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### A Model of Health Care Management with Self-Reliance for MPI Ethnic Group Phrae, Thailand

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#### ABSTRACT

The objectives of this research were to (1) study Mpi's community context and the problem of Mpi's health care; (2) propose model of Mpi's health care management with self-reliance. A participatory action research process (PAR) was used to promote Mpi ethnic group to be caring partners for their self-health care management with self-reliance. Data were gathered from qualitative methods. Focus group, in-depth interviews, and SWOT analysis brainstorming of the health care management in Mpi community with the representatives of the relative government and non-government organizations were used to collect the qualitative data. Eighty stakeholders were purposive sampled from local government officers, vocal villages, career leaders, village health volunteers, The Director of Suan-Kheun district health promotion hospital, and the interested Mpi residents. The study revealed the top five diseases among (1) Tuberculosis (TB) (2) Cirrhosis (3) Hypertension (4) Diabetes and (5) Knee Osteoarthritis. Moreover, five main problem of Mpi's health care management were revealed. They were the problem in lacking of knowledge and understanding in health care ; the problem in the inaccessibility of health insurance on health care; the problem in understanding health care media communicated from public health sector which usually used academic and technical terms; the problem in the communication between Mpi ethnic group and public health officers which they were unable to communicate with Mpi language to make them understand about the health care and prevention and the problem in lacking of curriculum developing to create Mpi's health care communicator in area level continuously. The result of the first objective led to participate to think, to do, to solve these problems, and to propose model of Mpi's health care management with self-reliance and sustainability as well. Regarding the model of Mpi's health care management with self-reliance, the relevant stakeholders in Mpi community proposed five elements (5 Cs Model). These included (1) C1: Creating Center for the proactive health management of Mpi ethnic group; (2) C2: Core mechanisms developing for operating Mpi's proactive health management center; (3) C3: Co-networking and developing the

potential of Mpi's health care communicator; (4) C4: Curriculum developing of Mpi's health care communicator; and (5) Creating several Mpi's health promotion medias to empower Mpi ethnic group promoting community strength based on Mpi's health care management with self-reliance in the individual level, the family level and the community level with the accuracy of information and the sustainability.

**Keywords:** Model Health Care Management Self-Reliance Mpi Ethnic Group.

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## 1. INTRODUCTION

### Statement of the Problems

Having a good health is an important agenda which all countries put the importance on it. Likewise, Thailand put the importance on well being of people which it can be an indicator measuring a level of the country development; not only well being of Thai people but also ethnic groups living along border of the country. In the past, Mpi ethnic group was an ethnic tribe which migrated from Yunnan region, China, and had settled down in Phrae province, Thailand more than 300 years. As Mpi ethnic group used their local language for communication, they had a problem in understanding health care media communicated from public health sector which usually used academic and technical terms. Then, it was quite difficult to understand for Mpi ethnic group who used only Mpi local language. So, this research tried to enlarge the strength and limit the weakness to solve the problem. At the present, Mpi local language nearly disappears and also there is no conservation to the next generation. Thus, this study attempted to study Mpi's community context and the problem of Mpi's health care to propose model of Mpi's health care management with self-reliance through Mpi local wisdom. Moreover, this research will encourage an awareness of health care among local people in order to have a good quality of life and can be a model of health management in the form of self-reliance and participation of all sectors for sustainability.

### Objectives of the Study

1. To explore the community context and problems in health care of Mpi ethnic group.
2. To propose a model of health management based on self-reliance of Mpi ethnic groups.

### Significance of the Study

According to the investigation of health of Mpi ethnic group it was found that their top five health problems were as follows: (1) tuberculosis, cirrhosis of the liver, (3) high blood pressure, (4) diabetes, and (5) Knee osteoarthritis, respectively (Suankhuen Public Health Office, 2015). As a matter of fact, Mpi ethnic group has spoken language but has no written language. This causes perception problems because they do not understand the official language and technical terms related to health care and disease prevention. This makes Mpi ethnic group cannot effectively access public relations data on health care and promotion provided by local public health service units. Consequently, Mpi ethnic groups is not in a good health and they treat themselves or prevent diseases incorrectly, risky to contagious and non contagious.

