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Assessing Border Community Readiness for Health Management Prior to the Special Border Economic Zone in Thailand: A Case Study of Sadao District Songkhla Province, Thailand

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Abstract: Community readiness (CR) refers to the degree to which a community is ready to take an action to address a health issue. Since 2015, the establishment of Special Economic Zones (SEZ) has already carried on in Thai-Malay border. The present study was conducted by using a 2-phased-mixed-methods, aiming to assess the level of CR and preparation and to develop community health management model prior to SEZ in Sadao district, Songkhla province. Data were collected by questionnaires in 450 local people by simple random sampling. An in-depth interview followed by a focus groups discussion was then performed in purposive selected 150 participants, during December 2017-April 2018. The data was finally analyzed by descriptive statistics and content analysis. Overall community readiness scores ranged from 5.85 to 7.01 on a 10-point scale. The mean readiness score, 6.28 (SD = 0.44) corresponds with an initiation level of readiness which referred to an action plan is established, and early steps are being taken by leadership to address the issue. Main features of the health management model for SEZ was established by community stakeholders as following: (1) community participation (2) network strengthening (3) knowledge and management (4) communication and (5) healthy public policy approach. These findings indicated that they display a slightly high of CR level. In the next step, targeted capacity building activities will be promoted to archive the health model to SEZ for sustainability.

Key words: community readiness; health management; special border economic zone; Songkhla; Thailand
JEL codes: I180

1. Introduction

Special economic zones (SEZs) — legal, logistical, and tax arrangements intended to assist a developing country in attracting export-oriented manufacturing investment, have grown rapidly for 2 decades (Thomas Farole, 2011). Nowadays, more than 100 countries operating SEZ programs and several thousand individual zones in worldwide (Thomas Farole, Gokhan Akinci, 2011). For example, Cambodia's establishment of SEZs since late 2005 has been successful by attracting significant levels of foreign investment and creating around 68,000 jobs (Peter Warr & Jayant Menon, 2015). Thus, the development of Special Economic Zones (SEZs) is an important

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strategy to enhance the competitiveness of an economy and increase economic growth (Choen Krainara & Jayant K. Routraya, 2015). In Thailand, the government's policy to develop special economic zones in border areas, which connect to neighboring ASEAN countries, to improve the quality of life, promote trade and investment and most importantly to prepare for the ASEAN Economic Community (AEC) integration (Office of the Board of Investment, 2015).

The SEZ in Southern, Thailand located in Sadao, Songkhla — a central province in the Southern region of Thailand, comprises 4 sub-districts including Sadao, Samnak Kham, Samnak Taeo and Padang Besar, bordered by the Federation of Malaysia with a total area of 552.3 sq. km. (136,476.3124 acres or 345,187.5 rai). The Sadao-Bukit Kayu Hitam border area in Songkhla Province of Thailand and Kedah State of Malaysia has the next highest ratings. There is a great deal of commercial activity in these areas and, for Thailand, the volume of cross-border trade is higher than that of any other border in the country (Lord, Montague J. & Tangtrongjita, Pawat, 2016). According to, establishing SEZs enhance industry competitiveness and attract foreign direct investment. Although, there are substantial positive effects on large-scale job creation, alleviating poverty and reducing unemployment rates, the negative effects especially on community health, are still limited.

There is a high level of interest in the concepts of community capacity, community strength, social capital and community engagement at a strategic, policy and funding level both government and nongovernment. The community readiness—the degree to which a community is willing and prepared to take action on an issue, is one indicator that has been used to measure community perceptions and attitudes toward efforts targeting issues that were concerned. However, the study reports about the assessment of the community readiness and preparation level to SEZ in Thailand are limited. In addition, until now, it is lack of any community health management model such as health awareness prior to SEZ in all SEZ provinces in Thailand. For this issue, the meaning of community readiness and prepared themselves to SEZ with community health management model are being concerned. Therefore, this study aimed at 1) examining the degree of community readiness as well as 2) exploring a strategic development plan for community health management model in the SEZ area, Sadao District Songkhla Province.

