The Effectiveness of the Universal Health Coverage Policy: A Case Study of Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province

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Abstract

This research aimed to: (1) examine the level of effectiveness of the Universal Health Coverage policy in Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province; (2) investigate the factors related to the effectiveness of the Universal Health Coverage policy in the same area; and (3) propose guidelines to enhance the policy's effectiveness. This study employed a quantitative research methodology. The target population consisted of households residing in Don Phatthana Village. The respondents included heads of households, household representatives, or legally competent family members capable of providing information. The research instrument was a questionnaire developed by the researchers, divided into three sections: Part 1 – general demographic information of the respondents; Part 2 – questions regarding participation factors; and Part 3 – questions on the effectiveness of the Universal Health Coverage policy. Data

were collected from February to August 2024 and analyzed using statistical software for social science research. The analysis involved frequency distribution, percentage, mean, standard deviation, and correlation coefficient (r). The results as follows: 1) The overall effectiveness of the Universal Health Coverage policy was at a high level ($\bar{x}$ = 4.53, S.D. = 0.40). When examining individual aspects, all dimensions showed high levels. The highest mean was found in project risk ($\bar{x}$ = 4.51, S.D. = 0.50), followed by satisfaction ($\bar{x}$ = 4.51, S.D. = 0.44), and participation ($\bar{x}$ = 4.51, S.D. = 0.42). 2) The factor significantly related to policy effectiveness was public participation, which included four sub-dimensions: participation in decision-making, operational participation, benefit participation, and evaluation participation. These were statistically correlated with the policy's effectiveness at the 0.01 level, with an overall correlation coefficient of 0.703. Specifically, the correlation coefficients were as follows: participation in decision-making (r = 0.516), operational participation (r = 0.499), benefit participation (r = 0.603), and evaluation participation (r = 0.703). These results supported the proposed hypotheses. 3) The proposed guidelines for enhancing policy effectiveness include: promoting participation in decision-making, operations, benefit sharing, and evaluation.

Keywords: Effectiveness, Policy effectiveness, Policy, Universal Health Coverage policy

Introduction

Thailand's healthcare system has undergone a significant transformation, evolving from traditional self-care practices rooted in local wisdom to a modern healthcare infrastructure increasingly reliant on contemporary medicine and advanced technologies. While the public sector

continues to serve as the primary healthcare provider, private healthcare services—both profit-oriented and non-profit—also play an important role in supporting public health delivery (Health Systems Research Institute, 2001). Historically, protective mechanisms against healthcare-related expenses existed in the form of state-sponsored charitable support for the poor, such as exemptions from medical fees (Pipatrojanakamol, 2004). The enactment of the National Health Security Act in 2002 was a watershed moment in Thai public health policy. It established that every Thai citizen is legally entitled to access standardized and efficient healthcare services. To facilitate this, the government established the National Health Security Fund, which finances and supports the operations of health service providers across the country to ensure equitable access to healthcare for all (National Health Security Office, 2019).

Thailand's Universal Health Coverage (UHC) is built upon the principle of health equity—ensuring that all individuals in society are entitled to essential health services regardless of socio-economic status. The primary objective of UHC is to safeguard the right to timely access to quality public health services that meet the actual health needs of the population (National Health Security Office, 2021). Known popularly as the "30 Baht Scheme" or the "Gold Card Scheme", UHC is a legally guaranteed right for every Thai citizen from birth and throughout life. It covers a wide range of services including health promotion, disease prevention, diagnostics, treatment, and rehabilitation (National Health Security Office, 2019). Recent reforms have expanded service delivery options, allowing beneficiaries to receive primary healthcare services at any certified provider without the need for referrals, including cancer treatment at capable hospitals.

Additionally, changes to service registration can now be made immediately, and patient records are digitally connected to improve care coordination. These developments reflect the government's continued effort to enhance the quality and efficiency of healthcare services. Thailand has earned international recognition for achieving near-universal health coverage for its population. However, disparities remain in the benefit packages offered across different public insurance schemes. Moreover, the financial demands of maintaining the system have increased steadily due to rising healthcare needs, an aging population, and the growing complexity of diseases (National Reform Plan on Public Health, 2021).

The latest UHC policy, known as "One ID Card for Universal Care", builds upon the original 30 Baht Scheme and aims to simplify access to healthcare services. Under this initiative, Thai citizens can receive medical care at any facility nationwide by simply presenting their national ID card. This system removes the need for complex hospital referral processes and allows for digital integration of medical records to enhance service continuity (Bureekul, 2021). According to Oupathum (2024), this policy represents a significant advancement in public health administration, designed to increase convenience and service quality for the public. To ensure the success and sustainability of this program, all involved stakeholders must not only adopt sound administrative practices but also adhere to ethical principles. It has been argued that good governance—transparency, accountability, and integrity—is the essential foundation for managing the "One ID Card for All Care" program. This initiative, which enables citizens to access health services using only their 13-digit identification number, embodies the ideal

of a unified and inclusive national health system (Pakdeejit, 2021; Oupathum, 2024).