Although there are volunteer care leaders of local health communication workers as media for the extension of knowledge about health care and disease prevention, but there are limitations and weaknesses as follows: (1) lack of knowledge and understanding about correct health care and promotion; (2) lack of learning exchange and guidelines for health care and promotion from successful communities; (3) lack of

the application of culture and folk wisdoms as well as innovative development for various forms of health promotion; (4) lack of understanding about roles and duties of volunteer and local health communication worker of Mpi ethnic group; (5) lack of analyses and syntheses of data on health problems in the area for the preparation of an annual planning; and (6) lack of system, mechanism, and proactive health care of Mpi ethnic group.

Therefore, this study aimed to construct a model of health management based on self-reliance of Mpi ethnic group in order to promote health care. That is, people of Mpi ethnic group will have a process of health management based on self-reliance. This encouraged and created an awareness of the importance of health of people in their groups. In fact, health is a matter of everyone, not only the Thai government. Hence, the community sector is the best driving force to respond to needs for health care of Mpi ethnic group.

### **Scope and Delimitation of the Study**

This qualitative study employed Participatory Action Research as a tool for the promotion of health management on the basis of the community to take care one another and self-reliance. The qualitative method was used for data collection. That was, holding a meeting among villager in order to explore Mpi community Mpi community context and SWOT analysis was conducted to find strengths, weaknesses, opportunity, and threat for health management based on self-reliance of Mpi ethnic group. Besides, focus group discussion was conducted among stakeholders and concerned sectors. This included community core leaders, village head, assistant village head (4 persons); one Suankhuen hospital personnel; 10 representatives of village volunteers, 10 local scholars on herbal plants, village doctor, agricultural career ritual ceremonies; one municipality personnel who concerned with Mpi ethnic group; 10 volunteer core leaders/health communication workers; and 4 city council members in the area (40 persons altogether). This aimed to participate in the presentation of a model of health management in terms of sustainable self-reliance of Mpi ethnic group. Obtained data were analyzed and connected with related theories. Descriptive writing was done to explain a relationship of the model of health management base on self-reliance of Mpi ethnic groups. This study employed purposive sampling based on voluntary of the sample group of 80 persons comprising: Suankhuen municipality personnel, community core leaders, village head, occupational group core leaders, village volunteers, Suankhuen hospital director and interested Mpi villagers from Suankhuen community, Muang district, Phrae province, Thailand in Figure 1.

## **2. LITERATURE REVIEW**

### **Concepts of Sustainable Community Health Management**

Sustainable community health management can be understood as all management related to health care on individuals in the community. It is regarded as an important foundation of the society; not only health nourishment, disease prevention, disease diagnosis, and nursing but also sustainable community health management. It is the development aiming to be self-reliant of community health. This also includes the improvement of ways of live of people in the community contributing to good health and self-health care based on methods determined by the community. It is in the form of community-based operation and assessed by the community. Meanwhile, and individual, or external developers' task is to promote and support various mechanisms contributing to health development to connect with practice and coordination for a