2. Literature Review

2.1 Special Economic Zones (SEZs)

Several countries are establishing Special Economic Zones (SEZs) to offer an attractive investment climate for the private sector and to foster industrial and economic development outside of major cities. In Thailand, the SEZ policy was first launched in 2015 based on the government's belief in the strong potential of the 10 areas to connect with the neighboring countries in terms of trade, economy and investment. However, the impacts and benefits delivered from a SEZ to communities can be categorized into 5 groups as following:

2.1.1 Economic Benefits

The investment promotion of SEZ has implications for policy of attracting financial investment to SEZ (Ery Supriyadi Rustidja, Ami Purnamawati, Rosti Setiawati, 2017). It has significant potential to act as a catalyst for positive economic growth through attracting foreign direct investment. It used to attract investors, create jobs and increase export earnings such as direct and indirect employment creation, income generation, revenue generation, and attraction of foreign direct investment and international competitiveness (Lord, Montague J. & Tangtrongjita, Pawat, 2016; Richard J. Hunter & George Saldana, 2013). It is also benefit to both finance and tax such as income tax exemption, duty free tax for import goods, and job creation that bring prosperity at the door steps of

households of surrounding villages. However, some studies reveal that the economic dynamism of the most successful zones happens in their earlyyears and slows over time (The World Bank Group, 2017).

2.1.2 Productivity Increase

SEZ increased supply, especially of higher-level goods; lowered commodity prices and increased standards of living (Andrew Cheesman, 2012). It has had both a direct and indirect impact on regional development which are a good indicator of the potential and opportunities (Fernando Gómez Zaldívar & Edmundo Molina, 2018).

2.1.3 Investor Benefits

The government offers both tax and non-tax incentives for those investing in SEZs include an up to 8-year corporate. The entrepreneurs will also receive double deduction for transportation, electricity, and water utility cost. They also import duty exemption for machinery, import duty exemption for raw materials used for export with the permission to use no-skilled labor and others like foreign ownership of land and foreign expert employment (BOI, 2017). These often bring them enjoy capital freedoms and certain levels of tax incentives and subsidies (Douglas Zhihua Zeng, n.d.).

2.1.4 Health and Illness

Human health and well-being are known at the heart of economic and social development. However, in SEZ areas, inhabitants of the affected villages have been subjected to pressures of emotional disturbance and impoverishment which has had a severe impact on their health. Besides morbidity in the years following land acquisition for the SEZ, there was both a high incidence of mortality, including suicides, and an increased incidence in reported chronic and acute illness. One third of the respondents (30%) reported of at least one member of their family suffering recurring illness or serious ailment in the past years (Vidya Bhushan Rawat, 2011).

2.1.5 Social Impacts(Vidya Bhushan Rawat, 2011)

(1) Impacts on Women

Women have complained of having to face strain and friction at home. Poverty, indebtedness and unemployment has forced women to undertake more work and struggle hard for making ends meet.

(2) Breakdown of Collective Life

The SEZ has introduced new sources of friction into the communities and has eroded collective systems of community life. The village is suffering from more divisions due to politics played by caste representatives and politicians.

To sum up, the success and economic benefits of Special Economic Zones are dependent on the incentives offered for workers, employers and prospective investors to boost economic activity. However, the literature review did not provide any conclusive evidence that the current SEZ assumption about border community health management in all policy levels. Based on these findings, it is necessary to assess the border community readiness level for the SEZ and perform a community health management model prior to the SEZ, a case study in Sadao district, Songkhla province.

2.2 Community Readiness Model (CRM)

Community readiness is the degree to which acommunity is willing and prepared to take an action on an issue. The CRM tool developed by the Tri-Ethnic Center for Prevention Research at Colorado State University (Haines M. Y., 2016) consisting of 5 domains as following:

1) Community knowledge about the issue — community members know about or have access to information on issue.

2) Community knowledge of the efforts — the efforts accessible to all segments of the community.
3) Community climate — helplessness or responsibility and empowerment.
4) Leadership — leaders and influential community members supportive of issue.
5) Resources related to the issue — people, time, money, materials available to support.

Each domain is assessed with a subset of interview questions that are scored and then the mean is calculated across domains resulting in an overall community readiness score and stage which range from 1 to 9 as shown in Table 1.