Despite the successes of UHC, challenges remain. Prior to the nationwide implementation of the scheme, many Thai citizens—particularly those outside the formal employment system, rural populations, and low-income groups—lacked health insurance and bore the financial burden of healthcare costs (Petlert & Phosing, 2016, pp. 275-284). Access to health services was hindered by both personal and systemic barriers, with individual-level factors often impeding early or effective utilization of services (Mongkhonsuebsakul, 2022). Today, as the population grows older and diseases become more complex, healthcare facilities are increasingly overcrowded. Citizens rely more on institutional care than self-care, contributing to rising costs. The budget allocation system, which is based on population size rather than service demands, is often misaligned with actual healthcare needs.

These ongoing problems serve as the basis for the present study, which focuses on the effectiveness of the Universal Health Coverage policy in Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province. The researchers aim to evaluate how the policy performs at the community level, identify the factors contributing to its effectiveness, and propose practical recommendations. Ultimately, the findings of this study are expected to support future decision-making processes and contribute to the formulation of more effective public health policies that deliver equitable, high-quality healthcare services and promote the well-being of all Thai citizens.

Research Objectives

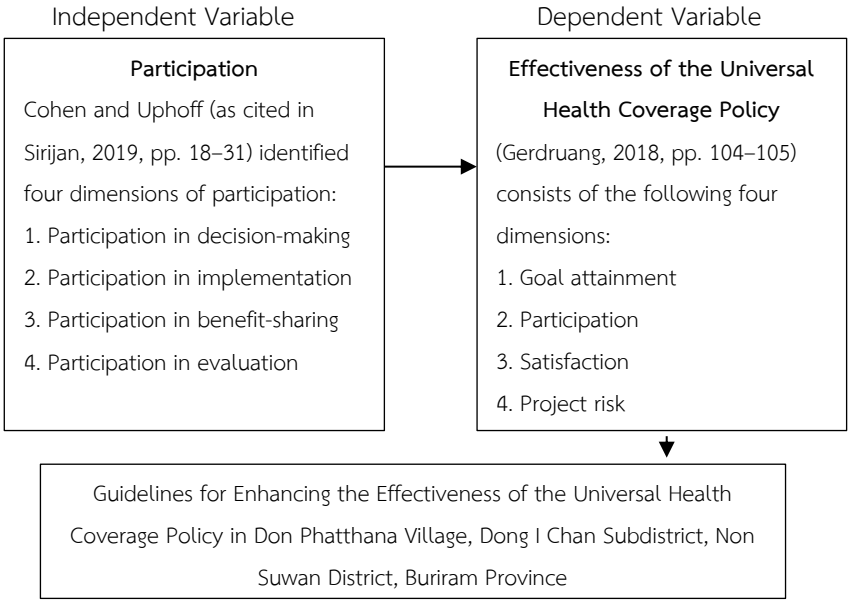
1. To examine the level of effectiveness of the Universal Health Coverage policy: A case study of Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province.

2. To investigate the factors related to the effectiveness of the Universal Health Coverage policy: A case study of Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province.

3. To propose guidelines for enhancing the effectiveness of the Universal Health Coverage policy: A case study of Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province.

Research Scope

Conceptual Framework



Research Hypothesis

Based on the research objectives, literature review, relevant theoretical frameworks, and previous studies, the researchers formulated the following research hypothesis to explain the relationship between participation factors and the effectiveness of the Universal Health Coverage policy:

Participation—which includes decision-making, implementation, benefit-sharing, and evaluation—is significantly related to the effectiveness of the Universal Health Coverage policy in Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province.

Research Methodology

1. Research Population

The research population consisted of households residing in Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province. Respondents included heads of households, household representatives, or legally competent members capable of providing reliable information. A total of 160 households met the inclusion criteria.

2. Sample Group

The sample group used in this study was drawn from the household population of Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province. A total of 115 households were selected as the research sample, determined using the Taro Yamane formula with a margin of error of 0.05.

