Local Public Health Management Capacity: A Case of Devolved Community Health Centers in Northeast Thailand

ความสามารถในการบริหารงานสาธารณสุขขององค์กรปกครองส่วนท้องถิ่น : กรณีการถ่ายโอนโรงพยาบาลส่งเสริมสุขภาพตำบลในภาคตะวันออกเฉียงเหนือ

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Abstract

Local government authorities serve an important role in public health and preventive medicine. Currently, Thailand focuses its efforts on assessing and developing local governments' administrative capacity before transferring community health centers to local jurisdictions. This article argues that local political leadership and social and economic conditions also play an instrumental role in the transfer of administrative functions. To substantiate this argument, the article presents a comparative analysis of two local governments in Northeast Thailand. These two localities passed the national government' s preparedness criteria for the transfer of community health centers. Yet, one of these two localities was the only one jurisdiction in Thailand that returned its devolved health center to the national government. This study finds that in the locality with a successfully decentralized health facility, local political commitment is the manifestation of local social and economic development. Citizens' positive attitude toward public health and their involvement in physical activities are essential ingredients for decentralization. Citizens' physical activity involvement increases their interpersonal relations and political activism.

Keywords : Public Health, Decentralization, Local Government

บทคัดย่อ

องค์กรปกครองส่วนท้องถิ่น (อปท.) มีบทบาทหน้าที่สำคัญในด้านสาธารณสุขและการป้องกันโรคภัยไข้เจ็บให้แก่ประชาชน ประเทศไทยในปัจจุบันได้มีการประเมินความพร้อมและส่งเสริมความสามารถด้านการบริหารให้แก่ อปท. เพื่อรองรับการถ่ายโอนโรงพยาบาลส่งเสริมสุขภาพตำบล (รพ.สต.) บทความชี้ให้เห็นว่า

ภาวะผู้นำทางการเมืองและบริบททางสังคมเศรษฐกิจของท้องถิ่นมีความสำคัญต่อการถ่ายโอนภารกิจหน้าที่บริการสาธารณะเช่นกัน โดยวิเคราะห์เปรียบเทียบ อปท. สองแห่งในภาคตะวันออกเฉียงเหนือซึ่งผ่านเกณฑ์การประเมินความพร้อมในการรองรับการถ่ายโอน รพ.สต. ของกระทรวงสาธารณสุข แต่หนึ่งใน อปท. นั้นได้ถ่ายโอน รพ.สต. กลับไปยังกระทรวงสาธารณสุข การศึกษานี้พบว่า อปท. ที่ประสบความสำเร็จในการรองรับการถ่ายโอน รพ.สต. นั้นมีภาวะผู้นำท้องถิ่นที่เข้มแข็งซึ่งเป็นผลพวงมาจากระดับการพัฒนาทางเศรษฐกิจและสังคมของ อปท. นอกจากนี้ทัศนคติของประชาชนที่เป็นบวกต่อการรักษาสุขภาพและการมีส่วนร่วมของประชาชนในกิจกรรมส่งเสริมสุขภาพยังเป็นปัจจัยสำคัญของกระบวนการกระจายอำนาจด้วย โดยการมีส่วนร่วมของประชาชนในกิจกรรมส่งเสริมสุขภาพนั้นถือเป็นการเสริมสร้างความเข้มแข็งให้แก่ความสัมพันธ์ระหว่างสมาชิกในชุมชนอันส่งผลดีต่อพัฒนาการทางด้านการเมืองการปกครองในระดับท้องถิ่น

คำสำคัญ : สาธารณสุข, การกระจายอำนาจ, การปกครองท้องถิ่น

Introduction

This article is an attempt to examine local jurisdictions' management capacity in the public health domain with a focus on their preparedness for the transfer of community health centers. Current research on community development and decentralization emphasizes local governments' administrative and fiscal capacities (Sudhipongpracha, 2013; Wongpredee and Sudhipongpracha, 2014). However, these local authorities are also expected to work closely with their constituents in fulfilling the public service responsibility. In contemporary public health practice, citizens are not only service recipients; they are important stakeholders in identifying priority needs, implementing policies and programs, and monitoring government performances (Laverack, 2006). This article argues that the citizens'

awareness of a healthy lifestyle and level of their political participation are as vital to the quality of public health services as the local governments' administrative and fiscal capacities. To substantiate this argument, the article presents the findings of two subdistrict communities from Northeast Thailand.