Table 1 Descriptions of the CRM Stages of Readiness (Jason Paltzer, Penny Black, & D. Paul Moberg, 2013)

Levels	Descriptions of the CRM Stages of Readiness
1. No Awareness	Community members and leaders do not regard the issue as a problem.
2. Denial	The community has little or no recognition that a local problem exists but there is some recognition that the behavior itself could be a problem.
3. Vague Awareness	The community feels a local problem exists and there should be something done but there is no motivation or interest to do anything about it.
4. Preplanning	There is a definite recognition by a few members of the community that a local problem exists and that something should be done about it.
5. Preparation	Planning has been initiated and practical details are being discussed. Community climate shows modest support of planning efforts. Local resources are being organized and sought. General information exists about the issue and leadership is active and energetic.
6. Initiation	Sufficient information exists to justify prevention activities. New activities have been started and capacity is being built among staff members.
7. Stabilization	One or two activities are running, stable, and supported by local administrators. Limited evaluation efforts are taking place other than local prevalence tracking and no perceived need for change or expansion.
8. Confirmation/ Expansion	Standard efforts are in place with authorities supporting the idea of expansion or improving activities. Local data on problems is routinely collected.
9. Professionalization	Detailed knowledge of issue including prevalence, risk factors, and intervention areas. Efforts are diversified to include the general population as well as high-risk groups

3. Conceptual Framework

This study used the community readiness model (CRM) as a framework to understand a community's preparedness to community health management describing in Figure 1, as follows:

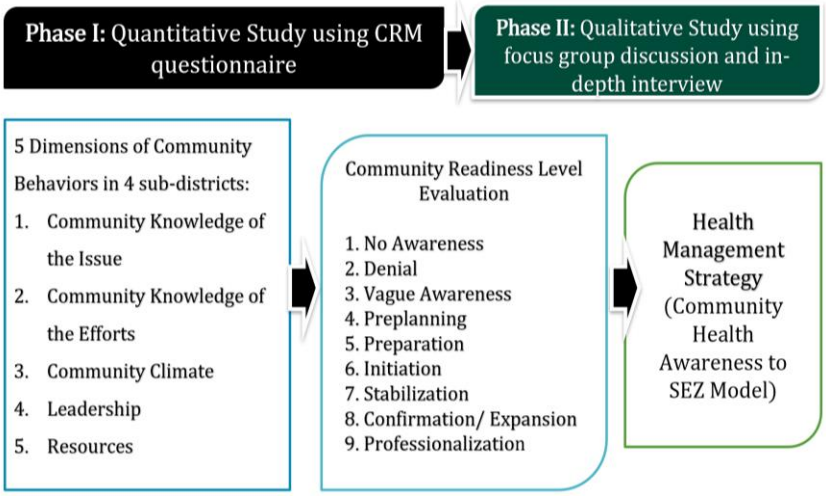

Figure 1 The Conceptual Framework of Study

4. Scope of Research

4 sub-districts including Sadao, Samnak Kham, Samnak Taeo and Padang Besar in Sadao district, Songkhla province were selected for study setting to examine the border community readiness for SEZ in Southern Thailand. The mixed method study design was performed by using questionnaires, focus-group discussion and in-depth interview in those participants from multi-sector stakeholders to generate model or strategic development plan for community health management, during May-October 2017.

5. Methodology

5.1 Study Design

This research was a descriptive cross-sectional assessment study which was conducted by using mixed methods of both quantitative and qualitative designs.

5.1.1 Quantitative Study

The study survey was scored according to the CRM protocol used to generate the community readiness scores and answer the question as to how ready this community is for health management prior to the special border economic zone in this area. The scoring of survey responses was determined the readiness level (1-9) of a community, ranging from 1 (no awareness) to 9 (high level of community ownership) as shown in Table 1.

5.1.2 Qualitative Study

The focus group discussion (FGDs) was complemented the survey by providing an in-depth interpretation of the scores achieved and answered the question as to why the community give these scores as well as helping to understand what might be appropriate target points for future related-interventions, particularly the capacity of a community to implement programs, policies and other changes that are designed to reduce community health problems in a next period.

5.2 Population

5.2.1 Population and Sample in Quantitative Study

(1) Samples

Survey samples will be determined based on age 18 years and over both in male and female of local people within each community in 4 sub-districts including Sadao, Samnak Kham, Samnak Taeo and Padang Besar in Sadao district, Songkhla province.

(2) Inclusion/Exclusion Criteria

Participants were eligible if they are either male or female, over age 18, able to communicate effectively in Thai or Melayu language and are current residents of 4 sub-districts in Sadao district, Songkhla Thailand. On the other hand, participants were excluded from the study if they don’t want to give any information, aged over 70 years and inconvenient to communicate with others.

