

Developing Community Health Conditions for Happiness in the province of Roi Et and Mahasarakham Thailand

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Abstract

Inclusive health of physical, social and intellectual development is an appropriate plan of human development and raises the quality of life in all communities. The purpose of this research is to 1) Identify key leaders in rural communities at a village and sub-district level to drive the ongoing research study with the goal to achieve good community health in all dimensions. 2) To have the participants and researchers identify the key elements and indicators of the health issues that are most important to each community. The developed model is in accordance with Participatory Action Research and the procedures are flexible and the development plans of phase 1 can be extended to other communities and backgrounds. The resulting health indicators provided a valuable database that will be applied in future community health development programs in Thailand.

Keywords: Health, community development, participatory action research, Roi Et

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Introduction

Thai rural communities have been affected by globalization. Life in rural villages is dominated by capitalist consumption and social problems from modernization. Many working class members have left the villages and moved to rural centers in search for income. Many elders and young children are left behind to care for each other. Material prosperity such as technology and infrastructure have reached deep within rural communities but love, kindness, charity, generosity and family values are disappearing. The lost of heritage and lifestyles have been replaced by many social problems worsening the health conditions of community members. Many community members have lost their happiness. We all search for happiness in our lives and very few have attained (Princeton, 1833). It is a well-known fact in the scientific world that the great work in the process of evolution is the gradual advancing from the lower to the higher, from the coarser to the finer. The ultimate destiny of all is the higher life and the finding of the higher self (Trine, 2008). Finding happiness is the goal of being human. People in different communities around the world have different definitions to happiness. One definition is that happiness, is health (Sennex, 1819).

The objectives of this research include; 1) To find the local health researchers in village communities at the sub-districts levels which they will assist in propelling the recording of the community health conditions. 2) To have the leading members of the community and community members work together to create and develop happiness indicators or the happiness measurements that are valued by their community and communicate their findings to provide the public with useful healthcare information.

Methodology

The research area of this study include Roi Et and Mahasarakham provinces. The focused group in the study consisted of rural communities obtained using the cluster sampling, of large-sized, medium-sized and small-sized sub-districts with a total of 79 communities. The communities where chosen from 4 sub-districts: Nong Waeng, Sing Khok and Nan Om sub-districts in the district of Kaset Wisai from the province or Roi Et. The sub-district of Na Kha and Pracha Phatthana in district of Wapi Pathum from Mahasarakham province.

The study was conducted from November 2008 to June 2009. Research participants comprised: 1) Lead researcher who facilitated and promoted the team of local village researchers to generate learning, 2) research participants who were developers performing their duties in coordinating with the focused group in the study area 3) health condition researchers, actual practitioners, core

leaders of community health conditions at the sub-districts level, 15 people each, with a total of 90 people; and 4) representatives of focused group sub-districts administrative organizations who facilitated operation in all sub-districts areas, with a total of 30 individuals. The instruments used for collecting data were a survey of community general data, structured, and unstructured interview forms, note-taking forms on meetings and performance, a report form on activities, a handbook in supplement to organizing activities, a camera, and a video camera. The methodology used was research and development by applying participatory action research in accordance with the works of Alice McIntyre (McIntyre, 2007), Julian F. Gonsalves (Gonsalves, 2005) and Barry Pound, (Pound, 2003).

Results and Discussion

Developing community health in Thailand has always been one of the main priorities of the Thai government, but the assembly of government officials and non-formal leaders of sub-districts to resolve health issues of communities rarely succeed because there are no mechanisms for managing the knowledge and integration of the problems by people within the community. Knowledge is needed so that community members can lead themselves; know how to utilize basic resources and live in a peaceful society where there is love, harmony, charity and happiness (Wasi, 2007). Managing the 4 necessities of life (Food, Clothing, Shelter and Medicine) is important in creating sustainability and healthy living in material aspects (Chantarasombat, 2004). Health problems in rural communities in the province of Roi Et are good examples of communities that have lost their happiness and health. These rural communities are in need of an effective solution or mechanism that will bring back happiness. There is still minimal cooperation among local leaders in sub-districts, villages, local government agencies and private agencies in creating awareness and a proven mechanism to create a healthy and happy life.

The researchers and participants have undertaken this study together to develop a model to create local research leaders and identify what the Indicators are for creating a healthy life in each community. Identifying the Indicators, will eventually lead to the development and to solutions to tackle health problems, education development, environmental problems and create a sustainable livelihood.

