

Usulan Penelitian:

Carroll, *et al.* (2012). A 5A's communication intervention to promote physical activity in underserved populations. *BMC Health Services Research* 2012, **12**:374

Latar Belakang:

- BB>, obesitas & penyakit menahun.
- Olah raga perlu.
- NaKes hanya sedikit beri nasihat gizi & olah raga
→ pasien lupa.

Kerangka konsep (Tabel 1) untuk merancang intervensi melatih dokter:

- STD (dukungan autonomi)
- Konseling 5 A (Ask, Advise, Assess, Assist & Arrange).
- PCC

Preventable chronic diseases, risk factors and determinants

Risk and Protective Factors	Biological Risk Factors/Markers	Preventable Chronic Diseases & Cond's
<p>Behavioural Factors</p> <ul style="list-style-type: none"> • Diet • Physical Activity • Smoking • Alcohol misuse <p>Psychosocial Factors</p> <ul style="list-style-type: none"> • “Sense of control” • Social support/social excl. • Resilience and emotional well-being <p>Early Life Factors</p> <ul style="list-style-type: none"> • Maternal Health • Low birthweight • Childhood infections • Abuse and neglect 	<ul style="list-style-type: none"> • Obesity • Hypertension • Dyslipidemia (disordered lipids, including elevated cholesterol) • Impaired Glucose Tolerance • Proteinuria 	<ul style="list-style-type: none"> • Ischaemic Heart D • Stroke • Type 2 Diabetes • Renal Disease • Chronic Lung Disease • Certain Cancers • Mental health Problems/Depression

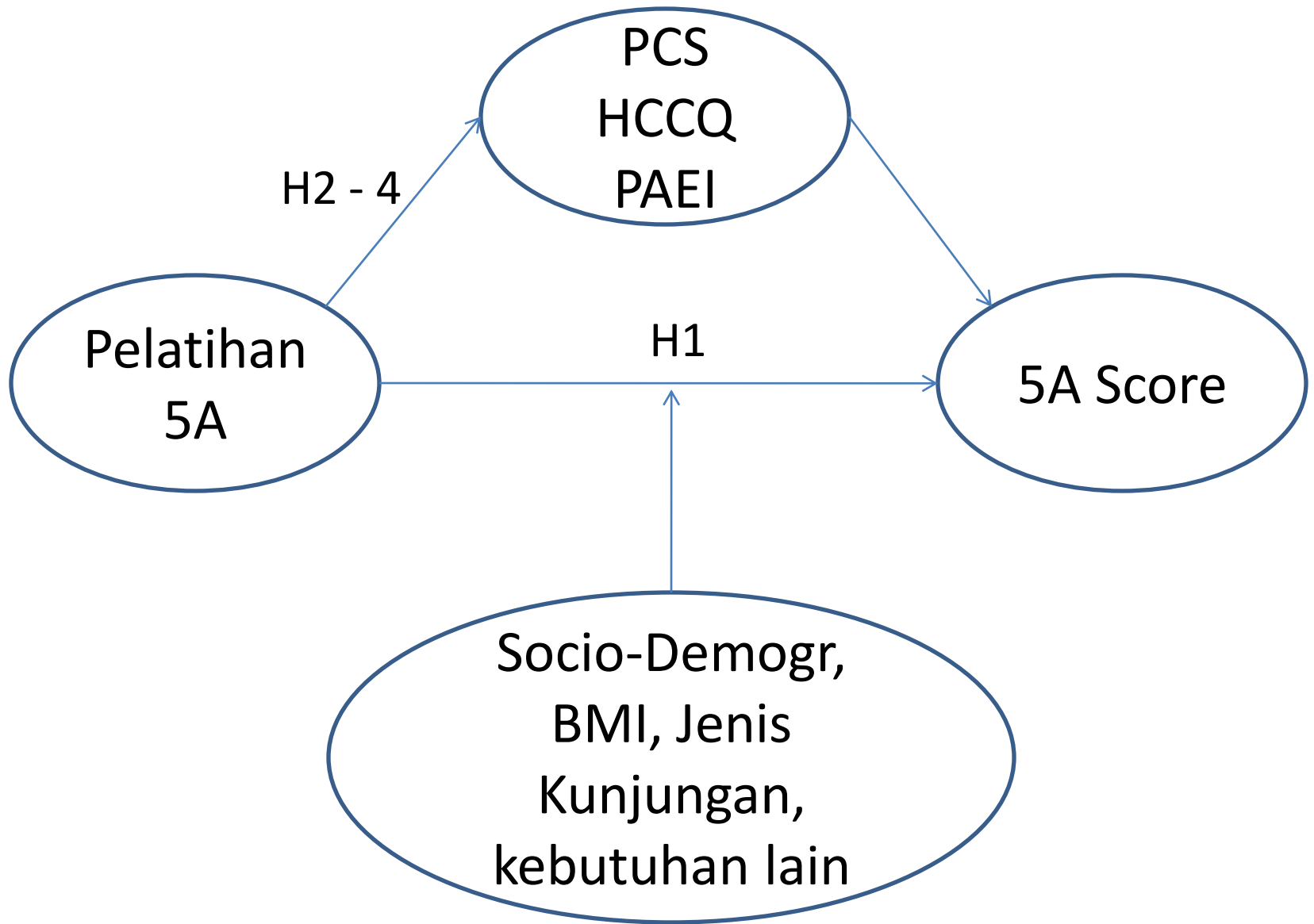
The burden of disease attributable to 10 major risk factors, Australia, 1996

