

Implementing Tobacco Use Guidelines in Community Health Centers in Vietnam

Vietnam has a smoking prevalence that is the second highest among South East Asian countries (SEACs). With a population of approximately 90 million, Vietnam also has the second largest total number of adult smokers (over 16 million) in SEA. According to the World Health Organization (WHO), most reductions in mortality from tobacco use in the near future will be achieved through helping current users quit. Tobacco use treatment, as defined by the U.S. Preventive Health Service Guideline

(Guideline) on Treating Tobacco use and Dependence, is evidence-based and highly cost-effective. Yet, in the U.S. and globally, adoption of recommended care is suboptimal. The objective of this proposal is to fill the current research-to-practice gap by conducting a randomized controlled trial that compares the effectiveness and cost effectiveness of two practical and highly replicable strategies for implementing evidence-based guidelines for the treatment of tobacco use in public health clinics in Vietnam. The proposed implementation strategies draw on evidence-based approaches, and the WHO's recently released guidelines for implementing Article 14 of the Framework Convention on Tobacco Control (FCTC). The FCTC is an evidence-based treaty that was developed by the WHO in response to the globalization of the tobacco epidemic. Vietnam ratified the FCTC in 2004; however, they have not taken steps to implement Article 14 which specifies the need to integrate best practices for treating tobacco use and dependence into routine preventive care. The proposed implementation strategies also build on the growing literature that supports the effectiveness of integrating community health workers as members of the health care team to improve access to preventive services.

Purpose of the Study/Specific Aims

Primary aim

In two rural districts in Vietnam to compare the effectiveness and cost effectiveness of two multi-component strategies for implementing tobacco use treatment guidelines

- a) Technical assistance, training, plus clinical reminder system (TTC) vs.
- b) TTC + referral to a community health worker (VHW).

The primary outcome is provider adherence to tobacco use treatment guidelines. The **secondary outcome** is 7-day point prevalence smoking abstinence at 6 months. These outcomes are measured via patients exit interviews (surveys conducted immediately after the clinic visit) and surveys conducted 3 and 6 month after that visit.



Use a mixed methods approach to explore potential theory driven mechanisms hypothesized to explain the comparative effectiveness of the implementation strategies in both models. This is accomplished through provider surveys conducted pre and post intervention to assess changes in attitudes, beliefs, social norms and self-efficacy.

Secondary aim

To assess the effect of provider brief counseling plus VHW counseling compared with provider counseling alone on smoking abstinence

Study Site eligibility and recruitment. The districts we have selected in Thai Nguyen are representative of the rural CHCs in that province. Site criteria include having at least one physician, >4 allied health care professional staff, >5 CHWs and a patient population of at least 4000. Using methods for site recruitment used by ISMS, the Director of the District Health Centers will introduce our study to all CHCs that fit these criteria through a letter of introduction and follow-up telephone or in person contacts. Among those expressing interest, we will randomly select 26 CHCs in 2 districts of Thai Nguyen (Pho Yen and Dai Tu). Sites will be randomly assigned in a 1:1 ratio to the intervention conditions. We will recruit sites in 3 successive waves.

Project time:	2014 - 2018
Implementor:	Institute of Social and Medical Studies, Ha Noi, Vietnam
Collaborator:	New York University School of Medicine
Sponsor:	NIH
Project website in Vietnam:	www.vquit.vn