Identifying and training beneficiaries as researchers will best help the community (Jackson, 1998) is the reason that the research team chose Participatory Action Research process to generate a mechanism for the research team and participants to follow in phase 1 (Figure 1). The research team started the search to identify key leaders to be trained as researchers in communities at the sub-district level by initial surveying at community meetings seminars to explain

the objective of the development project to improve the health of communities. 6 individuals were selected from each of the villages and 1 individual was chosen to represent their respective village as a participant researcher in the project. The two leadership groups formed a network of cooperation at the sub-district level. The exchange of knowledge will be provided for everyone involved in the analysis of problems, identify the causes or indicators and find a solution to the problem\ issue. The network will together decide on the needed measures or tactics needed to tackle the problems and layout the activities required. Questions will be raised before and after the indicators are identified and how it will affect or benefit the community. The learning experience gained from working through the networks will help create personal relationships that nurture kindness and generosity and help service the community through the management of available resources and for communities to rediscover and appreciate their own local indigenous knowledge (Chantarasombat, 2009). The process is the mechanism that will help create local community health researchers that are qualified, have good human qualities and are capable of guiding the community in the volatile changes of modern society (Chantarasombat and Srisa-ard, 2009). At least 15 community health researchers will be created in the sub-districts which will work with the network at a district level, district public health department, working with the sub-district administrative organization, sub-district government officials and agencies and other government officials responsible for community development in all aspects.

In searching for current health issues, conditions and identify them as community health Indicators for happiness, the keynote speaker must be clear in relaying the objectives of the research. phase 1 of this research is to create local researchers and identify what their community value as happiness. Tools to collect the survey data are open ended questionnaires and unambiguous questionnaires for participants to fill and answer. The questionnaires and forms were collected from participants from the selected villages to ensure that the key range is 80% of village members participation. The summarized results includes an overview of the district with different Indicators in regards to the health conditions that communities need in order for them to gain or retain happiness (Table 1-4). The Indicators are to be reviewed again before integration into the development plan and implemented at the sub-district administrative organization in phase 2.

Survey of community health conditions encompasses a minimum of 6 basic health dimensions/issues at the village level and district level which were prepared by the research team. The indicators were achieved in 2 stages which are; 1) creating a survey map to indicate the locations of where the leading community health researchers are located. 2) The survey map of the community is divided into 4 dimensions of physical, social and psychological indicators at the village level and then create a summarize version of the map of the sub-district.

After the maps have been reviewed and approved, they will be integrated into the development by exchanging the maps and strategies with other sub-districts steering groups and review the findings together and improve the development plan so that it is more accurate and effective in identifying the indicators. The Indicators to indicate the success of the objectives on the community's health condition or the successful development of the project is divided into main issues or dimensions selected by the participants of the research which are 1) physical health, 2) psychological health, 3) social health, 4) intellectual health, 5) leadership, 6) community organization and networking, 8) environment, 9) relationships, 10) education, 11) sufficient economy. These issues are the important health dimensions that were applied to village communities in the communities of the sampling group. Selected health Indicators selected by the research team were experimented first in the community of Lao Luang and proved to be practical then applied to the other communities.

The planning to produce public mediums to communicate and advertise health issues and development in the districts was performed in 2 stages. 1) Trial period for testing the plan in networks in the district of Kaset Wisai in the province of Roi Et. The district will provide an example and pilot the model of mass media publication of health care issues to the community networks in the sub-districts of Lao Luang and Nam Om. This trial will only be performed at the initial stages and the results from the practice revealed that the sub-district of Lao Luang produced public mediums to the public through 5 practices that were integrated into the development plan. The 5 methods or mediums included 1) radio broadcasts of the health show called Khon Rak Sukaphap (people who love their health), local cultural performances of folk singing called Mo Lam performing stories of healthcare and information, local village broadcast tower or PA system, local signs describing the history, vision and motto of the village. 2) Every sub-district participated in the project and created a map with summaries of the health conditions and Indicators of their community. The maps were made on large sheets of vinyl or other available materials and each of the sub-districts detailed their own plans and practices to produce practical public mediums for their communities.

For surveying the dimensions of community health conditions at village and sub-districts levels was carried out by holding meetings for explaining and actual practice in 2 phases: 1) survey maps in which formal and informal leaders formed occupational groups, and then the maps were presented for checking completeness, and 2) survey maps of the 4 dimensions of community health conditions: physical, mental, social and intellectual dimensions by making maps at the village level first and then summarized to joint maps of the villages, and on the forum of learning sharing at the sub-districts level in making maps of the surveyed community health dimensions and conditions, and on the forum

of, learning sharing at the cross sub-districts level to have revision and making a directory of additional health condition leaders. This was the repletion to originate revision of validities of data.

