Local Health Communication[1]

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Abstract

The Research and Development Project on Local Health Communication relates to lifestyle and has special characteristics when it is considered with regard to location. The objectives of this project were to identify and study persons interested in becoming Healthcare Communicators (HCCs) in order to enhance working efficiency in health communication, as well as to study the operational guidelines on local health communication under the principle of Participatory Action Research. The research was undertaken in Phrae and Kanchanaburi provinces.

The HCCs studied (54 from Phrae and 46 from Kanchanaburi) were from the mass media, health agencies, educational institutions, and the health community. As part of the process of cooperation for the HCCs, activities were created to enhance potentiality (five activities for each province). The most popular activities were aimed at enhancing speaking through sound media

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training and public speaking. This research shows that the guidelines for operation in local health communication fall into the two categories of HCCs and support mechanisms. HCCs should play a cooperative role by encouraging, watching, preventing and solving the health problems of people in local areas. Moreover, they should be a center for health information, which is accessible to local people as well supporting the government sector. HCCs should be public-minded, friendly, self confident, smart and creative. They should be able to organize their thoughts, have good communication skills, and develop themselves at all times. In addition they should work on a consistent basis with determination and integrity. They should also serve as health role-models. As for support mechanisms, agency and related personnel from health agencies, mass media, local administration organizations, educational institutions, shops, individuals and centrally funded sources should provide serious and continued support for HCCs in developing knowledge in both communication and health. They should also offer health data and local health wisdom, which are reliable and current.

Keywords: Health Communication / Local Media / Healthcare Communicator

1. Background

No matter how far technology advances, public health problems are still a significant issue for every nation. The well-being, good mental health, and complete physical health of a population are considered an index indicating the level of development in a country. For this reason, both public and private health promotion agencies and organizations have been attempting to find

methods to inform people about preventive measures and maintaining a healthy lifestyle. Mass media has been deemed as an important societal force for providing knowledge and motivating correct behavior. When considering local consumers of mass media living in an area within a shared society, culture, and environment, similar health problems and health behaviors were encountered. Local mass media, whether in the form of newspapers, community radio, provincial broadcasting radio, or news broadcasting tower, were all found to be potential ways of communicating positive health messages to the local people.

When considering the research results from the project of "Operating Status on Health Communication of Local Media" (Duangporn Kamnoonwatana et al., 2005), which was financially supported by the Research and Development Plan on Health Communication System to the Public. The Health Systems Research Institute (HSRI) found that although at present people are open to both central and local media, and both are expected to present knowledge and information on health. The cause of this was that the local media operators understood their consumers, including their concepts, beliefs, and demands. Moreover, the operators knew the status of the local society and culture, and understood the problems that were occurring in the local area. As a result, they could present stories about local problems well, while the consumers were familiar with the local media operators as well. Therefore, they had a chance to discuss, by expressing their opinion and suggestions, as well as, enabling participation in the communication process by becoming more than only consumers.

As for people's demand for health information, local people expected to obtain correct, accurate, and clear information. Communication of health information was deemed to be a specific issue as determined by gurus and specialists, whereas the local media workers formed a small group and each person was in charge of many things. Most of them were found not to have health knowledge. Therefore, a presentation containing health information was produced in the form of reactive action. A presentation was developed to be shown when sharing information. There was no proactive action in the form of establishing topics and following up with information in the presentation. Thus, it is important that the presentation of health content in the local media depends on health related operating units. If such a unit supports factual information and reliable sources, and provides specialists who are ready to share health information, the local media can be a more efficient provider of health information.

A significant topic in the development of more efficient health communication was finding an approach that enables the local media to present health information that meets the needs of most receivers. Some of these needs include cooperating with experts on exploring and exchanging health data, and cooperating in the production of programs to reduce complication in communicating health information. In addition, health news and data sources in the local area, which were limited in number, could still facilitate efficient participation in the communication process. Moreover, the method includes recognition of how the operating unit relates to health, recognizes the importance of the health communication for local people, and prepares to intentionally and continuously support media operators in several aspects.