(3) Sample Size Calculation

Sample size calculation for cross sectional studies was used to estimate the average for community readiness level. The output of the sample size calculation from Studies (Thomas Farole, 2011) for estimating a finite population mean as following formula:

$$n = \frac{N\sigma^2 z^2_{1-\frac{\alpha}{2}}}{d^2(N-1)+\sigma^2 z^2_{1-\frac{\alpha}{2}}}$$

$$n_{Adjust} = n \times deff$$

Where,

- Alpha (α) = 0.05,
- Design effect (deff) = 3.00;
- Z1- α/2 = 1.96 (at 5% type I error; p < 0.05) = 1.959964;
- Population size (N) = 46,996 (18 years and over population in households in 4 sub-districts of Sadao district, Songkhla province);
- D = Absolute error of precision = 1.00;
- SD. (σ) = 5.0 (10 times of S.D from the previous study: Readiness for Smoke-free Policy and Overall Strength of Tobacco Control in Rural Tobacco-growing Communities, Health Promot Pract. 2013 March; 14(2): 238-246.)
- Thus, sample size (n) = 288 persons. In addition, in this study, 15% non-response rate will be also estimated for the final sample size as totally 331 persons.

(4) Sampling Plan

The samples were randomly chosen from 2-stages cluster sampling. First, all the villages in 4 sub-districts in the population of SEZ area were listed. Next, the villages were selected by simple random sampling (SRS). The units (family) in the selected clusters of the first-stage were then sampled in the second-stage by systematic sampling. Finally, the eligible samples were chosen from member in each random family that suit with above criteria.

5.2.2 Participants in Qualitative Study

Key informants were selected by purposive sampling as following criteria that are:

(1) Community leaders with and without formal roles.

(2) Decision-makers or policy makers who work closely with the community members of interest.

(3) Local people who can provide informed opinions regarding the problem in question.

(4) Multi-sector partnerships among those who come from government, education, civil society organizations/NGOs and healthcare providers.

5.3 Data Collection

(1) Instruments and Data collection in Quantitative Study

The CRM survey — self-administered questionnaire, was adapted from the Tri-Ethnic Center for Prevention Research at Colorado State University, consisting of 37 semi-structured questions for assessing 5 different dimensions of community readiness. The Likert scales was used in the survey to measure opinions. Questionnaires were administered to assess the degree of readiness of the border community for health management prior to the special border economic zone. There are approximately 37 questions obtained from a sample relating to the 5 dimensions of Community Readiness.

(2) Instruments and Data collection in Qualitative Study

After completion of the CRM survey, the FGDs and in-depth interviews were conducted by using semi-structured interviews with community leaders, religious leaders, healthcare providers, education, civil society organizations/NGOs and local policy makers in Sadao district, Songkhla province, ranged from 8 to 12

persons (n = 48). The semi-constructed interview or open-ended questions were used to comprise between 60 and 90 minutes per groups or sessions. Data collection was undertaken over a six months period between May-October 2017. All qualitative data was also recorded by audio-tape recorder as well as by hand of the two investigators in the language of the interviewee. Field notes was finally completed by each researcher immediately after the session of FGDs and in-depth interview.

5.4 Data Analysis

(1) Data analysis in Quantitative Study

The CRM questionnaire provided nine anchored rating statements for each dimension corresponding with a stage of readiness (scores range from 1.0-9.0). Each dimension was then analyzed by using R programming software to demonstrate the descriptive statistics i.e. frequencies, means, and standard deviation.

(2) Data analysis in Qualitative Study

Qualitative data was analyzed by using thematic analysis with open source text software. The content was emphasized from key respondents on five main elements of readiness and ways to develop strategic plan for community health management.

5.5 Ethics Consideration

The study protocol was submitted to and approved by the Health Human Research Ethics Committee of Health System Management Institute, Prince of Songkla University (EC003/61). All participants were given an information sheet and the opportunity to ask questions about the study before they decide to sign a consent form prior to participating.

