



The Sub-District Learning Curriculum Development for Healthy Community Profile Management at Phrom Nimit Sub-District, Nakhon Sawan Province, Thailand

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Abstract

This research is a qualitative research study with the purpose of studying the social capital and the community potential for a healthy community profile management and also studying the guidelines for the sub-district learning curriculum development in the healthy community profile management. The lessons were learned from 9 villages by using the rapid ethnographic community assessment process (RECAP), triangulation, content analysis, and story analysis. It was found that there were 30 places which had the potential of social capital for serving as the learning resources. The potential groups and the readiness of the learning resources for the sub-district learning curriculum development were classified into 7 learning systems: (1) participatory sub-district management system (2) community welfare system (3) safety agriculture system (4) community economy system (5) community learning system (6) community healthcare system, and (7) local wisdom system. The sub-district learning curriculum for a healthy community profile management was developed with participation by using local wisdom for local development. Regarding the guidelines for the sub-district learning curriculum development for healthy community profile management, there were 5 components: Menu 1 area profile and contexts; Menu 2 area management; Menu 3 learning process; Menu 4 innovation development, and Menu 5 directions of work implementation. This study reflected on utilizing the social capital and the community potential for sub-district planning and management. The communities perceived the importance in arranging and using the data for solving problems and serving the needs of the local areas with the determination to develop people's quality of life.

Keywords: *Sub-district learning curriculum development, Healthy community profile management, Social capital and Community potential, Learning resources*

1. Introduction

Self-development for sub-district wellness occurs under the concept of concreteness pursuit from real practice in the local areas, and this is reflected in the following aspects: (1) various operational processes; (2) organizations, working teams, and stakeholders; (3) factors affecting the processes, and (4) productivity and outcomes (Thai Health Promotion Foundation, 2015; Thai Health Promotion Foundation, 2017). These aspects result in positive changes in operational methods, ways of life, family and community environment, and people's quality of life (Israel, Schulz, Parker, & Becker, 1998). Such concreteness pursuit relies on important processes to learn about the community potential by the local communities in 4 sectors: i.e., local government organizations, sub-district heads, village heads, community organizations, and local people groups to participate in thinking and implementing the activities of the communities and the local government agencies.

To drive the development and promotion of healthy community profiles to achieve the goals, the participation from related sectors is necessary (Stuppelbeen, Barnett-Sherrill, & Sentell, 2019). The strategies for healthy community profile management include: (1) expansion of wisdom space and continuous knowledge development to keep up with the situations with suitability for the 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 (Andrews et al., 2013; Mauti et al., 2020).

Rapid changes due to various system reforms have effects on several developments at the community level. For example, the local government organizations are assigned with the main mission to develop the quality of life of the local people, and to provide community health services by enhancing the potential of the primary health care hospitals to be responsible for community health services with expansion to cover health

development. (Health in All Policies (HiAP) framework for country action, 2014; Shankardass et al., 2018); some communities provide opportunities for the public sector to participate in determining the public health policies. These movements signify that the local government organizations and agencies can cooperate in the community wellness development by adjusting operational methods to use the common factors for driving and complementing each other continuously (Jenkins, Fagan, Passarella, Fournakis, & Burshell, 2020).

The local organizations have had experience and lessons in responding and implementing as prescribed by law for developing the systems and supporting the practices for a good quality of life for the local people. Accordingly, the working systems occur from mutual cooperation 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 those communities and societies. Therefore, healthcare is the mutual responsibility of all people. Such responsibility also 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 (World Health Organization, 2020; Ryus, Yang, Tsai, Meldrum, & Ngaruiya, 2021). 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 (Postma, & Ramon, 2016; Luger, Hamilton, & True, 2020).

Phrom Nimit Sub-district Administrative Organization at Takhli District, Nakhon Sawan Province is a model local government organization working as a center for health community network management for cooperation in building livable communities. The center has developed lessons for self-management, and it is capable for arranging learning systems in a concrete and systematic manner for self-management. Accordingly, the data of social capital and community potential are processed and analyzed for setting working teams or learning resources according to the same concepts and goals and grouping them in the same courses or contents in the form of the sub-district learning curriculum or knowledge packages ready for educating local people, leading to healthy community profile management through community learning.

The sub-district learning curriculum for a healthy community profile management is developed from the summaries of real events or the concreteness of the operational areas through the community lessons learned and knowledge management to obtain knowledge packages, or the curriculum for encouraging and building the understanding of the local leaders, leading to a community environment setting suitable for active learning. The focus is on changing the mindset and inspiration of the local leaders in driving their local development and using the learning experience for application in other areas.

2. Objectives

This research study with the purpose to learn the lessons of social capital and health community profile. The purposes were to analyze the social capital representing the community potential for developing the sub-district learning curriculum as well as to study the guidelines for developing the sub-district learning curriculum for a healthy community profile management.

3. Materials and Methods

This research is a qualitative research study. The research procedure is described as follows.

3.1 Step 1: Documentary Research

In this step, related documents were studied in 4 main concepts: health promotion, community studies and lessons learned, analysis and uses of community data, and management of learning resources and sub-district learning centers for a healthy community development.

