SMART Plan of Action: To Set Good Outcome for The Public Health Division Programs at Kuala Lumpur and Putrajaya Health State

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ABSTRACT

INTRODUCTION: By creating a clear course of action so that everyone can have a role in achieving a sustainability goals, the Public Health Division Plan of Action (POA) drives and coordinates efforts toward strengthen the well-being of the programs. Therefore, SMART model come into play in the development, to ensure the good impacts on the public health services. Purposely, aim to develop and establish the outcome-based indicators properties of the plan of action. **METHODS:** A novel approach to writing specific, measurable, achievable, relevant and timed (SMART) indicator for each public health programs plan of action developed based on the extensive reviews guided by Sustainable Developmental Goal (SDG), 11th Malaysia Planned (RMK 11) and Ministry of Health (MOH) Strategic Plan for the year 2016 - 2020. Eighty items were initially pooled reviewed by the expert for face validity and quality dimension asessment. The established criteria of SMART POA (1) Outcome based indicator; (2) in line with the initiative RMK 11 and (3) strategic pillar as in MOH Strategic Plan. The Kappa agreement were measured for reliability. **RESULTS:** The result produced seventy-eight indicators as the POA for the Programs in Public Health Division. The expert agreed with the set strategy, key performance index, indicator, targets and its quality dimension for each indicator / POA. The Cohen's kappa (κ) was 0.730 (p=0.000), represent high strength of agreement. **CONCLUSIONS:** The plan of actions with its promising outcome-based indicator properties is now available to measure the impact of public health division programs based on designated strategies.

KEYWORDS: SMART Model, Plan of action, Outcome-based indicator, Public Health Division

Smoking Prevalence Among Healthcare Personnel in Health Department of Kuala Lumpur and Putrajaya

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ABSTRACT

INTRODUCTION: Many tobacco interventions are carried out by Health Department of Kuala Lumpur and Putrajaya (JKWPKL&P) to ensure Kuala Lumpur andPutrajaya Smoke Free Cities (KL&PBAR) is achieved by 2045. Unfortunately, some healthcare personnel are also smoking thus become another barrier to these tobacco interventions. This study aims to determine the prevalence of smoking and the socio-demographic among the healthcare personnel in JKWPKL&P. **METHODS:** A cross-sectional study was conducted using data collected through the KL&PBAR program in JKWPKL&P from January till April 2018. **RESULTS:** The prevalence of smoking among 2910 staffs included in the study was 7.1%; 4.2% smoked cigarette, 0.6% smoked vape and 2.3% smoked both. The prevalence of smoking among males was significantly higher than female (29.3% vs 0.4%). Highest smoking prevalence was seen among those aged 20-29 years, other ethnicities, secondary school graduates, staffs from grade 1-18 and district office. Males, lower educational attainment, grade below 41 and aged below 40 years were significantly associated with smoking. Among cigarette smokers, we found that topmost described curiosity (33.0%), various reasons (31.3%), peer pressure (26.9%) and stress (8.8%) as the factors contributing to smoking. Meanwhile, vapers described vape as a method to quit smoking (41.0%), healthier and safer alternative (20.5%), peer pressure (19.2%), cheaper (12.8%), following trends (5.1%) and stress (1.3%). Interestingly, almost 90% of smokers agree on KL&PBAR. **CONCLUSION:** Although the prevalence of smoking among healthcare personnel is low, tackling this issue is important as we do not want to send mix messages about smoking to the public.

KEYWORDS: smoking, healthcare personnel, smoke free