3. Sampling Method

To select the sample of 115 households, the researchers employed probability sampling using simple random sampling, following these steps:

Step 1: Identify the households in Don Phatthana Village. The proportion of sample households was distributed by local community zones (known as khoom) as follows: Khoom Pratu Nam: 27 households, Khoom Wat: 12 households, Khoom Klang (Central): 26 households, Khoom Tai (South): 19 households, Khoom Rong Rian (School area): 31 households

Step 2: Perform Simple Random Sampling by preparing 160 slips of paper, each representing one household. The slips were placed in a container, and 115 households were randomly drawn to form the sample group.

4. Variables and Levels of Measurement

The variables used in this study were synthesized from theoretical concepts and previous research through a review of related literature. The research team identified and defined the variables and their levels of measurement as follows:

4.1 Independent Variable and Its Measurement

The independent variable in this study is the participation factor, which comprises the following aspects:

The participation variable was assessed based on the level of agreement indicated by the respondents in the questionnaire. The question asked: “To what extent do you agree with statements regarding your participation in the following areas: decision-making, implementation, benefit-sharing, and evaluation”. This variable was measured using an interval scale. When analyzed as a single composite variable, the scores

were regrouped into three levels of participation. The total score, derived from summing the scores of each item, ranged from 12 to 60 points. The interpretation was based on group-referenced criteria, categorized as follows: Low level: 12–28 points, Moderate level : 29–45 points High level: 46–60 points

4.2 Dependent Variable and Its Measurement

The dependent variable in this study is the effectiveness of the Universal Health Coverage policy. This variable was assessed based on the level of agreement expressed by respondents in response to the following question:

"To what extent do you agree with the implementation of the Universal Health Coverage policy in terms of goal attainment, participation, satisfaction, and project risk". This variable was measured using an interval scale. When analyzed as a single composite variable, the total score—calculated by summing the responses to the relevant questionnaire items—ranged from 12 to 60 points. Based on this total score, the researchers grouped the effectiveness of the policy into three levels: Low level: 12–28 points, Moderate level: 29–45 points, High level: 46–60 points

These group-referenced criteria were used to interpret respondents' opinions regarding the effectiveness of policy implementation.

5. Data Collection Methods and Instruments

5.1 Data Collection Procedures

For this research, data were collected through interviews using a structured questionnaire. The research team, consisting of four members, conducted data collection with a sample of 115 households in Don

Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province. The data collection process was carried out as follows:

5.1.1 Preparation of the Research Team

Prior to data collection, the research team organized a planning meeting to review the procedures involved in each step of the data collection process. The purpose was to ensure a shared understanding of the research tools and methods among all team members.

5.1.2 Data Collection Procedures

The process began with a study of the target area to facilitate efficient travel and logistical planning. The research team then visited the research site to introduce themselves, explain the objectives of the study to community members, and schedule interview appointments. Preparations for fieldwork included organizing the research team, transportation, and the necessary materials—particularly the questionnaire forms to be used during interviews.

5.2 Research Instrument

The instrument used for data collection in this study was a questionnaire, which was divided into three main parts as follows:

Part 1: General Information of Respondents

This section contained close-ended questions aimed at collecting general demographic data of the respondents. It consisted of the following items:

1) Gender – A close-ended question with only 2 predetermined answer choices. Respondents were asked to select one option that best described their gender. This section contained one question.

2) Age – A close-ended question with 5 answer choices. Respondents selected one age range from the provided options. This section also contained one question.

3) Education Level – A close-ended question with 8 answer choices. Respondents selected their highest level of education from the listed options. This section included one question.

Part 2: Questions Related to Participation Factors

This section assessed the respondents' level of participation across four dimensions. All questions were measured using a five-point Likert-type scale, which included the following levels: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree. The section consisted of the following subparts:

1) Participation in Decision-Making – This part included 3 items. Each item was rated on the five-point scale, assessing how much respondents engaged in making decisions related to the policy or community matters.

2) Participation in Implementation – This part included 3 items. It measured the level of involvement in carrying out or executing actions related to the Universal Health Coverage policy.

3) Participation in Benefit-Sharing – This part consisted of 3 items, focusing on how respondents perceived their share in the benefits or outcomes resulting from the policy.

4) Participation in Evaluation – This section included 3 items to evaluate respondents' involvement in assessing or giving feedback on the outcomes or processes of the policy implementation.

Part 3: Questions Related to the Effectiveness of the Universal Health Coverage Policy

This section aimed to assess the respondents' perceptions of how effective the Universal Health Coverage policy had been in their area. Like Part 2, this section used a five-point Likert-type scale: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree. The content was divided into the following four dimensions:

1) Goal Attainment – This part included 3 items measuring the extent to which the implementation of the policy had achieved its intended objectives.

2) Participation – This part consisted of 3 items assessing the level of stakeholder or community involvement in the policy process.