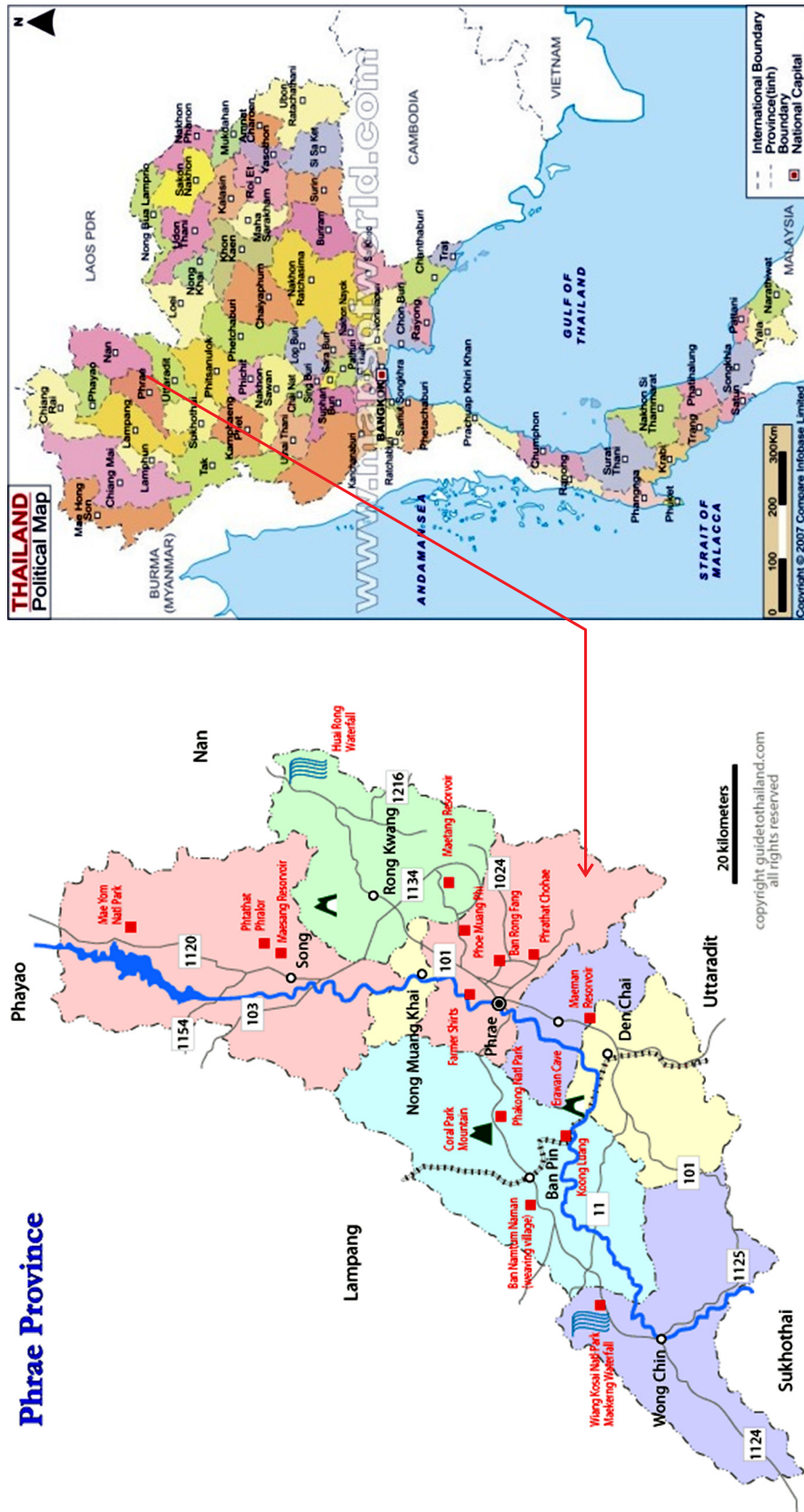


Figure 1: Research Area in Suankhuen Community, Muang Districts, Phrae Province, Thailand  
 Source: Thailand Maps (2016)

highest benefit with appropriateness and sustainability. Community health management cannot only cling on concepts or theories for success. The difference in the community usually has an effect on the difference in the development process. We cannot imitate a successful model of a particular community but we can adapt it to be appropriate with a new community context. To tell that what model is the most appropriate one is not the answer of the community health manager. It should be the answer of the community which is the target. Important elements of sustainable health management were an appropriateness of management method and cooperation of all sectors.

### **Roles of People in Health Management**

Potential in health management of the community is on the basis of potential and competency in self-health management of family members. Muangeke and Chansuriyakul (2010) proposed a concept showing roles and importance of people in health management as follows:

1. Health and ailment occur in the same time with the society. Thus, ailment care and management is the rights and duty of people, family members, and the community.
2. Health and ailment are arranged to be in the cultural scope. An individual surely has the difference in problem solving method even though it is the same type of sickness. This is because each person has the difference in experience, values, concepts, beliefs, and ailment.
3. All communities solve health and ailment problems which have already been set by social norm and the society indicate and decide who is sick, what disease, and how to heal it. Hence, healing is a matter of people in the society.
4. Medical services do not cover the whole area. It is expensive and not responsive to actual needs of people so it is necessary for the society to take care of them to respond to their basic needs. Health care is a decision process which includes observation, perception and manner of sickness, judging about its violence, selecting healing methods, and healing assessment.