Conclusion

For the operation of community health conditions at the sub-districts level for happiness by applying the developed 5 stage Participatory Action Research to the operation according to 16 sub activities, it was found that the process operated appropriately with congruence and feasibility in the type of learning from action of community health condition researchers in all the sub-districts by using research and development for creating the a new body of knowledge of the community which are the health conditions or Happiness Indicators valued by the community. From an evaluation of after action note taking, it was found that every health condition researcher increased his/her knowledge and understanding all the dimensions of health condition data survey, making maps the various dimensions of health conditions of each sub districts, ability to develop indicators of health conditions to be appropriate to their own sub districts, and ability to make appropriate public health condition media by themselves.

The developed model of identifying community health conditions for happiness was appropriately feasible, practical and congruent with Participatory Action Research according to the required stages and activities. The development plan was also flexible and effective. The generated results created a suitable mechanism of working together with the local context at a good level. These results were obtained from evaluation, summarization, feedback, note taking after each action, forum for learning, sharing and the exchange of knowledge between local sub-district communities and community health researchers. Participatory Action Research provided the participants with a process that was effective and the local researchers trusted their findings because true knowledge and understanding was generated. They realized that their involvement in the operation was very important and crucial to their community. The successful formation of a team of local researchers at the sub-district level with the knowledge of their community's happiness indicators has provided valuable data and a database that will be applied to other sub-districts in phase 2 in the ongoing development towards creating happiness in Thai communities.

References

- Alice McIntyre, (2007). Participatory Action Research, Volume 52 of *Qualitative Research Methods*, Sage Publications, 79.
- Barry Pound, (2003). *Managing natural resources for sustainable livelihoods: uniting science and participation* Canadian electronic library, 113-137.
- Chalard Chantarasombat, (2004). *Constructed and Developing Networks for Self-Reliant Communities*. Mahasarakham: Network Center for Learning and Creating Community and Grass-root economy, Faculty of Education, Mahasarakham University, 166-261. (in Thai).
- Chalard Chantarasombat, (2009). Development of a Management Action Learning Process Facilitating Student Centered Learning: Education Management for Local Development Course 0501803. *The Social Sciences*, 4(5), 424-427, 2009. (in Thai).
- Chalard Chantarasombat, Boonchom Srisa-ard, (2009). Development of a Knowledge Management Model for Self Reliant Communities. *The Social Sciences*, 4(4), 392-396, 2009. (in Thai).
- Edward T. Jackson, (1998). Knowledge shared: participatory evaluation in development cooperation. *IRDC*, 23-49.
- Julian F. Gonsalves, (2005). Participatory Research and Development for Sustainable Agriculture and Natural Resource Management: Doing participatory research and Development, Volume 3 of *Participatory Research and Development for Sustainable Agriculture and Natural Resource Management: A Sourcebook*, IRDC.
- Ralph Waldo Trine, (2008). What All the World's A-Seeking Or the Vital Law of True Life, True Greatness. *Power and Happiness*, Arc Manor LLC, 70-71.
- Prawet Wasi, (2007). *Kanchatkan khwamru krabuankan plotploi manut*. Bangkok, 2-26. (in Thai).
- Princeton University, (1833). *The Scottish Pulpit*, Volume 1, W.R.M'Phun, 307.
- Sennex (1819). A letter on Happiness. *Blackwood's magazine*, Volume 5,W. Blackwood, 156.

Figure 1: Process of developing community health conditions for happiness in the provinces of Roi Et and Mahasarakham, Thailand by applying Participatory Action Research

