

Assessment of local health security fund implementation for well-being promotion and health mechanism development at the local level

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ABSTRACT

This research employed Participatory Action Research (PAR) with the purpose of applying the health impact assessment on the local health security fund implementation for well-being promotion and health mechanism development at the local level. This case study was conducted in Sankhaburi District, Chai Nat Province as the pilot area for the integrated model to drive the promotion of well-being in the local health security fund which according to the successful verification of the integrated community health mechanism in the province during the fiscal year 2020, the sub-district health fund supported funding for 1,193 quality projects. Among these projects, the quality projects in Sankhaburi District gained the highest support for the first rank in the province. In this research, health impact was assessed by collecting data from the main informants who were the main responsible officers at the regional level, the mentors of the provincial health security funds, and stakeholders in the integrated implementation of the local health mechanism. The study methods included in-depth interviews and focus group discussion. Research found that the local health security funds used the integrated system for well-being promotion and health mechanism development at the local level. The focus was on increasing the implementation potential at the regional level which was used to support effective project planning by using the online follow-up and evaluation system. In addition, the health system at the regional level was developed through the mechanism of the health security funds in relation to the well-being promotion projects of the local health security funds. Implementation was planned for problem-solving management and life quality development at the district level according to the application of the health impact assessment on the local health security fund. Implementation opportunities were provided for different parties to share knowledge, develop their implementation of well-being promotion, and develop the health mechanism at the local level.

Key words:

local health security funds; health impact assessment; well-being promotion; health mechanism at the local level

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INTRODUCTION

Health Impact Assessment (HIA) is a practical approach used to judge the potential health effects of a policy, program, or project on a population particularly on vulnerable or disadvantaged groups. The recommendations are produced for decision-makers and stakeholders, with the aim of maximizing the proposal's positive health effects and minimizing its negative health effects. The approach can be applied to diverse economic sectors with various quantitative, qualitative, and participatory techniques¹. The basic concepts of health impact assessment are not new and will be familiar to those working in public health. It can be seen as a development of public health practice since Victorian times when it aimed at creating healthy public policy. It builds on and brings together methods including policy appraisal, health consultation, advocacy, community development, evidence-based health care, and environmental impact assessment².

Building health public policy was a key component of the Ottawa charter for health promotion which was the process of enabling people to increase their control to improve their health. Reaching a state of complete physical, mental, and social well-being, an individual or group must be able to identify and realize aspirations, for satisfying needs, and to change or cope with the environment. Health is seen as a resource for everyday life which is not the objective of living and is a positive concept emphasizing social and personal resources as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector but it goes beyond healthy lifestyles to well-being^{1,3}. The health promotion concept includes: (1) policies designed specifically to promote health such as banning cigarette advertising, and (2) policies not dealing directly with health but acknowledged to have a health impact, i.e., transport,

education, economics. Accepting a broad model of health suggests that virtually any area of public policy and health impacts is included. Therefore, all policy development could be subjected to some method of health impact assessment.

Promoting well-being in the coverage of all areas of cooperation, is developed from the existing community health systems of the Ministry of Public Health through the District Health Board (DHB) and Sub-district Health Promotion Hospitals (HPH). In health mechanism development, the regional and local health security funds are strengthened through the National Health Security Office (NHSO) and Thai Health Promotion Foundation (Thai Health)⁴⁻⁶. The existing capital based on the local health security funds in every sub-district and other local mechanisms are used to expand the operational areas⁷ to develop local health manpower⁸, and to increase potential in the development of community health systems which leads to a better quality of life for people by using resources commendably in the participatory health system⁹.

Implementation for strengthening the community health system was reflected in the review of the overall situation of the national reform plan^{5,10}. It was found that the proportion of strengthened communities was not high^{11,12} due to the limitations of operational integration among the main agencies and mechanisms in the community health system. Particularly, the regional or local health security funds as the main mechanism also had operational limitations^{13,14} in terms of community health planning, quality of the community health plans, and concrete instruments for public dissemination that leads to plan and project development. Moreover, some supporting teams did not understand the planning process, putting plans into action, or fund follow-up and evaluation to reduce the mis-conceptualization of goals and directions^{6,10,11,15}.

The cooperation among the local health systems and mechanisms for well-being promotion and development mechanism at the local level has 2 main targets including (1) to develop the teams' potential for implementation at the local level, and (2) to build an area model for the local health security funds with empowerment and cooperation among the related agencies¹⁶⁻¹⁸. The purposes were to develop the local people's potential and strengthen the community health system with sustainability¹⁹ in driving the development and promotion of healthy community profiles to achieve the goals, and the participation from related sectors is necessary²⁰. The strategies for healthy community profile management include: (1) expansion of wisdom space and continuous knowledge development to keep up with the suitable target groups and body of knowledge; (2) expansion of the space of participatory policy process as the policy development which is based on intelligence, and participation of all sectors to gain acceptance and cooperation in practice with sustainability, and (3) expansion of social space for expanding the partner networks and causing mobilization^{21,22}.