Thailand ratified the 1997 constitution that dedicated an entire clause to the principle of local self-government. In most if not all developing countriesf, translation of the constitutional principles into practice was problematic in Thailand. The country's administrative and territorial structures remains largely centralized (Sudhipongpracha, 2014). This persistent administrative centralization is evident in the central government's retention of the public health functions (Taearak, 2010). Since the national decentralization reform officially began, ten out of 34 disease prevention and health promotion functions have been devolved to the local level. Importantly, only 39 out of 9,762 community health centers were successfully transferred to local jurisdictions. Even the devolved health centers are currently administered as pilot programs in communities that the national government considered capable of managing primary healthcare services. In Thailand's rural and impoverished areas, these community health centers serve several important roles, ranging from preventing and treating common illnesses to promoting healthy lifestyle through health education programs.

The public at large and mass media often cast doubts over local government capacity, naming corruption and declining health service quality as the potentially negative effects of decentralization (Srisuchart et al., 2013). Yet, the term " capacity" remains elusive, especially in public health. Existing research works emphasize the local administrative capacity as a crucial factor of successful health

decentralization (Brown et al., 2001). In practice, the Ministry of Public Health in Thailand has formulated a set of criteria for determining local governments' preparedness for the transfer of community health centers. However, these criteria only emphasize the planning, administrative, and fiscal dimensions of local public administration. Only one indicator is based on a citizens' perspective (Taearak, 2010; Wongthanavasu and Sudhipongpracha, 2013).

The rest of this article proceeds as follows. First, it provides contextual background on health decentralization in Thailand with an emphasis on the transfer of management authority over community health centers to local governments. Second, this article presents an analysis of existing literature on local government capacity in delivering public health services. Different concepts of local public health management capacity are presented. This section ends with a framework for examining the Thai local governments' capacity in managing the community health centers. Third, this article discusses the research design and methods used to assess the crucial factors contributing to the successful transfer of community health centers. Two local governments from Northeast Thailand are chosen for this study because the Northeast is the only region where a devolved community health center had been transferred back to the central government (Jongudomsuk and Srisasalux, 2009; Wongthanavasu and Sudhipongpracha, 2013). The locality that relinquished the authority over its community health center is compared against the other jurisdiction with a locally run health center. In the fourth section, the conceptual framework is used to analyze these two local governments' management capacity. Evidence collected through in-depth interviews and focus group discussions is presented in this section. The article

culminates in some reflections on the meaning of the major findings for the debate on decentralization.

Conceptual Framework

In the transfer of community health centers in Thailand, local governments' capacity must be assessed against the public health ministry' s preparedness criteria. Yet, as previously discussed, these criteria overstress the managerial aspect of public health management, but underemphasize citizen involvement. To revise these preparedness criteria, a review of existing literature on public health and local government reveals the following dimensions of capacity.

Administrative Capacity

Research works on public health decentralization in Thailand identify several components of local administrative capacity. The first component is technical expertise defined by the presence of professional public managers in local government organizations. However, this definition of technical expertise does not fit the Thai local government context. In the United States and Canada, professional associations and tertiary education institutions actively offer a variety of activities to enhance the degree of professionalism among local officials (Svara, 2009) . On the contrary, public professionalization efforts in the developing countries suffer from overemphasis on technical skills without inculcating in government officials the public service ethics and democratic values.

Additionally, in many formally centralized states, such as Thailand, local government personnel system continues to operate under the shadow of draconian national bureaucratic regulations. Unlike in the Western hemisphere where citizens are allowed to vote in

a referendum to choose the form of local government, the mayor-council form of government was bequeathed to all local administrative organizations in Thailand –regardless of their population size and legal status. In this mayor-council system, popularly elected mayors sit atop the administrative hierarchy of municipal government and hold ultimate political authority over policy formulation and implementation (Sudhipongpracha, 2015). The success and sustainability of public health decentralization programs in Thailand hinges upon these high-echelon elected officials' understanding and knowledge of public health management (Techaatik and Nakham, 2009).