This research studies on the background of social capital and healthy community profile in managing community health at 4 levels which consisting of (1) human capital, (2) working groups / learning resources, (3) agencies and useful resources, and (4) self-management villages. The participation of people and agencies in the community development resulted in the forms of networks, mainstays, and activities for the healthy community profile in 7 aspects: (1) Politics and Government, (2) Society, (3) Environment Management, (4) Economy, (5) Education, (6) Health, and (7) Local wisdom.

3.2 Step 2: Field Study

The purpose of the field study was to collect the data according to the research objectives as follows.

3.2.1 Research Methodology

This study was implemented in the form of a qualitative research study with purposive conversations and in in-depth structured interviews on the topics selected in advance together with participant observations and focus group discussions.

3.2.2 Key Institutions

Purposive sampling was used to recruit the participants in 4 groups: (1) 18 key individual representatives, i.e., chief executive of the sub-district administrative organization (SAO), chief administrator of the SAO, members of the SAO, chiefs in the government agencies, sub-district heads, and village heads; (2) 7 key institution representatives, i.e., directors and teachers from schools and child development centers, directors and officers from sub-district health promoting hospitals, director of the center of non-formal education (NFE); (3) 30 core group representatives, i.e., presidents, committee members, and members of community organizations, clubs, learning resources, and local people, and (4) 5 wider interest representatives, i.e., community researchers passing through the community research skill development.

3.2.3 Research Instruments

The structured interview was used to collect the data in combination with participant observations, in-depth interviews, and focus group discussions. The instruments are described below.

1) The Rapid Ethnography Community Appraisal Program (RECAP) was used for studying the sub-district social capital (Nuntaboot et al., 2018) in 4 aspects: (1) exploration of community potential and social capital in self-management; (2) community problem analysis and solution; (3) analysis of potential in continuous and expanding development, and (4) innovation creation and development of the communities on the basis of the areas.

2) The instrument for community data analysis was used for processing and using the data about the sub-district profile and community research at Phrom Nimit Sub-District, Takhli District, Nakhon Sawan Province for developing the sub-district learning curriculum for healthy community profile management (Boonruangsak, Rujjanawarangkul, Suanjui, Yodlae, & Jaikaew, 2018).

3.2.4 Data Analysis and Validation

The researcher used content analysis, comparative analysis, and story analysis for synthesizing the conceptual framework in driving the management of the healthy community profile, analyzing social capital representing the sub-district profile and community potential, and analyzing the model of the healthy community profile management to strengthen the communities. The data were validated through triangulation by collecting data from various key informants in different periods of the data collection phase with several methods of data collection (Jenkins et al., 2020). The researcher returned the data to the key informants and related people for examination and revision before further using the revised data in the research report and the sub-district learning curriculum for community learning.

3.3 Step 3: Development of the Sub-District Learning Curriculum for Healthy Community Profile Management at Phrom Nimit Sub-District, Nakhon Sawan Province

3.3.1 Draft of the Sub-District Learning Curriculum for Healthy Community Profile Management

In this part, 2 main data sets were used as follows.

1) Structure and potential aspects of social capital related to people in the communities. If the researcher understood the community structure and potential, the study results could be analyzed more smoothly (Boonruangsak et al., 2018). Therefore, the researcher studied the aspects of social capital and the potential of the sub-district to find ways to strengthen the communities and for utilizing the core contents in

the contexts of learning development in the areas with the purpose of promoting the factors useful for healthy community profile management in the area of Phrom Nimit Sub-District, Nakhon Sawan Province.

2) Important aspects of the learning centers in healthy community profile management were useful for strengthening the communities (Nuntaboot et al., 2018) in (1) building learning and understanding about the community problems and needs, (2) building mechanisms at all levels for driving implementation by communities, (3) building people for self-management, (4) building participation, (5) mobilizing funds and various resources for full utilization, (6) making agreements in the areas in terms of charters, policies, goals, and plans, and (7) having abilities to manage cooperation among different organizations.

3.3.2 Critical Analysis of the Sub-District Learning Curriculum for a Healthy Community Profile Management

The curriculum critical analysis was for considering the suitability, and the drafted curriculum was revised according to the suggestions of the experts who took operational roles in the relevant areas. There were 9 experts: 1 chief executive of the sub-district administrative organization (SAO), 1 deputy chief executive of the SAO, 1 chief administrator of the SAO, 1 sub-district head, 4 village heads, and 1 director of the sub-district health promoting hospital.

3.4 Ethics Approval

The human research ethics committee at Nakhon Sawan Province reviewed and approved this research with the approval of NSWPHO-002/64 on 5th March 2021.

4. Results

4.1 Social Capital and Community Potential in Healthy Community Profile Management

4.1.1 The Roadmap of the Sub-District Development for Healthy Community Profile Management

The representatives of leaders and local people cooperated in thinking and implementing for community development. The participation of people and agencies in the community development resulted in the forms of networks, mainstays, and activities for the healthy community profile in 7 aspects as follows.