Furthermore, enhancement of health communication capabilities of the health communicators was considered to be an important issue which should not be overlooked. This issue was analyzed and evaluated by Malee Boonsiripan et al., (2005) on the possibility of health communication system and health communicators in the research project of *"Demand and Possibility in Health Communication and Communicator Development"*. This research stated that a health communicator is a person supporting an effective health communication process. It was found to be necessary to prepare the field for future health communicators by developing the professional status of health communicators as an accepted role by society and related agencies. The initial step in the process was to train and provide health communication knowledge to the staff in charge of disseminating health information, including people who showed interest in health communication, but who lacked experience and knowledge about proper communication. With training those people could solve the problem and take action on health communication with the correct approach.

The research and development project of ***"Local Health Communication"*** was established and conducted in Phrae and Kanchanaburi Province in order to develop practical health communication concepts that are supportive of health communicators in local areas, and enable them to effectively communicate health information to local people.

2. Objectives

1) To find people who are potentially interested in becoming health communicators in the studied area

2) To strengthen the capabilities of health communications in conducting their programs

3) To study approaches to communication of health information in the local areas, as observed from the participation of the health communicators and supporters

3. Terminology

1) Person who is responsible for health communication means a person who currently works in health communication through local media. That may be a person from a mass media agency, health agency, educational institute, or public organization, and conducts health communication.

2) Potential healthcare communicator (HCC) means a person who works in health communication through local media. That may be a person from a mass media agency, health agency, educational institute, or public organization, and conducts the health communication at present, or a person who wants to work in health communication through local media intentionally, continuously, and consistently.

3) Supporter of Local Health Communication refer to a group that consists of executives from media organizations (five types of local mass media executives including local newspapers, community radio, broadcasting radio, news broadcasting tower, and cable T.V.), health agencies (executives from both private and public agencies), local media operators, and the local health community.

4. Research Methodology

The method utilized was action research using a "participatory" process as an operating mechanism. Therefore, each step of this research opened up an opportunity to interact with the relevant people, including local mass media operators, local health agency workers, supporters of local health communication, health scholars, and the health community, to cooperatively express their opinions and find the most effective and efficient approach to develop local health communication.

5. Research Results

5.1 To identify and study people interested in becoming HCCs in the studied areas

HCCs in this project from both Phrae and Kanchanaburi Provinces were from the mass media, health agencies, educational institutes, and the health community. It was found that among the 100 people interested (54 persons from Phrae, and 46 persons from Kanchanaburi) males and females were represented in equal number. Most of them were between 35-54 years of age and had completed a bachelor's degree. Most of them were from the community, followed by the mass media and health sector, respectively. They typically had a primary occupation and worked in health communication as a secondary job. They communicated health information through audio media, including news broadcasting towers, audio lines and community radio. It was found that the most interesting health topics were the ones affecting large numbers of people in the local area, followed by national campaigns, and certain topics which were not understood.

The data source which was most popularly used by HCCs was from government agencies, followed by individual data sources such as provincial health officers, scholars, and doctors/nurses. The data were sought from internet, and from press centers in moderate to rather high level volumes, including data from private organization and foundations.

There were a few problems and obstacles facing operation, the main problem being that HCCs had insufficient knowledge and skill on health communication. They must be responsible for several tasks and their working time was not consistent with the best time for local people. They believed that it was difficult to change attitudes, values, and beliefs about health. Moreover, they had data problems such as insufficient data sources and data; discontinuous coordination with data sources, and uninteresting and lengthy data. There were some contradictions from data acquired from different sources. Additionally, problems with budgets, equipment, and inconsistency of communication and the lifestyle of local people were found.

The group of health communication supporters formed an important group because they pushed for efficient operation of local health communication. A survey was taken by health communication supporters, executives and leaders which consisted of three parts, (1) executives from health organizations in both public and private sectors, (2) executives from local mass media organizations, including local newspapers, provincial broadcasting radio, community radio, news broadcasting tower/audio line, and cable T.V., and leaders from local mass media networks, and (3) health community leader from both provinces. The total number of executives and

leaders were 181 people (81 people from Phrae and 100 people from Kanchanaburi).

Supporters from both provinces have acknowledged the project's operation since the initial stages. They expressed their opinions of and recommendations for the operation. Finally, they acknowledged the performance of and expressed their opinions on "Approach to Conduct Health Communication of the Provinces".