	Per cent of total DALYs		
	Males	Females	Total
Tobacco	12.1	6.8	9.7
Physical inactivity	6.0	7.5	6.7
High blood pressure	5.1	5.8	5.4
Alcohol harm	6.6	3.1	4.9
Obesity	4.3	4.3	4.3
Lack of fruit and vegetables	3.0	2.4	2.7
High blood cholesterol	3.2	1.9	2.6
Illicit drugs	2.2	1.3	1.8
Occupation	2.4	1.0	1.7
Unsafe sex	1.1	0.7	0.9

Disability-adjusted life year (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.

Hipotesis Penelitian

- H1: intervensi meningkatkan penggunaan 5A oleh dokter.
- H2: intervensi meningkatkan dukungan autonomi oleh dokter.
- H3: intervensi meningkatkan kemampuan pasien menerapkan kegiatan fisik.
- H4: Kemampuan pasien menerapkan kegiatan fisik berhubungan lebih erat dengan mengingat Assist & Arrange dibandingkan dengan mengingat Ask, Advise & Assess.



Keterbatasan

- Intervention fidelity
- Banyak kebutuhan lain dan tantangan penduduk miskin.
- Contamination effect, spill-over effect, Hawthorne effect
- Tidak dapat menggunakan kohort pasien

Pengukuran

- H1: Rekaman Audio.
- H2: Modified Health Care Climate Questionnaire (mHCCQ) - 6 item ($\alpha = 0.92$)
- H3: Perceived Competence Scale (PCS) - 4 item ($\alpha = 0.90$)
- H4 – Physical Activity Exit Interview (PAEI): 12 item

Rancangan Penelitian

- 13 NaKes (dokter, asisten dokter, perawat praktek) mendapat pelatihan menggunakan 5 A dan PCC untuk berkomunikasi efektif dengan pasien tentang kegiatan fisik.
- Ditempatkan secara acak menjadi 2 kelompok; Kelompok 2 (N=8) dilatih 6 bulan kemudian.
- Kriteria inklusi dokter & pasien → Tabel 2
- Tempat praktek: 2 Puskesmas di daerah miskin dan heterogen.
- Penempatan acak tidak ditabir.
- NaKes & pasien dibayar.

	Bulan							
	0-3	3-6	6	9-12	12	12-15	15	21
Kel 1	O _{Pre}	X	O _{Post}		PTL			
Kel 2	O _{Pre}			O _{Pre}		X	O _{Post}	PTL

X = Pelatihan 4 sesi 5A & PCC @ 1 jam

O_{pre} = Survei singkat info demografis, pengalaman & KAP + Rekaman audio konseling kegiatan fisik 10 Pasien + PCC

O_{post} = Rekaman audio 15 pasien

PTL = Penilaian tindak-lanjut (survei & wawancara 20 menit).