1) Politics and government; The implementation is proactive with the focus on creating participation, creating 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.

2) Society; Social welfare is arranged in a complete cycle for developing quality of life, building equality, and not being 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 alleviation of debt burdens. In addition, welfare should be arranged for members and people without ignorance of community development in education, village public activities, and maintenance of religions and cultures. Member meetings and village communities should be arranged starting from setting groups, setting, or revising regulations, and utilizing profits with transparent management for gaining people's faith in the financial organizations and making the group exist with sustainability.

3) Environment management; The environment is managed for raising people's awareness of healthcare. The food safety system is created without using chemical substances. Using chemical substances causes higher production costs so the income earned is less than using biological substances, which can be made in households and used as raw ingredients in the communities. People in the communities should pay attention to, and be aware of, health. The production cost can be reduced by using fewer chemical substances. Agriculturists should reduce their use of chemicals, and instead use bio-fermented water and granular organic fertilizers made from waste materials in the areas, villages, and households.

4) Economy; The economy is concerned with income earning, 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 leads to income earning for the group members and people in the

communities. Innovation and modern knowledge should be integrated in community learning development without destroying the environment, and the main goals should be established for earning income for families and communities.

5) Education; A complete cycle of learning creation should be arranged for educating children, teenagers, adults, and elderly people. Well-rounded learning should be supplemented in cultural inheritance, sufficiency base, and social assistance according to the belief in principles of religions, traditions, and local wisdom. Due to cultural diversity in 4 regions, the learning creation process should be planned and managed well to reinforce lifelong learning in combination with local wisdom. Coordination with the sub-district administrative organizations should be continuous for the happy lives of people in the sub-district.

6) 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 in happiness. People help each other in healthcare, the public mind is fostered, and community solidarity is reinforced for people’s sustainable wellness at all levels of the individual, family, and society.

7) Local wisdom; The community learning system is driven by the community and for the community 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 and environment, inheritance of cultures and traditions, and development of agricultural products on the basis of sufficiency principles.

4.1.2 Conceptual Framework for the Promotion of the Healthy Community Profile

The development of economy, society, and culture is driven for people’s wellbeing, and the strength of sustainable community health (Figure 1), as detailed below.

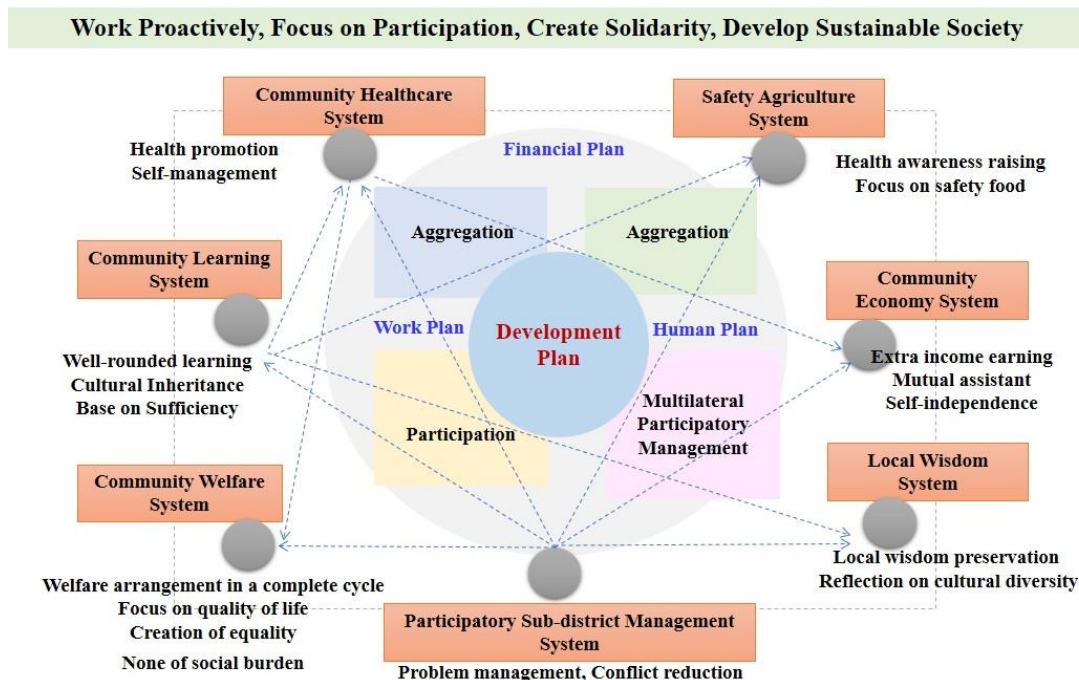


Figure 1 Conceptual framework for promotion of healthy community profile at Phrom Nimit Sub-District, Nakhon Sawan Province, Thailand.

1) Participative Management under Holistic Development; Coordination among agencies and partner organizations is necessary for effective and sustainable development. The sub-district administrative organization works as a development mechanism for supporting and linking work operation under the

potential capital, situations, and people’s needs as the basis for designing the development model suitable for the areas. The focus is on self-management by using the participation process as an instrument for developing people and work, and building the public mind in working together (Kongtim, personal communication, June 11, 2021).