Nonetheless, the mayors' technical knowledge alone does not suffice to guarantee local government efficiency and effectiveness in handling complex public health issues (Uphaypkin et al., 2004). Certain health-related functions, such as inoculation, medical diagnosis, and many types of curative care, require advanced medicinal knowledge and resources that extend beyond local government capacity. As local officials are inevitably at the front line of the government's pandemic responses, the local leaders must orchestrate collaborative relationships with higher levels of government to mobilize all available resources and personnel to contain pandemic outbreaks. Even in the absence of a pandemic, public health issues by their nature transcend geographic and jurisdictional boundaries.

Apart from the local leaders' technical expertise and collaborative mindset, an effective local public health system also requires a department-level municipal government office specifically designed for public health management (Wongthanavasu and Sudhipongpracha, 2013). Since not all municipalities in Thailand have municipal health department, the local authorities with a well-established health agency are better off than those without in

safeguarding their local health programs against a sudden change in political leadership (Taearak, 2010). Moreover, the presence of a municipal health department strengthens the resilience and continuity of municipal health services by ensuring funding and staffing adequacy (Leethongdee, 2011).

Fiscal Capacity

Fiscal capacity refers to a measure of a local jurisdiction's ability to finance public services. Indeed, sufficient fiscal resources enable local governments to undertake tasks of public service provision and make headway on decentralization. In their analysis of local fiscal disparity in Georgia, Boex and Martinez-Vazquez (2007) provide a menu of several local fiscal capacity measures, including poverty level and average per capita personal income. On the contrary, due to the American local governments' heavy reliance on property tax revenues, assessed property valuation per capita is a commonly used measure of local fiscal capacity in the United States (Yilmaz et al., 2006).

However, the assessed property values do not serve as a basis for municipal taxation in Thailand (Krueathep, 2007). Devas (2008) suggests that in countries where property tax is not the main local revenue source, gross regional domestic product (GRDP) or regional income per capita can be used as a proxy for local fiscal capacity. Yet, the use of GRDP and regional income per capita can be equally problematic, as the provincial economic data may not proffer an accurate reflection of each local community's tax base (Sudhipongpracha and Wongpredee, 2015).

Local governments' own-source revenue still remains a vital indicator of local fiscal capacity. Yet, this indicator has to take into account other local characteristics (Wongthanavasu and Sudhipongpracha, 2013). As Wongpredee and Sudhipongpracha (2014) note, each jurisdiction' s population size must be taken into consideration to expose its true revenue collection effort and capacity. Local own-source revenue must be analyzed as local own-source revenue per capita. In addition to the local authority' s revenue collection effort, other public finance scholars emphasize local discretion in making budget choices. To measure this local budget discretion, each local government' s own-source revenue must be expressed as the percentage of total revenues (Weiss, 2007).

In the decentralized public health context, an indicator commonly used in assessing local fiscal capacity in Thailand is the local authority' s budget commitment to health-related activities (e. g. , Techaatik and Nakham, 2009; Wongkongkhathep, 2011; Wungrath, 2011). To measure this expenditure aspect of fiscal capacity, the amount of funds allocated by municipal government for local health programs is calculated as the percentage of each municipality' s total annual expenditure. The rationale behind the use of this indicator is that even though a municipality is fully capable of collecting its own-source revenue, it may not make substantial contributions toward development of efficient and equitable public health services (Sudhipongpracha, 2013).

Citizens' Public Health Management Capacity

In the decentralization literature, citizens' political involvement is central to community planning and local government

decision making (Glickman and Servon, 1997). For local economic development experts, conflict management skills help strengthen community relations and ensure the success of strategic visioning and community plannning processes Walzer and Sudhipongpracha, 2012). For public health scholars and practitioners, the citizens' capacity has been coterminous with the empowerment concept since the 1980s when the "New Public Health movement" reached its zenith.