5.2 To strengthen the capabilities of conducting health communication for HCCs

From this study, it was found that the HCCs wanted to improve their communication skills; therefore, activities for strengthening these capabilities were established (5 activities for each province). These activities were created through the cooperative decision making of the HCCs. Besides directly solving the problems and serving the demands of the HCCs, such methods of consideration made the HCCs learn cooperative development, starting with a problem survey, moving to problem analysis, and finally to problem solving. It was obvious that the HCCs had many demands on strengthening capabilities with regard to various issues. This reflected the demands of people working in local health communication and their enthusiasm for self-development. The two most interesting activities of the HCCs in both provinces were enhancing their speaking capabilities through audio media, and public speaking.

The activities were focused on the importance of local communication by local people because the heart of local health communication is with local people as a targeted group, is to provide them with local content, and methods

that are consistent with their skills, demands, and values. The results of the activities showed a high level of ability and readiness of the HCCs.

5.3 To conduct local health communication, with the participation of HCCs and supporters

In the final stage of conducting research, two significant points were highlighted. These were the approach to communicating health information in the province and the HCCs grouping. The approach to communicating health information to the local community consisted of two key parts: the HCC as an operator and the operation support mechanism.

The HCC as an operator should play a role as mediator in the cooperative enhancement of health, observing and preventing illnesses, including problem solving for the health of local people. The communication mechanism was used as a medium for health information, which could be conveniently accessed by local people. In addition, the information would be disseminated to the local people, and this information could unite the working processes of the government sector with the work of health communication.

The required qualifications to become an HCC were to love work in health communication, have a positive attitude towards health communication and communication in general, have public consciousness and be ready to work for society, have good human relation skills, be self-confident, eager to learn and develop all the time, have good perception, be creative, have a systematic perspective, be able to organize their thoughts, have well-developed communication skills, and be able to behave as a health example for the community. The HCCs worked by surveying and analyzing information about health status and the community. This information was analyzed for

planning, establishing activities, operating on a knowledge-based system, providing health information, operating consistently, paying attention to the work, and having a code of best practices. Moreover, HCCs focused on the receivers, and the relevant features of the local society and culture.

The HCC worked by using several operational support mechanisms. They also seriously and continuously supported information on communication and health by both private and public agencies, and communities from both inside and outside the studied provinces. Furthermore, HCCs enhanced their communication skills though many methods such as training, sightseeing, and learning from successful communicators. **In the informational aspect,** the information and knowledge on health, including correct local health wisdom which was reliable and updated was provided. Such information was supplied by health agencies, other relevant agencies, and people, such as local gurus. Moreover, the information was found to be correct after being, analyzed, and examined prior to being communicated to the local people. This information may be found in the form of published documents, health websites, etc. They were stored and provided systematically. The information centers were located at the Provincial Health Office, Provincial Information Center, and District Hospital as a sub-center. These centers were ready to provide information to the HCCs. **The communication channel** was supported by the local mass media to provide a forum for HCCs to be able to consistently communicate to the local people. Local mass media was one of the factors for succession as McQuail (2000) analyzed that effective media for development would be multiplicity, smallness of scale, locality, deinstitutionalization, interchange of sender-receiver roles and horizontality of communication. For the aspect of

gathering a group or **network**, a group was established. The members consisted of male and female HCCs, of various ages, and occupations. The network was administered systematically, and the working target was understood. The working group was set up, starting from the collaboration of HCCs who were leaders and coordinators. They communicated within their network using many methods (such as discussions, meetings, newsletters, and Weblog) consistently. Additionally, they have acted as an inspiration by working together, and providing communication knowledge to one another (as if teaching their own siblings or friends). This was considered to be one of the mechanisms enabling the HCCs to be self-reliant. The driving assignment plan was set up clearly, such as building knowledge among the group, providing shared activities on health communication, holding meetings to exchange opinions, and extending the network. As for **office, budget, and equipment**, these were supported by community and government organizations. The office was used as a center for meeting among HCCs, and was supported by the Provincial Health Office and organizations of the community. Financial and practical support was provided by the local administrative organization, government organizations, and private organizations in the provinces such as hospitals, municipalities, women's groups, Rotary Club, and companies in the community, whose products affect the health of people in the provinces, including external financial sources.

