

Develop and disseminate an evidence-based healthcare professional training program tobacco use treatment in Viet Nam



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Challenge and Project Overview

Challenges

- Almost half of adult men are current smokers. Smoking prevalence is the second highest among South East Asian countries (GATS, 2010);
- Services to treat tobacco dependence are not readily available to smokers or integrated into the health care system (GATS, 2010);
- Study conducted by Shelley & Nguyen in 2013 in one district of VN showed only 23% of providers reported routinely screening for tobacco use, 33% offered advice to quit to smokers, and less than 10% offer cessation assistance (i.e., counselling referral or medication);
- Over 90% agreed or strongly agreed that advice from a provider is one of the best ways to help people stop smoking but 60% were not aware of the best treatment to help patients stop smoking (Shelley & Nguyen 2013);
- 94% reported having never received training related to tobacco treatment and less than a third reported they had training needed to help smokers to quit;
- A lack of training was the most commonly reported barrier to offering cessation interventions (70%);
- To increase provider-delivered cessation interventions, training for physicians and allied health professionals working in commune health centers (CHCs) and hospitals is urgently needed.

Project overview:

Goal: To develop and disseminate an evidence-based health provider training program on the treatment of tobacco use in Viet Nam and build capacity for widespread dissemination through a network of professionals and organizations committed to tobacco control, including the Ministry of Health and other public health stakeholders in Viet Nam.

Objectives: 1) develop an evidence-based health provider core training curriculum for tobacco use treatment; 2) develop and test a train-the-trainer (TTT) program in one province; 3) disseminate the TTT program nationwide via the Viet Nam Steering Committee on Smoking and Health, and Ministry of Health.

Four deliverables: i) evidence-based core training curriculum for tobacco use treatment; ii) train the trainer (TTT) manual and training materials; iii) 300 health providers trained on tobacco use treatment; iv) report on results from 3-month follow up surveys.

Evaluation: 1) evaluation of the initial core curriculum trainings among 100 health providers and of the master trainer's training of health providers in 3 districts (TTT), and 2) a 3 month post training assessment of sustained practice changes.

Dissemination plan: 1) seeking approval of TTT training curriculum by MOH; 2) developing strategy for dissemination; 3) conducting dissemination workshop; 4) developing a plan to implement the dissemination strategy; and 5) conducting web-based training courses.

Program partners: Ministry of Health, Viet Nam, Steering Committee on Smoking and Health (VINACOSH-the MOH's tobacco control program), the MOH Tobacco Cessation Technical Group, Ha Noi Medical University, School of Public Health, Bach Mai Hospital, New York University School of Medicine (NYUSOM), and Global Bridges.



Who

- 300 health care providers in 92 communes of 5 districts in Thai Nguyen province;
- 8 master trainers from ISMS;
- 30 master trainers from health system at national and provincial levels;
- Policy makers from MOH, VINACOSH, and People's Committee of Thai Nguyen province;
- Members of MOH Tobacco Cessation Technical Group;
- Other stakeholders working in Tobacco Control in Viet Nam.



Where and When

- In Thai Nguyen province (project site): 92 commune health centers in 5 districts, from 2015-2016
- At central level: Ministry of Health, Steering Committee on Smoking and Health (VINACOSH-the MOH's tobacco control program), the MOH Tobacco Cessation Technical Group, Ha Noi Medical University, School of Public Health and Bach Mai Hospital
- At provincial level: HCM city, Hue city and Ha Noi city

Results | Lessons Learned

Outputs

- The curriculum been implemented and updated after 3 training courses in 3 districts;
- The TTT manual and training materials developed and implemented;
- 8 Master Trainers of ISMS Training Center, ISMS trained. In addition, the project has Trained 30 master trainers, who are from hospitals and universities across Viet Nam
- Developing web based training. Video taped trainings in 3 districts which are available at VQUIT website (www.vquit.vn) for nation-wide health providers online training;
- 3 training courses conducted by ISMS master trainers for 187 health providers in 49 commune health centers of 3 districts and for 7 counsellors of Tobacco Cessation Counselling Center of Bach Mai hospital;
- 182 pre post training surveys and 94 3 months follow up surveys completed

Evaluation Results (see table and figures below)

- Pre-post training surveys showed increase in knowledge and self confidence (N = 187)
- 3 month follow up showed changes in cessation treatment practices (N = 94)

