

Good Health Starts Here (2015-2018)

The Food and Drug Administration (Thai FDA) is an agency of the Ministry of Public Health assigned by the government to enhance consumer protection in the consumption of health products,¹ and one of the agency's primary missions is to modify Thai people's health product consumption behavior in an appropriate, worthwhile and safe manner, creating good health in the simplest way possible with clear communication to improve the Thai people's quality of life.

According to the reports on the causes of premature death among Thai people in 2005 and 2015, the number of non-communicable diseases (NCDs) in the top ten had increased from 5 to 6 diseases and the rate of premature death from each disease had increased on average by 16.1–39.2%². Dietary risk and high body mass index are the leading causes of death and disability in Thai people. High body mass index was ranked ninth in 2005 and it was later ranked sixth in 2016, with an increase of 44%, on the list of risk factors. In addition, dietary risk remained third with an increase of 2.9% from 2005. These risk factors are caused by food consumption behavior³. Thai people's excessive consumption of sweet, oily and salty ready-made meals resulted in NCDs, leading to premature death. To encourage Thai people to consume less sweet, oily and salty food is, therefore, included in the National Strategic Plan, aiming for Thai people to have

¹ Health products include food products, drugs, cosmetics, medical devices, hazardous substance products for household and public health use, and narcotics for medical, science and industrial applications.

² Supplementary document for the stakeholder meeting on the development of health literacy for NCDs. National Health Commission Office. September 18, 2018.

³ Global Health Data Exchange. Institute of Health Metrics and Evaluation. Available at www.healthdata.org.thailand on October 20, 2018.

sustainable good health with a lower rate of premature death, under the lead of the Thai FDA.

Starting point and objectives of the Good Health Starts Here project

The Thai FDA is determined to leverage its operations to its full potential by promoting health literacy⁴ concerning the reduction of sweet, oily and salty food consumption among Thai people, so that they are able to maintain their good health in the simplest way possible. Initially, the Thai FDA placed emphasis on the dissemination of information via public media, such as television, radio and newspaper, as the main strategy, along with organizing local events for the target groups. The one size fits all approach was adopted in the design of contents to be delivered to the target audience. In addition, a project evaluation research on the overall consumption behavior of the general target groups was conducted. During the fiscal years of 2015 through 2018, a new health promotion approach has been developed and is operated under the cooperation network according to the Civil State Policy⁵ using the existing tool which refers to the nutrition information on the simplified food labels⁶ to help consumers select healthy instant or convenience food. The labels will be beneficial to healthy and unhealthy people of all

⁴ Health literacy refers to the capacity of a person, a group of people, a community or people in society as a whole to seek answers, access information resources, examine and understand the obtained health information, and take advantage of the information correctly and appropriately in different situations.

⁵ The Civil State Policy is the collaboration between the government, people and private sector to solve economic problems and to promote the development of different sectors, creating a country and government of the people and for the people. Retrieved from https://web.facebook.com/pracharathnetwork/photos/1034067_839961451?rdc=1&_rdr

⁶ The development from nutrition labels to the simplified a guideline for daily amount labels (GDA) has resulted in the innovation of labels, known as “Healthier Choice” logos, which help consumers with their purchase decision making.

ages and genders in the community. In addition, monks who are highly respected and influential in the Thai community can also make use of these labels to their full potential. This may lead to a decrease in the number of new patients with NCDs, while the existing patients may have better health outcomes and overcome premature death, leading to better quality of life in terms of health and well-being which is in line with section 3.4 of the Sustainable Development Goals (SDGs).



Project innovation


A label contains nutrition information of instant or convenience food to help consumers make informed decisions appropriate to their own needs. Two decades ago, Thai people could find a nutrition label on the back of the product package. However, according to the survey, it was too difficult to read and caused confusion for Thai people, especially those who were less educated, since the label contained too many technical terms. Therefore, new a guideline for daily amount labels (GDA) were created and used in 2011. The labels were later redesigned and, as a result, they have become the new set of tools, known as “Healthier Choice” logos, that help consumers choose to purchase and consume more nutritious food that is suitable for their health.

This innovation makes it easier for consumers to select food products that are suitable for their health. Unlike other regular products in the market, the amount of sugar, oil, and sodium content in the products with these labels has been reduced. Therefore, they can be considered healthier choices for consumers.

From nutrition labels to the innovation of “Healthier Choice” logos

Development	Information	Survey results																																																						
<div>Nutrition label</div> <div><table><tr><th colspan="2">ข้อมูลโภชนาการ</th></tr><tr><td colspan="2">หนึ่งหน่วยบริโภค : 1/2 ของ (30 กรัม)</td></tr><tr><td colspan="2">จำนวนหน่วยบริโภคต่อซอง : 2</td></tr><tr><td colspan="2">คุณค่าทางโภชนาการต่อหนึ่งหน่วยบริโภค</td></tr><tr><td colspan="2">พลังงานทั้งหมด 200 กิโลแคลอรี (พลังงานจากไขมัน 120 กิโลแคลอรี)</td></tr><tr><td colspan="2">ร้อยละของปริมาณที่แนะนำต่อวัน*</td></tr><tr><td>ไขมันทั้งหมด 13 ก.</td><td>20 %</td></tr><tr><td>ไขมันอิ่มตัว 6 ก.</td><td>30 %</td></tr><tr><td>โคเลสเตอรอล 0 มก.</td><td>0 %</td></tr><tr><td>โปรตีน 2 ก.</td><td></td></tr><tr><td>คาร์โบไฮเดรตทั้งหมด 18 ก.</td><td>6 %</td></tr><tr><td>ใยอาหาร 1 ก.</td><td>8 %</td></tr><tr><td>น้ำตาล 0 ก.</td><td></td></tr><tr><td>โซเดียม 330 มก.</td><td>14 %</td></tr><tr><td colspan="2">ร้อยละของปริมาณที่แนะนำต่อวัน *</td></tr><tr><td>วิตามินเอ 0 %</td><td>วิตามินบี 1 4 %</td></tr><tr><td>วิตามินบี 2 น้อยกว่า 2 %</td><td>แคลเซียม น้อยกว่า 2 %</td></tr><tr><td>เหล็ก น้อยกว่า 2 %</td><td></td></tr><tr><td colspan="2">* ร้อยละของปริมาณสารอาหารที่แนะนำให้บริโภคต่อวันสำหรับคนไทยอายุตั้งแต่ 6 ปีขึ้นไป (Thai RDI) โดยคิดจากความต้องการพลังงานวันละ 2,000 กิโลแคลอรี</td></tr><tr><td colspan="2">ความต้องการพลังงานของแต่ละบุคคลแตกต่างกัน ผู้ที่ต้องการพลังงานวันละ 2,000 กิโลแคลอรี ควรได้รับสารอาหารต่าง ๆ ดังนี้</td></tr><tr><td>ไขมันทั้งหมด</td><td>น้อยกว่า 65 ก.</td></tr><tr><td>ไขมันอิ่มตัว</td><td>น้อยกว่า 20 ก.</td></tr><tr><td>โคเลสเตอรอล</td><td>น้อยกว่า 300 มก.</td></tr><tr><td>คาร์โบไฮเดรตทั้งหมด</td><td>300 ก.</td></tr><tr><td>ใยอาหาร</td><td>25 ก.</td></tr><tr><td>โซเดียม</td><td>น้อยกว่า 2,400 มก.</td></tr><tr><td colspan="2">พลังงาน (กิโลแคลอรี) ต่อกรัม : ไขมัน = 9 ; โปรตีน = 4 ; คาร์โบไฮเดรต = 4</td></tr></table></div>	ข้อมูลโภชนาการ		หนึ่งหน่วยบริโภค : 1/2 ของ (30 กรัม)		จำนวนหน่วยบริโภคต่อซอง : 2		คุณค่าทางโภชนาการต่อหนึ่งหน่วยบริโภค		พลังงานทั้งหมด 200 กิโลแคลอรี (พลังงานจากไขมัน 120 กิโลแคลอรี)		ร้อยละของปริมาณที่แนะนำต่อวัน*		ไขมันทั้งหมด 13 ก.	20 %	ไขมันอิ่มตัว 6 ก.	30 %	โคเลสเตอรอล 0 มก.	0 %	โปรตีน 2 ก.		คาร์โบไฮเดรตทั้งหมด 18 ก.	6 %	ใยอาหาร 1 ก.	8 %	น้ำตาล 0 ก.		โซเดียม 330 มก.	14 %	ร้อยละของปริมาณที่แนะนำต่อวัน *		วิตามินเอ 0 %	วิตามินบี 1 4 %	วิตามินบี 2 น้อยกว่า 2 %	แคลเซียม น้อยกว่า 2 %	เหล็ก น้อยกว่า 2 %		* ร้อยละของปริมาณสารอาหารที่แนะนำให้บริโภคต่อวันสำหรับคนไทยอายุตั้งแต่ 6 ปีขึ้นไป (Thai RDI) โดยคิดจากความต้องการพลังงานวันละ 2,000 กิโลแคลอรี		ความต้องการพลังงานของแต่ละบุคคลแตกต่างกัน ผู้ที่ต้องการพลังงานวันละ 2,000 กิโลแคลอรี ควรได้รับสารอาหารต่าง ๆ ดังนี้		ไขมันทั้งหมด	น้อยกว่า 65 ก.	ไขมันอิ่มตัว	น้อยกว่า 20 ก.	โคเลสเตอรอล	น้อยกว่า 300 มก.	คาร์โบไฮเดรตทั้งหมด	300 ก.	ใยอาหาร	25 ก.	โซเดียม	น้อยกว่า 2,400 มก.	พลังงาน (กิโลแคลอรี) ต่อกรัม : ไขมัน = 9 ; โปรตีน = 4 ; คาร์โบไฮเดรต = 4		<div>- It provides the information regarding the amounts of nutrients contained in each particular type of food and they are calculated as percentages of the daily required nutrition content.</div> <div>- The amounts of nutrients obtained from each food product are calculated based on the suggested amount of consumption per one serving.</div>	<div>- 67.5% of the participants have never read the nutrition labels and 32.5% do not understand the information on the labels.</div> <div>- 85.73% of the participants have read the nutrition labels purchasing food; however, one out of four participants think that they understand only some parts of the labels, while only 20% understand everything on the labels and this group of participants suggest that only the important information should be written on the front of the product package.</div>
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Development	Information	Survey results
<p>a guideline for daily amount labels (GDA)</p>  	<ul style="list-style-type: none"> - It is easier to read because only information of the selected ingredients that can negatively affect health when consumed in large amounts is written on the label. - The label immediately tells consumers the total amount of energy obtained from sugar, oil, and sodium after consuming the whole package; however, the information displayed on the GDA label reminds consumers to read and decide for themselves. 	<ul style="list-style-type: none"> - 51.9% of the participants are able to interpret the information a guideline for daily amount labels (GDA) correctly. - The labels should suggest an appropriate decision for consumers based on the nutritional values that benefit consumers' health.