6. Analysis of Local Health Communication in the Studied Areas

6.1 HCCs as social capital of local communication in the studied areas

Before the research project entered into the areas being studied in both provinces, the areas had their own system of health communication. For instance, public health officers disseminated information from the Ministry of Public Health. They provided hygienic products in the Health Service Center, distributed health documents in many places, organized a health radio program, published health information in local newspapers, read notifications and disseminated documents through news broadcasting towers, audio lines, etc. However, these actions were conducted separately. There was no record of who performed the action, or what they did. There was no unity regarding health communication, no power, and no reasonable benefit provided from these activities to the local areas. According to the procedures of this project, there were a number of local health communication operators. In this regard, the project gathered health communication operators who desired to coordinate and to develop local health communication. As a result, health communication in the areas of both provinces became clearer. When grouped at the end of the project, the power of the task was depicted and the way the local area was affected was clearly shown.

The significant characteristics of the HCCs who participated in this project were as follows:

1. HCCs had a “public consciousness” or willingness to “sacrifice for the public”. According to the meeting to determine the guidelines for operating the local health communication programs, most participants opined that “public

consciousness" was a primary factor supporting the operation of local health communication.

2. HCCs had a good attitude towards development and communication and therefore, were happy to undertake action to their full ability.

3. HCCs consisted of local people who clearly understood the social condition, culture, and local behavior. Therefore, they could communicate smoothly and naturally, which was consistent with the perception of local people. Furthermore, they were trusted by the local people.

4. HCCs possessed experience. They had already worked within the community for decades and communicated through local media such as news broadcasting tower and radio. They were also volunteers and lecturers on health training. The HCCs therefore had the capability to operate the good health communication programs, as well as, the confidence and preparation to support local people in promoting good health.

5. The HCCs were active in developing themselves. This was reflected by many of the HCCs from both areas who showed initiative in enhancing their capabilities in various issues.

6.2 Results from skill enhancement activities

1. In the initial stage of the project, during the opinion exchange process for health communication operation, the results were found to confirm a major thought of the project "Operating Status on Health Communication of Local Media". One of the most important problems for operating local health communication programs was that the communicators lacked **knowledge and communication skills**, leading to a lack of confidence in their performance. In

the brainstorming meeting to determine the activities for capability enhancement, the HCCs created many enhancing topics which were limited to five activities per province. This demonstrated that they wanted to take advantage of this opportunity.

2. According to several activities held in both areas, there were many local HCCs who had the capability, ability, and potential to be developed. In each activity, it was often found that the HCCs would have outstanding abilities and be found as the “star” of the activity. Those people usually had a strong knowledge background or were highly interested in the communication. Together with their intention and commitment to study, these HCCs were able to be developed quickly.

3. As the pattern of activities was focused on practice, HCCs were able to learn in a short period of time. The communication ability was founded on knowledge of relevant skills, based on actual practice. Therefore, HCCs who had already had health communication assignments had an advantage because they could practice on the real stage, in real time.

4. In every activity learning was focused on the important features of local communication. The heart of local health communication was communicating with local people as a targeted group using media, and contents related to the local area, including methods consistent to the needs of the local people. The reason was that some HCCs are still attached to the communication model of using the central mass media.

5. Many activities have led to immediate benefits. For example, the activity on writing an advertising spot was held in Phrae. It was agreed that the

awarded spot would be produced as an advertising spot, copied, and distributed to every HCC in order to use this result together.

6. The capability enhancing activities not only enhanced knowledge and communication skills, they also improved the confidence of the HCCs. Many HCCs said that they had been working on health communication without having learned the correct principles and methods. Participation in the activity was viewed as “on the job training”; therefore, they were confident in continuing their health communication.

7. Activities which encouraged participation to create a supportive learning atmosphere, such as workshops or practice in pairs, and critiquing the results of their peers, helped to develop relationships among the HCCs through cultivating understanding of each other, which will form a basis for later networking. During the activity period, they exchanged opinions, as well as, coordinated the health communication work. For example, in Phrae Province, Suvicha Chansuriyakul, a public health scholar from the Provincial Public Health Office, proposed to act as a health information center for demanding HCCs.