The local organizations have had experience and lessons in responding and implementing as prescribed by law for developing the systems which support the practices for local peoples' good quality of life. Accordingly, the working systems occurred from mutual operation among the local government organizations, community organizations, volunteers, and academic institutions in the communities with the awareness that healthcare is the responsibility of everyone in communities and societies. Therefore, healthcare is the mutual responsibility of all people and the responsibility includes diseases and sickness in vulnerable populations, i.e., elderly people, disabled people, and

underprivileged people. Health problems and needs can be solved if healthcare is strengthened at all levels^{23,24}. In particular, at the community level, the implementation usually deals with health promotion, disease surveillance, disease prevention, and treatments of common diseases. As a result, community healthcare should be a mutual mission of the institutions in the communities, regardless of the community organizations, the public sector, the local government organizations, or the health service organizations^{25,26}.

According to National Health Act B.E. 2550 (2007), the Health Impact Assessment (HIA) is an instrument to set public policies for health in order to build learning processes, and participation among government agencies, people and related network partners. In the development of public policies that influence the health of people and communities, this instrument arises from intention and social commitment. This leads to references for setting the direction of the future health system, in which the development is implemented with the cooperation of existing mechanisms in the community health system, i.e., the mechanisms of the Ministry of Public Health (MOPH), DHB, HPH, Community Health Security Fund of National Health Security Office (NHSO), and Thai Health^{4,6}. The implementation covers the areas throughout 77 provinces by using the existing Community Health Security Fund in every sub-district together with different mechanisms that worked closely with people, which was helpful for increasing the number of coaches, expanding the areas for cooperative implementation, and increasing the potential of operational projects in the community health systems, resulting in a better quality of life for all people under the full utilization of resources⁵.

The Health Security Funds in Sankhaburi District, Chai Nat Province is the pilot area for the integrated model to

drive the promotion of well-being in the local health security funds. According to the successful verification of the integrated community health mechanism in Chai Nat Province during the fiscal year 2020, the sub-district health funds supported the funding for 1,193 quality projects. Among these projects, the quality projects in Sankhaburi District gained the highest support for the first rank in Chai Nat Province (i.e. 22.5% of all approved projects)²⁷. As the pilot area of the integrated model for driving the well-being promotion, the community health security funds in Sankhaburi District were implemented together with the networks, i.e., Thai Health, NHSO, and MOPH. In the previous implementation, the health security board of Sankhaburi District developed the indicators for implementation according to the plan for the community health security funds. However, such implementation has not been followed up or assessed concerning the effects of the mechanisms and implemented processes in leading to well-being promotion, and the participatory development of the local health mechanism. The assessment results can enable provincial and sub-district health security boards, related network partners, and the mainstays of the local health funds to gain knowledge and skills for developing and driving their own working systems. The assessment results can be used for adjusting the suitability of operational systems. These processes are expected to increase people's participation in well-being promotion as well as the development of the local health mechanism for achieving the goal of good health and quality of life.

According to the above description, the researcher was inspired that the health impact assessment could be applied to local health security funds implementation for well-being promotion, and the health mechanism development in the case study of Sankhaburi District, Chai Nat Province^{28,29}. The health impact assessment

is an appraisal with a focus on the prediction of possible effects of implementing policies, plans, or projects on people's health. This appraisal is an important component for building or considering options for public health policies^{8,19}. Therefore, this research aimed to study the model and methods for each step in the health impact assessment with the expectation that the study results could be applicable for the implementation of well-being promotion and health mechanism development in other areas.

METHODS

Research methodology

This research was Participatory Action Research (PAR) with the purpose of applying the health impact assessment in the form of interviews and purposive discussions. The data were collected using in-depth structured interviews, participants' observations, and focus group discussions.

Main informants

In this research, health impact was assessed by collecting data from the main informants who were the main responsible officers at the regional level, the mentors of the provincial health security funds, and stakeholders in the integrated implementation of the local health mechanism. Purposive sampling was used to recruit informants including 5 officers in regional well-being promotion and health mechanism development, 9 mentors in the provincial health security funds, and 18 main stakeholders in the integrated community health mechanism at Sankhaburi, Chai Nat Province. These stakeholders were representatives from related agencies in the local government organization, Chaloem Phrakiat Health Center, Sankhaburi Public Health Office, District Health Board, District Health Security Funds, village health volunteers, and group/club leaders in local health promotion.

Scope of the study

In the cooperative implementation with the stakeholders in the case study of Sankhaburi District, Chai Nat Province, the research procedure of the Health Impact Assessment included 6 steps^{16,17}: (1) Screening, (2) Scoping and Appraisal Guidelines, (3) Appraisal, (4) Public Review, (5) Decision-Making, and (6) Monitoring and Evaluation (M & E).

