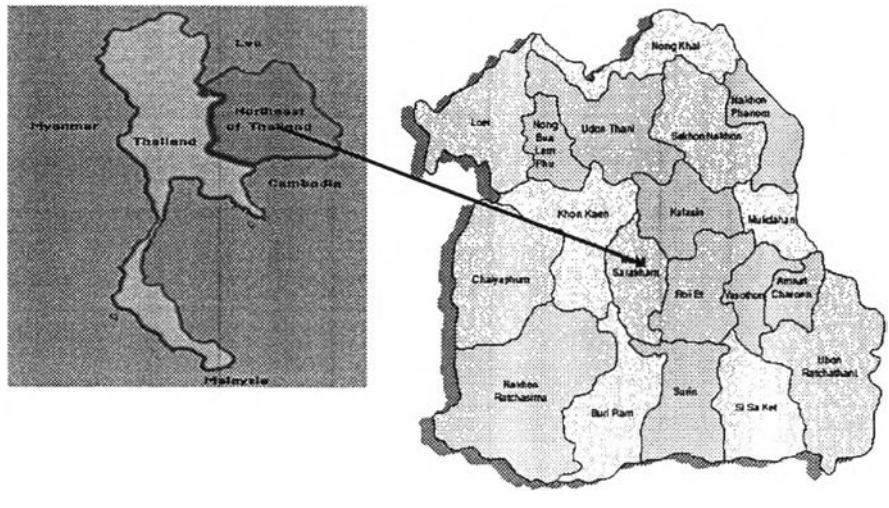
Specific objectives

- To study inputs and the impacts of health programs by partners.
- To study attitudes and perceptions of people towards the programs by partners.
- To find out success rates of health intervention by various partners.
- To find out the trend of government financial inputs in Muang District, Maha Sarakham, Thailand.

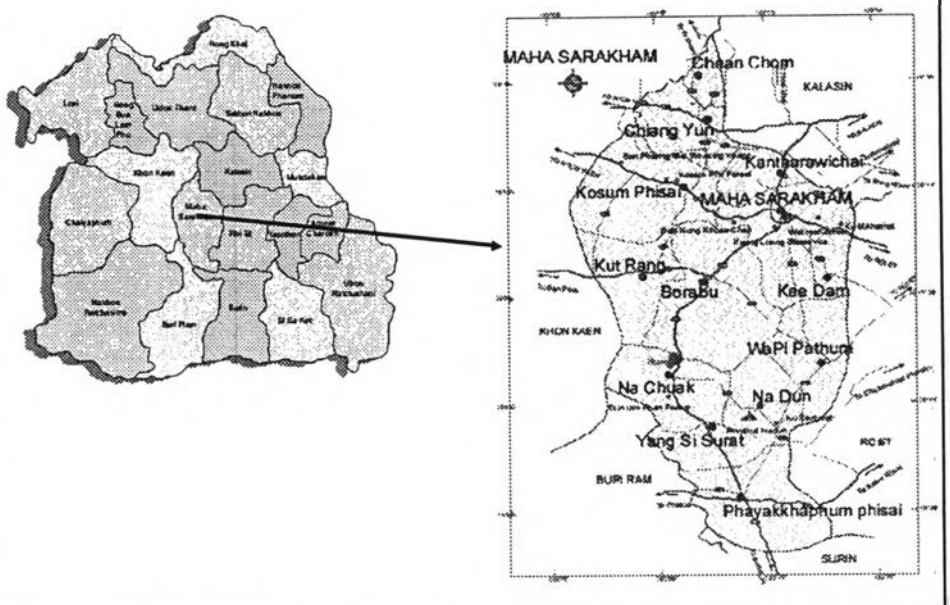
Study Area

Keing sub-district, Muang District, Maha Sarakham Province, Thailand

Map of Northeastern, Thailand



Map of Maha Sarakham Province



Study Methodology

Sampling technique: Purposive sampling technique

- **Stage 1: Provincial Supervision**
  - Purposive Sampling for 1 District
- **Stage 2: District Level**
  - Purposive Sampling for 1 Tambon

Study Design

A Community-Based Participatory Action Research (CBPAR)

