

# Physical Activity Counseling in Mexican Healthcare Settings: Implementation-Effectiveness Evaluation

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# The Case of Mexico



# Effective Physician Strategies



## Prescription

Moderate effects  
in PA or fitness for  
6-12 months



## Counseling

Small to medium  
effects in PA for up  
to 12 months



## Referrals

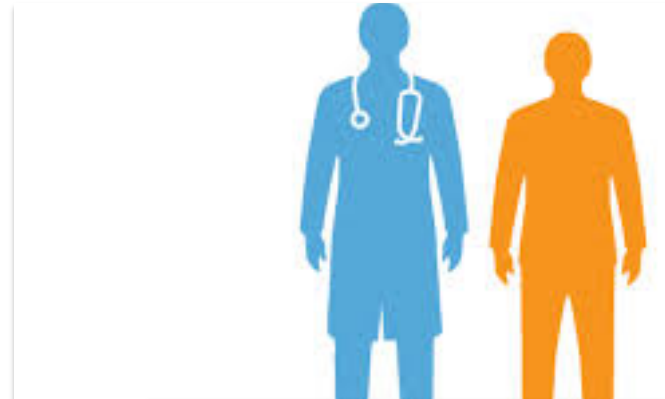
Small effects in PA  
in sedentary  
people

# The Pausa Activa Project

To evaluate the impact of a physician counseling program aimed at promoting patient physical activity in primary care clinics in the state of Jalisco



Physician Training



Patient Counseling

# Context of the Study



**45%**

UNINSURED  
Secretary of Health



**50%**

INSURED  
Social Security  
Institutes

**5%** PRIVATE SECTOR

# Methods

**Design:** natural experiment

**Healthcare system:** Secretary of Health

**Intervention:** Training Course and PA counselling

**Target pop:** Physicians and patients from Jalisco

**Arms:**

- Prompted (trained physicians n=18; patients n=299)
- Unprompted (trained physicians n=18; patients n=299)
- Control (not trained physicians n=18; patients n=299)

**Measures:**

- Physician counselling practices (Canadian Family Physician Survey)
- Clinic environment (HEAT)
- Patient PA and QoL (GLTEQ and CDC scale)

**Time points:** baseline, 1 month and 6 months

# Evaluation Framework

**R** Patient demographic information  
(questionnaire and patient data bases; n=683)

**E** Pre-post changes on patient physical activity  
and QoL

**A** Physician counseling (questionnaire and  
medical charts) and clinic environment

**I** Training costs and fidelity (observer and  
trainer check list n=2)

**M** Patient outcomes, physician counseling and  
training delivery

**Individual**

**Setting and  
agent**

**Individual  
and setting**

# Implementation

<b>Item</b>	<b>Planned</b>	<b>Delivered</b>
Courses	13	13
Capacity	30 physicians	26 physicians
Training duration	180 minutes	170 minutes (SD=54)
Content	4 modules	4 modules – duration varied
Costs	Not estimated	\$429 Mexican pesos per session



# Adoption

## Participation rate:

305/322 (95%)