Impact level

- Gained in awareness of the necessity and relevance of tobacco cessation of MOH, VINACOSH, local authority, health provider and other stakeholders working in Tobacco Control in Viet Nam;
- Obtained policy commitments and support: MOH will approve the core curriculum and the TTT training material for nation-wide implementation; Thai Nguyen People's Committee, Department of Health in Thai Nguyen and Health Center of the districts in Thai Nguyen will continue supporting to the project implementation; and the implementation of post-training plan in the community;
- Obtained policy commitments from MOH, VINACOSH, People's Committee and extended Tobacco Cessation Network to make changes in healthcare system enabling for Tobacco Control in general, and for tobacco cessation in particular;
- Expanded Tobacco Cessation Network from the central level to the community levels. ISMS is now a lead member of the MOH Tobacco Cessation Technical Group, which consist of members from MOH, VINACOSH, Bach Mai Hospital, University of Medicine and Pharmacy in HCMC, Hospital of the University of Medicine and Pharmacy in HCMC, and WHO in Viet Nam;
- Created practices of healthcare providers working in healthcare system in screening for tobacco use and delivery of cessation assistance using 4As framework.

Integration of the project with NIH-funded project (VQUIT)

- Staff working for NIH-funded project are key players for Pfizer project;
- Training materials were developed based on the NIH-funded project training materials;
- Good working relationship with Thai Nguyen provincial people's committee, department of health and Pho Yen district and experience of working with health provider in the community from NIH-funded project, has facilitated smooth implementation of Pfizer project activities;
- Leveraged tobacco cessation network from NIH-funded project to support implementation and integration of Pfizer's project activities with the Government activities in tobacco cessation;
- Policy environment and commitment from the Government's stakeholders created during the NIH-funded project is facilitated the implementation of the Global Bridges project activities.

Lessons learned

- Engaging policy leaders from the MOH and provinces early in the process through formal and informal discussion and consultation increased potential for scale up and dissemination;
- Winning support and collaboration with tobacco cessation networks through formal and informal technical and operation discussion and consultation;
- This project was very labour intensive and required human resources, and expertise from NIH-funded project staff, the support from MOH, VINACOSH, Thai Nguyen People's Committee, and the Tobacco Control network during the implementation of the project.
- Working in parallel on system changes in community health centres, created credibility and alignment with larger goal of disseminating tobacco use treatment guidelines.

Next Steps

- Conduct 2 trainings (by master trainers) for health providers in 2 remain districts: Phu Binh and Song Cong Districts;
- Conduct 3-month follow up survey with participants attending trainings in 3 districts;
- Finalize the core training curriculum and TTT training;
- Finalize the e-training materials, make it available to all health providers nation-wide;
- Get approval from MOH on the TTT;
- Disseminate the results;
- Distribute TTT nation-wide.



Methods

1. Develop, implement, evaluate, revise and finalize a core curriculum

- based on ATTUD, NCSCT core competencies;
- based on strengthening health system for treatment tobacco dependence in primary care material (WHO), VQUIT/ISMS training materials, and VINACOSH training materials;
- adapted based on consultation with expert advisory group;
- based on interview results with health providers at commune health centers;
- evaluate, revise and finalize a core curriculum.

2. Develop and implement a train the trainer (TTT) model

a. Develop a train the trainer model and conduct the training of master trainers

- developed 5-day TTT training program, self-help training materials and training manual;
- conducted training of master trainers;
- master trainers conducted training for 200 health providers at CHCs.

b. Develop and implement a web-based program

- Develop and upload online training materials and make those materials available for all health providers nationwide via www.vquits.vn, and lms.etraining.vn designed by ISMS;

3. Evaluation

a. Evaluation of the initial core curriculum training among 100 health providers in one district, and of the master trainer's training of health providers in 3 districts

- training session observations using assessment form with note-taking instructions;
- pre-and-post tests of participants using self-administered questionnaire;
- employed EpiData software for data entry and SPSS for data analysis

b. Assessment of post training sustained practice changes (a baseline pre-training survey and a 3-month follow-up phone survey)