2) Participation and Aggregation for Solving Problems; Participative management provides opportunities for all parties in the community sector, local sector, public sector, and related government agencies to participate in development. Accordingly, problems and needs are informed, and people aggregate in groups to work together in thinking, making decisions, implementing, following up, and evaluating work. They share benefits and responsibilities according to community plans for solving problems and responding to people’s needs. The management should be transparent and verifiable, and news and information are disseminated through the sub-district communication channels. The communities participate as committees for community development by using the management potential of the communities. The government agencies provide support in terms of budgets, body of knowledge, and experience of self-management of community organizations and the public sector (Fongnam, personal communication, June 11, 2021).

3) Multilateral Participatory Management; The management is in two levels. (1) Self-management by group consensus is for local officers, government agencies, and people working together to think up solutions to urgent problems and cooperating to solve such problems. (2) Community power is driven by arranging village and sub-district forums in all villages, prioritizing the problems, reflecting basic information from Open Government Data of Thailand, and surveying the sub-district data. These processes encourage participation to think and be informed about problems as well as to implement solutions together for a better quality of life with sufficient income. People are supported to become self-independent with healthy body and mind and good social welfare. Good leadership and role models can strengthen people’s participation (Dithrhai, personal communication, June 25, 2021).

4) Using Local Wisdom for Local Development; Local development is based on the principles of the sufficiency economy philosophy in rationality, moderation, self-immunity, knowledge, fairness, and self-independence in living. Local wisdom is transferred by using village forums to solve the community problems. When the community is self-dependent, it can be a learning resource for transferring knowledge to other communities to learn together. It has the power to strengthen sustainable communities in matters such as sustainable agriculture and disaster management at the sub-district level, and so forth (Yamcharoen, personal communication, June 26, 2021).

4.2 Community Potential in the Sub-District Learning Curriculum Development

4.2.1 Social Capital Representing the Community Potential in a Healthy Community Profile Management

The social capital and potential at the village level were classified into (1) human capital in 246 people, (2) working groups / learning resources in 106 groups, (3) agencies and useful resources in 64 places, and (4) self-management villages in 1 village, i.e., Ban Bo Din Khao at Moo (village) 1. This village had the potential to use information for solving the community problems through self-management in savings to raise funds for occupations and public benefits. Table 1 shows the numbers for the social capital representing the community potential.

Table 1 The numbers of social capital representing the community potentials, classified according to villages (Moo)

Villages	Number of Social Capital			
	People	Working Groups/ Learning Resources	Agencies and Useful Resources	Self-Management Village
Moo 1 Ban Bo Din Kao	36	13	6	1
Moo 2 Ban Saphan Sam	25	10	4	-
Moo 3 Ban Saphan Song	20	10	6	-
Moo 4 Ban Khlong Pat	28	11	6	-
Moo 5 Ban Nong Non	20	10	4	-

Villages	Number of Social Capital			
	People	Working Groups/ Learning Resources	Agencies and Useful Resources	Self-Management Village
Moo 6 Ban Nong Ya Rangka	26	12	11	-
Moo 7 Ban Pho Khoi	23	10	5	-
Moo 8 Ban Kok Kwow	34	14	11	-
Moo 9 Ban Kai Lor	34	16	11	-
Total	246	106	64	1

4.2.2 Potential and Readiness for Development of Groups and Learning Resources

The 106 working groups / learning resources were classified into 30 learning resources according to work groups and distinctive sub-district activities with potential and readiness for being developed into learning resources with links to other groups or learning resources. These 30 learning resources were classified into 7 learning systems: (1) participatory sub-district management system in 5 learning resources, (2) community welfare system in 3 learning resources, (3) safety agriculture system in 4 learning resources, (4) community economy system in 6 learning resources, (5) community learning system in 5 learning resources, (6) community healthcare system in 2 learning resources, and (7) local wisdom system in 5 learning resources, as shown in Table 2.

Table 2 Distribution of learning resources, classified according to the learning system in each village (Moo)

Learning System	Villages / Number of Learning Resources *									Total (Resources)
	Moo 1	Moo 2	Moo 3	Moo 4	Moo 5	Moo 6	Moo 7	Moo 8	Moo 9	
1. Participatory sub-district management system	1					1			3	5
2. Community welfare system	2								1	3
3. Safety agriculture system			1		1	1		1		4
4. Community economy system	2	1						1	2	6
5. Community learning system						2			3	5
6. Community healthcare system						1			1	2
7. Local wisdom system				1			1	2	1	5
Total	5	1	1	1	1	5	1	4	11	30

* Figures in the columns show the number of learning resources in each village.

Potential and readiness for being developed into learning resources and being developed to link to other work groups or learning resources were identified in 30 learning resources. These learning resources were classified according to experts for being built as learning resources (29 resources), and those needing additional development for upgrading to be built as learning resources (1 resource), as shown in Table 3.