Research procedure

The Health Impact Assessment was used as a guideline for the research procedure. The data were collected from the main informants including responsible officers at the regional level, the mentors of the provincial health security fund, and the stakeholders in the implementation of the local health security funds for well-being promotion and local health mechanism development. Research instruments were participant observation, in-depth interviews, and focus group discussion. The research framework is illustrated in Figure 1.

Part 1: The preparation step/preliminary study included 3 steps. These comprised of (1) Project review which involved objectives, methods, instruments, project participants, and local contexts to create understanding concerning the procedures, objectives, and indicators; (2) Stakeholder analysis which intended to find the local mainstays for implementation, follow-up, and assessment as well as the participatory action research team and key informants. Last, (3) team building which aimed to promote understanding concerning the assessment processes of health effects and the integrated implementation to drive the promotion of local well-being.

Part 2: The assessment step included 6 stages: (1) Screening which aimed to study the general contexts for planning the next steps, while (2) scoping is intended to specify the to-be-studied issues

according to the data, evidence, and suggestions from the stakeholders and key informants. The issues also included the duration for data collection, and the methods for assessing health effects; (3) Appraisal that aimed to assess the positive and negative health effects by using a focus group, observation, and in-depth interviews with the key informants. The researcher described the health effects and presented chances and violence of the expected health effects, leading to the proposal for solving the problems; (4) Public review aimed to review the drafted assessment report and suggestions concerning how to implement the policies and projects to gain the best benefits and reduce the negative effects under the contexts of possibilities and limitations; (5) Decision making intended to arrange the proposal for managing health effects, i.e., arrangement for local requirements, mutual agreement in setting policies and planning projects for good management as well as for managing other dimensions of health effects. Finally, (6) monitoring and evaluation were performed by carrying out in-depth interviews with the key informants, then using the analyzed results for discussion in sub-group meetings and using the study results from the online evaluation system for planning the next steps.

Data analysis and validation

The data were analyzed after entering the studied area. The qualitative content analysis process was both inductive and deductive^{30,34}. Inductive process, i.e., listening to the audio recordings before the transcription to gain a general understanding of the participants' experiences, and after the transcription to validate the transcripts and get more familiar with the data. The sections of the transcript relevant to the study of stakeholder experiences were identified.

During the inductive process of analysis, coding was carried out on the

identified sections of the transcripts to create meaning. The meanings were then categorized through a process of identifying relationships between them. Researchers shared codes and categories with the other authors through an iterative process which eventually yielded agreement on the final codes. The process yielded four categories that captured how stakeholders experienced the PAR approach. The categories included: stakeholder involvement, being invigorated, risk of wide stakeholder involvement, and balancing wide stakeholder involvement.

In the deductive analysis process, the categories were reflected upon to place the unique experiences of different stakeholders into PAR. These included: (1)

Screening, (2) Scoping and Appraisal Guidelines, (3) Appraisal, (4) Public Review, (5) Decision-Making, and (6) Monitoring and Evaluation (M & E) as described in the background of this paper and reflected upon in the description of the results in the results section. Finally, 28 main informants and 15 of the focus group discussion participants reviewed the results as a means of validation.

Ethics approval

This research was considered and approved by the Committee for Ethics in Social Science Research and Human Research at the Public Policy Institute, Prince of Songkla University (EC 013/63), dated August 25th, 2020