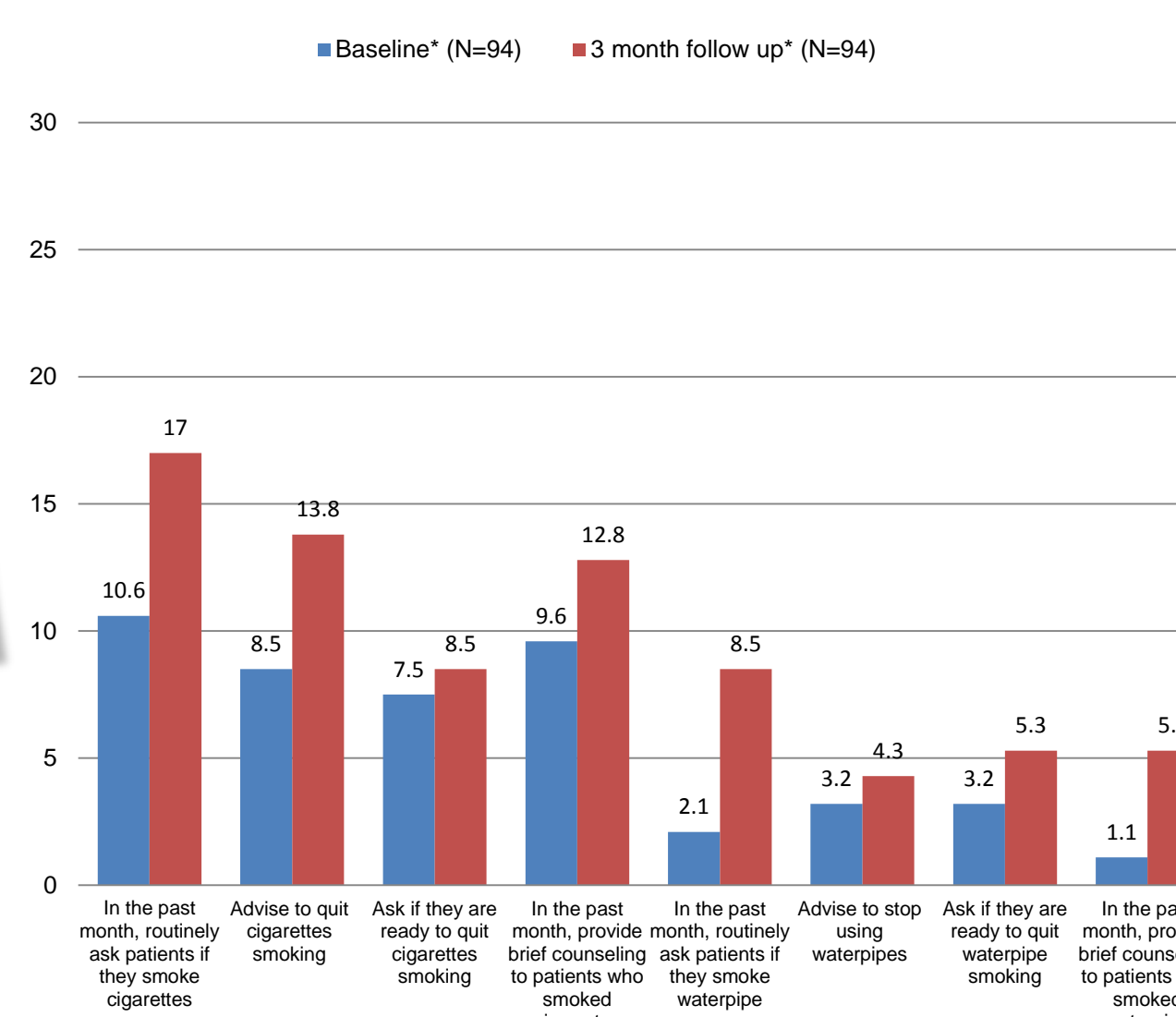
- to measure increased rates of screening for tobacco use and delivery of cessation assistance using 4As framework, and improvements in knowledge, attitudes and confidence of health providers to screen for tobacco use and assist smokers in quitting;
- used survey tool which was tested in over 100 health providers (Shelley & Nguyen 2013);
- conducted baseline (pre training test) survey all participants attended training at the first day of the training
- conducted phone survey at 3 months after trainings all participants attended the trainings
- employed EpiData software for data entry and SPSS for data analysis

c. Disseminate the evidence-based training curriculum and evaluation results



Data

Figure 1 shows increased rates of screening for tobacco use and delivery of cessation assistance by health providers using 4As framework*



*Provided half/more than half/all or most

Table 1: Characteristics of health providers participated in 3-month follow up

Characteristic	N =94	%
Gender		
Male	30	31.9
Female	64	68.1
Age (mean years)	94	40.5 ±10.1
Years working as health provider	94	15.1 ±9.4
Position/staff grade		
Physician	22	23.7
Nurse	10	10.7
Midwife	2	2.2
Physician's assistant	56	60.2
Other	3	3.2

Figure 2: shows increased confidence of health providers in their knowledge, skills and ability to provide smoking cessation counseling