Table 3 Potential and readiness for development of groups and learning resources

Capital and Potential	Potential and Readiness of Learning Resources *								
	Moo 1	Moo 2	Moo 3	Moo 4	Moo 5	Moo 6	Moo 7	Moo 8	Moo 9
1. Participatory sub-district management system (5 resources)									
1. Participatory sub-district management									★
2. Prachabordi Center						★			
3. Center of legal consultant									★
4. Center of civil defense									★
5. Water user group at Bo Din Kow		★							
2. Community welfare system (3 resources)									
1. Funeral assistance group		★							

Capital and Potential	Potential and Readiness of Learning Resources *								
	Moo 1	Moo 2	Moo 3	Moo 4	Moo 5	Moo 6	Moo 7	Moo 8	Moo 9
2. Elderly club									★
3. Savings group	★								
3. Safety agriculture system (4 resources)									
1. Bio-fermented water group								★	
2. Granular organic fertilizer group						★			
3. Rice species community center			★						
4. Lemon planting in cement pond group					■				
4. Community economy system (6 resources)									
1. Quilt bag making group									▲
2. Manila tamarind group								■	
3. Pickled fish – chili sauce group	★								
4. Onion-growing agriculturist group		★							
5. Coconut broom group									★
6. Elderly group of funeral flowers									★
5. Community learning system (5 resources)									
1. Child development center									★
2. Children and youth council									★
3. Sufficiency economy learning center						★			
4. Dharma practice group (Lang Kow Temple)									★
5. Recycled waste bank group						★			
6. Community healthcare system (2 resources)									
1. Health security fund (NHSO)									★
2. Village health volunteer group (VHV)						★			
7. Local wisdom system (5 resources)									
1. Elderly group of wickerwork									★
2. Long drum group				★					
3. Local textile weaving group								★	
4. Herbal balm making group							★		
5. Herbal compress massage group									★
Summary of the number of the learning resources according to potential and readiness						▲	1 resource		
						■	2 resources		
						★	27 resources		
						Total	30 resources		

* The symbols in the table show the potential of groups or learning resources: ★ refers to the working groups with distinctive sub-district activities with potential and readiness for being developed into learning resources with links to other groups or learning resources; ■ refers to working groups or learning resources with potential to be learning resources but lacking links to other groups or learning resources; and ▲ refers to working groups with aggregation but a lack of operational concreteness (Nuntaboot et al., 2018)

4.2.3 Potential and Readiness of Learning Resources for Sub-District Learning Curriculum Development

According to the study of community capital and potential through the community research, the potential and readiness of the learning resources in each sub-system in the sub-district learning curriculum could be classified into 7 learning systems as follows.

1) Participatory sub-district management system; The management was proactive and participatory under the cooperation of the partner organizations for developing local people's quality of life. This management focused on the coordination of the partner organizations for effective and sustainable development. In this process, the local administrative organization acted as the development mechanism to support and link all implementation under potential, situations, and needs of the people as the basis for

designing the development model suitable for the areas. This system was in 5 learning resources: (1) participatory sub-district management, (2) Prachabordi center, (3) center of legal consultant, (4) center of civil defense, and (5) water user group at Bo Din Kow.

2) Community welfare system; The system of finance and community welfare started from the local people's debt problems and informal loans. Formerly, circulating funds were not available in the community so they obtained loans from outside the community to develop their careers in the community. The community cooperated in solving such financial problems by raising funds in the form of savings or mobilizing stocks for helping local people alleviate their financial burdens in their lives and occupations. Welfare was arranged for local people and the community in terms of education, public beneficial activities, and maintenance of religions and cultures. This system was in 3 resources: (1) funeral assistance group, (2) elderly group of funeral flowers, and (3) savings group.

3) Safety agriculture system; Agriculturists at Phrom Nimit sub-districts used a lot of chemical substances so their cost was higher from using chemical fertilizers. Some of them accrued higher debts from doing agricultural work. The safety agriculture system was driven under the community potential and the existing natural resources in the community. Under the leadership of folk philosophers, the members used their knowledge for solving problems, and learned how to respond to needs based on their own experiences. In addition, they were given opportunities from various organizations to join training for developing their practical skills to be beneficial for themselves, their families, and communities. They became healthier, reduced production costs, gained more income, and reduced family expenses, leading to self-independence at the household level. This system was in 4 resources: (1) bio-fermented water group, (2) granular organic fertilizer group, (3) rice species center, and (4) lemon planting in the cement pond group.

4) Community economy system; In this system, the focus was on people's self-independence at the household level. The work process started from the aggregation of local people in responding to their income needs. Funds were raised from members to be used as the capital for the group implementation. Work was implemented according to the agreed objectives and expanded to develop products or add value to products as well as preserving local wisdom. Accordingly, economic circulation was built in the community through building extra jobs, increasing income, and disseminating local wisdom. This system was in 6 resources: (1) quilt bag making group, (2) Manila tamarind group, (3) pickled fish – chili sauce group, (4) onion growing agriculturist group, (5) coconut broom group, and (6) elderly group of funeral flowers.