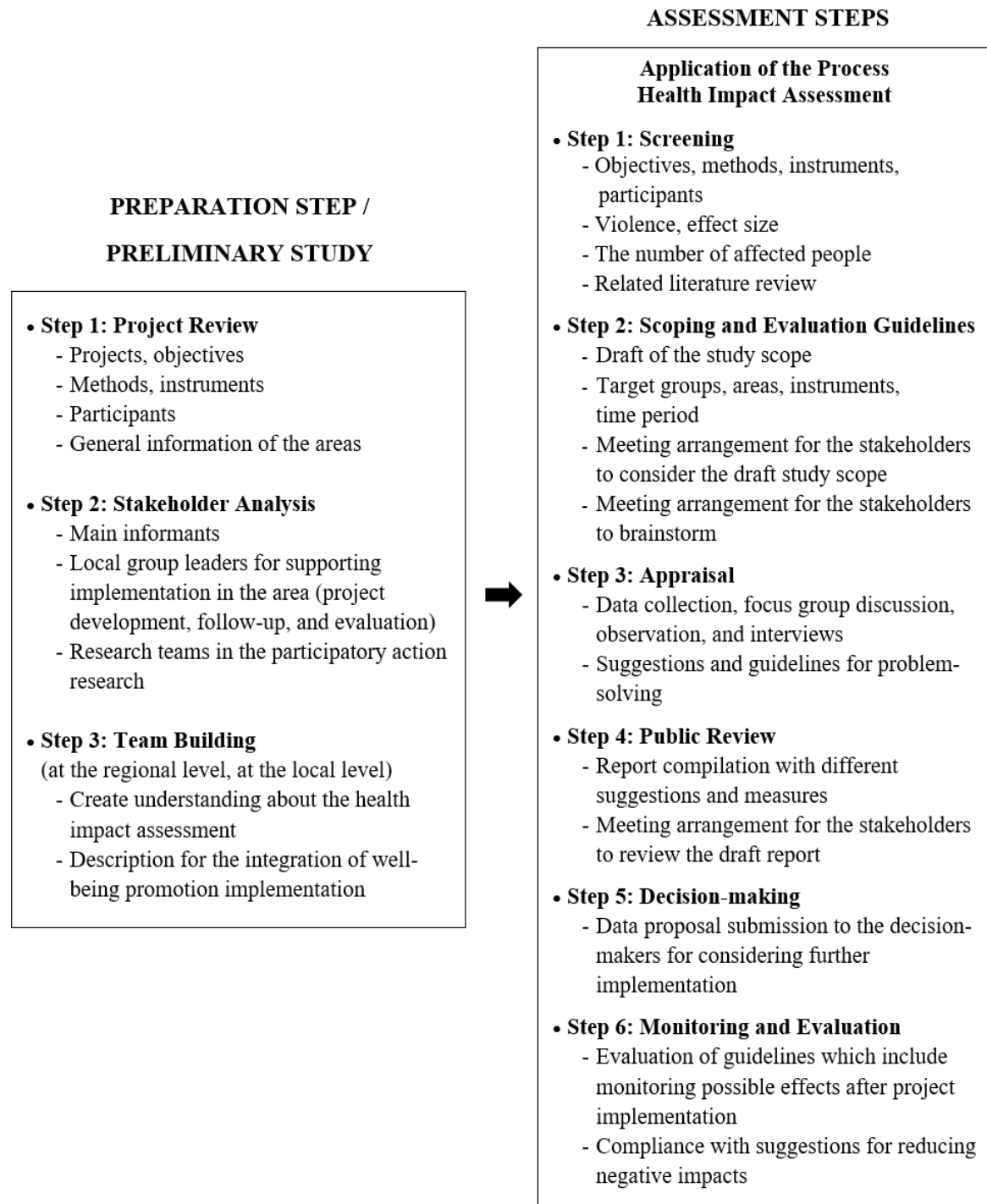


Figure 1 Research framework

RESULTS

The research results were classified into 4 aspects including: (1) the implementation of the local health security funds, (2) well-being promotion and health

mechanism development at the local level, (3) the application of the health impact assessment for assessing the implementation of the local health security funds for well-being promotion and health mechanism development, and (4) lessons

learned from health impact assessment on the local health security fund implementation for well-being promotion and health mechanism development at the local level.

1. Implementation of local health security funds

The local health security funds used IPOO guidelines for well-being promotion in Figure 2, as described below.