In this article, the citizens' public health management capacity is defined as the community members' ability to 'work together to increase control over events that determine their lives and health' (Laverack, 2006: 113). Based on this definition, other experts suggest that this aspect of local public health management capacity encompasses individual and community assets that are conducive to participatory governance (Laverack and Wallerstein, 2001). This definition requires a thorough analysis of the informal interaction among individual community members and organizations, as well as organized efforts by community leaders and local government institutions.

In past empirical works on Thailand's public health system, several indicators were employed to measure the citizens' public health management capacity. In his analysis of Thai local governments' preparedness for devolution, Wattana (2004) stresses the importance of formal and informal cooperative ventures between civic groups and public agencies within a given community. Two years after subdistrict administrative organizations (SAOs) were formally established in Thailand, Prasitiratasindhu and Chuwonglersa (1997) conducted a performance assessment of the SAOs in Khon Kaen province and found that an important indicator of an SAO's administrative capacity is its

ability to work with ordinary residents to address complex public issues.

Research Methods

A comparative case study is used to identify the factors that have contributed to the successful transfer of community health centers. In compliance with the public health research protocol (Vallgarda and Koch, 2008), the two communities' actual names are omitted and replaced with flower names (Table 2). The two local governments have been chosen for this study because they passed the public health ministry' s preparedness criteria and were given community health centers to manage. Hibiscus city is a sub-district municipality in Buriram province with two decentralized community health centers. However, the Hibiscus municipal government transferred the two facilities back to the Ministry of Public Health in 2008. Magnolia city is a sub-district administrative organization (SAO) in Udornthani province with one successfully transferred community health center. In contrast to the Hibiscus municipality, the Magnolia SAO boasts an impressive record of awards from both governmental and non-governmental agencies, such as the " good governance and public management" awards from the Department of Local Administration between 2006 and 2008 (Sudhipongpracha, 2013).

Hibiscus and Magnolia are also different in two crucial aspects. First, Magnolia city has a larger road network. This superior transport infrastructure indicates that Magnolia is more urbanized and that its mayor does not have to worry about road construction as much as the Hibiscus mayor. Second, the Magnolia city residents have a better quality of life, as demonstrated by key social and economic

development indicators, such as education, per capita income, maternal mortality rate, and infant mortality rate. These differences are hypothesized to affect the transfer of community health centers to the two local governments.

In this study, the primary variable of interest is the local governments' capacity to manage their community health centers, which consists of three dimensions as previously identified and conceptualized in the literature review section. Drawn from past empirical and theoretical works in diverse fields, operational definitions for each dimension of local public health capacity appear in Table 1.

Table 1. Variables of Interest and Operational Definitions.

Variable	Operational Definition
Administrative Capacity	The mayors' understanding and attitudes toward public health Existence of a public health agency within the local government structure Percentage of municipal public health personnel in each locality
Fiscal Capacity	Local own-source revenue per capita Local own-source revenue as a percentage of total revenues
Citizens' Public Health Management Capacity	Level of participation in exercise activities and local public health management

Data collection methods employed in this research include document research, in-depth interviews, and focus group discussions. For the administrative capacity variable, we interviewed a total number of 12 local officials, including the mayors and 10 bureaucrats, from the Hibiscus and Magnolia city governments. These interviews took place between November and December 2012. The interview questions focus on these officials' understanding and attitudes toward public health management. The city bureaucrats in particular were asked to assess their mayors' understanding of public health. Also, the local governments' annual reports were analyzed to find out about the number of local health-related agencies and percentage of local health personnel in each jurisdiction.

For the fiscal capacity variable, local governments' annual budgets were examined to gain insights into each jurisdiction's own-source revenues (i.e., signboard tax, property tax, land development tax, slaughterhouse tax) and intergovernmental transfers (i.e., shared tax, community block grant, project-specific grant). We also analyzed each local government's annual expenditure to gain insight into the total amount of budgetary resources designated for public health programs.