3) Satisfaction – This dimension comprised 3 items that focused on respondents' satisfaction with the services or outcomes of the policy.

4) Project Risk – This final part included 3 items evaluating the respondents' perception of risks, problems, or obstacles that could affect the success of the policy implementation.

The scoring and interpretation criteria for all Likert-scale items were outlined in Table 1.

Table 1

Details of Scoring Criteria and Interpretation for Likert-Scale Questions on the Effectiveness of the Universal Health Coverage Policy

Level	Description	Score
Strongly Agree	The statement corresponds **most strongly** with the respondent's opinion.	5

Level	Description	Score
Agree	The statement corresponds **strongly** with the respondent's opinion.	4
Neutral	The statement corresponds **moderately** with the respondent's opinion.	3
Disagree	The statement corresponds **slightly** with the respondent's opinion.	2
Strongly Disagree	The statement corresponds **least** with the respondent's opinion.	1

3. Instrument Development for Data Collection

The research instrument was developed by the research team through the following steps:

3.1 Relevant literature, books, academic articles, and previous studies related to the effectiveness of the Universal Health Coverage policy were reviewed to establish the research framework, define the scope of the study, and support the development of the research instrument.

3.2 A conceptual framework was defined based on the dimensions of the effectiveness of the Universal Health Coverage policy.

3.3 Questionnaire items were drafted based on the conceptual framework, ensuring alignment with the research objectives, content, and the overall format of the questionnaire.

3.4 An interview questionnaire was constructed in accordance with the research objectives and content scope. The development process was carried out under the guidance of the research advisor.

3.5 The draft interview questionnaire was submitted to the research advisor for review. The advisor examined the content validity and identified any flaws or inconsistencies in the wording of the questions. The

goal was to ensure that the items were relevant to the research objectives, clearly defined terms, and appropriately targeted the research population. The revised questionnaire was then used to assess the instrument's quality.

3.6 Content validity was tested by having the research advisor evaluate the questionnaire. Revisions were made to ensure the content of each item was accurate and appropriate.

3.7 Construct validity was tested by determining whether the questionnaire items accurately reflected the theoretical concepts intended to be measured. This was done through discussions with the research advisor to validate the theoretical alignment.

3.8 Reliability testing was conducted to assess the internal consistency of the questionnaire. After the revised questionnaire was finalized, a pilot test (try-out) was conducted with 30 individuals from the research population in Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province. The data collected from this pilot group were then used to calculate the Cronbach's Alpha Coefficient for the overall questionnaire, each section, and individual items. The overall reliability coefficient of the questionnaire was found to be 0.810. The reliability values for each section are shown in Table 2.

Table 2

Reliability Coefficients of the Interview Questionnaire

Section / Item	Reliability Coefficient (Cronbach's Alpha)
Part 1: Participation	0.455
Participation in Decision-Making	0.333
Participation in Implementation	- 0.398

Section / Item	Reliability Coefficient (Cronbach's Alpha)
Participation in Benefit-Sharing	0.169
Participation in Evaluation	0.226
Part 2: Effectiveness of the Universal Health Coverage Policy	0.791
Goal Attainment	0.483
Participation	0.158
Satisfaction	0.570
Project Risk	0.529
Overall	**0.810**

3.9 Revisions Based on Advisor's Recommendations

The interview questionnaire was revised according to the suggestions of the research advisor. Revisions included improvements in content, language, and wording to ensure accuracy and clarity. Once the modifications were completed and approved, the finalized version of the interview instrument was used for data collection with the target population.

Data Processing and Analysis

The research team began data processing by verifying the completeness and accuracy of all returned questionnaires. Each item was coded and entered into a computer for analysis using the Statistical Package for the Social Sciences (SPSS for Windows). The data analysis was conducted in two parts as follows:

1. Univariate Analysis

Univariate statistics were used to examine the characteristics of the sample on a variable-by-variable basis. The objective was to summarize the demographic and response profiles of the participants.

Descriptive statistics—including frequency, percentage, mean, and standard deviation—were used to describe the distribution and central tendency of the data. For Likert-scale items scored from 1 to 5, the mean scores were grouped into three interpretation levels: High = Mean score between 3.68 – 5.00, Moderate = Mean score between 2.34 – 3.67 Low = Mean score between 1.00 – 2.33

This classification allowed the researchers to interpret how strongly respondents agreed with each item.

2. Bivariate Analysis

Bivariate analysis was employed to test hypotheses regarding the relationship between the independent and dependent variables. The correlation matrix method was used to examine the strength and direction of relationships. The primary statistical tool used was the correlation coefficient (r). All statistical analyses were conducted using SPSS for Windows, a software package designed for social science research.