13/13 sanitary regions

119/120 municipalities

## Medical specialty:

Similar to population

## Sex:

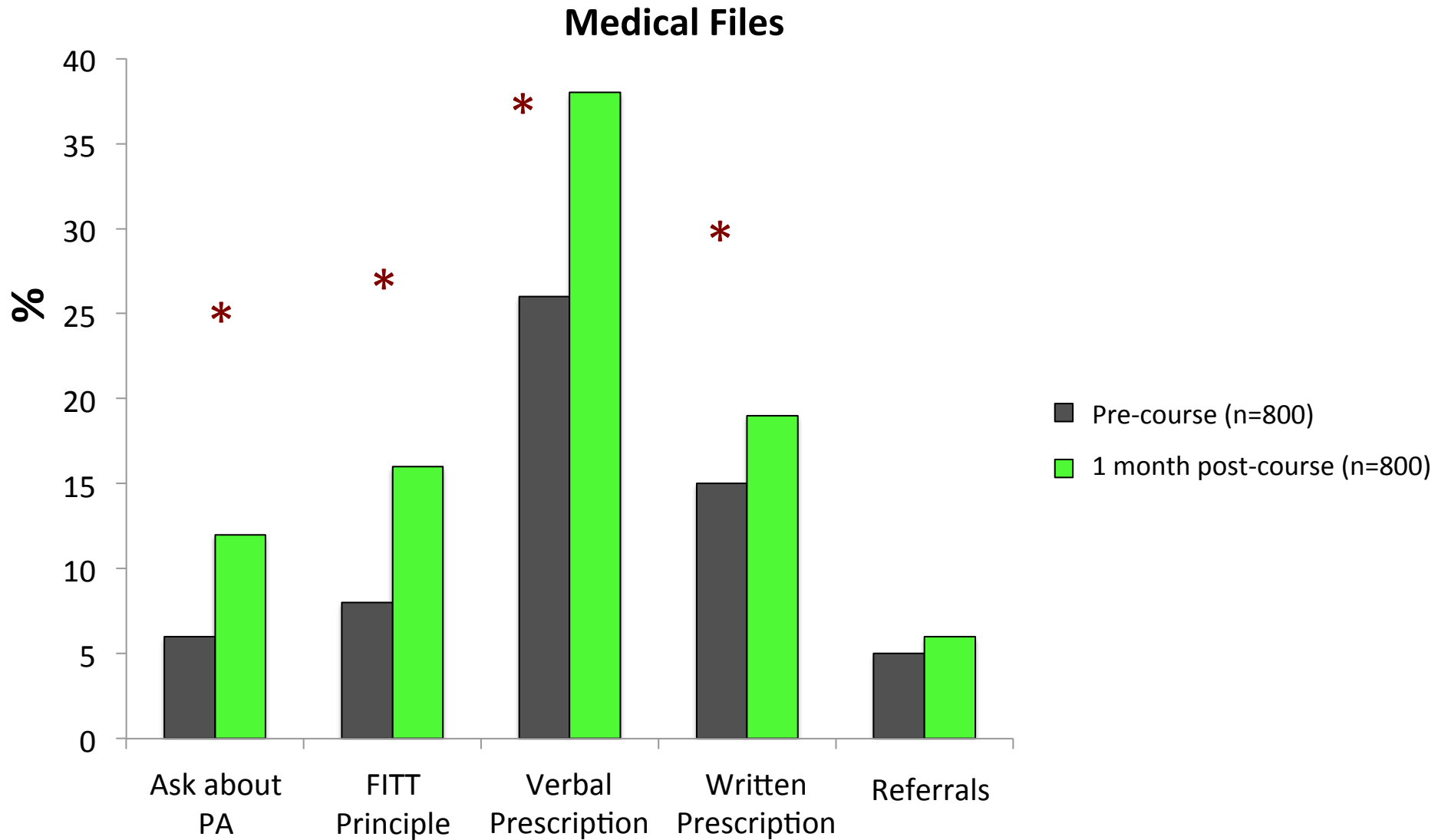
Female physicians were over represented

## Decliners:

Mostly male (59%) from urban clinics (65%)

Variable	Mean $\pm$ SD / %
Age	40 $\pm$ 11
Female	52%
Urban	46%
General medicine	92%
Physically active	77%