Timeframe

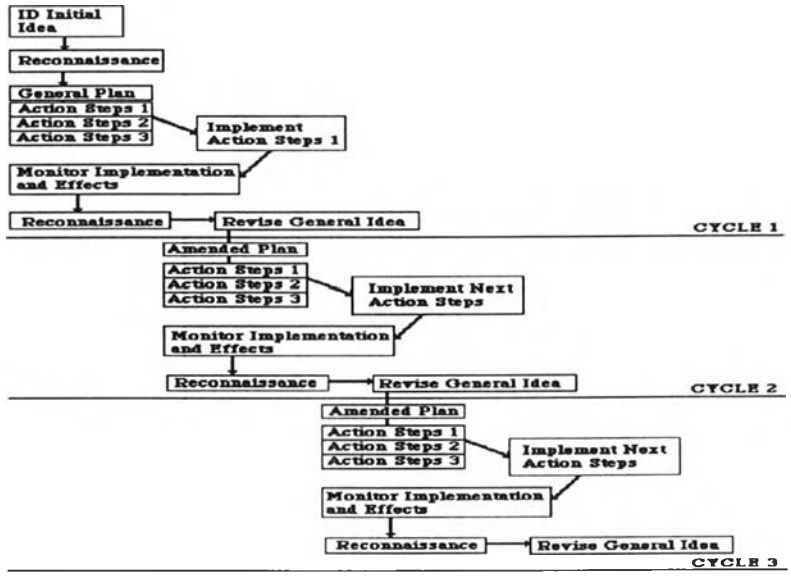
July 2003 - June 2006

Participatory Action Research (PAR)

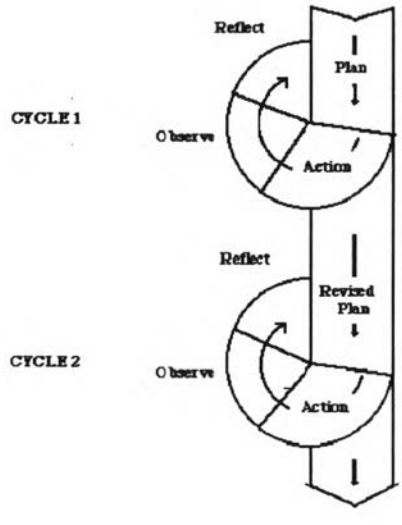
- A process in which people combine learning with action for improvement of their lives, which link health issues and training in life supporting skills. PAR helps community members to:
  - identify concrete problems
  - to learn about the causes and consequences of health problems
  - to solve problems

(Wadsworth, 1998)

Cyclical process of PAR



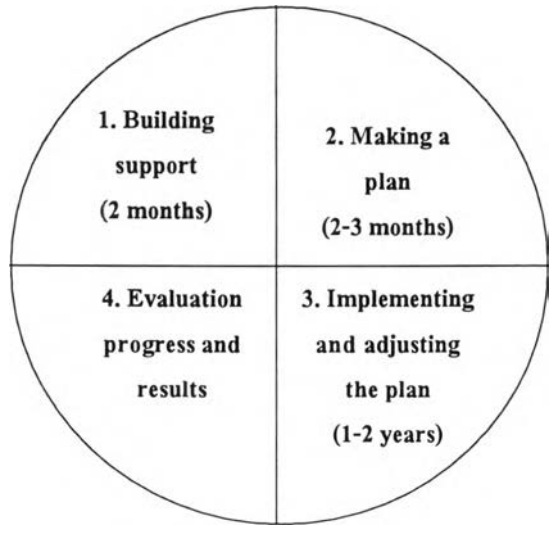
Cyclical Process of Buddhist Noble Truth-Ariya Saj 4



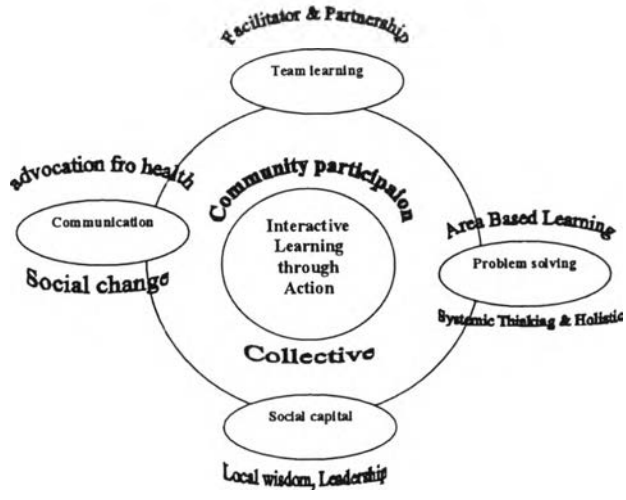
Three Main Approaches to CBPAR

- Technical collaborative approach
- Mutual collaborative approach
- Enhancement approach