8. Participation in capability enhancing activities helped to build knowledge capital for the HCCs. HCCs were able to convey said knowledge to other colleagues. For example, Aree Thitichoteanan brought her knowledge from the training on public speaking for success and continued to share it with volunteers in the area. This was deemed as a basis on which the HCCs can stand.

6.3 Enhancement of in Demand Communication Skills in Consistent Speaking to Receiving Information by Local People

When considering capability enhancing activities that a health communicator from the local area presented himself, it was found that both provinces provided the capability enhancing activities in similar yet differing ways. It was obvious that the most interesting activities for the HCCs in Phrae and Kanchanaburi were capability enhancing activities through audio media, and public speaking. Speaking through audio media means to speak through community radio, main radio, and news broadcasting towers or audio lines. In contrast, public speaking means to speak to an audience face-to-face and on different occasions. The capability enhancing activities of the HCCs were based in this style for the following reasons.

1. People's communication behavior which was studied in both areas was mostly focused on verbal communication. That is communication by speaking and listening rather than reading and writing. This reflected the communication habits and behavior patterns found in Thai society, particularly of local society. People usually had close social relationships and had a chance to talk to each other more than people in the capital city. Thus, communication based on speaking and listening is important for local people. Moreover, this shows the power of a "personal medium" that has a dominant place in communication, especially for local people who have a close relationship with community and with people as relatives. They paid respect to, believed in, and relied on the people they knew. Therefore, when using as personal medium such as public speaking to make suggestions, or provide information, the audience usually accepted the information. The HCCs realized the strength of

using a “personal medium”; therefore, they wanted to enhance their speaking capabilities in order to more effectively introduce health knowledge to the audience.

2. In the studied areas, communication tools with audio media were widely used. These tools allow for participation in communication with these media (as compared with the broadcasting radio station in the capital city). Both provinces used audio broadcasting media such as news broadcasting towers, audio lines, community radio and broadcasting radio in the province. Because communication happened in the local area, these HCCs had a chance to participate in the communication, and to learn and experience using the media. However, most of the HCCs had not been directly trained in communication. Many of them didn’t have an announcement license. Therefore, these HCCs needed to enhance their speaking skills in order to speak according to the correct theory and principles, as well as, correctly take action and be accepted by the audience. This was consistent with the information receiving behavior of people in the studied areas. According to the project of Operating Status on Health Communication of Local Media, it was found that the local media that was the most popularly used (by 643 local people) was the provincial broadcasting radio, followed by the news broadcasting tower and audio line.

6.4 Participation of HCCs in Each Step of the Research

The target of this research project was to build health communication in the studied areas by focusing on the operators or HCCs and using Participatory Action Research. When considering the details of their participation in each step of the research, it was found that the steps were as follows.

Selection of health communication operator involved recruiting an operator in the studied area to become an HCC. The operator finally decided with an understanding of the project's background. After that, the they showed their intention to participate in the project. In this step, the health communication operator who became an HCC made a decision by themselves.

Determination of capability enhancing activities – According to the details for acquiring the capability enhancing activities in both areas, the participation of HCCs was clearly shown. Starting from brainstorming in order to solve operational problems, the focus moved to obtaining knowledge and developing needed abilities. After that, opinions were exchanged for a limited period, and the topic of enhancing capability was selected from the discussion and opinions expressed by the HCCs. This was where the activities for enhancing capability came from. During this period, the HCCs had fully participated in the work. Not only did it enable each activity to support the problems and demands of the HCCs, but the establishment of these activities shows the mutual commitment among HCCs, by involving each person in learning from activities they proposed themselves.

Participatory Learning – Every activity had applied the participatory learning principle. Learning was not only achieved by listening to the lecturer, but also by expressing opinions and exchanging stories from their experiences (most of HCCs had experience in communication work), and taking action in real situations. As a result, various things were learned from lecturers, friends, and everyone who participated in the workshop.

Operational Evaluation – HCCs expressed their opinions in the form of periodic operational evaluation. Each time an activity was held, the HCCs had a

chance to evaluate the results, starting from obtained knowledge, utilization, activity establishment, and including recommendations. The method of evaluation used questionnaires that were discussed at the end of the activity (if time was available). From the opinions expressed regarding the activities, the HCCs realized the importance and presented the opinions actively, leading to improvement.