Research Results

The study on the effectiveness of the Universal Health Coverage policy, with a case study of Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province, presents the findings in four sections as follows:

Section 1: Level of Effectiveness of the Universal Health Coverage Policy

This study collected data from 115 households in Don Phatthana Village, located in Dong I Chan Subdistrict, Non Suwan District, Buriram Province. The general characteristics of the respondents covered gender,

age, and education level. Among the respondents, 49 were male (42.60%) and 66 were female (57.40%). In terms of age, the largest group of respondents were aged 51–60 years (28.70%), followed by those aged 61 years and above (23.50%), 41–50 years (21.70%), 31–40 years (16.50%), and 20–30 years (9.60%). Regarding educational background, most respondents had low levels of formal education. Specifically, 26.10% had less than primary education, 33.00% had completed primary education, 18.30% had lower secondary education, and 17.40% had upper secondary education. Only a small portion of respondents held higher qualifications: 1.70% had a vocational certificate or diploma, 2.60% held a bachelor's degree, and 0.90% had attained education beyond the bachelor's level. The effectiveness of the Universal Health Coverage policy was assessed across four key dimensions: goal attainment, participation, satisfaction, and project risk. The findings revealed that the majority of households—83.10%—perceived the overall policy effectiveness at a high level (score range: 46–60 points). Meanwhile, 16.00% rated it at a moderate level (score range: 29–45 points), and only 0.90% perceived it at a low level (score range: 12–28 points).

The overall mean score for policy effectiveness was 4.52 with a standard deviation of 0.34, indicating a high level of perceived effectiveness. When broken down by dimension, the highest average score was found in goal attainment (mean = 4.53, SD = 0.40), followed by participation (mean = 4.51, SD = 0.42), satisfaction (mean = 4.51, SD = 0.44), and project risk (mean = 4.51, SD = 0.50). All dimensions were rated at a high level, suggesting that the policy has been implemented successfully and is positively perceived across multiple aspects by the local community.

1. Goal Attainment

When analyzing the individual items related to the effectiveness of the Universal Health Coverage (UHC) policy under the dimension of goal attainment, the findings revealed the following:

The highest level of agreement was found in the statement: “The UHC policy helps reduce high medical expenses by allowing citizens to pay only 30 baht per visit as set by the government”, with a combined percentage of 98.30% rating it at the high and highest levels. The second-highest agreement was observed in the statement: “The UHC policy allows people the right to choose and register with healthcare facilities they prefer”, which received 98.20% of responses at the high and highest levels. The third item, “The UHC policy helps strengthen positive relationships between healthcare providers and recipients”, was also rated highly, with 91.30% of respondents marking it at the high and highest levels.

Regarding the mean scores, the highest average was found in the item stating that the policy allows citizens to choose and register with their preferred healthcare provider, with a mean of 4.57 and a standard deviation of 0.57, indicating a high level of agreement. This was followed by the item related to reducing high healthcare costs, which had a mean of 4.53 (S.D. = 0.53), also rated as high. Lastly, the item regarding improving relationships between service users and providers scored a mean of 4.48 (S.D. = 0.65), which was likewise interpreted as a high level of agreement. These results suggest that, in terms of goal attainment, the Universal Health Coverage policy is perceived by the community as highly effective in ensuring access, affordability, and relational quality in healthcare services.

2. Participation

In analyzing the effectiveness of the Universal Health Coverage (UHC) policy in terms of participation, the results showed strong levels of agreement across the evaluated items. The highest percentage of agreement was found in the statement: "The UHC policy encourages public participation by allowing citizens to express opinions about health services for further improvement", with 96.50% of respondents rating it at the high or highest level. This was followed by the item: "The UHC policy promotes public participation in health promotion activities, such as training sessions on disease prevention and control", which received 95.00% of responses at high and highest levels. The third item, "The UHC policy enables citizens to participate in joint efforts such as eliminating mosquito larvae to prevent dengue fever", was rated highly by 93.00% of respondents.

In terms of mean scores, the highest was for the item on health promotion activities ($\bar{x}$ = 4.55, S.D. = 0.58), indicating a high level of participation. This was followed by the item on community efforts to control dengue fever ($\bar{x}$ = 4.52, S.D. = 0.65), and finally, the item on participation through service feedback ($\bar{x}$ = 4.47, S.D. = 0.62). All items were interpreted as reflecting a high level of effectiveness in fostering public involvement.