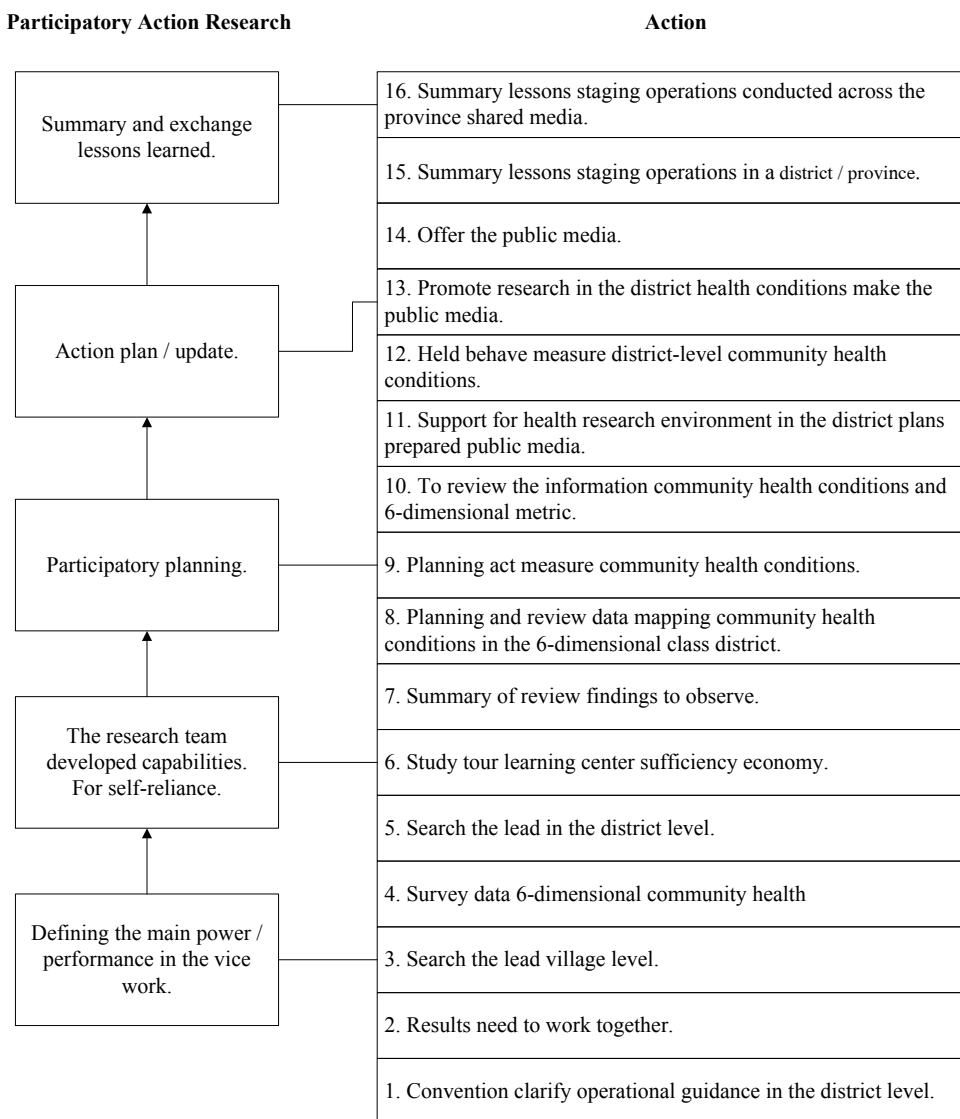


Table 1: Health Indicators sub-district of Nong Waeng and Sing Khok in the district of Kaset Wisai, province of Roi Et.

Dimension	Indicators	Factors
1. Physical Health	1.1 Reduce the consumption of alcohol.	Survey the sampling group for prospects, Data analysis, Supportive Activities, Follow up and summarize, Summarize and exchange.
	1.2 Have a Health Clinic or Health Center in every village	Identify leading community health individuals, Training for the leaders, Monitoring the activities, Conclusion, Exchange knowledge.
	1.3 Community members are free from disease and illnesses.	Survey of the dimensions of health conditions, Analysis and set the priority, Promotional activities, Follow-up, Conclusion.
	1.4 Regular exercise.	Explore current activities, Find materials, Knowledge Training, Follow with the planed activities, Evaluation.
	1.5 Eat healthy foods from all 5 food groups.	Survey the nutritional conditions, Setup a health camp, Public information, Follow-up, Summarize of the results and exchange knowledge.
	1.6 Maintain regular health checkups.	Create a plan, Promote the plan. Arrange and carryout the activities, Arrange a contest on community health, Conclusion
2. Psychological Health	2.1 Conservation and Revitalization of community culture, heritage and traditions.	Survey the current situation, Form cultural groups, Group activities, Have the groups contend in competitions, Follow-up and summarize.
	2.2 Community members attend sermons, listen and follow Buddhist teachings and religious activities during Weekends.	Survey, Created additional groups, Activities, Provide knowledge and support the activities,
	2.3 There are no fights and serious arguments within the community.	Survey data, form groups, set rules and regulation, Publicize, Follow up and summarize.
	2.4 Support and promote good Psychological health.	Survey the situation, provide knowledge, arrange appropriate activities, evaluation, exchange of knowledge.
3. Social Health	3.1 The community is at peace and united.	Believe in democracy, follow buddhism principles, regulatory compliance, have solidarity, Adhere to sufficient and sustainable economy principles.
	3.2 Lower the expenses of the family.	Create expense and income accounts, analysis the revenue and expenditure, Reduce unnecessary expenditure, promote savings, adhere to sufficient and sustainable economy principles.
4. Intellectual Health	4.1 Pass on the wealth of local indigenous knowledge to the younger generation.	Survey the local indigenous knowledge, organize meetings and conferences to find a development path, Create a learning center. create programs and curriculums to pass on the knowledge, teach the curriculums and expand the programs and knowledge.
	4.2 Support the learning and study of how to make a living and professional occupation training.	Explore issues and needs, prioritize the significance of the problem, crate a development plan, support the implementation of the development plan, follow up and evaluate the progress and results.