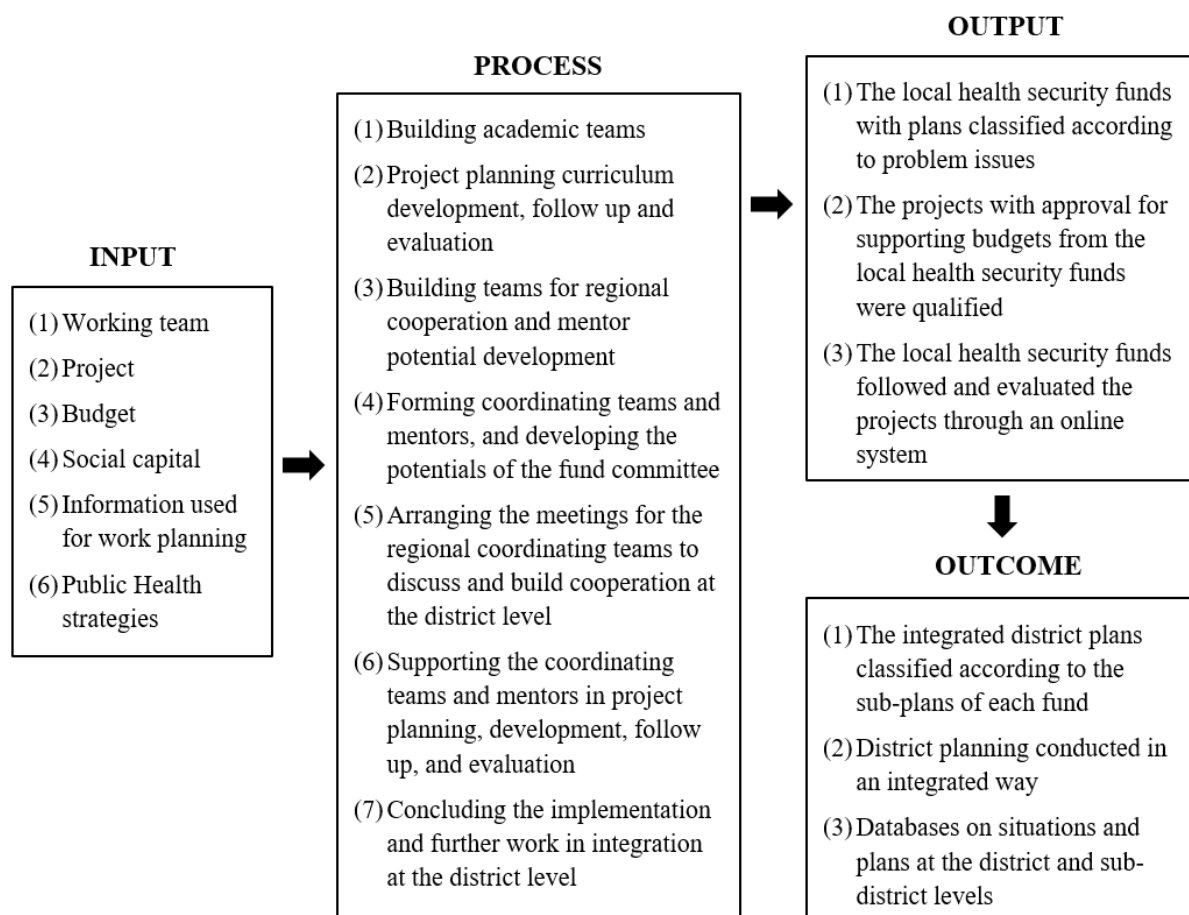


Figure 2 IPOO guidelines for well-being promotion

I (Input): Regarding the main input of the implementation, the officers and working team were responsible for the project and shared their learning work process. The team members with specialization, familiarity, and aptitudes were selected. The teams were specialized in searching for information used for work planning in public health strategies, district developmental plans on quality of life, demographic data, and the data for the local health security fund in each area.

P (Process): The working team members were ready for potential development to be mentors for support and coordination in work areas. The process included 7 components: (1) building academic teams; (2) project planning curriculum development, follow up and evaluation; (3) building teams for regional cooperation and mentor potential development; (4) forming coordinating teams and mentors, and developing the potentials of the fund committee, the responsible people, and the project

proponents; (5) arranging the meetings for the regional coordinating teams to discuss and build cooperation at the district level; (6) supporting the coordinating teams and mentors in project planning, development, follow up, and evaluation; and (7) concluding the implementation and further work in integration at the district level.

O (Output): The output from the implementation of the local health security funds was divided into 3 parts including: (1) the local health security funds with plans classified according to problems or issues, (2) the projects with approval for supporting budgets from the local health security funds were qualified, and (3) the local health security funds followed and evaluated the projects through an online system.

O (Outcome): The outcome of the implementation of the local health security funds was divided into 3 parts including: (1) the integrated district plans classified according to the sub-plans of each fund, (2) district planning conducted in an integrated way, and (3) databases on situations and plans at the district and sub-district levels.

2. Well-being promotion and health mechanism development at the local level

During the fiscal year 2020 – 2021, Chai Nat Province implemented 1,193 qualified projects with the budgets of the local health security funds, whereas the projects in Sankhaburi District were qualified and approved with budgets from the local health security funds, ranking 1st rank in Chai Nat Province, i.e., 22.5% of all approved projects, as described below.

From 9 funds, Sankhaburi District in Chai Nat Province had 233 qualified projects with budget approvals in the fiscal year 2020 and 268 projects in the fiscal year 2021, which showed an increase of 15.0%.

The projects in Sankhaburi District received budgeting from 9 funds with 4,923,158.13 Baht in the 2020 fiscal year and 6,013,928.15 Baht in the 2021 fiscal year, which showed an increase of 22.2%.

All 268 projects in Sankhaburi District were qualified and received budget approvals from the local health security funds. These projects could be classified into 5 types: (1) 74 projects for supporting service units/service centers/public health agencies, (2) 116 projects for supporting organizations or people/other agencies, (3) 38 projects for supporting development centers for young children/elderly people/disabled people, (4) 31 projects for supporting administration/development of the local healthcare services, and (5) 9 projects for supporting the pandemic cases/disasters. In conclusion, the approved projects for Sankhaburi District, Chai Nat Province increased in numbers and budgeting in the 2021 fiscal year for all types of projects from all funds.

