

# FINAL REPORT

**Title of Project:** Develop and disseminate an evidence-based healthcare professional training program tobacco use treatment in Viet Nam

**Principal Investigator and Team Members:**

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**Team Members:**

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## Organizations

Institute of Social and Medical Studies (ISMS), Viet Nam in collaboration with NYU School of Medicine (NYUSOM) and Viet Nam Steering Committee on Smoking and Health (VINACOSH) - Ministry of Health, Bach Mai Hospital.

**Inclusive Dates of Project:** January 2015 – Sept 2017

**Project Officer:** Jacqueline Waldrop

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## A. Abstract

The Project aimed 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. In order to achieve its aim and objectives, the Project has employed different methods: i) develop and implement a competency-based and evidence-based core curriculum and TTT training model; ii) build capacity for master trainers and health providers on tobacco use treatment; iii) conduct evaluation of the core curriculum and the TTT training as well as of the post training sustained practice changes

of health provider to screen for tobacco use and assist smokers in quitting by using pre-and post-test, training observation and phone survey at 3 months after training; and iv) disseminate the TTT program throughout the health care system. The Project has delivered all expected deliverables: i) the core training curriculum for tobacco use treatment; ii) the TTT manual and training materials; iii) 36 master trainers and 312 health providers trained on tobacco use treatment; iv) the PPT presenting evaluation results; and v) the TTT program disseminated and used in the health system. In addition, the Project has its impact on policy support by the Ministry of Health, national and provincial hospitals, provincial and district health authorities for the implementation of tobacco use treatment in general and for tobacco use treatment-related training for health providers in particular. The Project has also contributed to the expansion of Tobacco Cessation Network from the central to provincial levels in Viet Nam.

## **B. Purpose**

The overarching goal of the project is 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.

The project has 3 objectives:

1. Develop an evidence-based healthcare professional 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 nation-wide via the Viet Nam Steering Committee on Smoking and Health, and Ministry of Health.

## **C. Scope**

The project responded directly to the goals in Category 3 (creation of healthcare professional training programs in Low and/or Middle Income Countries), and is aligned with the goals of ISMS to expand their training and evaluation capacity to include additional tobacco-related projects. In addition, this project has leveraged a current collaboration between ISMS, the Viet Nam Ministry of Health and NYUSOM on a study recently funded by NIH with aims that are well aligned with the goals of Global Bridges and the RFA.

Based on the Global Adult Tobacco Survey (GATS), almost half of adult men are current smokers, a smoking prevalence that is the second highest among South East Asian countries (SEAC). Although Viet Nam has a strong public health delivery system, according to the 2010 GATS, services to treat tobacco dependence are not readily available to smokers or integrated into the health care system. The dearth of effective tobacco cessation services in Viet Nam is not the result of a lack of commitment to tobacco control. The government ratified the FCTC in 2004, and has enacted an ambitious National Tobacco Control Action Plan (Decision No. 1315/QĐ-TTg) for the Implementation of the FCTC. Notably, the Action Plan calls for integrating cessation

services into national health and education programs and builds on the MOH 2011 Annual Review which stated that strengthening the national infrastructure to ensure access to evidence-based cessation services is one of the MOH's highest priorities.

In 2012 the Viet Nam National Assembly passed the first comprehensive tobacco control legislation that took effect in 2013. A key component of the law is the establishment of a dedicated Tobacco Control Fund to provide resources for tobacco cessation treatment and training health care providers to offer smoking cessation support. The law acknowledges gaps in training and the need to increase knowledge and expertise among health care workers in order to effectively implement tobacco control goals.