Determination of Guidelines for Health Communication in the Provinces – the HCCs had a set of guidelines for serious brainstorming in order to find the character of the HCCs, and operational procedures. Establishing a network that would be supported by a third party all led to guidelines for efficient health communication. This brainstorming was based on the responsibility and ownership of the work of the HCCs, which occurred naturally.

Table 1 Participation of HCCs in the Research

Research Methodology	Participatory Issues	Result of Participation
Selection of Health Communication Operators as HCCs	- Self decision on participating in the project	- HCCs participated in conducting the research. - HCCs decided to participate in the project, later affecting the intention of the HCCs.
Determination of Activities for Enhancing Capability	- Topics about capability development	- The activities responded to the demands of HCCs . - HCCs were ready to participate in the activity.
Participatory Learning	Contents and methods of the activities for enhancing skills	- Various learning methods were used, including from lecturers, friends, and HCCs from practice.

Table 1 (Continued)

Research Methodology	Participatory Issues	Result of Participation
Performance Evaluation	Knowledge, implementation, activity establishment, and recommendations	- HCCs realized their self-worth. - To present creative opinions.
Determination of operational guidelines for provincial health communication	Operational guidelines for provincial health communication	- The guidelines were created from HCC opinions. - A mutual future plan was established. - HCCs participated in the work with a view of responsibility and ownership.

6.5 HCC grouping

The HCC grouping started with gathering HCCs who displayed leadership characteristics. However, HCC grouping in both provinces happened at the end of the project. Therefore, it could not be said that the gathering of HCCs to build a network was successful. However, many HCC groups were eager to determine the gathering method to set up and maintain the group. They considered the good qualifications required to form a group or network. For example, both men and women of all ages should be encouraged to participate in health communication. The only requirement needed was to have a mind to work for people, while the network should be managed systematically. The target must be set up; the committee should push for the outcome of the work; and communication among members must be efficient. Moreover, in these two studied areas, network expansion was mentioned, while in the initial stages, external support such as expenses, information, and knowledge, was needed. When the grouping was clear, the demands on

external support decreased. Importantly, the group had the idea of self-reliance. In the past, HCCs at Kanchanaburi conveyed knowledge and experience to other parties by providing a training session on public speaking for the network of volunteers.

A network of HCCs occurred naturally under the demand of the groupings in order for every HCC to receive the benefits and have mutual working guidelines. The group of HCCs was confident.

6.6 Linkage of health communication with other work

According to the working experience of HCCs on health communication, it was found that this work linked to other work in the local area. HCCs were not capable of operating anything alone. For example, to operate the health radio program, the information must be received from the data source, and allocated operating time from the people in-charge of the radio station. When brainstorming in order to determine the guidelines for conducting health communication, HCCs in both areas showed the linkage of local health communication with agencies in the area on several issues, including knowledge, information, communication channels, and others, as follows:

1. Knowledge – HCCs realized that knowledge in communication and health was important to the operation. The knowledge may be acquired in several forms such as by documentation, training, and sightseeing. The acquisition of knowledge depended on relevant agencies in the local area, including educational institutes and health agencies in the public and private sectors, and individuals.

2. Information – To conduct health communication requires quality information for communication, no matter whether in the form of documents,

leaflets, newspapers, websites, or journals. The HCCs thought that this information should be derived from a reliable source, including from local experts, and directly responsible agencies. The information should be correct, reliable and up-to-date. Caution must be used when working on embedded-advertising information in health products. It was interesting that these HCCs accepted and knew the importance of people who had knowledge and local health wisdom as one of the significant data sources of benefit to local people.

3. However, these data must be stored, systematically managed, and verified for its correctness. The data must be able to be accessed conveniently. Most of the HCCs opined that the Provincial Public Health Office probably played a major role as a data source and data provider because the Provincial Public Health was ready to do so and reliable.

