



Koh Yao Yai is a island located in the Andaman Sea, Thailand, with a population of 10,000 people, mostly Muslims. The health of the island is taken care of by a Multidisciplinary Team based at the newly built Prunai Hospital, a small community hospital that has recently been established by upgrading the structure of the Sub-district Primary Care Unit to provide better healthcare services to the islanders.

To develop the community health system, the approach of Community Based Participatory Research (CBPR) is used, which involves co-creating the health system through mutual learning and continuous collaboration. The Koh Yao Yai Family Clinic is part of this approach and aims to improve the health and well-being of the island community.

Community Health System Co-Creation Based CBPR



2010

1 Co-Design for Inpatient Unit and Prunai Hospital design project

Researcher

1.Prunai Hospital Health Team

2.Architectural Team composed of members from the community of architects and educational institutions

3.Community Team (leader and agencies) consisting of community leaders and representatives from Ban Prunai sub-district, Koh Yao district.

Background : When there was a doctor (Dr. Marut, who has been the only doctor continuously serving the community up to present) assigned to the Prunai Primary Care Unit, the community wanted to build a inpatient unit, but there was no appropriate architectural model for a small hospital that could cater to the needs of the Muslim community with its unique culture and spirituality that required physical, social, and mental health care to be integrated together. The Buddhist doctor, therefore, learned the wisdom and religious dimensions from the community and worked together with the community to design the hospital, with the help of a network of architects who came together specifically to create a design with the community's participation.

Outcome :

1.Inpatient ward and Prunai Hospital with a healing environment conducive to cultural and spiritual factors that support the overall health care of the indigenous people.

2.Systemic changes, the interprofessional team shifted their approach and policy to use CBPR as a tool for creating community health systems.

3. It serves as a model for building hospitals with community participation for other hospitals in rural areas of Thailand.



2011

FuelSHARE fund project

Researcher

1. Prunai Primary health Care team

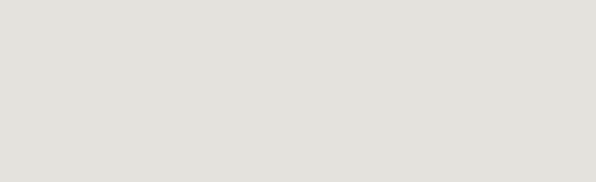
2. Community Leadership Team and Community Representatives of Prunai, Koh Yao District.

Background: When there are patients with conditions beyond the capacity of Prunai Hospital, such as requiring emergency surgery or advanced technology treatments, it is necessary to transfer them to hospitals in Phuket Province. However, due to a lack of budget and the cost of boat transfer, which is valued at 10,000 baht, some members of the community cannot afford to send the patients. As a result, health care disparities arise.

Outcome:

1.There was a gathering of ideas and collaboration to find a solution to the disparity problem.

2.A fund was created through annual family contributions of 200 baht and charity events, FuelShare Fund Committee was established.3.Fuelshare fund can pay for the cost of emergency boat transfers for patients. Every patient has access to emergency medical services without being denied transfer since 2011 to present



2017

Mosque clinic project

Researcher

1 Health Care Team - Prunai Hospital 2 Village Health Volunteer Team

3 Religious Leadership Team

Background: As the elderly population in the community grows, there has been an increasing collaboration between the health team and the community team. Thus, the team aims to establish a health care system to take care of the elderly in the community. The goal of the collaborative process is to achieve the objective of providing happiness and spiritual well-being to the elderly by connecting physical,mental health with Spirituality with the practice of caring for them.

Outcome:

1.A program was created to promote, prevent, treat, and restore the health of elderly Muslims, led by a team of healthcare professionals, religious leaders, and volunteers, rotating to every mosque on Fridays to provide more accessible services to the elderly.

2 Tools were developed to assess "physical discomfort during Muslim prayer" and the "Kohyao spiritual well-being questionnaire".

3. "Dua Text" were provided by priest for promoting mental health and cognitive function for elderly as well as religious study for elderly

3.The elderly have experienced a decrease in physical discomfort and an improvement in their ability to perform daily activities especially to perform muslim prayer, as well as an increase in spiritual well-being.

4.Accessibility to elderly care has been improved.

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kohyaopcc@gmail.com
care.prunaihealth.com/cbpr