6. Results

6.1 Zone Size and Context of Study Area

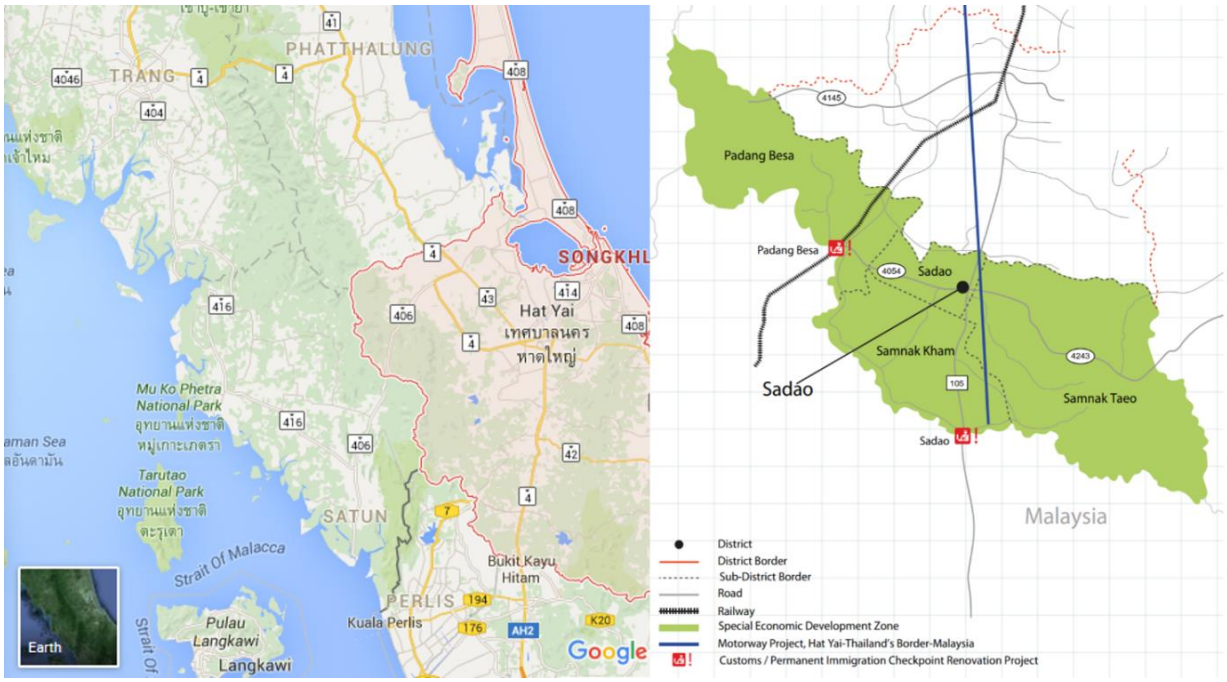

Figure 2 Map of SEZ in Sadao, Songkhla — 4 Sub-Districts Including Sadao, Samnak Kham, Samnak Taeo and Padang Besar

This study was carried out in Sadao district, Songkhla province — 4 sub-districts including Sadao, Samnak Kham, Samnak Taeo and Padang Besar which is adjacent to Kedah State and Perlis State of Malaysia (Figure 2). There are 2 permanent crossing points. The former is Sadao connecting to Kedah State of Malaysia ranked first in terms of border trade value between Thailand and Malaysia. The latter is Padang-Besar connecting to Perlis State of Malaysia ranked second. Songkhla SEZ is well position to connect investors to new opportunities arising from the increasing border trade and the region's rapid economic growth. The surrounding area consists of 552.3 sq.km. (136,476.3124 acres), 1,378,574 population and 827,211 workforces (60% of province's population), including migrant workers from various nationalities with unemployment rate 0.10. At the present, it is prepared for construction of industrial estates with no significant change in investment trends.

6.2 Characteristic of the Population under Study

Characteristics for this sample are displayed in Table 2.

Table 2 Demographic Data for the Population under Study (N = 450)

Individual Variables	**Number *(%)***
1. Residence (Sub-district)	
Sadao	124 (27.6)
Padang Besar	107 (23.8)
Samnak Taeo	107 (23.8)
Samnak Kham	112 (24.9)
2. Type of Residence	
Permanent Resident	253 (56.2)
Immigration	197 (43.8)
2. Social Status and Role	
General citizen	416 (92.4)
Community Leaders	28 (6.2)
Religious Leaders	6 (1.3)
3. Family Status and Role	
Head of Household	169 (37.6)
Spouse	120 (26.7)
Family Members (Sons and Daughters)	116 (25.8)
Parents (Grand Ma-Grand Pa)	16 (3.6)
Relatives	29 (6.4)
4. Age (yrs) Mean (SD)**:** 39.78 (11.17)	
15-25	51 (11.3)
26-35	117 (26)
36-50	192 (42.7)
> 50	90 (20)
5. Gender	
Male	183 (40.7)
Female	267 (59.3)
6. Marital Status	
Single	101 (22.4)
Married	320 (71.1)
Divorced or Widowed	29 (6.4)
7. ReligiousFaith	
Buddhists	215 (47.8)