Dimension	Indicators	Factors
	4.3 Organize and create income making ventures.	Explore issues and needs, arrange meetings to create a development plan, Assemble funding and resources, support the implementation of the plan, follow up and evaluate.
	4.4 Have Creativity and initiative.	Always think of new ideas, always practicing, take things seriously, teach others extend the knowledge.
	4.5 Continuous learning cycle.	Self exploration, exploration available resources, find ways to manage resources, follow up and summarize, Publicize and advertise the results.
5. Environment	5.1 There is sufficient amount of water to use year round.	Water resources survey, create a development plan to solve the problem, Secure a budget, evaluation and follow-p, publicize and advertise the results.
	5.2 No garbage and waste	separate and sort out the family garbage and wasteful items, Utilize the useful garbage, create awareness and conscious of proper waste disposal, plan activities together, Participate in the activities.
	5.3 Support Green agriculture that is bio-safe.	Provide knowledge about the hazards and dangers from using chemicals, promoting organic agriculture, Establishment of organic agricultural learning resource center, Summarize the knowledge, developing a local curriculum.
6. Networking	6.1 There are opportunities to exchange knowledge and ideas with other communities outside the district.	Survey the community Health conditions, create health Indicators, planning the operation, follow the plan, follow up and evaluate.
	6.2 There is a network of cooperation at the village level.	Organize meetings to point out the plan, search and locate community leaders to lead the community health plan, survey all the dimensions of health conditions, create health Indicators, maintain a regular exchange of knowledge at the sub-district level.
7. Relationships and Connections	7.1 Adhere to the principles of sustainable economy in living.	Understand yourself, know how to be sufficient, self-reliance, rely on the 4 basic fundamentals of existence, continuous learning.
	7.2 Create good relationships within the family.	Have a warm family, no wasteful spending, a passion to help each another, frequent communication and advisory between members, create work and income.
	7.3 There are studies to text and compare theories and practice.	Study problems in the community, planning, follow the plan, the transfer of experience, revise and elevate educational qualifications, a learning exchange with outside sources.

Table 2: Health Indicators sub-district of Nam Om in the district of Kaset Wisai, province of Roi Et.

Dimension	Indicators	Factors
1. Physical Health	1. Stop from drinking alcohol.	Create awareness of the perils of drinking alcohol, Survey the targeted group, create a plan, follow the plan, Follow up and evaluate.
	1.2 The village have a dedicated health clinic or center	Meeting with the villagers and express the need to take action, the selection of representatives, send representatives for training and learning, development, Follow proper sanitary and health activities within the community, follow up and summarize.
	1.3 Community members are free from disease and illnesses.	Survey the target group, create a plan to solve the problems, Follow the plan, Follow up and evaluate, Impart the results, knowledge and publicize.
	1.4 The people are healthy and strong.	Self survey, Get to other community members, Consult with credible individuals, Follow the instructions, Follow up and summarize.
	1.5 Eat food that is healthy and nutritious.	Self survey, Get to other community members, Consult with credible individuals, Follow the instructions, Follow up and summarize.
	1.6 Regular health checkups.	Observe and record changes in personal health, Learn how take proper healthcare, Follow the instructions, observe, follow up and summarize, impart the knowledge on how to take care of your health.
	1.7 Connected and in communication with organizations outside their community.	Survey the situation of the community health condition, Push forward the development plan to be incorporated into the policy of local government agencies, Follow the plan, follow up, evaluation and summarize.
2. Psychological Health	2.1 Community members attend sermon sessions and Buddhist teachings.	Understand yourself, understand the environment, know how to conduct themselves, arrange activities, follow up and summarize.
	2.2 Community members attend Religious activities and events.	Promote the event to youths, organize all important religious events throughout the year, daily learning and practice of Buddhism philosophy, provide knowledge, form religious groups.
	2.3 Community members are not to tense and taut.	Clear debt, contend in group activities, Use leisure time to beneficial purposes, always have something or work to do, follow up and summarize.
	2.4 People in the community are cheerful and delighted.	Healthy, no personal disease and illnesses, have a warm family, arrange appropriate activities, exchange experiences and knowledge.
3. Social Health	3.1 Everyone in the community participates.	Examine and study the problem, analyze the problem, regulatory compliance, create a plan, follow the plan and summarize the results.