Development	Information	Survey results
<p data-bbox="235 289 587 325">“Healthier Choice” logos</p>  <ul data-bbox="267 640 560 1029" style="list-style-type: none"> • Orange: Unity is strength. • Green: The color of nature • Blue: Brilliance 	<p data-bbox="618 289 1000 976">- With this label on the package, it means that this food product contains the appropriate amount of sugar, oil, and sodium content or it means that, in this particular product, certain ingredients have been reduced (by 20-30%) compared to other products in the same food type.</p> <p data-bbox="618 997 1000 1333">- It is a simple tool that helps consumers to select to consume what is good for their health more easily without wasting too much time.</p>	<p data-bbox="1016 289 1398 745">- 64.7% of the participants were informed that these labels are placed on products that had been proven to have the appropriate amount of sugar, oil, and sodium content.</p>

The design of these “Healthier Choice” logos was unique for the products sold in Thailand. It was the result of comparing policies and ideas from different countries and creating a new set of labels to be used in Thailand. The logos have been categorized according to the types of food products commonly purchased by Thai consumers. Entrepreneurs are required to use these logos on their products with the amount of nutrition values that passes the criteria set by the Sub-Committee of Developing and Promoting the Use of Simplified Nutrition Symbol. For example, a beverage product

must contain less than 6 grams of sugar (approximately 1.5 teaspoon) per 100 grams of beverage in order to have this logo on its package label.

Examples of “Healthier Choice” logos for different food properties



At the moment, there are 7 food types labeled with ‘Healthier Choice’ logos, including 13 main meal products, 582 beverage products, 14 seasoning products, 37 instant and convenience food products (instant noodles and porridge), 103 milk products, 25 snack products and 28 ice cream products, making 812 products in total (retrieved on September 30, 2018)⁷.

Besides, the “Oryor Amazing Cube” (Magic augmented reality (AR) dice) and the “Talipot Fans” are innovations created in 2016, combining the use of AR technology with lesson plans under the Thailand 4.0 policy. Using the camera of the smartphone with the AR application installed to detect the marker, the AR code embedded in the “Oryor Amazing Cube” (Magic augmented reality (AR) dice) is revealed and the cube is



⁷ <http://healthierlogo.com/wp-content/uploads/2016/04/ผลิตภัณฑ์ที่ผ่านการรับรองสัญลักษณ์ทางเลือกสุขภาพทั้งหมด-ด.ล.-61-ขึ้นเวป1.pdf>

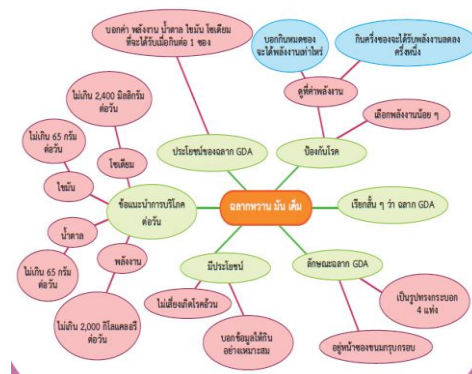
As one points the smartphone's camera at the marker, the AR Code gives out prepared information



foldable after use. The teacher can teach the students how to use the cube in the classroom.

The Thai FDA is the first agency of the Ministry of Public Health to adopt the use of AR technology as it was found in the study that this technology helps stimulate users' learning and understanding of the content. This innovation has adopted the use of both

2D and 3D storytelling. The cube contains 4 stories of which the students have to assemble the cube according to the given questions. Later, they also have to look for a marker



in order to seek the hidden knowledge. Besides the enjoyment, the students acquire new knowledge about healthy food consumption and food safety as well as improve their analytical thinking skills using the mind mapping technique. The application is easy to use and



downloadable on smartphones and tablets via Google Play Store. To search for the application, use the keywords “Oryor Amazing Cube” and, once downloaded, the application can run without the Internet. The students can apply the knowledge in real life and they are informed of the risks and diseases associated with food consumption as well as the benefits of reading nutrition labels in terms of disease prevention and selection of appropriate food consumption. According to the health belief model, if consumers know the causal factors that lead to unhealthy food consumption behavior, they will tend to change their behavior.



“Talipot Fans” used by monks as warnings

“Talipot Fans” are the innovation used by Buddhist monks to warn people that they should consume less sugar, oil and sodium content. The set consists of 4 talipot fans, each contain one phrase, including “Salt is bad,” “Escape fat,” “Turn away from sugar,” and “Read labels first.” It is a strategy used by monks when they preach and go through their routine to warn people who visit the temple to reduce the consumption of sugar, oil and sodium.