We collected our data on the citizens' public health management capacity by organizing two focus group sessions in the Hibiscus and Magnolia cities from November 2012 and January 2013. Each of the two focus group sessions was conducted with 12 citizen representatives from each locality. To ensure their representativeness, all the 24 focus group discussants were selected based on their educational background and annual income.

The questions for these focus group discussions were formulated to gauge the community members' understanding and

attitudes toward public health, their interpersonal relations, as well as their relationships with the local government. They were asked to comment on their physical exercises, degree of involvement in community activities related to physical exercises, and participation in local health management boards.

Results

The transfer of community health centers to local jurisdictions is one of the important decentralization efforts in Thailand. However, a small number of community health centers have been successfully transferred to local governments across the country. This section presents evidence on the factors that influence the successful transfer of a community health center to the Magnolia SAO in Udornthani province. Three dimensions of local public health management capacity are used to compare the Magnolia SAO against the Hibiscus municipality—the only local government in Thailand that transferred its community health centers back to the national government.

Administrative Capacity

Two interrelated issues must be analyzed to expose the administrative dimension of local public health capacity. First, the mayors' understanding and attitudes toward public health reflect the quality of their political leadership in running local government. Second, a local jurisdiction's administrative capacity is determined by whether it has an agency and staff with specific responsibility for public health management.

Based on the findings from in-depth interviews, mayors from the two jurisdictions show markedly different levels of public health knowledge. Municipal administrators and health department directors

in this study were asked to assess their mayors' understanding and attitudes toward public health. On a scale of one to ten with ten being the most positive, the Magnolia mayor (Ten points) possesses more public health knowledge than the Hibiscus mayor (Five points). As the Magnolia City health department director opined, " in meetings or during press conferences, the mayor speaks so eloquently and with sufficient depth of knowledge about public health." During his mayoral election campaign in 2010, the mayor stressed that good health, including physical and mental health, is essential to sustainable community development.

On the contrary, the Hibiscus mayor expressed less enthusiasm about local public health, arguing that public health functions should belong to the public health ministry because of the advanced clinical and medical knowledge involved. He further pointed out that his city government has already been given too many responsibilities: " if we must take over more public health functions, our city would definitely be in deep financial trouble."

Apart from their mayor' s public health knowledge, the Magnolia SAO also has a well-equipped public health workforce. Having now served for two consecutive four-year terms, the Magnolia mayor has demonstrated consistent commitment toward public health programs, such as preventive healthcare and health promotional activities. His commitment to public health is also reflected in the size of the local public health workforce, which accounts for approximately 13 percent of all SAO employees. On the contrary, the Hibiscus municipality does not invest as much in health-related activities. Despite the presence of a municipal public health department, there is a limited range of public health services in the Hibiscus municipality. Also, unlike the size of municipal public health workforce in the

Magnolia SAO, only 5 percent of the Hibiscus municipal personnel are public health officials.

Fiscal Capacity

Apart from the administrative capacity, local authorities require adequate resources to finance their public health operations. Drawn upon the past literature, three aspects of local fiscal capacity include local revenue collected per capita, local revenue as a percentage of total revenues, and local budget allocations for health-related programs. The first two aspects help evaluate local governments' effort to ensure financial self-reliance and sustainability, whereas the amount of funding allocations for local health services illustrates the local governments' commitment to public health.

However, the Magnolia SAO with a successfully transferred community health center has difficulty with revenue mobilization. Since 2009, the Magnolia SAO has experienced sharp declines in own-source revenue per capita (Figure1). This declining pattern stood in sharp contrast to a consistent and growing revenue stream in the Hibiscus municipality. This suggests that the localities with successfully devolved public health functions might not be as financially self-reliant and sustainable as those without devolved public health responsibilities. Magnolia city in particular experienced a serious problem with revenue collection. When each jurisdiction's own-source revenue is calculated as a percentage of its total revenue, this study finds that own-source revenue did not make substantial contributions to the Magnolia city's coffer between 2008 and 2012 (Figure 2).