Dimension	Indicators	Factors
	3.2 Lower household expenses.	Revenue and expenditure survey, create accounts, cut unnecessary personal expenses, promote savings, analysis of revenue expenditure.
	3.3 Receive useful information on healthcare and fitness.	Follow up on current news and events, publicize by using available community content mediums, Learn from the relevant authorities and organizations. regular health care checks, follow up, summarize and evaluate.
	3.4 Be frugal and not waste money buying unnecessary and too expensive items.	Know yourself, survey the needs required, deciding which way possible, spending on necessities in the life, know savings.
	3.5 Strong united family.	Regular communication and advice, joint activities, building good relationships in families, take care and help each other, use sufficient economy practices to guide their lifestyles.
	3.6 Have opportunity to meet friends.	Set goals and plans, follow the plan to achieve, exchange of knowledge, survey current events, communicate and consult.
	3.7 Peaceful community.	There is love and unity, follow religious principles, adhere to sufficient and sustainable economic principles, compliance with regulations of the community, follow up and summarize.
	3.8 A central mill owned and managed by community members.	Survey the targeted prospects that will use the service, study the problems in the community and participate in meetings, raise funds at the community level, participatory management, follow up and evaluate.
	3.9 Groups to monitor and prevent community hazards and problems.	Survey and examine the dimensions of community health conditions, prioritize the issues and actions to create a development plan, create cooperation within the community, unity in participating in activities, follow up and evaluate.
	3.10 Village free from all vices and allurements of ruins.	Survey the problems of the community, participate in meetings to study the problems, promote and make joint agreements, follow and participate in the agreed activities together.
	3.11 Sustainable living.	Do not overspend, communication and consulting within the family, capable of managing the 4 basic necessities of living, diet and eat vegetables that they cook themselves. have knowledge and capability which will create immunity.
	3.12 Conservation and Rehabilitation of community culture, traditions and indigenous knowledge.	Survey the requirements needed, create a plan and follow the plan, create learning centers, create media for publication and promoting, follow up and summarize.
	3.13 Village free from arguments and detest.	Survey the needs of the community youth, Provide and support sports activities, create a sports center for the community of Nam Om, learn about self-reliance and how to manage the 4 basics necessities of life, follow up and summarize.

Dimension	Indicators	Factors
4. Intellectual Health	4.1 Support alternative income groups and supplementary occupations.	Survey the needs of the community, priority of the problem, plan on how to find the funds to manage the project, create development plans, follow up and summarize.
	4.2 People are able to read and write.	Explore the problem of literacy, promotion of reading activities, create a place where community members can read books in the village, promote the learning of informal and external education, parents are literate a basic standard level.
	4.3 There are many sources of learning and occupational training and development.	Group for Making Khoa Moa (Shredded rice grains meal), weaving and textile handicraft groups, group of organic agriculture, musical folk group <i>Glong Yao</i> (Drums), Folk Jewelry group.
	4.4 There is transmitting of local indigenous knowledge of the community.	The learning center community health, A course of professional practice, support learning by providing training, find solutions by holding meetings to evaluate, create curriculums to impart the knowledge.
	4.5 Creativity	Have good practice and good ideas, bring ideas to practical use that will benefit. The implementation of knowledge into practical applications in everyday life, to act aggressively, keep records and documents and ensuring that the practices can be taught
5. Relationships and Connections	5.1 Adhere to the principles of sustainable economy.	Know yourself, know how to be sufficient, have the immunity to be self-reliant, self-reliant and utilize the 4 basic necessities of life, continuous learning.
	5.2 Good relationships within the family.	Have a warm family, no wasteful spending, frequent conversations within family members, family members provide advice to one another, create jobs and create income.
	5.3 There is comparison and the results studied and applied to real situations.	Study the problems in the community, planning, follow the plan, the transfer of experience, revise and increase the educational qualifications. a learning exchange with outside sources.
6. Environmental Health	6.1 There is adequate water year round for agriculture and consumption.	Survey of community water sources, create a plan to solve the problems, providing budget, evaluate and do follow ups, examine the results in detail.
	6.2 There is no littering.	Separate and sort the garbage in the family, utilize the useful garbage, create awareness on how to properly dispose of wastes and garbage, plan activities together, follow the plan.
	6.3 Support organic agriculture and bio-safe materials and substances.	Provide knowledge about danger of chemicals, support organic agriculture, Establishment of organic agricultural center, summarize the knowledge, developing a local curriculum.