Knowledge dissemination



Our initiative has been

implemented to promote good health among both children and adults nationwide. For children, the initiative was first launched in four pilot schools in 2015 and has since been extended across the country until it is now being conducted in 3,500 schools covering urban and rural areas. As for adults, the initiative evolved from the Healthy Diet for Monks project, the Food Safety project, and the Health Volunteer project, launched in 2017, into the Health for All project, implemented in four pilot communities in 2018. This will be extended to 25 provinces countrywide in 2019

Impact

This innovation officially passed the assessment conducted by researchers based on related academic principles prior to the conduct of research procedures. In addition, an unofficial assessment was undertaken by stakeholders from all sectors, such as school directors, teachers, provincial public health officers, university lecturers, community leaders and people of all ages.

The creation and development of the food consumption behavior modification model of high school students in 2015-2016 has been considered and approved by the Ethical Review Committee for Research in Human Subjects, Department of Medical Services, Ministry of Public Health. In addition, there were also assessments carried out by external agencies, namely the Office of the Public Sector Development Commission.



As a result, the agency awarded the Thai FDA with the Public Sector Excellence Awards in the Public Service Category (Lert-Rat Awards) in 2017. Moreover, Young Thai FDA teachers who incorporated the media and lesson plans

supplied by the Thai FDA into their subjects received the OBEC Award from the Ministry of Education.





The key success indicator is the percentage of safe consumption behavior, which is the expected outcome of the project. Safe food consumption behavior includes reading and making use of food labels such as a guideline for daily amount labels (GDA); looking for the “Healthier Choice” logo before making a purchase; cutting back on or avoiding unhealthy food such as snacks and soft drink; and using less seasoning such as fish sauce and MSG. Such behavior promotes better health and well-being.

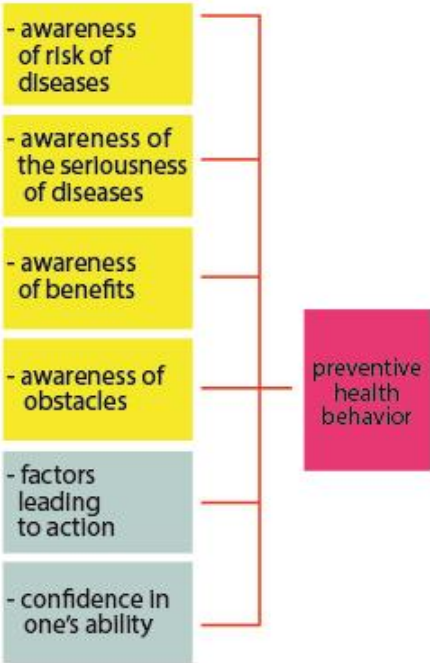
Project development and outcomes



The development of the Good Health Starts Here project consisted of 3 phases as follows:

Phase 1

In 2015, a guideline for daily amount labels (GDA), on food product packages was introduced to help prevent chronic non-communicable diseases. The following year, the Thai FDA

launched the “Healthier Choice” logo, which had been developed from the GDA label to be simpler and more straightforward. The use of the logo was expected to promote safe food consumption behavior for the better well-being of Thais. The first participant group was Grade 7 students. The teacher followed the lesson plan that incorporates the model for altering consumption behavior and that focuses on the active-learning materials designed to be practical and responsive to the needs of the students. The development of the materials and activities follows the framework of the Health Belief Model, which also informs the implementation procedure outlined below.

Strategy	Technique	Activities that lead to behavior change	
		2015	2016
<p>Designing the model based on the the framework of the Health Belief Model (HBM) (If a person is aware of the factors, shown in the picture below, that person is likely to change behavior)</p>  <p>The diagram illustrates the Health Belief Model (HBM). On the left, there are six boxes: three yellow boxes at the top and three grey boxes at the bottom. The yellow boxes contain the following text: '- awareness of risk of diseases', '- awareness of the seriousness of diseases', and '- awareness of benefits'. The grey boxes contain: '- awareness of obstacles', '- factors leading to action', and '- confidence in one's ability'. Red lines connect these six boxes to a central pink box on the right labeled 'preventive health behavior'.</p>	<p>-focusing on activities in the form of Edutainment (Education + Entertainment) , which use technology and innovation to support learning in line with the government's 4.0 policy</p>	<p>9 lessons (only for the experimental group) with an innovation in the form of a quiz game, which can be downloaded onto PC computers, tablets, and smartphones</p>	<p>Modification to the 9 initial lessons</p> <p>1. 6 lessons with the AR Code Oryor Amazing Cube innovation (for both the experimental and the control group)</p> <p>2. 3 Learner development activities (lessons 4-6 in 2015 were turned into learner development activities only for students in the experimental group)</p>

Strategy	Technique	Activities that lead to behavior change	
		2015	2016
The components of the plan were placed according to the model.			
<div>Component 1 Design of the model</div> <div>↓</div> <div>Component 2 Purpose of the model</div> <div>↓</div> <div>Component 3 Content of the model</div> <div>↓</div> <div>Component 4 Activities used in the model</div> <div>↓</div> <div>Component 5 Guideline for the assessment of the model</div>		<p>Outcome: to promote the reading and use of information a guideline for daily amount labels (GDA), and promote consideration of the “Healthier Choice” logo to avoid consumption of sweet, oily, and salty food as well as food that is dangerous for health including snacks, soft drinks, colored food, and fried/grilled food. The project also aims at protecting children’s rights regarding safe food consumption.</p> <div>↓</div> <div>Children exhibited safe food consumption behavior</div>	

In 2015-2016, the model had been implemented with the students. For the second year of implementation, the teachers adjusted the model following the manual, videos and sample supplementary materials provided prior to the instruction. Parts of the model, such as the “Oryor Amazing Cube” (Magic augmented reality (AR) dice) have been designed to encourage collaboration and experience exchange among stakeholders, such as school directors, teachers, provincial public health officers and university lecturers. As a result, students’ consumption behavior has been improved. They chose healthier choices and consumed less unhealthy food, leading to weight loss, good health and fewer patients with NCDs which are ranked first as the cause of death. The model won the Lert-Rat Awards for service excellence from the Office of the Public Sector Development Commission and the model implementation was continuously conducted with the Young Thai FDA schools throughout 2017-2018.

In 2016, the number of schools participating in this product has been increased to 12 from 4 in 2015. The model was later implemented with students in 500 Young Thai FDA member schools in 2017 and 600 Young Thai FDA schools in 2018. The mechanism of administration to create sustainable expansion nationwide has become well accepted since the provincial public health officers who work in the government sector and are responsible for the implemented areas have adopted the model and implemented it with the schools in their responsible areas. In 2015-2018, teachers who had implemented this model were trained to become experts; therefore, they can now independently pass on the knowledge to teachers in other schools. The Thai FDA also provides financial support for some parts of the project operation. This type of collaboration helps disseminate the model to 3,500 high school nationwide. In 2019, the model will be implemented with schools in both urban and rural areas. After it is experimented with 1 classroom (of approximately 35 students), at least 122,500 students will access the model and this helps sustain the project operation as local officers promote the model and take care of all matters. In addition, in 2018, model teachers from 19 provinces also implemented this model with another 139 schools nearby, reaching out to 10,692 students and 4 communities with their own budget.

No. 04240.50 / 1210



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29 November ,2018


Dear Mr. John-Mary Kauzya,

Samutsakhon Wittayalai School, is the secondary school under the Ministry of Education, takes care of 2,965 students. Our school is the one of Oryor Noi schools (for more details about Oryor Noi Project: http://pca.fda.moph.go.th/en/project_detail.php?id=8). Some of our students are Oryor Noi students, joining together as a club to take care of the safety of healthcare products in the school and surrounding by. There is Mrs. Nutpasorn Pasusitthipong, one of our teachers, as the advisor of this club and she also the president of Oryor Noi teachers committee. She always gives the guidance and suggestion to all Oryor Noi students in order to accomplish our goal, that are all students in the school have health literacy and have good healthcare product consumption behavior, also the students can disseminate accurate knowledge about health to their friends, their families and their communities.