3. Satisfaction

Regarding the satisfaction dimension of the UHC policy's effectiveness, the results showed a consistently high level of agreement. The item with the highest percentage of positive responses was: "Satisfaction with the policy's principle of equal rights for all citizens", which was rated as high or highest by 94.80% of respondents. This was followed by

"Satisfaction with the responsiveness and efficiency of healthcare personnel", with 92.80%, and "Satisfaction with health services under the UHC policy, such as the performance of hospital staff", which received 92.20%.

In terms of mean scores, the highest score was for satisfaction with hospital services ($\bar{x}$ = 4.56, S.D. = 0.66), followed by satisfaction with the principle of equal access ($\bar{x}$ = 4.49, S.D. = 0.59), and then satisfaction with the speed and service of healthcare personnel ($\bar{x}$ = 4.46, S.D. = 0.65). All items were considered to be at a high level of satisfaction, suggesting that the policy is well-received by the public in terms of fairness, service quality, and professional performance.

4. Project Risk

In evaluating the effectiveness of the Universal Health Coverage (UHC) policy in terms of project risk, the findings indicate that respondents perceived the policy as highly effective in mitigating risks and promoting responsible use of healthcare resources.

The highest percentage of positive responses (94.70%) was associated with the statement: "The UHC policy encourages citizens to comply with social measures, such as presenting their national ID card or official documents each time they receive medical services". Following this, 93.00% of respondents agreed or strongly agreed with the statement: "The UHC policy ensures that the allocated budget is used efficiently to benefit the public, for example, through the provision of standard and safe medical equipment". The third item, which received 90.40% positive responses, was: "The UHC policy utilizes its budget to procure quality medicines, ensuring that citizens receive effective treatment".

When analyzing mean scores, the highest was again the item regarding compliance with social measures ($\bar{x}$ = 4.59, S.D. = 0.59), indicating a high level of agreement. This was followed by the item related to budget allocation for quality medications ($\bar{x}$ = 4.52, S.D. = 0.66), and the item on the use of budget for medical equipment to benefit public health services ($\bar{x}$ = 4.52, S.D. = 0.62). All items were interpreted as reflecting a high level of policy effectiveness in managing risk-related aspects of implementation.

These results suggest that the UHC policy is not only perceived as equitable and accessible but is also viewed as a system that manages resources and public compliance effectively, minimizing potential risks within the healthcare system.

Section 2: Level of Participation in the Effectiveness of the Universal Health Coverage Policy

The study of participation in the effectiveness of the Universal Health Coverage (UHC) policy in Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province, focused on four key dimensions: participation in decision-making, implementation, benefit-sharing, and evaluation.

The findings revealed that the majority of respondents expressed a high level of agreement regarding their level of participation. Specifically, 83.10% of participants rated their participation at a high level (score range: 46–60 points). An additional 16.00% reported a moderate level of participation (score range: 29–45 points), while only 0.90% indicated a low level of participation (score range: 12–28 points).

Analysis of the mean scores and standard deviations across each dimension showed that the overall level of participation was high, with a mean score of 4.48 and a standard deviation of 0.30. When analyzed by individual dimension, the highest level of participation was observed in evaluation (mean = 4.53, S.D. = 0.42). This was followed by decision-making (mean = 4.51, S.D. = 0.38), benefit-sharing (mean = 4.45, S.D. = 0.44), and implementation (mean = 4.43, S.D. = 0.39), respectively.

These results suggest that citizens in Don Phatthana Village are most actively engaged in the evaluation of the UHC policy, reflecting a strong sense of civic responsibility and involvement in assessing health-related initiatives. Their substantial involvement in decision-making and benefit-sharing further underscores the effectiveness of the policy's participatory approach, while their engagement in implementation, though slightly lower, remains notably high.

1. Participation in Decision-Making

When examining individual items related to participation in decision-making, the findings revealed that 97.40% of respondents agreed or strongly agreed that the UHC policy allows citizens to make their own decisions about which healthcare services to use, such as the 30-baht gold card scheme. This was followed by 94.40% who believed the policy supports village health volunteers (VHVs) in gathering health-related data through primary healthcare networks. An equal percentage (94.40%) agreed that the policy enables people to take initiative in accessing services via digital platforms such as the "Mor Prom" mobile application.

In terms of mean scores, the highest-rated item was the right to choose service access points like the gold card scheme ($\bar{x}$ = 4.54, S.D. = 0.55), followed by support for VHVs in data collection ($\bar{x}$ = 4.53, S.D. = 0.59), and access through digital health applications ($\bar{x}$ = 4.44, S.D. = 0.76). All items were interpreted as high levels of participation in decision-making.

2. Participation in Implementation

Regarding participation in implementation, 94.80% of respondents acknowledged that VHVs provide public health education to community members. Additionally, 90.40% agreed that citizens participated in financial support activities, such as funding medical equipment for underserved facilities. Lastly, 89.50% reported that the policy encourages the public to seek emergency medical help through hotlines like 1669.