Intervention process



Interactive Learning through Action in HTPS Process



HTPS process (1)

Stage 1: Data preparation

Stage 2: Review of available data

Stage 3: Problem analysis

Stage 4: Design of field data collection

Stage 5: Field data collection

Stage 6: Analysis of field data

HTPS process (2)

Stage 7: Problem definition and description

Stage 8: Idea generation and selection

Stage 9: Formulation of objectives and targets

Stage 10: Solution description

Stage 11: Implementation planning

Stage 12: Evaluation plan and indicators

Stage 13: Proposal preparation

Stage 14: Presentation of proposal

Study Instruments

Quantitative data

- **Primary data:**
  - Questionnaire
  - Evaluation forms

Study Instruments

- **Secondary data:**
  - Community's records/statistics; information relating to health plans, activities
  - Community's meetings records
  - Local health records
  - Health staff meetings provided the health plans
  - Disease profile
  - Financial records

Study Instruments

Qualitative data

- In-depth interview guidelines
- Focus group guidelines

Data Collection

Quantitative Data

- Questionnaire: interviewers will be trained before proceeding data collection
- Records and documents review

Data Collection

Qualitative Data

- In-depth interview
- Focus group discussion
- Observation

Data Analysis

Quantitative data

- Survey data will be checked and processed using SPSS for Window
- Both survey and secondary data will be analyzed using descriptive statistics in terms of *Frequency, Mean*, and *Standard Deviation.*
- The results of survey will be triangulated with the findings in the in-depth interviews and focus group discussions.

Data Analysis

Qualitative data

- Interview and observation data will be transcribed in narrative forms using summative and verbatim quotes

Monitoring

- It will be continuous process, follow-up will be done regularly; to provide guidance and support to complete task.
- Readjustment of unrealistic timeline.
- Exploring together with staff alternative root causes and solutions.
- Rethink a solution that has turn out not feasible.

Evaluation

Team's self-evaluation

- based on the evaluation framework it developed at the end of the planning workshop

Short-term evaluation

- 6 months after the implementation
- Quarterly meeting along with the program

Long-term evaluation

- End of the project.

Expected Outcomes

- Establishment of collaborative health partnership through HTPS in provincial, district, sub-district and village levels resulting in establishing continuous HTPS network.
- Increased health programs with full community participation and collaboration among health partners that will lead the community resolve their own problems systematically.

Expected Outcomes

- Increased community capacity in problem-managing and solving continuously.
- The success of the program will be generalized to the whole district.

Ethical Consideration

- The study plans will be approved by the ethical committee before undertaking
- Informed consent will be implied for all respondents

Data Exercise

Assessing health partnerships in Keing Sub-district, Muang district, Maha Sarakham.

Operational definitions

- **Health partnerships** are defined as any group of two or more stakeholders-both public and private, working together on health issues. Partnerships range from informal collaborative activities to formal contractual agreements between groups and organizations.
- **Partnership synergy**: Power to combine the perspectives, knowledge, and skills of a group of people and organizations.

(Lasker, Weiss, and Miller, 2001)

Purposes

- To practice how to establish study tools
- To get experience on questionnaire self-administered
- To get experience on in-depth interview and focus group discussion

Objectives

- To determine the level of factors which are influence the partnership functioning in Munag District, Mahasarakham.
- To explore key stakeholders that address partnership functioning in Muang district, Mahasarakham province.

Study methodology

- **Study design**
  - A descriptive cross-sectional study
- **Study area**
  - Keing sub-district

Study methodology

- **Study population**
  - TAOs' members
  - Village health volunteers
  - Village committees
  - Other existed groups members in the village such as youth group, mother's club

- **Sampling techniques**
  - Purposively sampling techniques

Data collection

Quantitative data

- Self-administered questionnaire

Qualitative data

- In-depth interviews
- Focus group discussion
- Observation

Data analysis

Quantitative data

- The data collection will be analyzed by using SPSS.
- The based line data will be summarized for descriptive statistic in terms of *frequency, mean*, and *standard deviation*.

Qualitative data

- Content analysis will be explored on key factors affecting partnership synergy in the Muang district, Mahasarakham province.