Samutsakhon Wittayalai School brought the one of "Good Health Starts Here" tools to implement in the school, that is the model of changing food consumption behavior of students. This model is about the program, including the innovation "magic augment reality (AR) dice", for the students to learn by doing. All students who attend this program enjoy it and feel very happy and they also gain the knowledge at same time, as edutainment. Moreover, the students have accurate food consumption behavior, the fat students get slimmer. Hence, their health will be better. In the term of the teachers who use the model, this model makes them teach student easier. Because this model looks like a guideline to guide the teachers how to teach with high effective and good result. However, Mrs. Nutpasorn Pasusitthipong demonstrated this model to other teachers in other schools around 94 schools, the others (the schools in urban area and rural area) was able to use this model in their schools. This was proved that this model can use in the different context.

We strongly recommend that this initiative "Good Health Starts Here" can enhance the life quality of all children by encouraging them to have the suitable food consumption behavior in order to decrease new patient of non-communicable diseases (NCDs). For more information or any question, please do not hesitate to contact us.

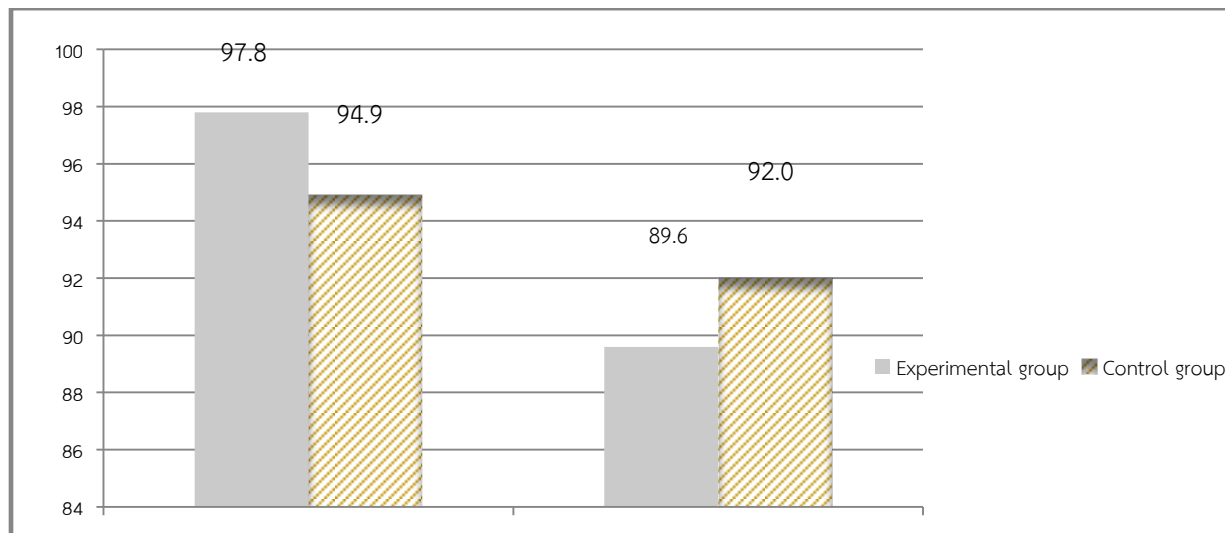
Mr. John-Mary Kauzya
Division for Public Administration and Management
United Nations Department of Economic and Social Affairs
2 UN Plaza – Room DC2-1712,
New York, 10017, USA

Yours Sincerely,

Dr. Prapote Yamtum (Ph.D)
School Director

Outcome⁸

The results of the model implementation in 2015-2016 showed that the experimental group consumed on average 10% less snacks and changed some factors related to safe food consumption behavior in a positive way. In addition, it was found that students have lost weight and further adopted safe food consumption behavior. In 2015, the students' safe food consumption behavior was rated at 68.5% prior to the experiment and was later found at 75.5% after the experiment. In 2016, the students' safe food consumption behavior before and after the experiment stood at 69.5% and 76.3%, respectively.

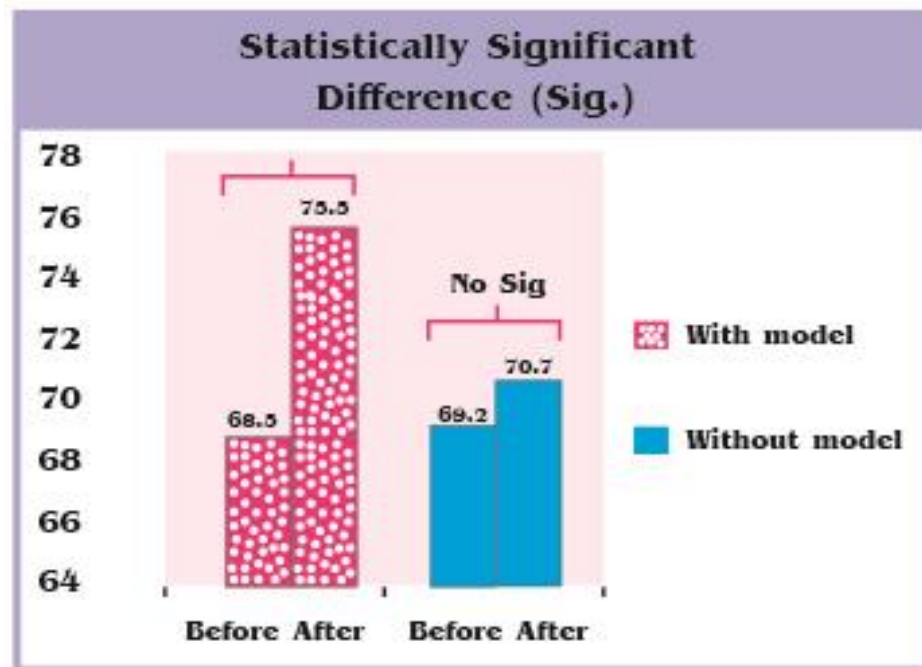
Consumption of snacks and drinks of students in 2015



⁸ A food consumption behavior modification model for junior high school students in 2015
https://db.oryor.com/databank/uploads/fda/0980889001543479772_file.pdf?fbclid=IwAR0OxSDACePOknY7L9z8h38cRZUAQM0dewJxS1I1vpEI2ctgJriSnAdFzS4

Development of a food consumption behavior modification model for junior high school students
A fiscal year 2016
https://db.oryor.com/databank/uploads/fda/0120034001543479969_file.pdf?fbclid=IwAR3gE4L-ju32dTxxydueOUp-WXijUZEK-0Ssb56LR-vHkOHe72pI1SUTcWM0

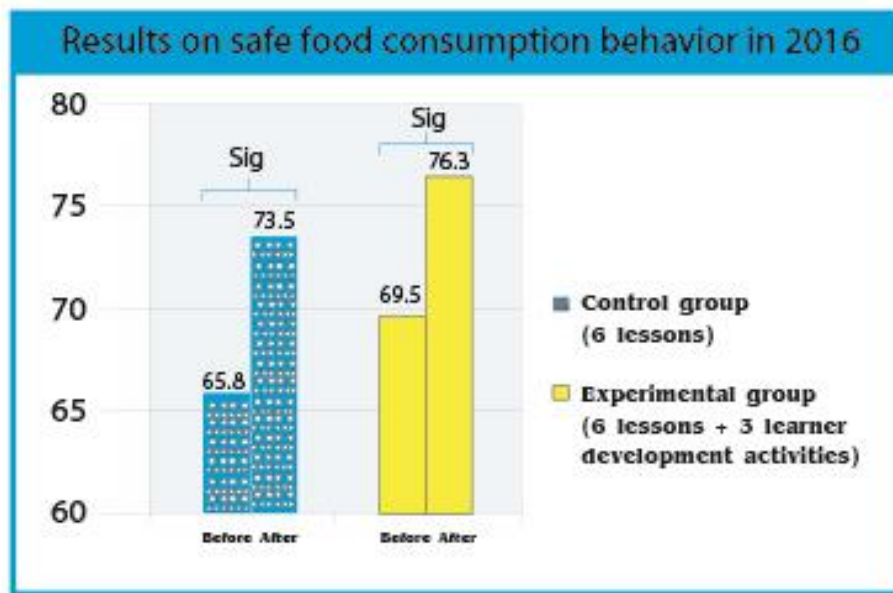
Outcome of the 2015 experiment on safe food consumption behavior



In 2015, the experiment was conducted on Matthayom 1 students in 4 model schools in 4 regions. Each school selected two classrooms for the experiment, one being the control group (not using the model lesson plan) and the other the experimental group (using the lesson plan). Afterwards the students in the experimental group exhibited improved safe food consumption behavior than they did before the experiment. The difference was found to be statistically significant.