4. Communication Channel – The communication channel was one issue which with the HCCs expressed concern. The communication channel can be divided into two aspects. One supported the HCCs having an opportunity to identify themselves to the community, and the other was the health communication channel to people in the area. The first channel may be used when having activities in the province such as meetings, having festivals, traditional events, or others. This was considered to be a public space where many people could participate. The last channel meant communication through the media, especially local media in order to open opportunities to HCCs for communicating, including broadcasting time, providing space in newspapers, and other methods. HCCs realized that although they had the ability and good intention, if there is no communication channel for identifying and communicating to people, then health communication cannot occur. Therefore,

the HCCs thought that it was necessary to connect health communication to people already in charge of communication channels such as media owners or management, including newspapers, broadcasting radio, community radio, and other forms of media.

5. Mechanisms supporting other areas – Most of the HCCs thought that the budget for equipment and the office for HCCs were important. If there was no support, it may become an obstacle to the operation. They opined that the support should come from several sources. The flow of support should not depend on any single organization or agency. Various organizations and agencies should be used. For example, public agencies, especially local administration organizations (both provincial and sub-district) should support the budget and equipment. Meanwhile, private agencies located in the community such as paper factories, fertilizer factories, sugar factories, and other industries related to the deterioration of people's health, should participate and be responsible for funding public health maintenance. This was the expansion of a concept from a limited source of funds from the government health agency, e.g. Ministry of Public Health, to private agencies, which were responsible for the deterioration of public health. This idea was created by the HCCs at Kanchanaburi and was found to be very interesting. Moreover, the Provincial Public Health Office was expected to participate and support the various methods. For instance, Phrae Province was expected to be the health information center for HCCs, and Kanchanaburi was expected to use the Provincial Public Health Office as an HCC Center.

7. Analysis of guidelines for local health communication

According to the operational procedure of the project and the concept of local health communication gathered from the brainstorming session of HCCs and supporters, the guidelines for local health communication, consisting of procedures and supporting system/mechanisms can be analyzed as follow:

7.1 Finding people who wanted to be HCCs

In the provincial areas, the health communication operators were already provided by their own sense of duty or personal interest. Not every person wanted to become an HCC. Local health communication must begin with finding people who want to become HCCs. The most important operation in this step was to study the primary data in order to acknowledge the cost of having a local health communication officer, including an understanding of the qualification and job description of the HCC, and opening an opportunity to the health communication officer to notify them of their desire to become an HCC.

One of mechanisms was to allow the communication operators to make decisions by themselves. The operators should know what a HCC does, how to do it and what the impact was.

7.2 Readiness preparation for volunteers to be HCCs

HCCs must be empowered which is considered part of their readiness preparation. HCCs should jointly determine their activities in order to respond to the demands placed on them. The capability enhancing activities should be established based on participatory learning principles and evaluated on the benefits of both knowledge and implementation.

The significant mechanism for empowerment was to establish an understanding of HCCs responsibilities and roles. Ways to do this included, enhancing capabilities in order to respond to demand, understanding the principle of two-way communication, using community participation in communication, and acknowledging the importance of resources featuring local content. These three elements were necessary and were the highlight of community communication. This made community communication differ from more general communication, as well as motivated the supporters to realize and understand the role of the HCCs.

7.3 HCC operation on health communication

When the HCCs were ready to perform the communication, the guideline for local health communication should be established. Such guidelines should be presented to supporters from agencies for their acknowledgement, opinion and recommendations in order to improve them to be appropriate for implementation in the local area. In addition, HCCs should be encouraged to gather in group settings in order to build and expand the network.

The mechanisms to be used in this step are as follows:

1. HCCs performed the communication with support by the relevant people, including people and agencies related to health (doctors, nurses, public health officers, volunteers, Thai-style medicine experts, herbal gurus, the health community, etc), people and agencies in the local administration (provincial administrative organization, subdistrict administrative organization, municipality, etc.), people and agencies in the local media (newspapers, broadcasting radio, community radio, news broadcasting tower, etc.), and

people and agencies in education (teachers and lecturers, every level of educational institution, learning center, etc.).

2. HCC grouping increased confidence in the operation. The HCCs were accepted by the community because they produced useful results which were widely acknowledged.