The item with the highest mean was public health education provided by VHVs ($\bar{x}$ = 4.51, S.D. = 0.59), followed by public financial support for medical equipment ($\bar{x}$ = 4.40, S.D. = 0.68), and use of the emergency hotline in health crises ($\bar{x}$ = 4.38, S.D. = 0.72). All responses indicated strong engagement in implementation.

3. Participation in Benefit-Sharing

In terms of benefit-sharing, 94.80% of respondents reported that the UHC policy has made healthcare services more convenient. A further 93.00% agreed that everyone could access basic healthcare services for common illnesses, and 89.60% felt the policy ensures equal rights to healthcare for all.

The highest mean score was given to access to basic healthcare for common illnesses ($\bar{x}$ = 4.52, S.D. = 0.62), followed by improved

convenience of public health services ($\bar{x}$ = 4.49, S.D. = 0.59), and equal access to healthcare rights ($\bar{x}$ = 4.35, S.D. = 0.66). These results reflect a high level of satisfaction and inclusion in the policy's benefits.

4. Participation in Evaluation

For participation in evaluation, 99.20% of respondents reported being involved in assessing service quality by completing feedback forms at healthcare facilities. In addition, 93.90% stated they participated in evaluating problems faced by hospital staff, and 87.80% were involved in online feedback through applications like “Mor Prom”.

The highest mean score was for on-site satisfaction surveys to improve services ($\bar{x}$ = 4.66, S.D. = 0.49), followed by evaluating staff-related issues ($\bar{x}$ = 4.55, S.D. = 0.60), and online feedback participation ($\bar{x}$ = 4.39, S.D. = 0.80). These results show that the policy strongly supports public engagement in continuous service evaluation.

Section 3: Factors Related to the Effectiveness of the Universal Health Coverage Policy

This section focuses on analyzing the factors associated with the effectiveness of the Universal Health Coverage (UHC) policy. The analysis was conducted in line with the research framework, which examined the relationship between the policy's effectiveness and the level of public participation.

The research team utilized a correlation matrix to explore the relationship between the effectiveness of the UHC policy and various aspects of participation. The analysis employed the Correlation Coefficient (r) to assess the strength and direction of the relationship between these

variables. All data were processed and analyzed using the Statistical Package for the Social Sciences (SPSS), and the results are presented in Table 3.

Table 3

Correlation Coefficients of the Variables

	A	B	C	D	E	F
A	1.000					
B	0.486**	1.000				
C	0.282**	0.298**	1.000			
D	0.376**	0.352**	0.451**	1.000		
E	0.717**	0.719**	0.720**	0.756**	1.000	
F	0.425**	0.516**	0.499**	0.603**	0.703**	1.000

Note: * Statistically significant at the 0.05 level,** Statistically significant at the 0.01 level

The analysis of the correlation coefficients between the in dependent and dependent variables was conducted to examine how participation factors relate to the effectiveness of the Universal Health Coverage (UHC) policy in the case of Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province.

The findings indicated that the independent variable—overall participation (A)—was significantly correlated with the effectiveness of the UHC policy. This relationship was statistically significant at the 0.01 level, with a correlation coefficient (r) of 0.425, suggesting a moderate positive relationship. When analyzed by specific dimensions of participation, the results were as follows: Participation in decision-making (B) had a correlation coefficient of 0.516, indicating a moderate and statistically significant positive relationship with policy effectiveness, Participation in implementation (C) showed a correlation of 0.499, also at a moderate level, Participation in

benefit-sharing (D) presented a stronger relationship, with a correlation of 0.603, Participation in evaluation (E) demonstrated the strongest correlation, with a coefficient of 0.703, suggesting a strong and highly significant positive relationship with the effectiveness of the policy.

Table 4

English Letter Codes Representing Variables

English letter codes	Variable
A	Participation
B	Participation in Decision-Making
C	Participation in Implementation
D	Participation in Benefit-Sharing
E	Participation in Evaluation
F	Effectiveness of the Universal Health Coverage Policy

Based on the literature review, the research team formulated a hypothesis stating that participation—including decision-making, implementation, benefit-sharing, and evaluation—is related to the effectiveness of the Universal Health Coverage (UHC) policy. The findings confirmed that participation was significantly correlated with policy effectiveness, with a correlation coefficient of 0.425 at the 0.01 level of statistical significance. When broken down into specific aspects, participation in decision-making was found to have a correlation coefficient of 0.516, participation in implementation showed a coefficient of 0.499, and participation in benefit-sharing was correlated at a coefficient of 0.603. These results support the hypothesis and align with the findings of Chamsrirat (2018), who stated that participation is significantly associated with policy effectiveness.