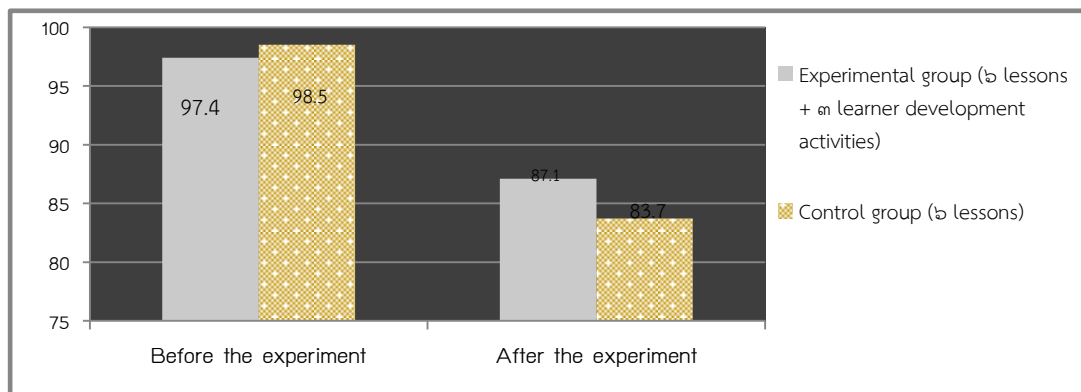
Moreover, students in the experimental groups were found to consume less snacks and soft drinks. Before the experiment, their consumption of snacks and soft drinks stood at 97.8%, but this was reduced to 89.6% after the experiment. In contrast, before the experiment, the consumption of snacks and soft drinks for students in the control groups was 97.9% and it remained fairly constant at 92.0% when the experiment had finished.

In the 2016 study, both the experimental and the control groups were taught with the same six lessons, but the experimental group also participated in three other learner development activities (nine lessons altogether)



The results of the experiment showed that the six lessons have an influence on the children's behavior, promoting their safe food consumption. However, students in the experimental group, which had participated in the three extra activities, exhibited an even greater level of safe food consumption behavior. Prior to the experiment, the safe food consumption behavior of the students in the experimental group was at 69.5%. This increased to 76.3% after the experiment. Therefore, teachers may consider using only 6 lessons if time is limited, but incorporation of the three learner development activities into the program will produce even better results.

Consumption of snacks and drinks of students in 2016



After the experiment, students in the experimental group consumed snacks and soft drink 87.1%, a decrease from 97.4% prior to the experiment.

Results of the qualitative research

A focus group and an in-depth interview with class teachers, project coordinators, and parents were conducted to validate the consistency of the results. The results of the qualitative research showed that after implementation of the project, the students exhibited greater safe food consumption behavior, especially as regards reading food labels before making a purchase, reading a guideline for daily amount labels (GDA), and consuming less unhealthy food and drinks including snacks and soft drinks. It was found that students consumed snacks and soft drinks 10% less, lost some weight, and their body mass index was decreased. Moreover, the empirical data from conversations and interviews with students

and related people confirmed that such reduction in the students' body mass index was the result of the better consumption behavior that they exhibited after participation in the program. This means that the pilot model can promote favorable behavior that is conducive to good health among children. The model can reduce the consumption of snacks among junior high school students in all regions in Thailand. It enables children to apply what they have learned to choosing food products in their own community.

Another study was conducted to assess the persistence of the behavior of the students, who had participated in the 2015 experiment. It was found that students still exhibited safe food consumption behavior. Students in the experimental group who participated in a reinforcement session or “Booster” showed an improved understanding of safe food consumption, risks associated with unhealthy diets, constraints on safe food consumption, and safe food consumption behavior. Their understanding was significantly higher than that of the students in the control group.

Phase 2

In the fiscal year 2017, Thai FDA actively employed three new approaches to expand its target groups nationwide, using the same tool – that of the “Healthier Choice” logo.

Approach 1: Model monks

Thailand places high importance on religious leaders including monks, who are



revered by the general public. Some people may not trust doctors, but they do have faith in monks. Thus, the Chan Dee Mee Suk (good food, good life) project was initiated,



where monks played a key role in improving the well-being of the

Thai people. People were made aware of the importance of health and food products for monks. Data revealed that many monks suffered from chronic non-communicable diseases due to excessive consumption of food and drinks that are too sweet, oily, and salty. This project could also lead to the prevention of instant and convenience food consumption as well as the provision of healthcare for monks and laypeople.

Outcome⁹

A follow-up on the monks' eating habits revealed that 73.67% of the monks exhibited safe food consumption behavior. Of the total, 79% chose more healthy drinks such as milk, herbal drinks, and low-sugar fruit juice, while 76.3% consumed less sweet or sugar-added drinks. Moreover, 89% of the monks read the food labels and 73.7% advised their relatives and friends to read food labels. The project won the Kaew Kanlaya Sikha Lai award from the Praboromarajchanok Institute for Health Workforce Development in 2017.

Approach 2: Older people in the San Khong Luang community



The Chiang Rai Municipality ran a project called the Safe Food Project, following the successful implementation among children. The project aimed at developing knowledge of food labels as well as shaping favorable attitudes towards food labels in the community. An investigation into the instant food consumption of the people in the community was conducted. The informants included community leaders and villagers in the area. The collected data informed Thai FDA's decisions in designing media and an experiment to be conducted on older people. Insights from the experiment were disseminated by nutritionists who did not belong to the community.

⁹ A report on the results of Chan Dee Mee Suk project in 2017
https://db.oryor.com/databank/uploads/fda/0033624001543485591_file.pdf?fbclid=IwAR00j0V2hdMD5CihDeAPtDgEYisdN7CVM47zqb895Gf7UkGwdljHPwmdBaU



Outcome¹⁰

The participants were more likely to read nutrition labels before purchasing food products. The percentages of such behavior before the experiment, after the experiment, and during the follow-up session were 45.5, 77.1, and 80.6 respectively. Community leaders saw the importance of the project and therefore incorporated the knowledge into the syllabus of University of Third Age Thailand, Chiang Rai province, which provides learning opportunities for older people. However, the program may be suitable in only some regions.

¹⁰ Effect of the implementation of a nutrition label use promotion Program on the nutrition label knowledge, attitudes, and use of communities Fiscal year 2017
https://db.oryor.com/databank/uploads/fda/0167511001543483477_file.pdf?fbclid=IwAR3WutaqegTvYGfORFvUsbTz2gzqfPAn73rk6yem7jxe6veEP4Qb8FvktEg

Approach 3: Volunteers

A number of people have volunteered to help the Thai FDA in



taking care of themselves and the people in the community. The volunteers were encouraged to analyze the problems in their areas and initiate methods and establish cooperation among the people in the community. The aim was to reduce the inappropriate consumption of health products through activities that were designed specifically for particular communities. The Provincial Public Health Office and the Sub-district Health Promoting Hospital were the consultants and the Thai FDA provided subsidies for the program. However, the



volunteers were fully responsible for the initiation and implementation of projects. The Thai FDA would only observe and monitor their activities. This approach encouraged greater involvement of people in the community than the second approach because they would feel a sense of ownership.