5) Community learning system; With support from all sectors, learning creation was arranged for children, youths, and people in the local areas to gain vision from using local wisdom for learning creation, to develop various skills together with the communities, and to foster children and youth in terms of morals, love, and inheritance of religions and local wisdom, leadership development, and assertiveness. This system was in 5 resources: (1) child development center, (2) children and youth council, (3) sufficiency economy learning center, (4) dharma practice group (Lang Kow Temple), and (5) recycled waste bank group.

6) Community health system; This system focused on community healthcare for people in the community to take proper care of themselves. The implementation was based on arranging treatment services, educating people, and forming volunteer groups with public mind to give care to sick people in the community. The policies were set in development of public health, promotion of life quality, and equality for all people to access health services with fairness. The activities emphasized upgrading the healthy community profile in a holistic way. This system was in 2 resources: (1) health security fund (NHSO), and (2) village volunteer group (VHV).

7) Local wisdom system; Children, youths, people, folk philosophers, and elderly people gathered in groups to join activities for inheriting arts, cultures, and traditions. Their activities also included local wisdom preservation activities such as the wickerwork group, long drum group, and local textile weaving group. Local wisdom was applied and transferred to children, youths, and people in the communities. This system was in 5 resources: (1) elderly group of wickerwork, (2) long drum group, (3) local textile weaving group, (4) herbal balm making group, and (5) herbal compress massage group.

4.2.4 Community Potential in the Innovation Development for Promoting a Healthy Community Profile

The community potential can be classified into 4 aspects (Table 4) as follows.

1) Surface water supply; The surface water supply was a distinctive innovation, so the communities perceived its importance and benefits, and they approved the use of the budget of the community SML together with the budgets of the sub-district administrative organization to expand the water pipes. This was

for solving the problems of budget limitations in order to build the pump house with more power for water distribution. This project promoted the implementation and was integrated among 4 villages for using the water supply together. The water user fund was raised, the village representatives supervised water usage, and villagers recorded the amount of water used from the meters by themselves. The water supply was paid at 4 baht per unit, and some of the fees were added to the water user fund for later use in the village activities (Buakai, personal communication, July 19, 2021).

2) Good fertilizer, good soil, no longer poor (sufficiency economy learning center); This is another outstanding innovation through training and educating agriculturists, youths, and interested people. At the center, people joined the training, learned, discussed, shared knowledge, and adjusted their ideas and work methods suitable for the area potential and socio-geography. They could reduce expenses, increase income, and expand opportunities for a better quality of life in terms of economy, society, natural resources, and the environment, with balance and sustainability according to the principles of the sufficiency economy philosophy (Srisomporn, personal communication, July 21, 2021).

3) Children and youth council (Phien Nayok group); This council was established from the aggregation of local children and youths for spending free time in a useful productive way, helping society with public mind, and doing beneficial public activities. The example of such activities was cycling to clear waste in various public places such as streets, wells, ponds, and canals. They grew trees for preserving and maintaining natural resources, and they visited elderly people and local people to chat with them and help them do some housework. These activities built relationships among children, youths, adults, and local people. The activities also shaped them to have a good mind with kindness, generosity, and helpfulness; and prevented them from involvement in bad activities, drugs, or other mischief. In such activities, their awareness was fostered to become good people with ethics and morals in society (Sopa, personal communication, July 25, 2021).

4) Dharma practice group at Lang Kow Temple; The monk Bua Phaen discussed with Buddhists in the community and convinced villagers to regularly carry out religious practice at the temples on every Buddhist holy day and other important religious days. Such activities consisted of offering food to monks, listening to sermons, Brahmin ordination, keeping the precepts, and praying. On the grand Buddhist holy days on the 15th days of the waxing and waning moon of every month, the activities were to pray and worship overnight. These activities reminded the Buddhists to behave in compliance to the Buddha's teaching to obtain a peaceful mind, behave with morals and ethics, and accumulate merit as the capital to overcome suffering (Punno, personal communication, July 19, 2021).

Table 4 Innovation Development for Promoting a Healthy Community Profile

Innovation for Promoting a Healthy Community Profile	Villages / Number of Innovations									Total
	Moo 1	Moo 2	Moo 3	Moo 4	Moo 5	Moo 6	Moo 7	Moo 8	Moo 9	
1. Surface water supply	1	1	1	1						4
2. Good fertilizer, good soil, no longer poor (sufficiency economy learning center)						1				1
3. Children and youth council (Phien Nayok group)	1	1	1	1	1	1	1	1	1	9
4. Dharma practice group at Lang Kow Temple									1	1
Total	2	2	2	2	1	2	1	1	2	15

4.3 Guidelines for the Sub-District Learning Curriculum Development for Healthy Community Profile Management

4.3.1 Steps in the Sub-District Learning Development for Healthy Community Profile Management

1) Preparation of data and documents for writing the sub-district learning curriculum: The data and documents consist of (1) basic information of the sub-district such as development plans, sub-district map,

and demographic data, and (2) data from the community research in capital, community potential, evolution of problem solving, and results, potential status, and readiness for building the community learning process, and innovation for solving community problems.

