

Implementing tobacco use treatment guidelines (Article 14) in health centers in Vietnam

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Title: Implementing tobacco use treatment guidelines (Article 14) in health centers in Vietnam

Category: Scientific research

Topic: D00 Demand side: FCTC Art. 6 14, Art. 20

Sub-topic: D04 Cessation

Content: Background. Although Viet Nam has a strong public health delivery system, according to the 2010 Global Adult Tobacco Survey, services to treat tobacco dependence are not readily available to smokers. The objective of this National Institutes of Health funded project is to conduct a cluster randomized controlled trial that compares the effectiveness and cost effectiveness of two practical system-level strategies for implementing evidence-based guidelines for the treatment of tobacco use in public health centers in Vietnam. The proposed implementation strategies draw on the WHO's recently released guidelines for implementing Article 14 of the Framework Convention on Tobacco Control (FCTC) and the growing literature that supports the effectiveness of integrating community health workers (CHWs) as members of the health care team to improve access to preventive services. Methods/Design. We are conducting a two arm, cluster randomized controlled trial that will compare the effectiveness and cost of technical assistance, training, plus clinical reminder system (TTC) vs. 2) TTC + a CHW referral system in which providers have the option to refer patients to trained CHWs for additional counseling. The primary outcome is change in provider behavior (i.e., improved adherence to guidelines) and the secondary outcomes are cost per quit, use of tobacco cessation treatment, and smoking cessation. We will also identify organizational and provider-level factors associated with implementation of evidence-based tobacco use treatment into community health centers (CHCs). The study will be conducted in 24 CHCs in Vietnam. We will present the study protocol, including intervention components and evaluation plans and preliminary findings from the first wave of 8 enrolled sites. Conclusion. Our central hypothesis is that the addition of a referral system (the community health worker) will be superior to training, technical assistance and clinical reminders alone in increasing implementation effectiveness. The ultimate goal of the proposed research is to provide critical new knowledge to facilitate the widespread implementation, dissemination and sustained utilization of evidence-based tobacco use treatment strategies globally and locally.

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