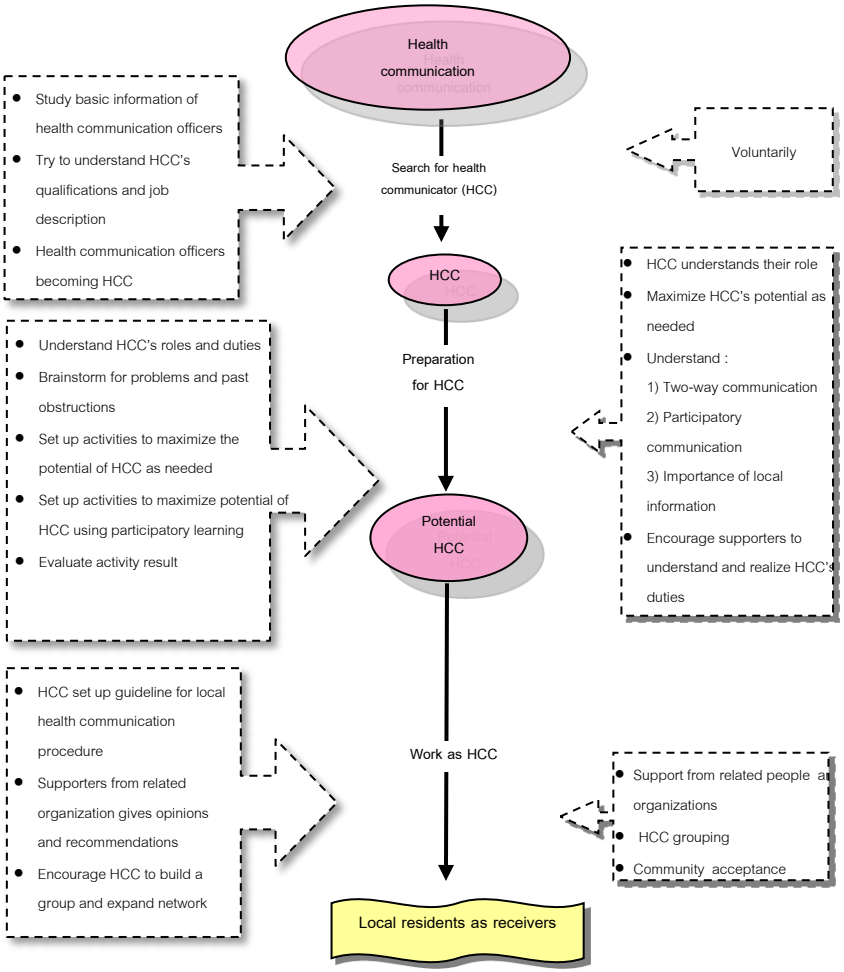

Figure 1 The model on the guidelines for local health communication.

8. Analysis on sustainability of local health communication

The objective of this research was to enhance health communication by establishing HCCs who wanted to work in the field, were experts, and had support from relevant agencies. The research results could achieve these objectives and continuing factors made local health communication sustainable. The results are shown as follows:

1. The performance of HCCs was clear, continuous, concrete, and widely acknowledged.

2. HCC networking was stable.

3. The community participated in the communication and the communication was in the form of participatory communication.

4. HCCs were supported by third parties and external organizations (social support).

9. Recommendations

1. HCCs should have a clear role and stance for working together. They should have a clear and concrete plan motivating their work, as well as, ways to publicize or present their work to local people for their acknowledgement and understanding of the “identification” and “existence” of the local HCCs. A meeting point for consistent discussion should be provided in order for them exchange their knowledge with each other.

2. When expanding the HCC network the desired description of new members should be considered without deviating from the operational objective, and to prevent problems and obstacles when driving the network.

3. Local people and agencies should support the HCCs seriously and sincerely. To ensure this, the policy on supporting health communication at the provincial level should be enhanced.

4. The relevant organizations that consider and certify the status of HCCs must link the health communication with both the health and communication work that already exists in the society, This must occur at both the local and broader levels of the society, in order to be consistent with and link to existing work.

5. Motivate, push, and support for health communication study in educational institutions.

References

Duangporn Kamnoonwatana, Niyanan Sampao-ngern, and Sunida Siwapathomchai. (2005) *Operating status on health communication of local media*. Nonthaburi: Health Systems Research Institute (HSRI).

Malee Boonsiripan and group. (2005) *Demand and possibility of communication development and health communicator*. Nonthaburi: Health Systems Research Institute (HSRI).

McQuail, D. (2000) *Mass communication theory*. London: Sage