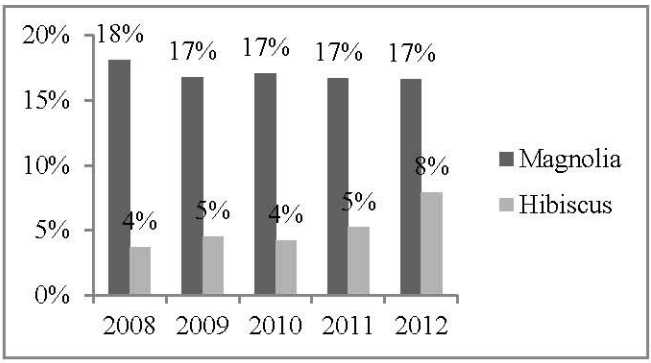

Figure 1. Per Capita Own-Source Revenue Collected between 2008 and 2012.

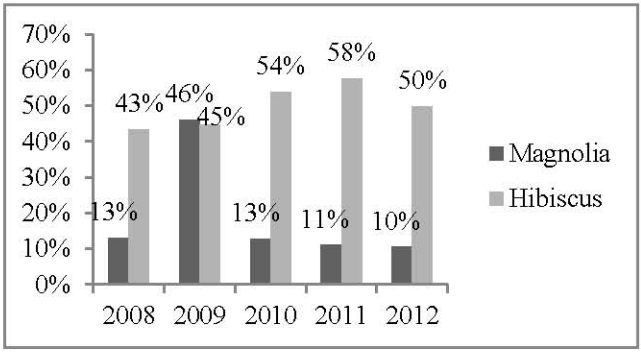

Figure 2. Own-Source Revenue as a Percentage of Total Revenue (2008- 2012).

A dramatic decrease in own-source revenue has pressured the Magnolia SAO to depend on other financing sources, such as the national government grant. Contrary to past empirical works on fiscal decentralization, the Hibiscus municipality enjoys more fiscal autonomy than the Magnolia SAO. These comparative data indicate that a local jurisdiction' s fiscal autonomy does not guarantee success in the transfer of public health functions, especially community health centers. In fact, since decentralization began, local revenue collection has always been an important challenge for the Thai local governments regardless of their organizational structure, population size, and local economic conditions (Wongpredee and Sudhipongpracha, 2014). Importantly, there is no guarantee that a local government with high fiscal autonomy would earmark substantial funds for public health services. In fact, the Magnolia SAO allocated more resources to public health programs than the Hibiscus municipal government from 2008 to 2012 (Figure 3).

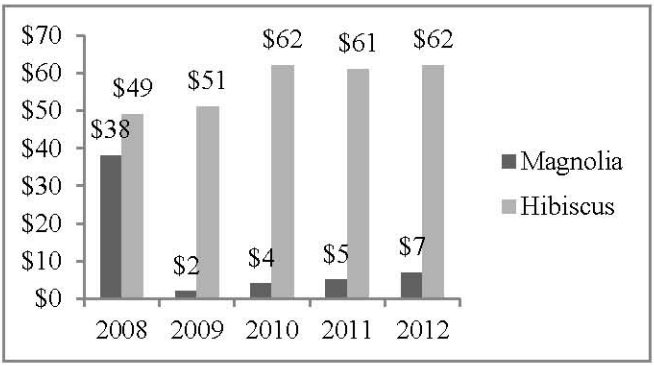

Figure 3. Local Budget Allocations for Public Health Programs as a Percentage of Total Budget Allocations (2008-2012)

Citizens' Public Health Management Capacity

The citizens' public health management capacity is defined in this article as the formal and informal relationships among individual community members, local government agencies, and civil society groups. These formal and informal networks within a given community serve as an important catalyst for community development and decentralization reform. Based on past research works about decentralized governance in Thailand, the success of public health decentralization hinges on a solid working relationship between local government authorities and their citizens.

Based on the focus group discussions, residents in the Magnolia SAO have a tendency to form a variety of physical wellness activities, such as yoga, aerobic dance, zumba dance, Chinese martial arts, and bicycling. Despite the absence of formal management hierarchy, these exercise groups continue to expand their membership and have succeeded in asking for financial and/ or in-kind assistance from the SAO.