In 2012, Drs. Nguyen and Shelley conducted the first study in Viet Nam to characterize current cessation intervention practices and examine behavioral and organizational factors that may influence adherence to recommended guidelines for treating tobacco use among health care providers working in commune health centers in Viet Nam (Shelley & Nguyen 2013). The study was conducted in Dong Anh district - a suburban district in Hanoi, the capital city of Viet Nam. The sample included 134 health care providers including physicians, nurses, physician assistants, pharmacists and midwives in 23 community health centers (CHCs). The survey measured demographic data (e.g., gender, age), smoking status, current practice patterns related to tobacco use treatment and assessed factors that may influence provider adherence to tobacco use treatment guidelines. The analysis showed that 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., counseling 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. Over 80% agreed or strongly agreed that offering smoking cessation treatment was part of their job and that their supervisor thinks that helping smokers is a priority. Though health care provider's attitudes towards delivering cessation interventions were generally positive, notably, 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%).

In order to increase provider-delivered cessation interventions, a program that offers training for physicians and allied health professionals working in commune health centers (CHCs) and hospitals is urgently needed.

This project is an important step towards closing the knowledge and practice gaps among providers, and advances the goals of Viet Nam's new tobacco control law and this Global Bridges RFP. The project has built much needed capacity among provider organizations and the Ministry of Health to disseminate tobacco use treatment-related education and training programs throughout public health care delivery system in Viet Nam.

The *primary audiences* targeted by the project are health care providers who work in CHCs. They have benefited by gaining knowledge to provide patients with accurate information about the health consequences

of smoking, health benefits of quitting, and mechanism of nicotine dependence, and the practice skills to conduct an assessment of smoker readiness and past quit experience and provide evidence-based treatment (i.e. counseling and pharmacotherapy). It is important to note that ISMS has managed and implemented the project in partnership with VINACOSH (Viet Nam's MOH Tobacco Control Program) to ensure the full support and coordination with the MOH during implementation. The training curriculum has developed in close collaboration with VINACOSH/MOH to ensure that the program meets the training goals of the MOH and was adopted by the MOH for disseminating throughout the entire health care system. As noted previously, with implementation of the Tobacco Control Fund, the MOH now has resources to ramp up training of health care workers. What they are lacking is an evidence-based curriculum and model for dissemination throughout the entire health care system. Therefore, the MOH views itself as a *key beneficiary* of this project.

In addition, the *partners* of the project are the VINACOSH Tobacco Cessation Technical Group, Bach Mai Hospital (the largest national hospital in Vietnam), Thai Nguyen provincial Department of Health, , and District Health Centers.

## D. Methods

### 1) Developed, implemented, evaluated, revised and finalized a core curriculum

- The core curriculum (in English & Vietnamese) including PPTs, handouts, supporting materials developed based on the ATTUD core competencies for evidence based treatment of tobacco dependence, PHS Clinical Practice Guideline Update: Treating Tobacco Use and dependence, WHO TTT curriculum on Strengthening health system for treatment tobacco dependence in primary care, VQUIT project/ISMS training materials (funded by NCI-NIH USA), VINACOSH training materials.;
- The core curriculum was adapted based on consultation with expert advisory group, interview results with health providers at commune health centers;
- The core curriculum was revised and finalized based on evaluation results from the trainings for 100 health care providers in Thai Nguyen province.

### 2) Created capacity by developing and implementing a TTT model

#### a. Developed and tested the training of master trainer model

- Developed a 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 in 5 districts.

#### b. Developed and implemented a web-based program

- Developed and uploaded online training materials and make those materials available for all health providers nationwide via: [www.vquit.vn](http://www.vquit.vn) designed and executed by ISMS.

### 3) Evaluation

#### a. Evaluation of the core curriculum training with 300 health care providers in 5 districts of Thai Nguyen province

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

#### b. Assessment of post training sustained practice changes 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 by using survey tool which was tested in over 100 health providers (Shelly & 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 training with all participants attended the trainings.