# Adoption



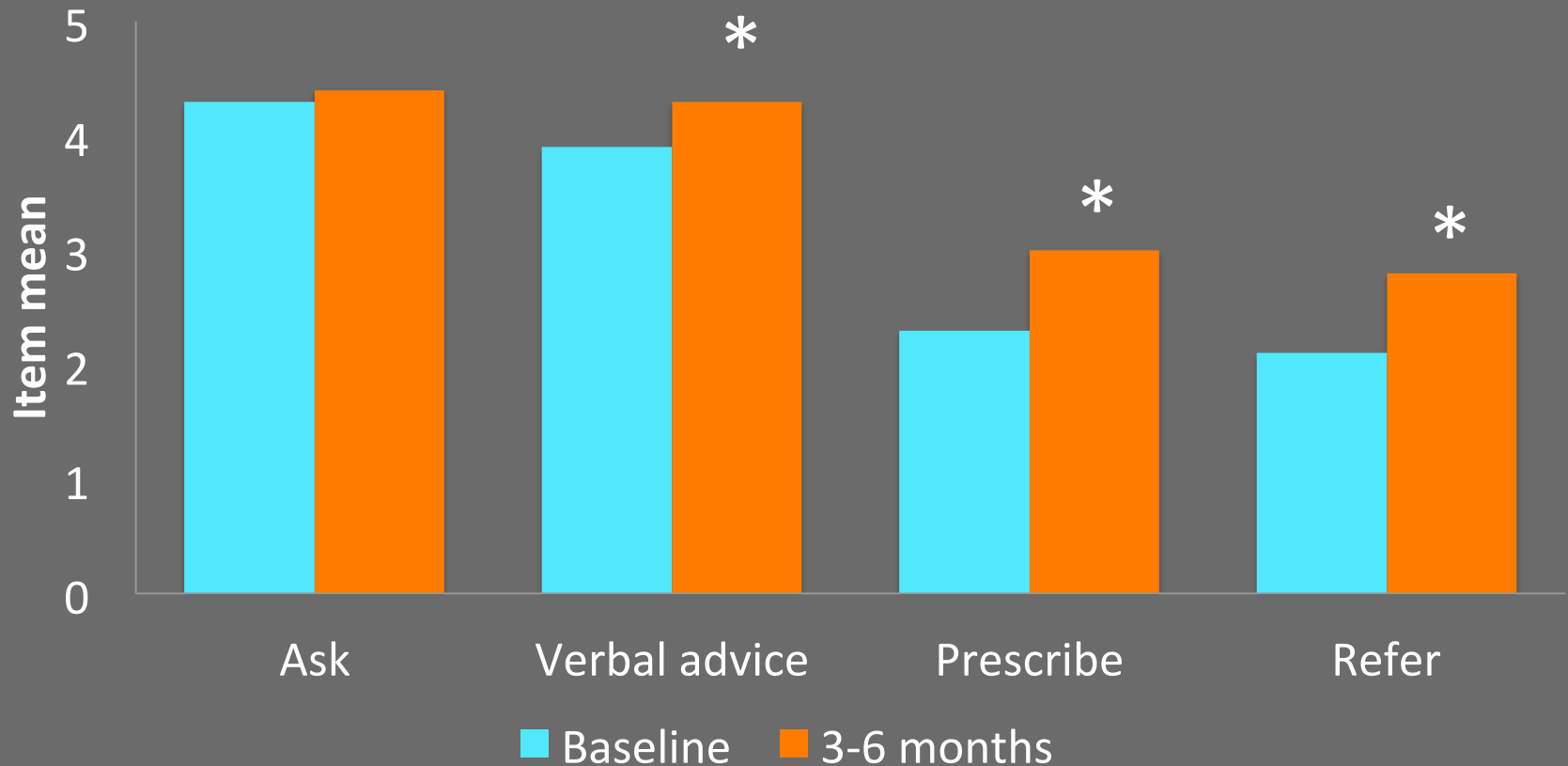
# Adoption

## Physical Activity Environment Assessment (n = 53)

Component	Present
Stairs	10
Green spaces	34
Written materials	
Posters	9
Flyers	7
Articles	3
Cartels	5