Thus, not only do the informal physical wellness groups promote healthy lifestyle habits in the Magnolia SAO, they also help strengthen social capital among the city dwellers. Conversely, the focus group discussants from the Hibiscus municipality reported limited physical exercise activities in their community. In stark contrast to the Magnolia residents, the Hibiscus citizens do not participate in physical wellness groups:

They exercise on their own. But, there were some aerobic dance groups in the past, but they didn' t last for more than two months. Though enthusiastic about these wellness groups in the beginning, the people stopped attending them in the following month.

Moreover, the Hibiscus municipal government is not as supportive of the physical wellness activities as the Magnolia SAO. Due to the municipality' s dilapidated public infrastructure, the Hibiscus mayor is more concerned with road construction projects than other aspects of community affairs, including public health. A Hibiscus city resident opined:

It is difficult to gain support from our mayor for any public health programs. He [the mayor] is more interested in road constructions. I don't know about other places. But, most politicians in Thailand like road construction projects more than other public service programs.

Another Hibiscus resident similarly pointed out that her mayor always expresses his concern with providing financial support to physical exercise groups. Since local government spending is subject to an annual financial audit by the Public Finance Audit Commission (PFAC), any new financial commitment that is not included in local government plan and budget is likely to undergo a thorough investigation by the PFAC. For the majority of our focus group discussants in the Hibiscus municipality, fear of the PFAC makes the municipal government reluctant to engage in any new public health initiatives.

Apart from participation in physical exercise groups, citizen involvement in government affairs is also a vital aspect of contemporary local governance in Thailand. In addition to the informal wellness groups, citizens in the Magnolia SAO are also involved in local government affairs. In a focus group interview, all Magnolia residents (100 percent) stressed the importance of attending the community health board meetings. One of the Magnolia city residents stated:

The mayor and municipal health officials were active in setting up and financing these community health boards. With these boards, we can propose new health promotion activities and programs and ask the city government for monetary support. So, I think it' s very important for us to get involved.

According to one senior citizen in the Magnolia SAO, a large number of Magnolia residents willingly serve on each precinct's health management board and actively engage in making important decisions. However, the Hibiscus residents showed a lesser degree of enthusiasm about getting involved in their municipal government's decision-making process. During the focus group interview, four out of twelve residents (33.33 percent) reported that they do not participate in the local government affairs because they must tend to their cattle and rice paddies. However, almost every Magnolia resident in the interview (88.89 percent) stated that they "monitor the mayor's policy initiatives, program implementation, and budget allocation on an ad hoc basis." They also pointed out that the Magnolia SAO has not seen any political conflicts for many years.

In contrast with the Magnolia SAO, levels of interpersonal relations and social activism are comparatively low in the Hibiscus municipality. The Hibiscus municipality has no dynamic social groups or popular involvement in local government affairs. During a focus group interview with the Hibiscus residents, one discussant argued that the absence of social activism and citizen engagement in the city is caused by the citizens' inadequate education:

For instance, it is always a challenge to convince people of the importance of immunization. Even when they are sick, they don' t come to see the medical personnel, and the neighbors don' t even

bother to let municipal government officials know about an outbreak of infectious diseases in their neighborhoods.

While interpersonal dialogues were instrumental in resolving community conflicts in the Magnolia SAO, the Hibiscus residents did not show much interest in collective actions. During the focus group discussions, nine out of ten Hibiscus residents (90 percent) voiced their opinion that conflicts over the municipal government budget occur on a regular basis. A key informant from the Hibiscus municipality noted:

Often time, our community and political conflicts over budget allocation cannot be resolved through debate. Over the past several years, for instance, regional government officials had to intervene in our community conflicts. There is always factional politics in the way our community is run.

Although these conflicts never become violent, the Hibiscus residents, particularly the youth leaders and village heads, clearly demonstrated their displeasure against one another, especially when they were asked to comment on disease prevention activities.