The qualified projects in Sankhaburi District, Chai Nat Province were approved by the local health security funds with 6,013,928.15 Baht and were classified into 5 types: (1) 1,704,525.00 Baht for projects supporting service units/service centers/public health agencies; (2) 2,372,193.50 Baht for projects supporting organizations or people/other agencies; (3) 865,625.00 Baht for the projects supporting development centers for young children/elderly people/disabled people; (4) 326,694.65 Baht for projects supporting administration/ development of the local healthcare services; and (5) 744,900.00 Baht for projects supporting pandemic cases/disasters. In conclusion, the budget approved for projects in the District increased in the 2021 fiscal year for all types of projects from all funds. (Table 1)

Table 1 Summary of the project numbers and budgets for Sankhaburi District, Chai Nat Province, classified according to project types and funds

Project Types	Budget (Baht)	Number of projects in Sankhaburi District, Chai Nat Province, classified according to local health security funds (9 funds*)									
		1	2	3	4	5	6	7	8	9	Total
(1) Supporting service units/ service centers/public health agencies	1,704,525.00	11	2	10	-	4	-	7	34	6	74
(2) Supporting organizations or people/other agencies	2,372,183.50	17	6	20	9	1	19	7	21	16	116
(3) Supporting development centers for young children/elderly people/ disabled people	865,625.00	6	1	2	18	-	-	3	-	8	38
(4) Supporting administration/ development of local healthcare services	326,694.65	4	1	6	2	5	3	1	8	1	31
(5) Supporting pandemic cases/ disasters	744,900.00	1	-	1	4	-	-	1	-	2	9
Total	6,013,928.15	39	10	39	33	10	22	19	63	33	268

* Local health security funds: 1 Fund = Dongkorn Sub-district Municipality, 2 Fund = Donkhum Sub-district Municipality, 3 Fund = Thiangtae SAO, 4 = Bang Khut Sub-district Municipality, 5 = Phraek Sriracha Sub-district Municipality, 6 = Pho Ngam Sub-district Municipality, 7 = Huai Krot Pattana Sub-district Municipality, 8 = Sankhaburi Sub-district Municipality, and 9 = Huai Krot Sub-district Municipality

3. The application of health impact assessment on the local health security fund implementation for well-being promotion and health mechanism development at the local level in the case study at Sankhaburi District, Chai Nat Province

The assessment results on the application of the Health Impact Assessment on the local health security funds implementation for well-being promotion and health mechanism development at the local level are presented as follows.

Screening step: According to the study results in this step, most informants agreed with and aimed the implementation assessment on the local health security funds for well-being promotion and health mechanism development at the local level. The purposes were the project working teams at the regional, provincial, and local levels reviewing the primary data, such as policies or project data, general basic data of the areas, and the impact data emerging in the closely similar project implementation in order to obtain data for

consideration on the impact possibly emerging in project implementation.

Scoping step: The study results in this step are concerned with determining the scope areas, the target population, time periods, and the indicators of different possible health impacts. The purposes of the scoping step were divided into 3 aspects, including (1) to determine the studied issues on the basis of data, evidence, and concerns of related people or stakeholders, (2) to determine the area of the population group and study period, and (3) to determine the method of data collection and health impact assessment. Determination was achieved to assess which objectives, methods, and activities need to be assessed and what assessment instruments to use.

Appraisal step: The study results in this step revealed that the objectives to appraise the local health security funds by using the Health Impact Assessment resulted in both positive and negative effects. The appraisers identified and explained the details about the health impact. It also showed the opportunities and risks of the expected impact which leads to the proposals for problem-solving. The appraisers participated in the appraisal of the data collection process in collecting the data according to the 2 parts of the study scope: (1) for the primary data, the appraisers collected additional data by using the developed instruments, such as interview guidelines and observation forms; (2) for the secondary data, the appraisers collected additional data from related agencies, including data about the implementation plans for the district health board, district plans, sickness statistics, health status data, and other activities for health promotion.

Public Review step: In this step, in-depth interviews and focus group discussions were performed. The purposes of this step were to conclude and review the appraisal results on local health security

implementation for well-being promotion and health mechanism development. The stakeholders and representatives in this review were the regional teams, provincial teams, local teams (projects), local government organizations, Chaloem Phrakiat 60 Phansa Nawaminthararajini Health Center, Sankhaburi Public Health Office, District Health Board, District Health Security Funds, village health volunteers, officers in the local health security funds, and appraising teams.

Decision-Making step: This step involved in-depth interviews with the regional teams, which included the main regional responsible officers and the provincial mentor representatives. In the interviews, informants gave suggestions about health impact management in terms of the local requirements, mutual agreements or suggestions on setting policies, plans, or projects to enable good management, policies, plans, or projects for managing health impact in other dimensions.