Individual Variables	**Number *(%)***
Islam	231 (51.3)
Christian	4 (0.9)
8. Education	
Primary school	141 (31.3)
Middle School	67 (14.9)
High School	108 (24)
Diploma	35 (7.8)
Bachelor of Arts	90 (20)
Master of Arts	9 (2)
9. Occupation	
Unemployed	32 (7.1)
Farmers	87 (19.3)
Business	191 (42.4)
General Employee	84 (18.7)
Factory Employee	1 (0.2)
Government officials	47 (10.4)
Students	8 (1.8)
10. Monthly Per Capita Income (Baht)	
Mean (SD):	12661.75 (10640.92)
< 5000	52 (12.8)
5001-10000	197 (48.6)
10001-15000	86 (21.2)
15001-20000	30 (7.4)
20001-25000	4 (1)
25001-30000	23 (5.7)
30001-35000	3 (0.7)
>35000	10 (2.5)
11. Monthly Household Income (Baht)	
< 5000	6 (1.3)
5001-10000	76 (17)
10001-15000	132 (29.5)
15001-20000	89 (19.9)
20001-25000	48 (10.7)
25001-30000	35 (7.8)
30001-35000	26 (5.8)
> 35000	36 (8)
12. Monthly household expenses (Baht)	
<5000	9 (2)
5001-10000	113 (25.2)
10001-15000	151 (33.7)
15001-20000	80 (17.9)
20001-25000	54 (12.1)
25001-30000	17 (3.8)
30001-35000	5 (1.1)
> 35000	19 (4.2)
13. Migration Plan	
Absolutely Sure	37 (8.2)

Individual Variables	Number *(%)*
Absolutely Not	351 (78)
Not Certain	62 (13.8)

6.3 Community Readiness Level for Community Health Management prior to SEZ

Community readiness assessments was measured in 450 samples to address a particular SEZ issue by assessing five dimensions of readiness. Data were analyzed and scored using the CRM protocol. The results of 5 dimensions in 9 CR levels revealed: community knowledge of the issue (7.01±1.61) was stabilization — the community activities are supported by all stakeholders. Community knowledge of efforts (5.85±1.22) was preparation — leaders begin to plan and support approaches to addressing the health issue. Community climate (6.16±1.11), leadership (6.01±3.31) and resources (6.35±1.26) were initiation — the community begins activities to address the health issue. Overall community readiness scores ranged from 5.85 to 7.01 on a 10-point scale. The mean readiness score, 6.28 (SD = 0.44) corresponds with an initiation level of readiness. All community readiness scores were demonstrated in Table 3.

Table 3 Community Readiness Scores to SEZ (N = 450)

CR Dimensions	Average (Mean ± S.D)	CR Stage
1. Community Knowledge of the SEZ Issue	7.01±1.61	Stabilization
2. Community Knowledge of the Effort to deal with SEZ	5.85±1.22	Preparation
3. Community Climate	6.16±1.11	Initiation
4. Leadership	6.01± 3.31	Initiation
5. Resources	6.35±1.26	Initiation
Overall CR Score	**6.28±0.44**	**Initiation**

6.4 The Development of the Healthcare Model to SEZ

Community-based population health management model in 4-subdistricts of Sadao District prior to Songkhla SEZ was instructed in the second phase of study. The study draws on research conducted across 12 communities of four sub-districts of established zones programs. All 5 dimensions of community readiness were drawn as key factors that influence community's preparedness to take an action on community-based population health management model. There was a growing awareness among people in communities that understanding a community's level of readiness is key to implementing successful community health management model. This model consists of 5 elements that were: (1) community participation (2) network strengthening (3) knowledge and management (4) communication and (5) healthy public policy approach. In each item is presented as following:

1) Community Participation: It is essential that integration of community participation to the fundamental strategies at national, provincial and regional level. The lack of this engagement integrated planning between the different spheres of government and communities also limited the success of SEZ projects in other global parts. In this study, the communities revealed the intention to participate in SEZ processes, particularly in their areas. For example, they wanted to be a part of participation during any of the following the activities needs assessment, planning, mobilizing, training, implementing and monitoring and evaluation.