#### c. Dissemination of the evidence-based training curriculum and evaluation results

## E. Results

### Output level

- The evidence-based core curriculum (in English & Vietnamese) was developed, implemented and revised, updated, finalised;
- The TTT curriculum was developed, implemented, revised, and finalized;
- 6 Master Trainers of ISMS and 30 master trainers from national and provincial hospitals were trained;
- Training courses were conducted by ISMS master trainers for 312 health care providers in Thai Nguyen province;
- Baseline survey and 3-month follow up survey (after training) on tobacco use treatment practices were conducted with 235 healthcare providers in 5 districts;
- The web-based program was developed. Training sessions were recorded, reviewed, edited, uploaded in [www.vquit.vn](http://www.vquit.vn) and is now available for nation-wide providers;
- Project results were disseminated;
- The TTT curriculum was disseminated and used in the health system.

## Outcome level: Evaluation results

- Training evaluation results

**Table 1: Characteristics of health providers participated in the training**

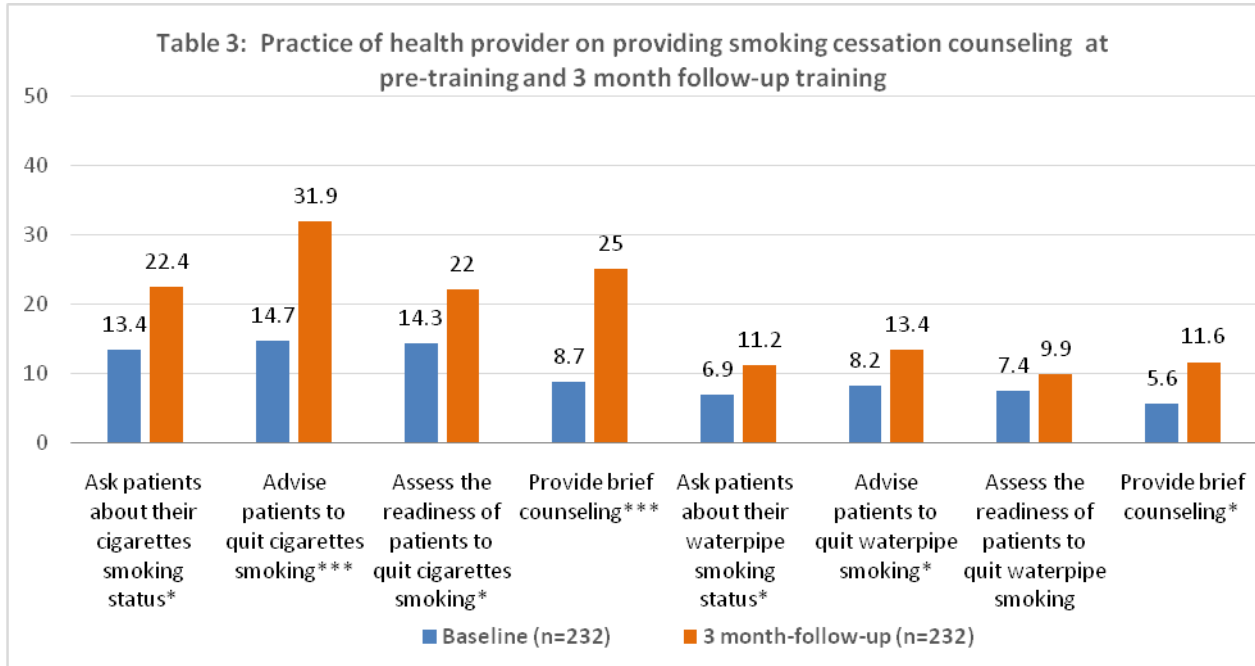
|  | %/ (Mean±SD) |
|--|--------------|
| <b>Gender</b>                                  |              |
| Male   | 37,5         |
| Female   | 62,5         |
| <b>Age (mean year) (24-59)</b>                 | 40,1±10,5    |
| <b>Years working as health provider (2-39)</b> | 15,0±10      |
| <b>Position/staff grade</b>                    |              |
| Doctor   | 21,8         |
| Physician                                      | 55           |
| Nurse  | 11,8         |
| Physician's assistant                          | 4,8          |
| Midwife  | 3,9          |
| Others   | 2,6          |
| <b>Current smoking status</b>                  |              |
| Never smoked                                   | 75,0         |
| Had smoked before but gave up                  | 16,0         |
| Is smoking                                     | 9,0          |