### **Characteristics of the Self-Health Management Community**

Kaewhawong (2000) explained characteristics of the community having potential and competency in their health management as follows:

1. The community can provide public health services which is consistent with needs of people in the community.
2. The community can prepare an organization or personnel resource having capability and skills in management. This aims to solve public health problems in the community, provide community public health services, and various organizational groups in health development of people in the community.
3. The community has the arrangement of a process for the provision of education health, development of knowledge, capability, and skills in order to have good attitudes toward health.
4. The community has a survey and estimation of health conditions and quality of life of people in the community. Besides, there is the development of survey systems and obtained data on



health quality of life are used for planning, estimating and disseminating to prevent problems and develop health of people in the community. It also includes the improvement livelihoods and protects the benefits on health of people in the community.

5. The community has development for the construction of security on the access of health services of various groups of people in the community; particularly those having less opportunity, the poor and risky group on health (Pannoi, 2013).

### **Participatory Action Research Process**

The concept of people participation is a process providing an opportunity for people to express their ideas or opinions. In other words, they voluntarily play roles in the responsibility of various project activities for community development. People participate in all steps i.e. initiation, problem setting and needs, method selection and planning, plan implementation, assessment of operational outcomes, problem analysis, and mutual responsibility. Meanwhile, concerned public agencies play roles in promotion and support as well as construct an opportunity for people through participatory action process in the management of various problems of the community. Besides, the participatory action process is a technique of the investigation and an analysis of community problems which focuses on group forming as an organization. Potential of people in the community can be enriched by a data system. However, they must put the importance on importance of data because data can help people in the community be able to analyze problems of the community and development the community. Important characteristics of the participatory action research process are as follow: (1) an analysis of community problems needs to be mingle with people in the community or stay together in order to obtain in-depth and correct data; (2) it focuses on community management and participation in the form of group forming as an organization of people in the community; (3) provision of an opportunity for people in the community to think and make a decision of all steps by themselves; and 4) it is the combination of community organization and community learning (Problem-based Learning). In this respect, there are 5 operational steps as follows: (1) Before conduct a research, this comprises important steps as follows: community selection and access, researcher integration to the community, explore basic data of the community, dissemination of concepts of ideas to the community. (2) The research phase, this includes the following important steps: an analysis of problems with the community, training community researcher team, an analysis of a problem which may happen as well as way out, research design and data collection, data analyses, presentation of data in the community meeting. (3) Project plan preparation phase, this includes the following important steps: training the community planning team, setting the project or activities, investigation of possibility of the project plan, seeking for budgets and supporting agencies, planning for monitoring and assessment. (4) Project implementation phase, this includes the following important steps: setting a team work in the form of volunteers, training on operational skills for the team. (5) Monitoring and assessment of the implementation phase, setting a team for monitoring an assessment of the community, training on knowledge and techniques on monitoring and assessment, monitoring the operation periodically. Presenting data to the community meeting and asking for additional opinions or suggestions. This aims to be an achievement arised for participation of all concerned parties in the community in community problems analyses and solving (Bureekul, 2005). This will lead to potential development of the Local Health Security Fund committee in Muang district, Phrae province for sustainably effective local health management in the future.

### **Concepts of Effective Organization Managerial Administration of McKinsey 7-S**

It is a tool used for a new form of management suitable for an assessment of organizational conditions. It will be used for the presentation process of a model of health management based on self-reliance of Mpi ethnic group. The 7 components can indicate various factors supporting the health management. Robert Waterman, Tom Peters และ Julien Philips (1980 as cited in Namwongsa, 2008) proposed a concept for the measurement of an efficiency in operation of an organization by analyzing relationships of various factors for 7 aspects called KcKinsey 7-S Framework. It comprises the following: (1) Structure – refers to traits of the structure beneficial to health management in the community based on self-reliance of Mpi ethnic groups; (2) Strategy – refers to planning of activities in an organization to be appropriate with changes of internal and external organizations; (3) System – refers to the management of appropriate work system to achieve the goals as set such as planning system and training system for clear and correct implementation; (4) Style – refers to conventional behaviors in practice or working styles having an effect on the occurrence of participation in brainstorming, implementation, or finding guidelines for health management based on self-reliance of Mpi ethnic groups; (5) Staff – refers to recruitment and positioning appropriate personnel for health management in Mpi community and they must have knowledge, capability, and good attitudes with work motivation; (6) Skill – refers to skills in care-taking, extension, and disease prevention which are beneficial to health management of the community; importantly, they must have already been trained for effective health management; and (7) Shared value – refers to values and norms held by organization members and it is a foundation of the administrative system to make the organization be successful.