Monitoring and Evaluation step: The data were collected from in-depth interviews with the regional teams which included the main regional responsible officers and the provincial mentors. The data were analyzed with the content analysis by comparing and contrasting the interview data by using keywords or themes in the data collection. Afterward, the study results were concluded through discussion in the sub-group meeting and the study results were recorded in the online follow-up and evaluation system. The subsequent implementation was planned further.

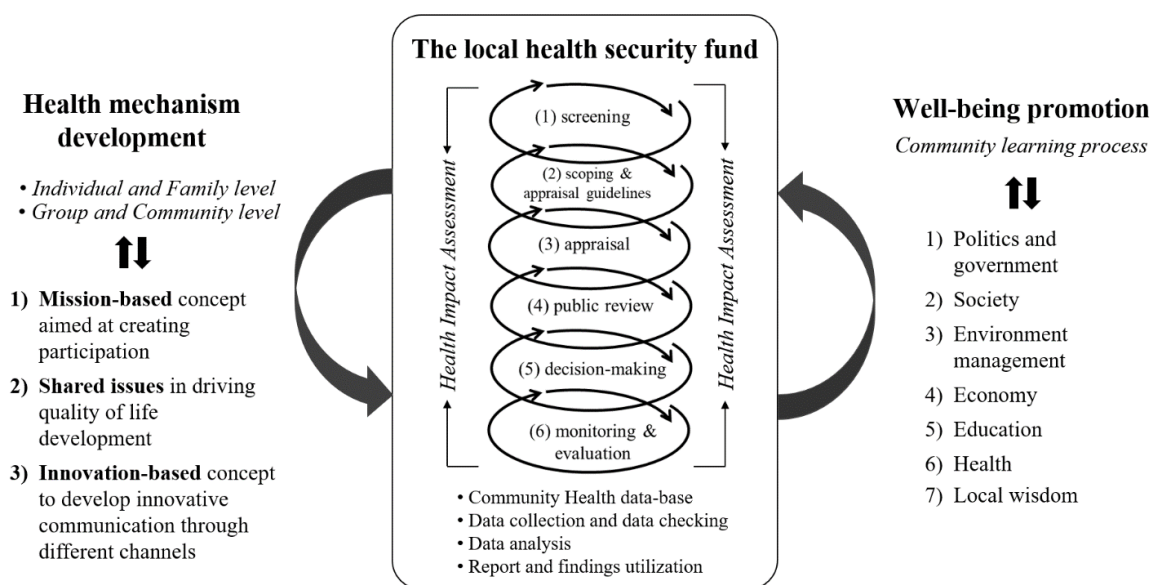
4. Lessons learned from health impact assessment on the local health security fund implementation for well-being promotion and health mechanism development at the local level

The utilization of the Health Effect Assessment for driving the implementation of the local health security funds in well-

being promotion and health mechanism development, the trend for driving quality of life development at the local level comprises 3 concepts which included: (1) Mission-based concept aimed at creating participation in the network partners' data retrieval and for driving model development according to the problem issues of each area, (2) Shared issues in driving quality of life development for 5 issues: long-term elderly care promotion and wellbeing society for elderly people, promotion of herbal uses, consumer protection, exercise promotion, and dengue prevention and control, and (3) Innovation-

based concept to develop innovative communication through different channels. This included forum arrangement on lessons learned from the implementation according to the problems of local quality of life, and forum arrangement for exchanging the implementation according to the UCCARE components: Unity team, Customer focus, Community participation, Appreciation, Resource sharing and human development, and Essential care.

The participation of people and agencies in the community development resulted in well-being promotion as shown in Figure 3 which is described below.



UCCARE : Unity team, Customer focus, Community participation, Appreciation, Resource sharing and human development, and Essential care

Figure 3 The local health security fund implementation for well-being promotion and health mechanism development at the local level

Politics and Government: The implementation was proactive with the focus on creating participation, gaining solidarity, and developing a sustainable society under the concept of building participation and promoting aggregation. The principle of multilateral management is

used in the cultural diversity through the mechanism of development plans used as guidelines for planning work, finance, people, support of resource uses in the areas, and synergy of networks and multilateral development among the public

sector organizations, and various other groups with government support.

Society: Social welfare was arranged in a completed cycle for developing the quality of life, building equality, and not becoming a social burden. The foundation of development is laid by raising funds in an existing form of community savings or by mobilizing stocks to promote savings for occupations or living, and to alleviate debt burdens. In addition, welfare should be arranged for members and people without ignoring community development in education, village public activities, and maintenance of religions and cultures.

Environmental Management: The environment is managed for raising people's healthcare awareness. The food safety systems are created without using chemical substances because the use of chemical substances causes higher production costs, so the income earned is less than the use of biological substances, which can be made in households and used as raw ingredients in the communities. People in the communities should pay attention, and be aware of their health.

