CAPACITY OF HEALTH CENTERS FOR IMPLEMENTING HEALTH PROMOTION IN NAKHONSAWAN PROVINCE

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ABSTRACT: The purposes of this study are to determine capacity status, ascertain key potential of health centers for implementing health promotion and to define strength and weakness of capacities of health centers for implementing health promotion. This cross-sectional descriptive study was conducted by carrying on tested and revised questionnaires to all health centers in Nakhonsawan Province through provincial health office and all district health offices. Those were directly submitted to health centers and collected all completed questionnaires to researcher. The data were entered and checked for completeness before analysis. The results showed that 168 out of 189 respondents (88.9%) returned self-administrated questionnaires. Most of them (75.6%) are from health centers. The majority have appropriate capacities for implementing health promotion that mean score are higher than median (3 from 5 rating scale). However, there are some difficulties with health workers whom supported by health centers, those are resources support, human resources, accessing and enough of budgeting support and needed tools and infrastructure are inappropriate and not enough support. Individual capacity, commitment, has the highest mean score of all sub-domains with 4.0. That means strength of health centers for implementing health. An environmental capacity, public opinion, has the lowest mean score sub-domain with 2.7, means weakness of health centers. The effective capacity (related with several sub-domains) was individual planning and evaluation skill. In conclusion, planning and evaluation skills are key potential that conduct more effective health promotion. However, this study found critical factors of implementing health promotion, those are inappropriate and lack of health promotion resources. Moreover, providing more enough and appropriate resources for implementing health promotion are leading health centers in Nakhonsawan Province to execute more effective health promotion.

Keywords: Capacity assessment, implementing health promotion, Basic health promotion concepts, Tambon Health centers, Cross-sectional study

INTRODUCTION: Health promotion is the process of enabling people to increase control over and to improve their health[1)]. Nowadays, health promotion is worldwide health issue talked because of increasing of non-communicable diseases, intra-vascular diseases, food consumption cause and behavioral diseases[2)].

Implementing health promotion in Thailand was started by launched primary health care project that executed village health volunteers, since 1978 to provide basic health service and promoting health in their own community. To cope with chronic diseases, those are become top five cause of death and disease burden[3)], as WHO's membership Thailand set the national agenda on Health Promotion that is a key strategy for sustainable health development of individuals, families, communities, and society.

Capacity[4)] is ability to produce during a given time period, with an upper limit imposed by the availability of space, machinery, labor, materials, or capital. The capacities of health centers for implementing health promotion are abilities to enabling communities in their responsibility areas to prevent illness and promote their health appropriately. As their necessary responsibility in health system, this study aims to explore "Do the Health Centers in Nakhonsawan province have appropriate capacities to conduct their health promotion activities?"

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MATERIALS AND METHODS: Capacity for health promotion means having the knowledge, skills, commitment, and resources at the individual and organizational levels and in the wider environment to conduct effective health promotion[5]. This cross-sectional descriptive study aims to assess basic health promotion concepts and critical factors that support practice of health centers of those three capacity domains. Individual capacities mean capacities of health centers' employees those are knowledge, skills, commitment and resources. Organizational capacities mean commitment, structure, culture and resources of health centers that aid implementing health promotion. Environmental capacities mean supportive contexts of health centers those are political will, pubic opinion, supportive organization and ideas and other resources.

Population: All of 189 health centers in Nakhonsawan province, northern part of Thailand including primary care units (PCU) and community medical care units (CMU) were chosen and invited to responded self-checklist questionnaires. Respondents are health workers who are representative in each health center and directly worked in health promotion as their responsibility.

Tool: "Health Promotion Capacity Checklist"[5] of Prairie Region Health Promotion Research Centre, University of Saskatchewan, Saskatoon, Saskatchewan, Canada was applied and tested before distributed to respondents. Ethical consideration was reviewed by CPHS research committee and purpose of the study was explained to participants verbally. The question is measured in Likert's rating scale of five level options ('strongly disagree' =1, 'disagree' =2, undecided =3, 'agree' =4, and 'strongly agree' =5). Respondents were asked to indicate their opinion to which the attribute is present capacity in each domain.

Data collection: Questionnaires are carried on to all health centers through Nakhonswan provincial health office and all districts health offices that direct submitted to health centers and collected all completed questionnaires to researcher.

Data analysis: All completed questionnaires were entered data into SPSS for window version 11.5 and check for completeness was done. Then descriptive statistics were used to calculate frequency and mean score of Likert's scale in those three domains and respondents' characteristics both individual and summated. Inferential statistics were used to test relationship between domains and sub-domains. The score attribute is greater than 3; it takes to mean that subjects "agree", appropriate, he/she has that indicator of his/her capacity.