In sum, residents in the locality with the successfully decentralized health center exercise on a regular basis and are inclined to participate in physical wellness groups in their community. They also demonstrate a high degree of political participation by attending local health board meetings and by frequently monitoring local public health programs. The SAO government provides support for their constituents' physical wellness activities. Based on these findings, the citizens' awareness of a healthy lifestyle helps increase their involvement in local government issues pertinent to public health. Active engagement in physical exercise activities in particular strengthens an interpersonal relationship among local residents, as well as their political participation.

Discussion and Conclusion

What aspect of local government capacity must be nurtured becomes an important question for the countries that are pursuing health decentralization. In this article, three dimensions of local public health management capacity are identified and used to examine two local governments in Northeast Thailand. The Magnolia SAO has successfully run its devolved community health center, while the Hibiscus municipality had to return its decentralized health facilities to the national government. Prior to the transfer, both localities passed the public health ministry' s preparedness criteria. This article has presented evidence on several crucial differences between the two jurisdictions.

Based on our findings, the Magnolia SAO demonstrates the administrative capacity and fiscal commitment to public health. Its mayor possesses an understanding and a positive attitude toward public health. The SAO also has adequate organizational structure and public health personnel. On the contrary, the Hibiscus municipality has inferior administrative capacity. Unsupportive leadership, inadequate public health personnel, and absence of a local public health agency complicate the Hibiscus municipal government' s efforts in delivering public health services. Also, when considering annual budget allocations for health-related programs, the Magnolia SAO shows stronger commitment to public health than the Hibiscus municipality.

Although the quality of local political leadership is indispensable for successful decentralization, it must be noted that the two localities are different in terms of their crucial social and economic conditions. Where the road network is concerned, the Magnolia SAO is more urbanized than Hibiscus municipality, suggesting that the

Magnolia mayor can focus his attention to other aspects of public affairs, such as public health. Also, the social and economic development indicators show that the Magnolia residents have better education, higher per capita income, and better quality of life than their counterparts in Hibiscus municipality. Based on these two local government cases, the social and economic factors contribute to the local leaders' positive attitude toward public health, as well as local citizen participation in local government affairs.

Our research findings are consonant with earlier studies in Thailand (Taearak, 2010) and in other decentralizing countries (Gilson et al., 2006). The quality of political leadership and adequate public health personnel are critical components of local public health management (Wright et al., 2000; Twiss et al., 2003). However, not all fiscal indicators can explain local public health management capacity. Local governments with more own-source revenues (e. g. , land development tax, property tax) are not necessarily committed to public health. Based on this research, it is the local leaders' commitment to public health that enables the " good practice" communities to overcome their resource constraint. This commitment is evident through consistent and steady streams of funding for local public health programs. Griffin (1999) and Hutchinson (1999) find a similar phenomenon in Africa and Latin America.

As demonstrated in this article, citizens' health knowledge and behavior expressed through their regular physical exercises lead to a high degree of political involvement in local government affairs. This finding falls into line with conventional political theories that highlight the relationship between participation in voluntary associations and political participation (Verba et al., 1995). Not only do the physical wellness groups provide an opportunity for local residents to engage in

physical activities, they also facilitate the group members' interpersonal relations. By participating in these wellness groups, citizens have become assertive about the types of assistance they expect from their municipal governments. This argument confirms past findings in other parts of the world where the level of citizens' informal engagement in community activities is closely related to political participation (Denord et al., 2011; Teney and Hanquinet, 2012).

All in all, attitude is of the manifestation of behavioral changes caused by social and economic development. This article has demonstrated that a community' s social and economic conditions must be carefully considered before the national government decides to devolve any important administrative functions to its local government. Amid the ongoing decentralization process in Thailand, the national decentralization committee and the Ministry of Public Health must modify their criteria used to determine the local governments' capacity to manage community health centers and other important public services. Emphasis on a local jurisdiction' s management capacity is important, but not sufficient for successful decentralization. The quality of local political leadership, as well as each locality' s level of social and economic development, must also be taken into consideration.

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