Phrase 3



In 2018, the Thai FDA has analyzed its connections, strengths, weaknesses, opportunities, obstacles, and capital. From the three projects, it is clear that the Thai FDA has continuously worked together with the public, monks, and schools. The projects were implemented in different regions, promoting cooperation among these groups of people. The Thai FDA has created better health for communities within its reasonable budgets and responsibilities. The communities were encouraged to make use of their own resources including human resources such as village scholars, religious leaders, monks, and respected individuals. This would produce more sustainable results than relying on only one group of people.



With that principle, the Thai FDA introduced the Healthy Community project or the household-temple-school-hospital (HTSH) networks. The mission is to create an independent and sustainable community of healthy people. The project was piloted in four communities in four provinces, each in a different region. Villagers and individuals from temples, schools, and hospitals were brought together to think, lead, and work cooperatively. They were given full independence—they initiated activities and worked out solutions by



themselves in order to reach their goals. The goals included the prevention of chronic non-communicable diseases and the better health of the patients with those diseases. The prevention measures were the use of the “Healthier Choice” logo and a guideline for daily amount labels (GDA).

Each community made use of its own human resources including Young Thai FDA, children trained by Thai FDA. The activities also incorporated the region’s unique cultures with cooperation among temples, mosques, and schools. Talipot fans were



used. Ethnic diversity was also taken into consideration. Households

were made aware of the dangers of ignoring their health and were educated about methods to cut back on sweet, oily, and salty food. Various activities were introduced such as surveying the seasoning products of households and the amount of sodium in their food. The data were compiled and the information on the appropriate daily amount



of seasoning was distributed to each household. Moreover, stores inside and outside of the communities

including coffee shops, grocery stores, and small and medium sized supermarkets helped to promote “Healthier Choice” products. This created a trend for the products—villagers asked for products with the crossing hands sign and manufacturers tried to adjust their food recipes to qualify for the logo. For example, some Sai Oua (Northern Thai sausages) sellers tried to reduce the saltiness of their food. As a result, people were more concerned about choosing products with the “Healthier Choice” logo, leading to less consumption of sweet, oily, and salty food.

Outcome¹¹

Initially, 31.5% of the target group had never made use of the “Healthier Choice” logo when buying food products. After implementation of the project, all the people in the target group considered the logo when making a purchase – 61.6% bought food products that have the “Healthier Choice” logo. Additionally, people who compared the nutritional values of food products before buying accounted for 43.2%, but this increased to 65.1% after the project had been implemented.

It was found that each community had its own strategies in implementing the project. Small-sized communities employed an infiltration strategy—educating and altering the behavior of each individual. The main strategy of medium-sized communities was house visits—going to each house in the community and educating the family. Large-sized communities with high diversity often employed a dissemination strategy—setting up many information points in the community including in temples and mosques. These communities placed high importance on ethnic and religious diversity. Many activities under the theme of “Smart Life” were organized.

Apart from educating and altering the behavior of the people in the community, one crucial process is to create a suitable environment that is conducive to safe food consumption. The environment should promote the importance of healthy diet, for example by giving prizes or urging family members to eat healthy food. Stores can also help by offering healthy food products, spreading information about the products, and stocking enough products to be sold. All of these would enhance people’s understanding and create positive attitudes, which in turn lead to behavior change.

¹¹ Follow –up and Evaluation of the 2018 Health for All project
https://db.oryor.com/databank/uploads/fda/0236940001543480257_file.pdf?fbclid=IwAR2LBxyUEcpWnMITDJMKlb2J9GKuieSm9VlrQYB6qyvMdHJ6in4RdZczJJc

Significance of the project

The initiative of Thai FDA will ultimately help to improve the public health care situation in Thailand. By promoting healthy food consumption behavior, the initiative will reduce new incidences of NCDs and enhance the prognosis of present NCDs patients. If the initiative proves to be successful and can thus be extensively implemented in the long run, the annual expenditure on NCDs treatment from the Universal Coverage (UC) budget, currently standing at THB 25,000 million, can be allocated to more necessary causes.

In addition to curbing public medical expenditure on NCDs treatment, the initiative can also partly alleviate the public health sector's problems relating to insufficient human resources and human resources budgets. Instead of relying on permanent, paid staff, the initiative involves collaboration from all the allies in the target communities, such as teachers, students, and Young Thai FDA representatives. As these allies are mainly responsible for operating the initiative, the implementation entails minimal human resources and human resources budgets.

Participation and collaboration of stakeholders

Operational management adopting the participation and participatory communication approach

1. Participation in the study of an environment of the project conducted to obtain basic information about work procedures, problems and causes of the problems, and prioritize the problems according to their significance
2. Participation in the project planning through group discussion to gather opinions and determine the project's policy, objectives, operational guidelines and required resources

3. Participation in the project's operational development through provision of materials, equipment, labor and capital as well as taking part in the management, resources consumption, cooperation and assistance of stakeholders
4. Participation in receiving the benefits from the project development

Project implementation with children

Stakeholder	Collaboration	Protocol	Mutual Benefit
1. Project officers from the Public and Consumer Affairs Division, Food and Drug Administration	- Together explore concepts, model components and operational procedures used in model construction.	- Use recruitment methods.	- Cooperation networks between organizations are created.
2. Lecturers from the Faculty of Education, Kasetsart University Bangkheng Campus, and the Faculty of Education, Institute of Physical Education Bangkok Campus		- Receive approval in the board meeting / Conduct a field study to explore the school's problems and contexts.	- The project's empirical results can be presented to the public.

Stakeholder	Collaboration	Protocol	Mutual Benefit
3. School directors	<ul style="list-style-type: none"> - Give talks on the model implementation at academic events encouraging other Young Thai FDA member schools to adopt the implementation of the model. - Develop policies allowing teachers to implement the model in other classrooms and school activities. - Some schools give financial support to teachers who produce additional media and materials to be supplemented with the lesson plans for other schools. 	<ul style="list-style-type: none"> - Explain and create connecting points in the operation as well as develop mutual understanding. - Operate as working groups with official appointment. - Serve as both information providers and receivers, resulting in an information delivery process useful for the research project. 	<p>Schools meet the standard criteria concerning the quality of students.</p> <ul style="list-style-type: none"> - Standard 1 Students experience happiness and appreciation - Standard 3 Students possess self-directed learning skills and are committed to self-development.
4. Provincial public health officers	- Share opinions on the design and development	- Include onsite trainers in the	- The innovation can be used to

Stakeholder	Collaboration	Protocol	Mutual Benefit
5. Young Thai FDA teachers	<p>of the model for food consumption behavior modification of junior high school students in 2015-2016 to be suitable to the school context and environment.</p> <ul style="list-style-type: none"> - Provide suggestions on model implementation tests. - Provide suggestions to teachers who conduct the model implementation. 	<p>operation to provide assistance to teachers.</p> <ul style="list-style-type: none"> - Develop long-term relationship and cooperation / receive opinions and suggestions via Line groups. 	<p>conduct activities in other areas and the Young Thai FDA member schools.</p> <ul style="list-style-type: none"> - The materials can be used in other classrooms or they can concretely be implemented in other schools. - The survey results concerning the students' food consumption and

Stakeholder	Collaboration	Protocol	Mutual Benefit
6.			<p>the results of the model implementation can be included in the policies to solve problems related to students' behavior modification to be proposed to school administrators and/or to create work plans or activities to improve students' health behavior in the future.</p>
6. Teachers	<ul style="list-style-type: none"> - Implement the model in the instruction of their subjects. - Offer suggestions / opinions based on the experience of implementing the model 		

Stakeholder	Collaboration	Protocol	Mutual Benefit
	for further improvement.		
7. Producers of materials/activities	<ul style="list-style-type: none"> - Express opinions on the production of materials and share technique for creating materials appropriate to target students. - Produce materials according to the concepts designated by the committee. 	<ul style="list-style-type: none"> - Use recruitment methods. 	<ul style="list-style-type: none"> - The materials and activities can be included in the portfolio.
8. Parents	<ul style="list-style-type: none"> - Allow their children to participate in the model implementation tests. 	<ul style="list-style-type: none"> - Approve the clarification letter and return the consent with the signatures of teachers as intermediates. 	<ul style="list-style-type: none"> Children consume less snacks and lose weight.