Table 1 Characteristics of respondents (n = 168)

Characters	n	%
Gender		
Male	61	36.3
Female	107	63.7
Age (full year)		
< 25	5	2.9
25 – 34	52	31.0
35 – 44	72	42.9
45 – 54	35	20.8
55 and more	4	2.4
Mean = 38.2, SD.= 7.33, Median=6.5,	Mode= 35	
Education		
≤ Bachelor degree	21	12.5
Bachelor degree	128	76.2
≥ Bachelor degree	19	11.3
Position		
Midwifery	1	0.6
Technical nurse	3	1.8
Registered nurse	31	18.5
Public health administrative officer	68	40.5
Technical officer of public health	38	22.6
Community health officer	27	16.1
During time of working		
Less than one year	2	1.2
1 – 4 years	6	3.6
5 – 9 years	11	6.5
10 years or more	149	88.7

RESULTS: 168 out of 189 health centers in Nakhonsawan province (88.9%) were responded. Respondents are majority in female with 63.7% and 38.2 years old in average. Mostly position of respondents (40.5%) are public health administrative officers, more than 4 over 5 had worked for 10 years or more, mostly worked in health centers with 75.6%. Highest education of respondents is graduated level with 87.5%.

Individual Capacities: Respondents are mostly appropriated knowledge, skills, commitment and resources for implementing health promotion. Knowledge; they indicated similar mean score in holistic understanding of health and its determinants, fundamental principle, variety of strategies, deference effective strategies and communities' density as 3.9, 3.8, 3.6, 3.6, and 3.9 respectively. Skills; similar to knowledge, mean scores are > 3.0 of all criterions, mean that they are appropriated skills for promoting health. Commitment; commitment is also similar and tend to higher than two previous sub-domains, a half of all criterions are > 4.0 and others are > 3.0 mean scores. Finally, resources; 2 out of 5 seem to be problematic criterions those can't indicated mean score higher than 3.0. Firstly, the enough of tools aid health promotion practices with 2.9 mean score. Secondly, the accessing adequate financial resources for health promotion practice with 3.0 mean score.

Organizational Capacities: Respondents were stated appropriated commitment, culture and structure that mean score of all criterions are > 3.0 except one of the resources organizational capacity, dedicate adequate human resources to health promotion activities, stated as lowest mean score with 2.7. However, organizational capacity is highest mean score domain with 3.68.

Environmental Capacities: All criterions in this domain are similar to other capacities that are > 3.0 of mean score but the problem of this domain is inappropriate capacity of public opinion that is a core capacity for promoting health especially community-based health promotion. More than half (4 over 6) of public opinion's criterions are shown < 3.0 mean score those are people's holistic understanding of health and its determinants, health is shared responsibility, ownership of health and well-being and public, and media attention to health promotion. While, suspiciously, the other two criterions, people take collective action to foster community well-being and people believe the health system has a mandate for health promotion, are greater than 3.0.

Table 2 Capacities' mean score of each domain

Capacities	Summated	Highest	Lowest
Individual capacity			
Commitment	4.0	4.3	3.7
Knowledge	3.8	3.9	3.6
Skills	3.6	3.9	3.4
Resources	3.2	3.6	2.9
Average	**3.65**	**3.93**	**3.40**
Organizational capacity			
Commitment	3.8	4.0	3.6
Culture	3.8	3.9	3.7
Structure	3.7	3.9	3.5
Resources	3.4	3.7	2.7
Average	**3.68**	**3.88**	**3.38**
Environmental capacity			
ideas and resources	3.3	3.5	3.1
Political will	3.3	3.4	3.1
Public opinion	3.0	3.2	2.7
Supportive org.	3.2	3.3	3.1
Average	**3.20**	**3.35**	**3.0**

Relationship between variables: The results of relationship testing found that both the organizational and environmental capacities have relationship with individual skills significantly and individual skill of planning and evaluation is also related with environmental support, especially political wills. Planning skill has related with political will in 3 out of 4 criterions significantly, local official supported, guided and consultant supported, and leadership developed supported but one another, adequate financial support, is not related.

DISCUSSION: Health centers in Nakhonsawan province have appropriate of the knowledge, skills, commitment, and resources at the individual and organizational levels and also in the wider environment to conduct effective health promotion. However, there are some difficulties such as resources support, human resources, budgeting and tools and infrastructure support. Those are need improvement of support system, especially appropriate and enough.

Human resources; an average is 3 person in one health center, should not be problem but look into highest and lowest, with the wide range from 1 (lowest) to 7 (highest) persons, while they served more than 760 visitors a month in average. Good management and restructuring of health promotion human resources and also effective health personal policies are needed.