2) Preparation of working team to develop the sub-district learning curriculum: The working team covers 4 main local organizations; i.e., locality, areas, organizations, and people, particularly community mainstays, folk philosophers, lecturers at the learning resources, and process managers.

3) Arrangement of workshops to develop the sub-district learning curriculum: The workshops are arranged for understanding the guidelines, importance, and processes of the sub-district learning curriculum, and for drafting the curriculum together.

4) Preparation of supporting systems for the sub-district learning: The supporting systems are important instruments for effective transferability of the curriculum. These systems include (1) learning contents about the areas, i.e., area profile, management systems, learning resource management, innovation design and development in the areas, and direction of driving the implementation of the learning resources; (2) learning media, i.e., human media, exhibitions, summaries, and illustrations; and (3) understanding of stakeholders, i.e., lecturing teams, mainstays, members, and affected people. The learning objectives and goals are explained, the information is prepared, and the transferring methods and question-and-answer sessions are rehearsed.

4.3.2 Guidelines for the Sub-District Learning Curriculum Development for Healthy Community Profile Management

The data of the sub-district healthy community profiles and community potential were processed and used for developing the sub-district learning curriculum and for serving as guidelines for arranging the community learning or learning packages (Figure 2). The components are described below.

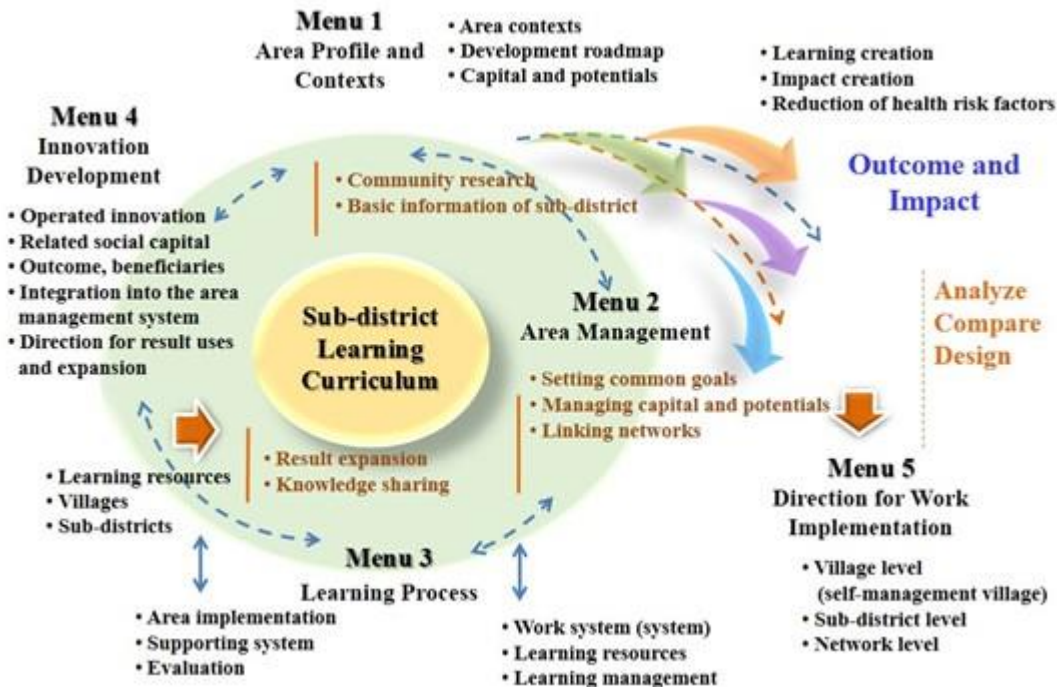


Figure 2 Guidelines for developing the sub-district learning curriculum for healthy community profile management

1) Menu 1 Area Profile and Contexts refers to the information of the area profile which represents the community capital and potential in dealing with situations or problems (Tables 1 and 2).

2) Menu 2 Area Management refers to the guidelines for managing operations in the areas to strengthen the communities, i.e., setting mutual goals for development, using capital and potential to manage crises in the areas, and linking networks (Figure 1).

3) Menu 3 Learning Process refers to the learning process designed for knowledge sharing by using the information of the areas, and social capital which can respond to normal and critical situations. This menu includes learning systems, learning resources, and self-management villages (Table 3).

4) Menu 4 Innovation Development refers to concrete development and result expansion of the area management which later become guidelines or main instruments for solving problems, and then become innovations for dealing with health risk factors and health promoting factors with the integration to routine work (Table 4).

The main mission of the sub-district administrative organization includes (1) infrastructure, (2) promotion of life quality, (3) community and social organization, (4) planning of investment and commercial promotion, (5) management of natural resources and the environment, (6) promotion of religions, arts, cultures, and local wisdom, and (7) management for supporting official operations of the government agencies and the sub-district administrative organization.

Public policies include (1) participatory community management, (2) arrangement of community welfare, (3) sustainable agriculture, (4) management of natural resources and the environment, (5) children and youth learning, (6) community healthcare by the community, (7) disaster management by the community, and (8) community investment in healthcare.