Table 3: Health Indicators sub-district of Na Kha, district of Wapi Pathum, province of Maharakham

Dimensions	Indicators	Factors
1. Physical health	1. Diabetes	Survey of patients, examine and identify the cause, create a plan to resolve the issue, follow the plan, follow up and summarize results.
	2. Community members are protected from drugs and narcotics.	Collect the data of the status of the problems, create joint planning rules and regulation, follow the plan, follow up and evaluate the resulting Indicators, broadcast and relay the successful result.
2. Psychological Health	2.2 Create new concepts that will benefit the community.	Create awareness and conscious of hot to conduct a meaningful life, seek ways to create revenue, generate occupation and work, continue to provide knowledge and external experiences and training, keep updates on current local and international news, live together coherently under the principles of democracy.
	2.3 Free of Debt.	Record revenue and expenditure, reduce unnecessary spending, create more revenue and lower expenses, follow the concepts of sufficient economic policy. follow up and evaluate.
3. Social Health	3.1 Good unselfish people in the community.	Posses knowledge and moral values, sacrifice to the benefit of the greater good, be a good example, devotion and honesty, know how to forgive and give others the opportunity.
	3.2 Leaders that are just and have good moral principles.	Possess knowledge and moral values, sacrifice for the benefit of the greater good, have patience, devotion and honesty, continuous learning and self development.
4. Intellectual Health	4.1 Local indigenous knowledge	Survey to identify who possess local indigenous knowledge, organized and categorize the various types of local and indigenous knowledge, support the activities and development of local indigenous knowledge, follow up and summarize, transfer and distribute the knowledge.
5. Environment	5.1 Natural fertilizer	Do not cut trees and destroy the forest, grow plants and vegetation to nurture and enrich the soil, proper community waste management system and processes, not using chemicals in farming, use appropriate technology in agriculture.
	5.2 Soil development and improvement.	Use natural fertilizer, cultivate the land by plowing and scarifying the soil, try to find plants that do not destroy or degrade the soil, do not burn rice straws after harvest, learn new techniques in farming.
6. Education	6.1 Local curriculum or study to teach local agriculture fundamental.	Search for knowledge within the community, experiment and find the right knowledge that is appropriate to the condition of the land, improve and develop the knowledge to find what is best, break down the knowledge and create a curriculum to disperse the knowledge and extend the practice.
7. Sustainable Economy.	7.1 Blend of agricultural practices of wet rice cultivation, farming and vegetable garden.	Seek ways and methods of operation, development of operational skills, perform the tasks, revise, adjust and improve on the results, transfer and extend the knowledge gained.

Dimensions	Indicators	Factors
8. Leadership	8.1 Elevate the sub-district into a municipality.	Study the data and ways to carry out the task, compare the benefits and disadvantages, community level public hearing, seek approval and resolution from the administrative council, follow the official regulations and procedures.
	8.2 Create leaders who will bring about change and development.	Explore issues and needs, establishment groups and organizations, training and education tour, promote hands on practice, follow up and evaluate.

Table 4: Health Indicators sub-district of Pracha Phatthana, District of Wapi Pathum, province of Mahasarakham.