### **3. RESEARCH METHODOLOGY**

This research used participatory action research process (PAR) as a tool. It was a process for knowledge construction in which participants have a role in setting the agenda for the research, participating in the data gathering and analysis and controlling the use of outcomes (Phuntulee et. al., 2011; Phuntulee et. al., 2010; Reason, 1994). The PAR process not only emphasized the collaborative and the co-construction of knowledge to improve the lives of those who have participated in research and society as a whole, but also led to participatory empower in community development with thinking, doing, solving, developing and evaluating of the people in community together since the beginning until the end (Cassano, 2005). This study was a qualitative research for promoting community - based health care management to be caring partners for their self-health care promotion with self-reliance based on Mpi culture and local wisdom.

#### **Data Collection**

Data were gathered from qualitative methods which passed the research ethic to protect human rights. Focus group and interviews with the representatives of relative government and non-government organizations were used to collect the qualitative data. The example groups of research areas were 2 villages in Baan Dong Nuae and Baan Dong Tai, Suan-Kheun sub-district, Muang district, Phrae province, Thailand. Eighty stakeholders were purposive sampling from local government officers, vocal villages, career leaders, village health volunteers, The Director of Suan-Kheun district health promotion hospital, and the interested Mpi residents. They participated in thinking, doing, solving, developing and evaluating in every step. There were 4 stages as follows:

1. Making understanding with the key informants and studying the community context such as social capital, cultural and local wisdom capital of Mpi ethnic group.
2. Stakeholders meeting to gain understanding about the objectives and the process of research.
3. Conducting focus group and in-depth interview key informants about problems of health care management both of health care communication problem and health situation problems in Mpi community, Phrae province.
4. SWOT analysis brainstorming about Mpi's health care management problems to propose model of Mpi's health care management with self-reliance to have dynamic increased potential leading to health management at the local level in Mpi community based on sustainable self-reliance. This can be applied to consistent with Mpi community context.

### **Sources of Information**

There were two sources of information; (1) the primary data collected from the preliminary information interview, focus group discussion and brainstorming meeting with the related stakeholders in Mpi community towards the population example above. Moreover, (2) the secondary data were collected from the study of government documents, publications and project report.

### **Data Analysis**

In the qualitative data, content analysis from each activity was used to recognize and classify as a category towards objectives and activities. Then, they were analyzed in parallel contexts and arranged learning exchange stage for summarizing in each step of research. The community and the research team participated to analyze, define the indicators and evaluate together.

## **4. RESULTS**

This study aimed to explore the community context and problems in health management of Mpi ethnic group community and to propose a model of health management based on self-reliance of the community. Results of the study revealed the following:

1. Mpi ethnic group community context and their health-care taking.

Formerly, Mpi ethnic group originated in Tibet, mainland China and later on they migrate southward and settled at Baan Dong community, Suankhuen sub-district, Muang district, Phrae province. at present, Baan Dong community consists of 408 households with the total population of 1,194. Regarding social capital of Mpi ethnic group, it mostly engaged in agricultural careers and rice growing was their main occupation and grass flower broom making was their supplementary job. Aside from this, Mpi ethnic groups also had strong local wisdoms and cultural capital such as God worship (Paying homage to the God tower as the center of their mind) and Mpi spoken language. With regards to health situations, it was found that people of Mpi ethnic groups had the following top five problems: (1) Tuberculosis, (2) Cirrhosis, (3) High blood pressure, (4) Diabetes, and (5) Knee osteoarthritis. For problems in health promotion, the following were found: (1) core leaders/health communication workers still lacked of potential development in order to be able to



manage health at a local level based on self-reliance; (2) lacked of knowledge and understanding about the principles of health communication and skills in proactive communication; and (3) lacked of knowledge and understanding about correct health care and disease prevention.

2. A model of health management based on self-reliance of Mpi ethnic group.

For the presentation of a model of health management based on self-reliance of Mpi ethnic group, the researcher had stakeholders of all sectors in the community do brainstorming through an analysis, and synthesis of strengths, weaknesses, opportunities, and threats in order to enrich strengths and eliminate weaknesses as shown in Table 1.