Project implementation in the community (groups of people in general)

Stakeholder	Collaboration	Protocol	Mutual Benefit
1. Food and Drug Administration (Public and Consumer Affairs Division)	<ul style="list-style-type: none"> - Perform site analysis in the community and explore its strengths, weaknesses, opportunities and threats. - Provide academic support and 	<ul style="list-style-type: none"> - Receive approval from the working groups. 	<ul style="list-style-type: none"> - Cooperation networks between organizations are created.
2. Provincial Public Health Office / District Public Health Office		<ul style="list-style-type: none"> - Hire researchers. - Conduct a 	<ul style="list-style-type: none"> - The project's empirical results can be presented to the public.

Stakeholder	Collaboration	Protocol	Mutual Benefit
3. Researchers	<p>disseminate the knowledge to people in the community.</p> <p>- Unleash the potential of the household-temple-school-hospital (HTSH) networks and make use of the existing resources to improve the community. (For example, one respected person in a community can make people believe in his/her words without holding a high position.)</p> <p>- Follow up and assess the operation.</p> <p>- Encourage and give spiritual support to the household-temple-school-hospital (HTSH) networks.</p>	<p>field study to obtain information about health conditions, areas and lifestyles of people in the community, which is essential for trainers who will give suggestions to the community.</p>	

Stakeholder	Collaboration	Protocol	Mutual Benefit
4. Religious network (Buddhist monks, ministers and imams)	- Together consider existing options, make decisions and take actions to achieve the community's goals, concerning community analysis / strategy development / activity provision for the benefits of the community. - Create the environment inside and outside the	- Operate as working groups with official appointment.	- The results are beneficial to the community itself.
5. Education network (Young Thai FDA teachers / Young Thai FDA /Office of the Non-Formal Education /school directors)		- Attend meetings. - Undertake home visits.	- The resulting healthy community can be regarded as a model for other communities.
6. People's network (village health volunteers, senior citizens associations / obesity club and community committees)		- Equally serve as both information providers and	- The project can be presented at the national conferences or events.

Stakeholder	Collaboration	Protocol	Mutual Benefit
7. Public health network (Community health centers / sub-district health promoting hospitals / municipalities)	<p>community, such as displaying food with the “Healthier Choice” logos, to help the community to achieve its goals.</p> <p>- Together seek solutions and lessons learned to continue with the operation in the coming year.</p> <p>- Some community networks ask for financial support from other sources (besides budget given by the Thai FDA) for both current and future operations.</p>	<p>receivers, despite differences in religions, genders, ages and education levels.</p> <p>- Encourage influential figures in the community to become a member of the work group.</p> <p>- Welcome shops / convenience stores / restaurants / supermarkets to take part in the project operation.</p>	<p>- Members of every household are healthy and capable of work, leading to a better economy.</p> <p>- No medical costs for NCDs are needed.</p>

Stakeholder	Collaboration	Protocol	Mutual Benefit
8.Administration (Governors / district chiefs / physicians of provincial public health office)	<ul style="list-style-type: none"> - Together make stakeholders realize the importance of the operation, participate in the project and work toward the same goals. 	<ul style="list-style-type: none"> - Introduce policies. - Participate in activities. - Be a role model for others and provide appropriate suggestions. 	<ul style="list-style-type: none"> - They are successful in meeting the criteria regarding health promotion and disease prevention.
9.Shops/supermarket s/local department stores	<ul style="list-style-type: none"> - Sell food products with the “Healthier Choice” logos and provide a sales space for these specific products. - Publicize the advantages of purchasing food products with the “Healthier Choice” logos. 	<ul style="list-style-type: none"> - Visit shops / create good relationship / point out the advantages / ask for cooperation. - Make use of the household-temple-school-hospital (HTSH) networks. 	<ul style="list-style-type: none"> - When the healthy community produces products with the “Healthier Choice” logos, the products tend to sell better. - They receive compliments / awards from related organizations.

Stakeholder	Collaboration	Protocol	Mutual Benefit
<p>10. Sub-Committee of Developing and Promoting the Use of Simplified Nutrition Symbol (appointed by the Food and Drug Administration to promote the use of the “Healthier Choice” logos, with the Thai FDA Secretary-General serving as the chairman and the public sector / private sector / government sector as supporters)</p>	<ul style="list-style-type: none"> - Develop criteria for nutrition labels of new food products to increase the number of healthy food products in the market. - Encourage producers to devise their recipes according to the criteria and sell them in the market. - Examine / stay alert for the certified products to build trust in food products with the labels among Thai people. - Introduce the labels along with their advantages in selecting food products. 	<ul style="list-style-type: none"> - Report the progress in the meeting and get approval. - Include up-to-date information about the cooperation with the sub-committee on the website: http://healthierlogo.com 	<p>They work toward the same goal which is to encourage Thai people to consume less sugar, oil and sodium using the “Healthier Choice” logos to help with their food product selection.</p>

Stakeholder	Collaboration	Protocol	Mutual Benefit
11. Food producers (instant/convenience food)	<ul style="list-style-type: none"> - Adapt the recipes based on the given criteria. - Produce food products with these nutrition labels and distribute them across the country. - Encourage Thai people to choose the products with the “Healthier Choice” logos via the existing channels. 	<ul style="list-style-type: none"> - Include food producers in the related working groups. - Seek collaboration via public hearings. 	<ul style="list-style-type: none"> - They receive compliments / awards from related organizations. - They have greater opportunity to generate sales compared to their competitors who are without these labels. - They have a positive image in society.

Operational Resources

The implementation of the initiative involves human resources and financial resources. As for human resources, the initiative mainly taps into the readily available human capital, drawing on collaboration with all the allies in the target communities. As for financial resources, the initiative has received continual, albeit small, budget allocations from Thai FDA . However, since its inception, the initiative has met with positive feedback and consequently been given financial support from the local administration organizations. All this ensures sustainability of the project, as is evidenced by the success in all the four pilot communities.

Access to the project information

The Good Health Starts Here project 2015-2016 expected that Thai people and the groups that the Thai FDA has targeted and conducted the Good Health Starts Here project can access useful knowledge, information and news for health conscious awareness and this project can be advertized through digital media that are conveniently and inexpensively reproducible. Those interested can access such information by searching according to their needs from <http://www.oryornoi.com>¹², <https://oryor.com/>¹³ and <http://healthierlogo.com>¹⁴ (websites under the Thai FDA that contain information promoting the “Healthier Choice” logos). In addition, the Thai FDA has communicated the project through social media such as Facebook FDAThai, Line @FDAThai, Twitter FDAThai, Instagram FDAThai and Youtube FDAThai. Besides, the project has been publicized via press and media such as television and printed media. Complaints and comments can be posted on the website oryor.com, <https://oryor.com/oryor2015/complain.php>¹⁵, Facebook FDAThai¹⁶, Line @FDAThai, and Oryor smart application¹⁷.