Measures

	Number of items	Mean	S.D.	Cronbach's alpha
Synergy	9	3.24	.24	.93
Leadership	10	3.68	.39	.97
Administration and Management	10	3.55	.38	.94
Partnership efficiency	3	3.19	.20	.76
Non-financial resources	6	2.31	.15	.84
Partner involvement challenges	3	2.44	.40	.85
Community-related challenges	3	1.99	.38	.83
Decision-making processes	3	3.84	.53	.71
Benefits/drawback ratio	1	4.39	.75	-

Findings (1)

Characteristics of the respondents

Characteristics	Frequency (n=30)
Gender	
Male	16 (53.3%)
Female	14 (46.7%)
Age	
Mean (39.7) SD (11.18)	Min (20) Max (62)
20 – 29	6 (20.0%)
30 – 39	9 (30.0%)
40 – 49	8 (26.7%)
50 – 59	4 (13.3%)
60 and over	3 (10.0%)
Marital status	
Single	4 (13.3%)
Married	23 (76.7%)
Divorced	3 (10.0%)

Findings (2)

Characteristics	Frequency (n=30)
Education	
None at all	1 (3.3%)
Primary school	9 (30.0%)
Secondary school	5 (16.7%)
High school	6 (20.0%)
Bachelor degree	5 (16.7%)
Mater or higher	4 (13.3%)
Occupation	
Farmer	6 (20.0%)
Labourer	2 (6.7%)
Physician	2 (6.7%)
Nurse	2 (6.7%)
Public health personnel	4 (13.3%)
Teacher	3 (10.0%)
Other governmental officials	3 (10.0%)
Own business	4 (13.3%)
Other	4 (13.3%)

Findings (3)

Perception of respondents toward partnership

	Mean *	S.D.
Decision-making process	3.81	.66
Benefits	3.82	.51
Partner relationships	3.81	.49
Partnership efficiency	3.73	.55
Synergy	3.67	.56
Leadership	3.58	.63
Administration & management	3.43	.66
Partner satisfaction	3.23	.42

*** Where a mean score of 1 to 1.7 means 'very low', 1.8 to 2.6 is 'somewhat low', 2.7 to 3.5 is average, 3.6 to 4.4 means 'somewhat high, and 4.5 and above is 'very high'.**

Findings (4)

Perception of respondents toward partnership

	Mean *	S.D.
- Problems recruiting essential partners	3.83	.42
- Problems retraining essential partners	3.67	.46
- Lack of incentives to motivate people & organizations to participate	3.67	.35
- Little history of cooperation or trust among people, groups or organizations in the community	3.57	.51
- Difficulties motivating partners to participate	3.50	.45
- Problems moving from planning to action	3.26	.44

* Where the higher the mean score on each item, the more of a problem presents. That is where the score of 1 to 1.7 means 'very low', 1.8 to 2.6 is 'somewhat low, 2.7 to 3.5 is average, 3.6 to 4.4 means 'somewhat high', and 4.5 and above is 'very high'.

Findings (5)

	Mean*	S.D.
- Providing orientation to new partners as they join the partnership	2.96	.49
- Connection to political decision-makers, government agencies	2.16	.23
- Discord	2.16	.38
- Connection to target population	2.10	.22
- Data and information use	2.00	.23
- Trust	1.83	.32

*** Where a mean score of 1 to 1.7 means 'very low', 1.8 to 2.6 is 'somewhat low', 2.7 to 3.5 is average, 3.6 to 4.4 means 'somewhat high, and 4.5 and above is 'very high'.**

Findings (6)

- **Key stakeholders**
  - Community-based organizations (e.g. religious organizations, clubs) 75%
  - Government organizations (e.g. hospital/health system, educational institutions) 60%
  - NGO 50%
  - Business 40%

Expected outcomes

- Recommendations from respondents would be seriously considered in order to improve and develop the new strategic tool for full scale study.
- It will be used as baseline data for future comparison and to set up the intervention programs.

Lessons learned

- The in-depth interview guidelines needs to be tested before actual study.
- The introduction made at the beginning of the interview served reasonable efforts.
- Assessing a partnership's level of synergy can provide people in partnerships, and researchers with a valuable indicator of how well the collaborative process is working.

Limitations

- Small sample size
- Difficult terms were used in questionnaire
- A causal relationship between the dimensions of partnership and synergy can not be demonstrated.

Ethical considerations

- Voluntary participation
- No harms to participants
- Confidentiality

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- All my friends and family.

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