# Effectiveness and Maintenance

## Physician Counseling



\*Significantly different from baseline at  $p < .001$ ,  $d = .61$

# Reach

## Patients (n=683)

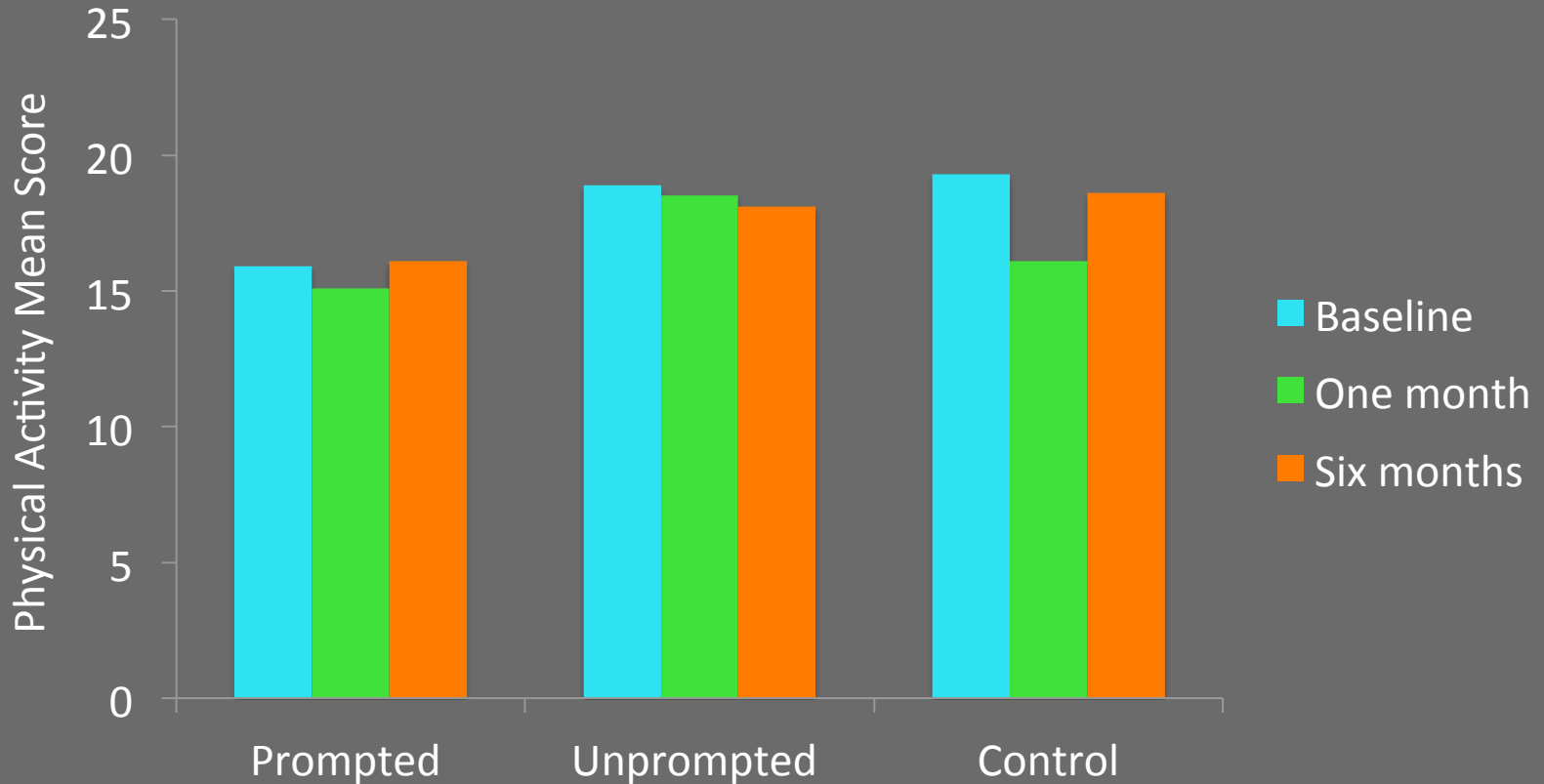
Variable	Mean $\pm$ SD/ %
Age	48 $\pm$ 16
Women	77%
Elementary school	58%
Married	55%

- 730 patients screened
- 43 were not eligible
- All 687 eligible patients agreed to participate in the study
- 13 sanitary regions represented