Section 4: Guidelines for Enhancing the Effectiveness of the Universal Health Coverage Policy

This section addresses the third research objective: to propose strategies for enhancing the effectiveness of the Universal Health Coverage (UHC) policy in Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province. These guidelines are derived from quantitative findings and are intended to improve public participation, which was found to be significantly associated with policy effectiveness.

1. Promoting Participation in Decision-Making

Citizens should be encouraged to make informed decisions about their healthcare rights and access. One effective method is organizing training sessions to educate the community about the 30-baht universal health card, allowing them to understand their rights and actively decide which services to use.

2. Promoting Participation in Implementation

Support should be provided in the form of budgets or community contributions for the procurement of medical equipment, especially in resource-limited healthcare facilities. This would help ensure that all citizens have access to modern and efficient medical treatment.

3. Promoting Participation in Benefit-Sharing

Information about healthcare rights—particularly related to the 30-baht scheme—should be made widely available to ensure that all members of the community can access basic healthcare services equally. Effective communication channels can reduce disparities in access and increase health equity.

4. Promoting Participation in Evaluation

Citizens should be invited to participate in the evaluation of healthcare services through multiple channels. For example, online satisfaction surveys via the "Mor Prom" application and on-site surveys at healthcare facilities can be used to collect feedback. This data can help identify operational issues and improve the quality of service delivery.

Based on the findings of this study, it is evident that encouraging public participation in four areas—decision-making, implementation, benefit-sharing, and evaluation—can significantly enhance the effectiveness of the Universal Health Coverage policy. These recommendations, derived from a case study of Don Phatthana Village, emphasize that effective participation leads to more equitable access, improved service delivery, and a stronger overall healthcare system.

Discussion of Results

The study on the effectiveness of the Universal Health Coverage (UHC) policy in Don Phatthana Village, Dong I Chan Subdistrict, Non Suwan District, Buriram Province revealed several key findings, which can be discussed as follows:

1. The Level of Effectiveness of the Universal Health Coverage Policy

The results showed that the overall effectiveness of the UHC policy was rated at a high level ($\bar{x}$ = 4.52, S.D. = 0.34). When analyzed by specific dimensions, each aspect was also found to be at a high level. The highest average score was observed in the area of goal attainment ($\bar{x}$ = 4.53,

S.D. = 0.40), followed by project risk ($\bar{x}$ = 4.51, S.D. = 0.50), satisfaction ($\bar{x}$ = 4.51, S.D. = 0.44), and participation ($\bar{x}$ = 4.51, S.D. = 0.42), respectively.

These findings are consistent with the concept of "effectiveness" as defined by Gerdruang (2018), who stated that policy effectiveness comprises four core components: goal attainment, participation, satisfaction, and risk management. The high scores across all dimensions reflect that the UHC policy implementation in this area is perceived to be successful and well-aligned with its intended outcomes.

2. Factors Associated with the Effectiveness of the Universal Health Coverage Policy

The research findings revealed that participation was significantly correlated with the effectiveness of the Universal Health Coverage policy at the 0.01 statistical significance level, with a correlation coefficient of 0.425. When considered by individual aspects, it was found that participation in decision-making was correlated with the effectiveness of the Universal Health Coverage policy, with a correlation coefficient of 0.516; participation in implementation had a correlation coefficient of 0.499; and participation in benefit-sharing had a correlation coefficient of 0.603. These results are consistent with Chamsrirat (2018), who stated that participation is correlated with effectiveness.

Recommendations

1. This study examined the effectiveness of the Universal Health Coverage (UHC) policy, using Don Phatthana Village in Dong I Chan Subdistrict, Non Suwan District as a case study. Data were collected from households residing in the area, specifically from heads of households, their

representatives, or adult members capable of providing relevant information. Therefore, it is recommended that future research expand to include nearby communities in order to collect more comprehensive and inclusive data. Such an approach would allow for a broader understanding of the effectiveness of the UHC policy in the context of local development.

2. Based on the findings of this study, the researchers assessed the effectiveness of the UHC policy using the effectiveness framework, focusing on local residents. The study suggests that future research should incorporate the following dimensions—goal achievement, participation, satisfaction, and project risk—as key indicators influencing public participation in the UHC policy. These elements should be adopted in subsequent studies to assess policy effectiveness, identify factors associated with successful implementation, and determine strategies for enhancing the policy's impact. This would provide a more diversified perspective on UHC policy effectiveness and contribute to improved policy outcomes.

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