2) Network Strengthening: The role of community networks is remarkable presented prior to Special Economic Zones in Sadao, Songkhla, Thailand.They were developed from civil society, new reporters, health village volunteer, farmers, and non-government organizations (NGOs). These groups emerged to reveal the understanding of the SEZ due to the serious social and environmental risksincluding the benefits that it brings to

communities. They have had a critical role for public health awakening and concerning for the local communities before the SEZ is taken place.Thus, nowadays, community stakeholder coordination and collaboration are a major group to voice over for local people in SEZ areas.

3) Knowledge and management: The accurate knowledge about SEZ to promote in learning inside community is needed prior to open up spaces for debates and discussions, exchange of experiences and sharing of knowledge and opinions among the local communities. The way that they tried to gather the SEZ knowledge by various medias including research papers and then transformed to their local language to communicate in their daily-life. This way led them to continue in learning both the advantages and disadvantages about SEZ.

4) Community Communication: In the past, communication strategy of marketing applied by government to domestic investors and foreign investors with the message about all potential and advantages through advertising in form of brochures, posters, booklets and magazines. However, the strategies of communication within communities are needed to perform by sharing the SEZ knowledge among community member via all types of media. For example, all modern media comes in many different formats, including print media (books, magazines, newspapers), television, radio, and social medias. The other ways are storytelling, roleplay, coffee café forum, seminar, spaces for debates and discussions and knowledge center in communities.

5) Healthy Public Policy: As the expected influx of industrial foreign workers and the number of international tourists into SEZs, Sadao, Songkhla, Thailand, it is recognized that this influx will also have impacts on society, environment, security, and public health such as the increasing of the prevalence of infectious diseases, workplace injuries, road accidents, and mental health problems in SEZ areas. These phenomena need to be constructed the healthy public policy to provide a framework for integrated health practices by communities together with all public health sectors such as health care services and local governments. The main features of the health management model for SEZ was shown in Figure 3.

Figure 3 SEZ Performance and Community Health Management Model for SEZ

7. Discussion

Special Economic Zones (SEZs) have become a major feature of many national economic plans. Thailand is one of many countries in developing Asia that are establishing Special Economic Zones (SEZs) to offer an attractive investment climate for the private sector and to foster industrial and economic development outside of major cities. However, these findings may be argued that community health management to SEZs would be better in the long run. In order to determine the level of community readiness for Special Economic Zones, it is

important to note if these SEZs were able to generate opportunities to the locals, their community health management would be considered as a main priority.

First, the preparing community prior to Special Economic Zones is an essential step to deal with all phenomena during the projects are launching in this area. In this study, the community readiness scores to SEZ were indicated in 3 levels: (1) Preparation (score = 5-5.99) — there was some planning, leadership is active, and an action plan is in development. Leaders are beginning to identify and allocate resources. (2) Initiation (score = 6-6.99) — an action plan was established in early steps that are being taken by leadership to address the issue. (3) Stabilization (score = 7.00-7.99) — there is at least one program or activity underway, it is supported by community leaders, and community climate is generally positive about the actions taken. These would be useful to establish a clear community participation framework to guide the operations of SEZs in communities. Despite the various of community efforts to understand and deal with the SEZ process, the data availability is still quite scarce, and many local people still need to be further studied and understood. However, this community readiness score prior to SEZ can help the policy-makers and private investors to understand the situations better and to make more informed decisions.

Second, main features of the health management model for SEZ was established by community stakeholders as following: (1) community participation (2) network strengthening (3) knowledge and management (4) communication and (5) healthy public policy approach. This derived model demonstrated that it was feasible to implement a model of community health management during SEZ is progressing in accordance with their community context. It also introduced the concept and organization of community role and aimed to strengthen the capacity of community member to concern in health care management at the level of township and village. However, it needs to be implemented and evaluated to consider the practicalities of implementation and sustainability of the model over the long term.

8. Conclusions and Recommendation

These findings indicated that the score display a slightly high of community readiness level. Thus, the government should establish a clear community participation framework for SEZ together. In the next step, targeted capacity building activities in derived model will be promoted to archive the community health management to SEZ for sustainability in a long run.

9. Conflict of Interest

No potential conflicts of interest were disclosed. The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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