¹² <http://www.oryornoi.com/?cat=11>

¹³ https://oryor.com/oryor2015/news-update-detail.php?cat=58&id=1510&fbclid=IwAR0yTU4dbsilZg8-8D8NU4FKNcA1xfKJ20_L4FyMkzsXINMdU3TsbVoONoc

https://oryor.com/digi_dev/

¹⁴ <http://healthierlogo.com/%E0%B8%AB%E0%B8%99%E0%B9%89%E0%B8%B2%E0%B8%AB%E0%B8%A5%E0%B8%B1%E0%B8%81/>

¹⁵ <https://oryor.com/oryor2015/complain.php>

¹⁶ <https://www.facebook.com/FDAThai/>

¹⁷ <https://play.google.com/store/apps/details?id=th.co.keeneye.OryorSmartApp&hl=th>

Creating sustainability and expansion

Thai FDA 's campaign to promote the 'Healthier Choice' logos has widened healthy food choices containing lower sugar, oil, and/or sodium content for consumers and created public awareness of health care through healthy food consumption behavior. In addition to playing a part in setting such a health care trend, Thai FDA is also determined to expand the types and varieties of healthy food choices in the market. Amazon Coffee, for instance, has embraced our effort, adding to its menu beverages granted the 'Healthier Choice' ¹⁸ logos.

Furthermore, 2,344 branches of leading retail businesses and over 10,000 convenience stores nationwide have also cooperated with us by selling 'Healthier Choice' of life of Thai



or promoting food products with the logos. Our success in enhancing the quality people through social and economic mechanisms as well as in creating an environment where they find it easier to remain in good health indicates that our initiative is sustainable in nature.

Our initiative has been driven by collaboration between all sectors, namely the religious sector, such as Buddhist monks, chaplains, and imams; the education sector, such as Young Thai FDA representatives as well as teachers and students in schools including those in non-



¹⁸ <https://goodlifeupdate.com/news/99138.html>

formal and informal education centers; the public health and administration sectors, such as provincial governors, district chief officers, and municipality chief officers. These allies would formulate the strategies for achieving the goals of our initiative, conducting a SWOT analysis of their area, and mapping out the action plans for implementing our initiative, with Thai FDA and provincial health offices serving as mentors providing academic and information support. Then they would collaborate in pursuing such strategies and action plans with our researchers helping in the process of designing and carrying out the evaluation. In addition, they would take part in identifying the outcomes and key lessons learned. Apart from such allies, we have also networked with restaurants, convenience stores, and grocery stores in raising awareness of the ‘Healthier Choice’ logos. Throughout all stages, we have welcomed suggestions and provided health knowledge through a variety of channels, such as <http://healthierlogo.com>, <https://oryor.com>¹⁹, the @FDAThai Line@, the FDAThai Facebook fanpage, and YouTube channel.

In addition, there are still the ongoing processes of the household-temple-school-hospital (HTSH) project operation and the implementation of lesson plans conducted with children, in 16 out of 25 communities that will use the 2018 activity management model of the household-temple-school-hospital (HTSH) project in 2019. More collaboration will continue at the national level, providing more access to food products with the “Healthier Choice” logos. This will sustainably urge both industrial and concerned sectors to adjust food recipes to contain less sugar, fat and salt.

¹⁹ https://oryor.com/oryor2015/news-update-detail.php?cat=58&id=1510&fbclid=IwAR05wdSCsnKtDio8E_yYmF0PwFeygTUoDDTUxb2W5tNbyIZ3o2dp4IDZNfQ

Lessons learned

A paradigm shift from a centralized system where the public sector determines the operations of an initiative to a participatory one that fosters engagement in all stages from the formation of a civil state network to the evaluation stage will ensure a match between an initiative and the local culture and ultimately sustainable success. Additionally, recognition of the value of an initiative will enhance its credentials – an important mechanism for extending the initiative onto national, regional, and international levels. Thus, winning the 2019 United Nations Public Service Awards will greatly help us pave the way for achieving that goal.

. Changing the roles and mindset of the Thai FDA from being a creator to a participant who learns together with the people in the community promotes the collaboration between households, temples, schools and hospitals, the members of which are the owners of the community. Bring these people together to think, lead, and design procedures or activities that are in line with their cultures will result in the achievement of mutual goals, and the involvement of villagers in the project is key to sustainability

Thai FDA presses ahead with Good Health for All project

The incidence of non-communicable diseases (NCDs), such as obesity, diabetes, hypertension, chronic renal failure, and cardiovascular disease, is on the rise. This is attributable to unhealthy consumption behavior, particularly excessive consumption of food with higher sugar, oil, and/or sodium content.

In the press conference for the 2018 Good Health for All project held at the Miracle Grand Hotel, Bangkok, Dr. Poonlarp Chanthawijitwong, FDA Thailand Deputy Secretary-General, points out that Thai FDA is implementing the project in order to educate residents in all communities across Thailand in how to modify their food consumption behavior. Taking a proactive approach, the project commences by establishing collaboration with household-temple-school-hospital (HTSH) network leaders, who will serve as the main driving force in promoting healthy food consumption behavior. Information relating to the consumption of sweet, oily, and/or salty food in line with guideline daily amounts, nutrition label reading/use, and ‘Healthier Choice’ logos is presented in a consumer-friendly format, such as infographics, video clips, and game applications. The HTSH network leaders can make use of these media to suit their respective communities.

The project was launched in four pilot communities, namely Ban Thum community, Moo 1, Mueang district, Khon Kaen province; Na Kuam Nuea community, Mueang district, Lampang province; Prem Prachakhom community, Moo 2, Phra Phutthabat district, Saraburi province; and Pho Wai community, Mueang district, Surat Thani province.

To ensure effective evaluation of the project, Thai FDA joined hands with the Faculty of Public Health of Mahidol University in following up the project outcomes in

²⁰ https://db.oryor.com/databank/uploads/fda/0717527001543478541_file.pdf

the four pilot communities. The findings showed that the residents in the communities were better aware of the causes of NCDs, maintained healthier health consumption behavior by avoiding food with a strong taste and overuse of seasoning ingredients as well as cutting down on processed food and snacks, and purchased food with ‘Healthier Choice’ logos more. In addition, the HTSH mechanism proved to influence the residents and local organizations to develop a sense of ownership of and engage in the project, enhancing project success in both the short and the long run.

One key lesson learned from the project implementation is that communities with different demographic characteristics call for different strategies. The getting up-close strategy is suitable for small communities like the Prem Prachakhom community in Saraburi province. Effective activities include one-one-one healthy food consumption and nutrition label reading/use sessions before trained community residents share their knowledge during community council and community assemblies. In addition, food vendors should be made aware of the importance of healthy cooking in maintaining good health. Grocery stores can also cooperate by promoting food products with ‘Healthier Choice’ logos. The focusing on targets strategy works well with medium-sized communities, such as the Ban Thum community in Khon Kaen province and the Na Kuam Nuea community in Lampang province. The focused target groups are NCD patients and NCD prone residents. Effective activities for these groups include home visits for knowledge sharing and outcome follow-up. A larger base of businesses, such as grocery stores, convenience stores, coffee shops, and small and medium-sized department stores may be involved in the process of promoting/ using products/ingredients labeled with ‘Healthier Choice’ logos. The carrying it on strategy is practical in large communities like the Pho Wai community in Surat Thani province. Knowledge relating to food consumption and nutrition label reading/use can be transferred to residents from different ethnic origins and religious allegiances through such allies as public health volunteers and HTSH network leaders.

“A key success factor in all the pilot communities was that of our Young Thai FDA representatives. They strove to help us achieve our goals alongside the HTSH

network leaders. All these parties did well in creating an environment that nurtured healthy food consumption behavior. We also received great support from leading retailers, such as Big C, Tops, Tesco Lotus, and Macro, which were willing to put up our posters and play our awareness-building videos on their premises. Thai FDA is going to continue this HTSH mechanism, but it's also important to devise new strategies and innovations to suit the new target communities nationwide that we plan to reach out to in the next fiscal years. Our ultimate goal is to make Thailand a healthy society where the people lead a healthy lifestyle and are free of NCDs in the long run. This can relieve both personal and public burden in terms of medical expenditure," Thai FDA Deputy Secretary-General added.

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