Economy: Economy is concerned with earning income, self-independence of families, and mutual assistance among group members by using knowledge from existing local wisdom and resources for the production of raw materials. This facilitates income earning for the group members and people in the communities. Innovation and modern knowledge should be integrated into community learning development without destroying the environment, and the main goals should be established for earning income for families and communities.

Education: A complete cycle of learning creation should be arranged for educating children, teenagers, adults, and elderly people. Well-rounded learning should be supplemented with cultural inheritance, sufficiency based, and social

assistance according to the belief in principles of religions, traditions, and local wisdom. The learning creation process should be well planned and managed to reinforce lifelong learning in combination with local wisdom.

Health: The focus is on promoting people's wellness in body, mind, and society under the social capital resources and community ways of life. In addition, community potential should be enhanced for living together with happiness. People help each other in healthcare, and public mind is fostered, and community solidarity is reinforced for people's sustainable wellness at all levels of the individual, family, and society.

Local wisdom: The community learning system is driven by the community and for the community to gain knowledge through learning process arrangements in accordance with the ways of life of people with ethnic diversity in the areas. The focus is on using information and existing learning resources for learning the uniqueness of the sub-district in education, occupation development, preservation of natural resources, environment, and inheritance of cultures and traditions.

DISCUSSIONS

The integration of the local health security funds implementation for well-being promotion consisted of the development of the team's potential for work implementation, and the pilot of the area model for well-being promotion and health mechanism at the local level^{31,32}. However, this study shows that there was a difference in understanding and experience. Therefore, all parties and stakeholders should have an understanding of the project contexts, goals, indicators, methods, and activities of the projects in the same direction before appraising the implementation which focused on social

capital factors related to the local health promotion implementation driven by local communities to solve problems at the community level. The findings from the current study also reflect that many participants were leaders in well-being promotion. So that, these factors are helpful for driving well-being promotion and health mechanism development at the local level to achieve the objectives. Social capital is also concerned with work familiarity, family-like relationships, occupations, religion, and similar traditions and cultures. The social capital factors in this study included the ability and readiness to learn, as well as joining groups for self-development and community development^{8,33}.

According to the assessment on driving the well-being promotion by assessing the health effects in Step 4 which concerns the review of the draft report and Step 5 which concerns the push into the decision-making process in the current study found that the district health board played an important role in driving the integrated implementation for well-being promotion. These 2 steps are very important in planning and arranging future projects. The district health board plays an important role in the implementation of the local health security funds by coordinating people, agencies, resources, and budgets^{5,10,14}. These factors have positive effects on the assessment and implementation of the well-being promotion.

Moreover, the chief executive of the local government organization, the chief administrator of the local government organization, and the local council members provided effective cooperation in terms of participating in the assessment process for driving implementation^{7,8}. In the current study was found that the local government organization is helpful for the success of the assessment. Good attitudes among the leaders towards the integration of well-being promotion implementation at

the local level had a positive effect on assessment and implementation. However, the HIA process begins with screening activities meant to quickly establish the health relevance of the policy, program, or project. It then investigates the key issues and public concerns and creates boundaries and expectations. In the appraisal phase, a rapid or in-depth assessment is completed on the health impacts of the project with a focus on those most affected. Conclusions and recommendations are then prepared on the positive and negative aspects to help guide decision making^{1,3,34} when the project is completed or the policy is initiated, HIA begins the monitoring phase, in which the impacts are recorded and analyzed to enhance the existing evidence base and better inform later developments.

RECOMMENDATIONS

The health impact appraisal should be performed in conjunction with a review of the project context in the form of participatory empowerment by listening to the suggestions from appraisal stakeholders, arranging meetings for the stakeholders to review the draft report, making decisions for improvement, and appointing working teams to follow up, evaluate, and report online continuously. With a quick information and communication system, people are encouraged and motivated to work as well as share knowledge because the system is helpful in reducing time consumption and increasing the effectiveness of implementation.

CONCLUSIONS

Health Impact Assessment can be a valuable tool for helping to develop policy and assisting decision-makers in these and other areas. HIA provides a way to engage with members of the public affected by a particular proposal, it can show that an organization or partnership wants to

involve a community and is willing to respond constructively to their concerns. The views of the public can be considered alongside expert opinion and scientific data, with each source of information being valued equally within the HIA. The resulting decisions are often more easily accepted by all stakeholders because they are based on the ideals of transparency and active participation.

Health Impact Assessment provides a way to engage with members of the public affected by a particular proposal. It also helps decision-makers make choices about alternatives and improvements to prevent disease or injury, and to actively promote healthcare. It is based on the four interlinked values of democracy, i.e., promoting stakeholder participation, equity, i.e., considering the impact on the whole population, sustainable development, and the ethical use of evidence. In addition, opportunities should be provided for various networks to share knowledge and further develop the promotion of well-being and community health mechanism integration at the local level.

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