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

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**Challenges**

- Annual 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).

**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, implement, evaluate, revise and finalize a core curriculum.
    2. Develop and test a train-the-trainer (TTT) program in one province.
    3. Disseminate the TTT program nationwide via the MOH Smoking Steering Committee on Smoking and Health, and Ministry of Health.

**Results | Lessons Learned**

- **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 nationwide.
  - Get approval from MOH on the TTT.
  - Disseminate the results.
  - Distribute TTT nationwide.

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

**Methods**

1. **Develop, implement, evaluate, revise and finalize a core curriculum**
   - Based on ATTUD, NECTCD core competencies.
   - Based on strengthening health system for treatment tobacco dependence in primary care medical (WHO), VQVT/ISMS training materials, and VINACOSH training materials.
   - Adapted based on consultation with expert advisory group.
   - Based on interventions with health providers at community health centers;
   - Review, 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 6-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.vqvt.org.vn and www.training4health.com 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 2 districts**
     - Training session observations assessment using form with note-taking instructions;
     - Pre-and post-knowledge of participants using self-administered questionnaire;
     - Employed EpGdata software for data entry and SPSS for data analysis.

   b. **Assessment of post test on 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 4A 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 at participants attended the training at the first day of the training;
     - Conducted phone survey at 3 months after trainings all participants attended the trainings;
     - Employed EpGdata software for data entry and SPSS for data analysis.

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

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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N=10</th>
<th>%</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (mean)</td>
<td>53.6</td>
<td>5.3</td>
<td>0.42</td>
</tr>
<tr>
<td>Sex</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Position/staff grade</td>
<td>19</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Current status</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Working as health provider</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>1. Is your work related to smoking?</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>2. Have you ever received a training related to tobacco treatment?</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>3. Have you ever offered cessation assistance (i.e., counselling referral or medication)?</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>4. How many months of service experience as a health provider?</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>5. How many years of service experience as a health provider?</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>6. How many years of service experience as a health provider in this facility?</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>7. Have you ever been certified as a health provider?</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>8. Are you a member of any professional group?</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>9. Do you have any formal or informal relationship with health provider in your area?</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>10. Are you interested in becoming a lead provider?</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
</tbody>
</table>

**Table 2: shows increased knowledge of harm of smoking products in 3-month follow up**

<table>
<thead>
<tr>
<th>Description</th>
<th>N</th>
<th>%</th>
<th>p-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean score of opinions about tobacco use treatment (range: 0-52)</td>
<td>37.7±4.2</td>
<td>43.1±3.6</td>
<td>0.001</td>
</tr>
<tr>
<td>Mean score of smoking cessation confidence (range: 0-10)</td>
<td>4.9±1.3</td>
<td>7.0±1.6</td>
<td>0.001</td>
</tr>
<tr>
<td>Mean score of ability to counsel those who smoke (range: 0-10)</td>
<td>4.4±1.7</td>
<td>6.3±1.5</td>
<td>0.001</td>
</tr>
<tr>
<td>Mean score of confidence of health providers in providing cessation counseling and treatment (range: 0-10)</td>
<td>4.9±1.3</td>
<td>7.0±1.6</td>
<td>0.001</td>
</tr>
</tbody>
</table>

**Figure 1:** Shows the increased rates of screening for tobacco use and delivery of cessation assistance using 4A framework.