Dimensions	Indicators	Factors
1. Physical Health	1.1 Protection	Regular health checks, The village has a permanent health clinic, continuous search for knowledge in health education, Maintain sanitation, be clean and organized residential areas, PR campaign and provide timely news.
	1.2 Mending	Consistent health care, eat healthy foods, Exercise regularly, adequate rest, a mind that is peaceful and living sufficiently.
	1.3 Support	Provide health care knowledge, promote the exit of drugs and allurements, provide exercise facilities in communities, promote the consumption of healthy foods for healthy living, continuous promotion of training activities in the community.
2. Psychological Health	2.1 Conservation and rehabilitation of community culture and customs.	Explore issues and needs, prioritize, planning the operation, proposed the project plan, follow the plan and assessments.
	2.2 Not too tense and nervous	Participate as a family by making merit together such as offering alms to priests, meditation on a regular basis, attend sermons during buddhist priest day, read books watch movies and plays, regular council and seek advice from family members.
	2.3 Community members are united and help each other.	Family members participate in entertaining activities together, self reliant on the 4 essentials of life, do not create debt, families are involved in thinking and activities in the community.
3. Social Health	3.1 Family	Provide warmth, care and love to family members, interactions within the family, divide responsibilities, give advice and inform of the right and wrong doings. be a good example.
	3.2 Village	Continuous participation at meetings, knowledge, understanding and harmony, group activities within the community, be kind, charitable and support each other, accept the community regulations.
	3.3 sub-district	Co-educational training held by the district, compliance with local regulations and the government, continuously follow current news and events, create networking activities in the district, participation in thinking and creating benefits for the sub-district.
	3.4 Problems	Budget support, poverty, arguments, violence and drugs, selfishness, drinking and gambling.
4. Intellectual Health	4.1 Conveying community knowledge to younger generations.	There must be someone in the community that has the knowledge, a learning center, youth survey, a curriculum, training and practices.
	4.2 Conservation and revitalization of local indigenous knowledge and customs.	Explore issues and local knowledge needs, conservation planning in local wisdom, local knowledge activities, remove local knowledge wisdom, transfer of knowledge available to future generations.
	4.3 Numerous learning sources and study centers.	Survey the community's learning resources, planning and development of learning sources, follow the plan, follow up and evaluate, teach others and extend the knowledge.

Dimensions	Indicators	Factors
5. Environment	5.1 Free from pollution.	Planting trees in public areas, planting trees on important dates and occasions, community forest conservation, no burning of rice stalks and forests, use appropriate technology.
	5.2 Free from problems of trash and litter.	Do not throw trash and garbage into streams, rivers or water sources, properly dispose waste, all households must have a trash bin, separate the waste before disposal, have regular community garbage disposal activities.
	5.3 Have enough water all year round.	Use water sufficiently, streams, ponds and canal dredging, repair and maintenance of public water sources, drilling of water wells, planting the right plants.
	5.4 Bio-safe Agriculture.	Plow over the rice stalks and scarify, use animal labor instead of machinery, use natural fertilizer, do not use chemical pesticides, promote a toxic-free agriculture.
	5.5 Have a warm family and a decent community.	Follow the 5 precepts of buddhism, cleaning homes, consulting and listening to opinions of others, to cooperate with the community, think carefully before implementation.
6. Networking	6.1 Network of education and community Health groups at the family level.	Survey revenue expenditure in every household, keep family revenue and expense accounts, family meetings on how to lower expenses, the reduction of expenses, follow up and summarize what the family has learned.
	6.2 Network of education and community Health groups at the village level.	Survey the community population, survey the community problem, recording community data and information, survey what is needed to fix the problem, solve the problem and evaluate the results.
	6.3 Network of education and community Health groups at the sub-district level.	Educational tours to receive external knowledge and experience, work together in groups and systems, to exchange ideas, identify the weaknesses and implement the changes to fix the problem, allocate benefits fairly and reasonably, be permanently free from debt.
7. Leadership	7.1 Have knowledge.	Keep up to current events, always wanting to learn, create new knowledge, continuous learning, can teach the knowledge to others.
	7.2 Have loyalty and be unambiguous.	Do not cheat others, do not dictate or be cold and unfeeling, be neutral, do not be selfish, be a good consultant.
	7.3 Good coordination skills.	Good interaction, high leadership skills, capable of adjusting to different situations and conditions, has a plan of action, good communication skills.
	7.4 High self confidence.	Have confidence, believe and follow other people's orders, capable of making a decision, be a good example, have creativity.
	7.5 Be useful and do good deeds.	Recognizes the greater good, unselfish, provide more than receiving, be charitable and supportive, sacrifice personal interests.
	7.6 Sincere towards oneself and to others.	Be true to words spoken and promised, work with sincerity, brave enough to face the problem, commit to the work, listen to ideas of others.
	7.7 Responsible.	Have vision, is straightforward and truthful, on-time, have responsibility, does not run from the problem.
	7.8 Ethical and Morality	Do not kill animals, no theft, no sexual misconduct, no lying, do not drink alcohol.