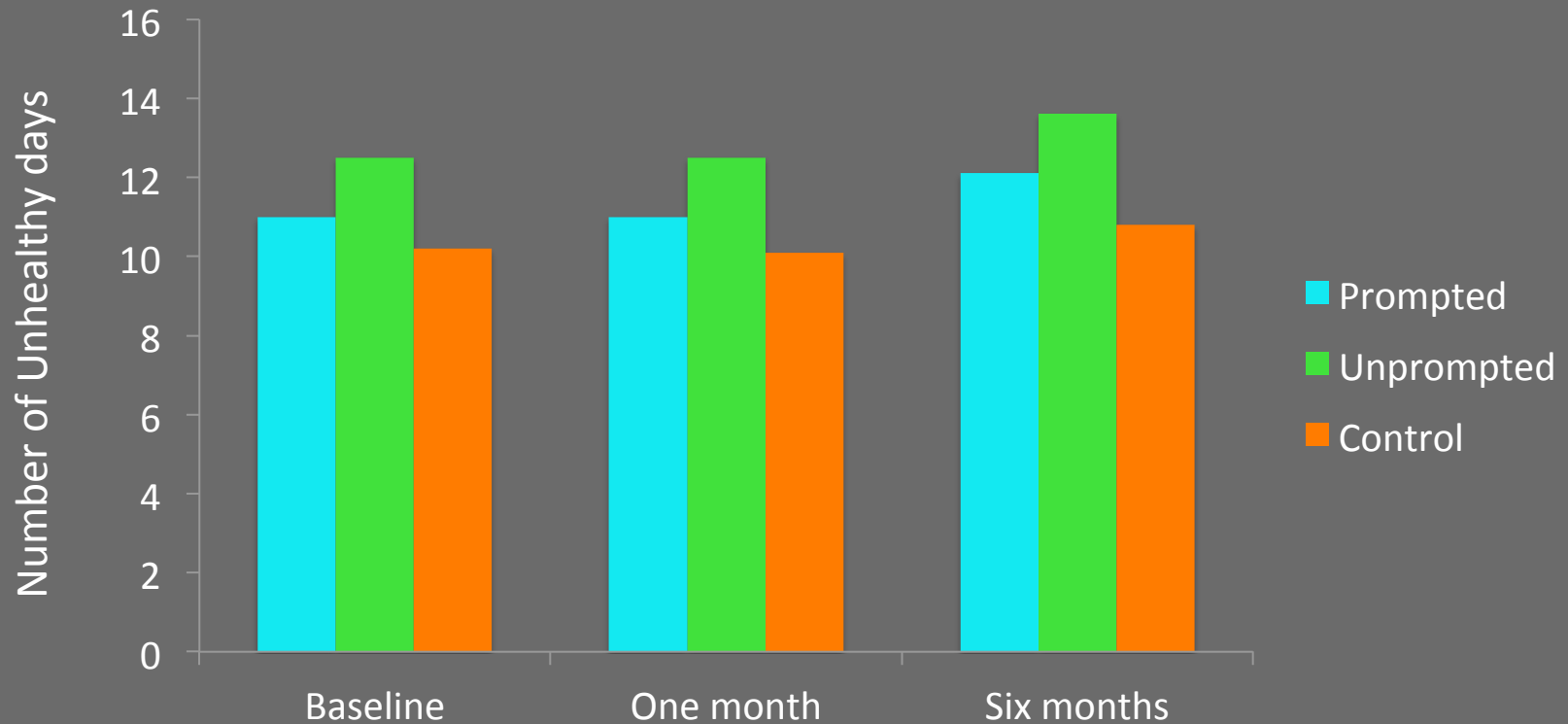
# Effectiveness and Maintenance

## Patient Physical Activity



# Effectiveness and Maintenance

## Patient Quality of Life



# Conclusion

- 1 The training course is effective for improving counseling practices in the long term, that can be widely adopted and consistently implemented at a low cost
- 2 Physician physical activity counseling alone does not seem to impact patient PA and QoL



# Thank you!

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