Management of health risk factors shows performance which has effects on behavioral changes in health promotion, and people in the community are healthier as a result of control of cigarette and alcohol consumption, reduction of traffic accidents, elderly care systems, warm families, management of teenagers' pregnancies, children and youth learning, caregiving for disabled and poor people, sustainable agriculture for healthy food, waste management, and disaster management.

5) Menu 5 Directions for Work Implementation refers to directions for driving work implementation at the area level, i.e., villages, sub-districts, and networks by setting goals for driving implementation and expanding the performance.

5. Discussions

5.1 Social Capital and Community Potential in Healthy Community Profile Management

5.1.1 Analysis of Links and Data Uses by the Communities for Expanding Systematic Management

The communities have leaders and mainstays with characteristics suitable for being the driving teams. Social capital is a type of capital which occurs from seeking the community potential from relationships of people in the community, cultures, traditions, beliefs, social networks, community organizations, and community leaders (Balhara, & Irvin, 2020; Goytia et al., 2013), leading to the community health promotion in 4 dimensions. At Phrom Nimit sub-district, there are learning resources for building self-independent communities. There are 30 learning resources in 9 villages, and these learning resources can drive the knowledge sharing process to make changes inside and outside the areas. In the development of the healthy community profile, the existing knowledge can be used for developing wellness of people in the communities in 5 aspects (Office of Disease Prevention and Health Promotion, 2020) of body, mind, society, intelligence, and the environment through learning activities from the community learning resources.

5.1.2 Integration of Academic Work and Public Health Work in the Communities

The concept of healthy community profile management reflects the use of social capital and community potential to integrate various work activities together, leading to analyses for planning projects and activities as well as planning for the development of people's quality of life (Committee on Educating Health Professionals, 2020). Two main components are (1) uses of capital and potential to promote specific health issues in order to integrate risk factor reduction, health promotion, and building participation in self-management of the communities, and (2) integration of work and activities of the sub-district administrative organization with those of other agencies and community organizations to find solutions for dealing with factors affecting people's living (Ramirez-Rubio et al., 2019) in terms of politics and government, societies, economy, the environment, and health according to the real needs of the communities.

5.2 Community Potential in the Sub-District Learning Curriculum Development

Comparison of the Learning Process and Self-Management of the Community under the Area Contexts.

The verification process on capital and potential in healthy community profile management and using the community data for solving problems leads to work integration among community organizations on the basis of 4 aspects: (1) area-based development, (2) consideration of health in all policies of the community, (3) participation building, and (4) ownership building.

This also includes concrete participation of different organizations in the areas to cooperate in thinking, prioritizing problems, finding solutions through different forms of forums, and expanding to develop public policies for particular issues in the areas (Kwon et al., 2012; Macassa, 2021; Mourits, van der Velden, & Molleman, 2021).

5.3 Guidelines for the Sub-District Learning Curriculum Development for Healthy Community Profile Management

Learning Management in the Areas by Using the Sub-District Learning Curriculum for Healthy Community Profile Management.

Learning management is concerned with the work and activities of the existing social capital in the communities both occurring naturally and from local wisdom which is valuable for strengthening the areas (Lenzi et al., 2020). It consists of human capital, learning resource capital, private organizations, agency capital, useful resources, and self-management villages.

In general, the sub-district learning curriculum for healthy community profile management can create learning from the communities' social capital. (1) Learning resources should be the main learning resources of the area with potential lecturers for transferring knowledge and creating learning about uniqueness and the distinction of the sub-district. (2) Learning resources for knowledge sharing concerns area-specific learning resources which create learning by developing potential and networks through experience exchanges from working together by using work concepts and methods to supplement the potential of each other (Kaplan, & Gourevitch, 2020). (3) Learning resources for visiting are the alternative resources which are useful and important places or components of the process with distinctive activities for learning creation such as the long drum group, religious places, and archeological sites, etc. (4) Self-management villages have mutual work systems to solve problems in the areas by linking to work, data, resources, and human capital (Nuntaboot et al., 2018; Boonruangsak et al., 2018)

For increasing work effectiveness and for solving the communities' problems. In general, the impacts are on changes in various dimensions according to the area contexts such as participatory management in the economy, society, environment, and health.

6. Conclusions

The sub-district learning curriculum for healthy community profile management is summarized from real incidences or working sites, and knowledge is managed in terms of contents, processes, and methods for designing learning packages. The curriculum consists of two core contents. (1) Issues of learning resource development and effects on people's quality of life are summarized in the learning packages on the topics such as community welfare, community environment management, organic agriculture, and so forth. (2) Issues of management in supportive mechanisms for learning resource management with an impact on people's living and quality of life such as searching for and using information for developing learning resources, performance development of the learning resources, fund raising and uses in the communities, management of the local administrative organization, support and reinforcement of the learning resources, and volunteer development in learning processes.

The limitation of this study was the small communities. The future potential study should include larger community to see how engagement with members of the public may be affected by a particular proposal. In addition, opportunities should be provided for various networks to share knowledge and further development the promotion of well-being and community health mechanism which integration at the local levels and using the data for solving problems and serving the needs of the local areas with the determination to develop people's quality of life.

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