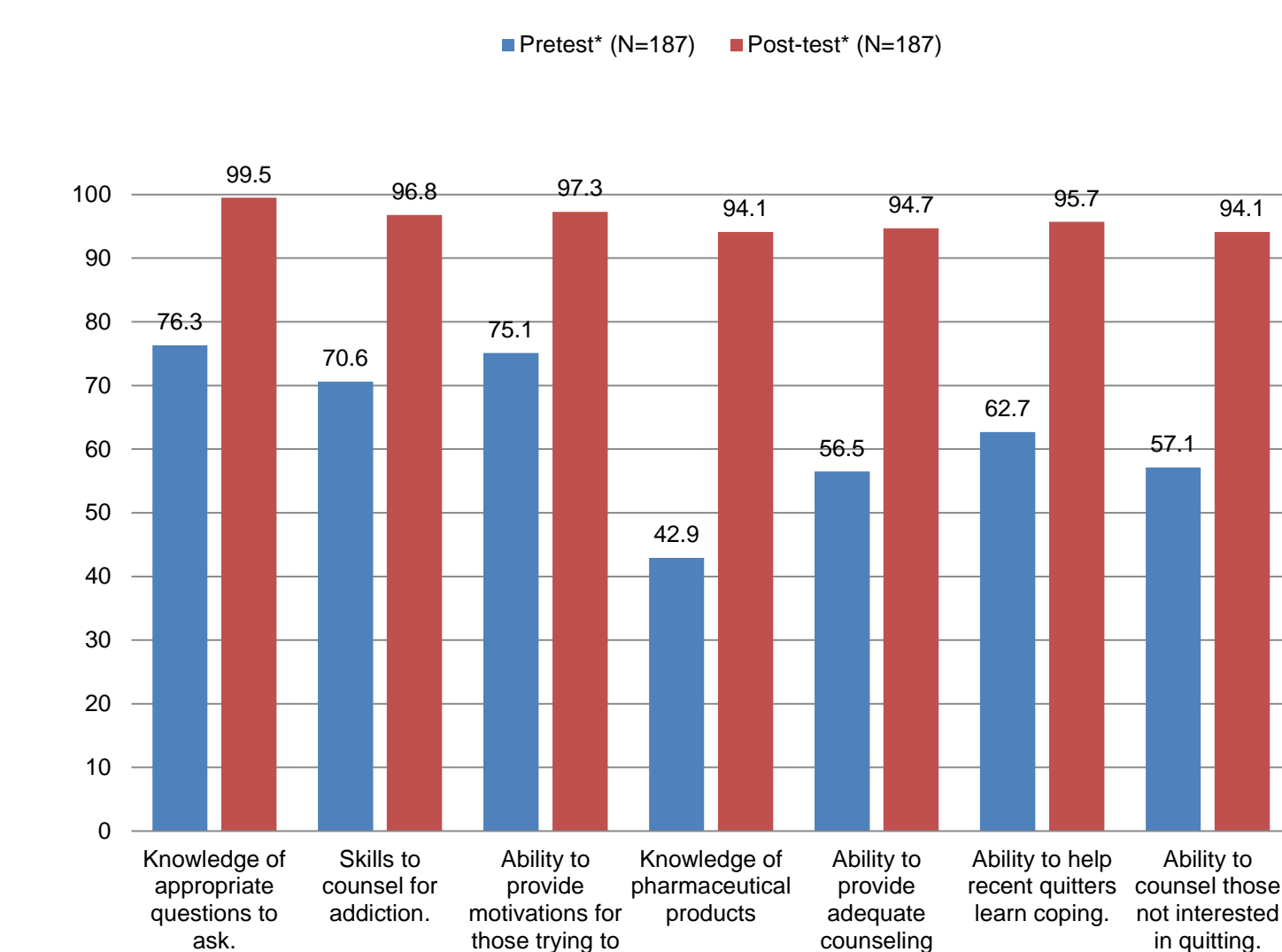


Table 2: shows improved knowledge about harm of smoking, positive changes in opinions, and gained confidence of health providers in smoking cessation after training

	Pre-test (N=187)	Post-test (N=187)
Mean score of knowledge about harm of smoking cigarettes (range: 0-52)	37.7 ±4.2*	43.1 ±3.6
Mean score of knowledge about tobacco counseling and treatment (range: 0-10)	4.9 ±1.3*	7.0 ±1.6
Mean score of opinions about tobacco use treatment (range: 10-40)*	32.4 ±3.9*	35.7 ±2.8
Mean score of smoking cessation confidence (range: 7-28)**	18.5 ±4.4*	24.9 ±3.2

* Cronbach's alpha = 0.62
** Cronbach's alpha = 0.89
* P < 0.001