Financial resources; accessability and appropriate amount of money support are a big health problem in Thailand, especially in Tambon level. Nowadays, Thai health system considered allocating money by number of population and patients' reference[6)], area is looked over. Health promotion budgeting needs political considerations to balance number of population, patients and responsibility areas allocation.

Materials, tools and infrastructure act as facilitators of health promotion proceeding. Shortage and inappropriate of them can obstructed implementing health promotion.

Indeed, those critical problems need holistic thinking and integrated implementation of health management that look beyond individual behaviors to the wider environments that create conditions for health. And don't forget to remind ourselves that the environment of political, public, social and economic factors has an impact on effective health promotion practice.

However, this study had limitations for indebt-investigation and need qualitative study. Capacity assessments need qualitative data for context analysis and define causes association. Furthermore, the results might be applied locally because of difference in demographics and environmental contexts can influence to policy forming and launching. Successfulness is also depends on organizational leadership and effective management in each area.

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ศักยภาพการดำเนินงานสร้างเสริมสุขภาพของสถานีอนามัยในเขตจังหวัดนครสวรรค์

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บทคัดย่อ: การสำรวจศักยภาพการดำเนินงานสร้างเสริมสุขภาพของสถานีอนามัยในเขตจังหวัดนครสวรรค์มีวัตถุประสงค์เพื่อสำรวจศักยภาพทั่วไปที่ใช้ในการดำเนินงานสร้างเสริมสุขภาพ จุดแข็ง-จุดอ่อน และศักยภาพหลักที่ทำให้เกิดผลสำเร็จของดำเนินงาน โดยกระจายแบบสอบถามซึ่งเป็นแบบประเมินตนเองไปยังสถานีอนามัยทุกแห่งในจังหวัดนครสวรรค์โดยผ่านเจ้าหน้าที่สำนักงานสาธารณสุขจังหวัดและสำนักงานสาธารณสุขอำเภอทุกอำเภอ แบบสอบถามที่ตอบโดยเจ้าหน้าที่สถานีอนามัยเรียบร้อยแล้ว จะส่งกลับมายังนักวิจัยโดยผ่านช่องทางเดิม ผลการศึกษาพบว่า สถานีอนามัยที่ตอบแบบสอบถามและส่งกลับมายังนักวิจัยมีทั้งหมด 168 แห่ง จาก 189 แห่ง คิดเป็นร้อยละ 88.9 ส่วนใหญ่มีศักยภาพที่เหมาะสมกับการดำเนินงานสร้างเสริมสุขภาพ ทั้งด้านบุคลากร องค์กร และปัจจัยเอื้อต่อการดำเนินงาน การตอบแบบสอบถามส่วนใหญ่มีคะแนนเฉลี่ยมากกว่า 3 (จากคะแนนสูงสุดเท่ากับ 5) ซึ่งหมายถึงผู้ตอบแบบสอบถามเห็นด้วยที่สถานีอนามัยมีศักยภาพที่สามารถดำเนินกิจกรรมสร้างเสริมสุขภาพได้ตามสมควร ศักยภาพที่มีคะแนนเฉลี่ยสูงสุดได้แก่ ด้านเจตนารมณ์ของบุคลากรต่อการดำเนินงานสร้างเสริมสุขภาพที่มีคะแนนเฉลี่ยเท่ากับ 4.0 ส่วนศักยภาพที่มีคะแนนเฉลี่ยต่ำสุดได้แก่ปัจจัยเอื้อด้านความคิดเห็นของชุมชนที่มีคะแนนเฉลี่ยเท่ากับ 3.0 ทุกชุดคำถามมีคะแนนเฉลี่ยที่ใกล้เคียงกันและมากกว่าหรือเท่ากับ 3.0 แต่อย่างไรก็ตามมีบางประเด็นคำถามที่อาจบ่งถึงอุปสรรคการดำเนินงานของเจ้าหน้าที่สถานีอนามัย กล่าวคือ การสนับสนุนทรัพยากรทั้งด้านการกระจายของบุคลากร งบประมาณและเครื่องมือสนับสนุนการทำงาน ซึ่งในประเด็นนี้มีคะแนนเฉลี่ยเพียง 2.7 ซึ่งเป็นคะแนนที่ต่ำสุดของทุกประเด็นคำถาม การสนับสนุนทรัพยากรเพื่อดำเนินกิจกรรมสร้างเสริมสุขภาพของสถานีอนามัยในเขตจังหวัดนครสวรรค์จึงเป็นปัจจัยสำคัญที่ต้องปรับปรุงให้ดีขึ้นทั้งด้านความเพียงพอและความเหมาะสมของทรัพยากรที่จะใช้ในงานสร้างเสริมสุขภาพ

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