**Table 1**  
**An Analysis of Strengths, Weaknesses, Opportunities, and Threats in Health Management Based on Self-Reliance of Mpi Ethnic Groups**

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>– There is a hospital (Suankhuen hospital) and personnel are resourceful</li> <li>– Local people are interested in public mind on health care of local people</li> <li>– Local people participate in health management</li> <li>– Community leaders have wide vision and perceive the importance of health care management participated by Suankhuen hospital and local administrative organization</li> </ul>	<ul style="list-style-type: none"> <li>– Local health communication volunteers lack of knowledge and understanding as well as skills in health care/promotion and prevention of various diseases. Hence, it should have training on this respect.</li> <li>– Core leaders of local health communication volunteers lack of learning exchange between Moo 4 and Moo 8 for increased potential.</li> <li>– Some local health communication volunteers do not understand their duty and role.</li> <li>– Local health communication volunteers lack of analytical thinking and data analyses of health problems.</li> <li>– Lack of system and mechanism of proactive health care such as managerial administration structure, a local learning center on health care at an individual, family, and community level.</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>– National Health Security Office (NHSO) has a tendency to support additional budgets for health care management (63 baht/head).</li> </ul>	<ul style="list-style-type: none"> <li>– For population structure, Mpi ethnic group community in Phrae province has increased elderlies</li> </ul>

According to Table 1, stakeholders of all sectors got obtained data to analyzed and synthesize strengths, weaknesses, opportunities, and treats for the presentation of the model of health management based on self-reliance of Mpi ethnic group (5 Cs for Mpi’s health care communicator management model).

**C1 : Center for the Proactive Health Management of Mpi People Building**

An operational team was established to be the center for proactive health problem solving and preparing readiness for disease prevention in Mpi ethnic group community. It was the host of planning with the local administrative organization, civil society, and public health sector. The arrangement of operational structure of health communication volunteers and health promotion monitoring must be consistent with health situation of Mpi ethnic group community. This includes appropriate media using control in terms of the extension of knowledge about health care and promotion as well as disease prevention. Also, it was the center of health problem investigation, analysis, and counseling.

### **C2 : Core Mechanisms Development for Operating in the Mpi's Proactive Health Management Center**

This focused on the development of a mechanism system contributing to the tasks on proactive health care and promotion, and disease prevention. There were establishment of teamwork, operational structure of health communication volunteers, volunteer promotion venue, and development of concrete measurement/evaluation. In addition, there was a venue for parading adjustment for the enhancement of positive attitudes toward local health communication volunteer. This aimed to increase an amount of core leaders in health care and promotion of Mpi ethnic group. There was the establishment of a learning center on health management based on self-reliance of Mpi community. It promoted learning about health care and promotion as well as disease prevention in terms of theories and proactive. Besides, there was a seminar on the construction of understanding to local health communication volunteers so as to be a main channel for potential development. The center also supervised, monitored, and assessed operational outcomes of local health communication volunteers.

### **C3 : Co-networking and Developing the Potential of Mpi's Health Care Communicator**

This was done covering the area of Mpi community (Baan Dong Nuae and Baan Dong Tai villages). There was training on knowledge and understanding to local health communicators in term of correct disease prevention and health management and the medium of instruction was Mpi spoken language. Also, there was a seminar on knowledge, networking, and resource person development to produce a new batch (Training for Trainer).

### **C4 : Curriculum Development of Mpi's Health Care Communicator**

This focused on the construction of health care communicator for health managements based on sustainable self-reliance, local culture and wisdoms. All concerned parties in the area participated in brainstorming, drafting, solving health problems, and designing the curriculum development of Mpi's health care communicators to cope with social changes for sustainability.

### **C5 : Creating Mpi's Health Promotion Media**

This focused on diverse health promotion media to strengthening Mpi community in health management based on self-reliance in disease prevention at an individual, family, and community level.

## **5. DISCUSSION & CONCLUSION**

Due to rapid social and economic changes, Thailand needs to accelerate the readiness on the construction of mechanism system and human resource development. This is particularly on public health in order to denote the efficiency of an organization and construct the world competitive potential. This aims to make people in the area participate in proactive health management based on self-reliance (Phuntulee et. al., 2016; Ibrahim, Manaf, and Aizuddin, 2015; Zainuddin, Suhadi, Rais, Maidin, and Palutturi, 2015). Therefore, health management of will be sustainably successful if there is community participation in terms of brainstorming, health problem solving and health promotion of people in the community. It will help elevate quality of life of Mpi ethnic group. This is an important issue in community development as well as health of people

in the community based on sustainable self-reliance. This conforms to a study of Khamnoonwat et. al., (2007) which stated that a guideline for health development or alternative paradigm which has no fixed method has different attributes in each community and this includes form of communication. Hence, a good health construction needs to be dependent on participation of all sectors in health care, promotion, and protection of people in the community.

The following 2 issues are discussed:

1. The holistic health development of Mpi community to be sustainably good livelihoods needs all sectors in the area to participate in brainstorming, development, health problems solving, and planning a guideline for health care promotion and disease prevention by coordination of people in Mpi community. This will cause health communication of all levels which will lead to health management in the community based on self reliance for sustainability. This conforms to a study of Phuntulee (2008) which revealed that mutual searching and problem learning in an area makes the community be aware of the root of problems, perceive and understand the problems. Meanwhile, Chanmolee et.al. (1998) as cited in Khamnoonwat (2007) claimed that participatory communication is a concept which focused on people as doers (Action). They not only receive development but also directly get benefits from the development to attain their objectives at a particular period of time. It may have the allocation of tasks based on capability of individual or mutual agreements which obligation, trust worthiness, and power enhancement. Thus, it can be said that the health communicator is a form of social innovation that can change the regulation of health communication in which communicative power is in the hand of people more than ever (Skuanak et. al., 2010). This can be done by using the mutual learning process of concerned people through the process of potential development on communication so as to be a mechanism of social movement in health management based on self-reliance (Oleg, Kassymbek, Aiman, and Anton, 2015; Mendez, 2015). The operational outcomes will take part in the occurrence of fair communication. Besides, it creates the understanding about health problems of people in the community and health management based on self-reliance and sustainability of Mpi community.
2. Regarding the presentation of a model of health management based on self-reliance of Mpi ethnic group in Muang district, Phrae province, the researcher had stakeholders of all sectors in the community analyze and synthesize strengths, weaknesses, opportunities, and threats to supplement strengths and eliminate weaknesses. This was done by using a concept of effective organization managerial administration of McKinsey as a frame for the presentation of a model of health communicator managerial administration which is appropriate with Mpi ethnic group. According to focus group discussion, the following are conclusions of an appropriate model of health communicator managerial administration based on 5 aspects (5Cs Model): (1) the establishment of proactive health management center of Mpi ethnic group community; (2) the development of a mechanism system of proactive health management of the center; (3) networking and potential development of health communication volunteers of Mpi ethnic group community; (4) the curriculum development of health communication volunteers of Mpi ethnic group community; and (5) the production of diverse health communication media. This conforms to study of Chamarum (2011) which indicated factors on successful operation

aside from strategies and personnel in an organization include, structure, system, form, skills, and shared value in the organization operation. This finding denotes that the enhancement of strength for health management based on sustainable self-reliance needs to have a good and effective managerial administration system.

In conclusion, a research on potential development of local health communication volunteers to promote health of Mpi ethnic group in Baan Dong community, Saun-Khuen sub-district, Muang district, Phrae province is an alternative to obtain a new body of knowledge. This leads to the answer of health problem solving of Mpi community have a specific or unique culture. In fact, community participation can change incorrect attitudes and beliefs in health care and promotion to be correct ones based on sustainable self-reliance by Mpi and for Mpi.

## 6. IMPLICATIONS IN THIS STUDY

There were two main implications in this study as follows: (1) The managerial implication, the leader in Mpi ethnic group community, like the mayor, should push a model of health management based on self-reliance of Mpi ethnic group (5Cs) as a strategy of health development of Mpi ethnic group community. This will lead to the development of quality of life of people in the community. In addition, contain as a five-year master plan together with the development of a local curriculum on health care communication for the next generations to learn guidelines for media production used for health promotion and disease prevention. Also, they can be health communicators at a family level; and (2) For the research implication, the researcher should conduct a research and develop the network of local health care communicator volunteer both in community level and family level to promote the holistic health to cover the groups of bed bound, home-bound, or disabled person through the participatory process in health management with self-reliance and sustainability.

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