**Table 2: Improved knowledge, positive changes in opinions, and gained confidence of health providers in smoking cessation before and after training**

|   | Pre-test (n=301) | Post-test (n=312) |
|---|------------------|-------------------|
| Mean score of knowledge about harm of smoking cigarettes (range: 0-52)  | 37,9±4,0***      | 43,1±3,5          |
| Mean score of knowledge about tobacco counseling and treatment (range: 0-10)                                    | 4,8±1,3***       | 6,6±1,4           |
| Mean score of opinions about tobacco use treatment and role of health providers (range: 10-40)+                 | 30,9±4,0***      | 34,2±3,1          |
| Mean score of confidence in applying the updated knowledge of tobacco counseling and treatment ++ (range: 7-28) | 18,8±4,6***      | 25,0±3,2          |

\*\*\*  $p < 0,001$ , +Cronbach's  $\alpha = 0.64$ , ++ Cronbach's  $\alpha = 0.91$

- Evaluation results from 3-month follow up surveys on tobacco use treatment practices with health providers



\* $p < 0,05$ , \*\*\*  $p < 0,001$ . Practiced with half or more than half patients met at CHCs in the last 30 days

### Impact level

- National master trainers on tobacco use treatment were trained.
- Health providers were trained on tobacco use treatments.
- Improved knowledge, skills, and confidence of healthcare providers to provide smoking cessation counselling and treatment to patients.
- Increased tobacco use treatment practices of healthcare providers.
- Increased awareness of the necessity and relevance of tobacco cessation across a broad range of key stakeholders including MOH, national hospitals, provincial hospitals, local health authorities, and health providers.
- Tobacco use treatment is implemented in the health system starting with national and provincial hospitals.
- A Tobacco use treatment network was created and expanded from the central level to provincial 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;
- The TTT curriculum was distributed and used in the health system.

### F. List of publications and products

- Manuals for trainers titled ‘Tobacco Use Treatment for Health Providers at Hospitals and Primary Health Care Centers’, which are available on [www.vquit.vn](http://www.vquit.vn) both in English and Vietnamese;

- 9 power point presentations for training, which are available on [www.vquit.vn](http://www.vquit.vn), including:
  - **Part 1:** Overview of tobacco use, its impacts, benefits of quitting, and related policies.
  - **Part 2:** Tobacco dependence.
  - **Part 3:** Overview of tobacco treatment and pharmacotherapy.
  - **Part 4:** Interpersonal communication skills.
  - **Part 5:** Information education communication materials for tobacco use treatment.
  - **Part 6:** Counseling.
  - **Part 7:** Assessment of tobacco dependence, intake assessment, and treatment planning.
  - **Part 8:** Relapse prevention and treatment.
  - **Part 9:** Counseling & treatment for special populations.
- Other hand-outs and supporting documents, such as Law on tobacco control, Counselling Procedure for tobacco cessation at CHCs, Intake Assessment Forms and Triggers and how to cope with;
- 3 Videos, which are available on [www.vquit.vn](http://www.vquit.vn) : i) Tobacco Control developed by VINACOSH; ii) Why it is difficult to quit smoking developed by Mayo Clinic with Vietnamese subtitles; iii) A smoking cessation support developed by Mayo Clinic with Vietnamese subtitles;
- 7 videos for 7 training courses, which are available on: [www.vquit.vn](http://www.vquit.vn), including:
  - **Course 1:** Overview of tobacco use, its impacts, benefits of quitting, and related policies.
  - **Course 2:** Tobacco dependence.
  - **Course 3:** Overview of tobacco treatment and pharmacotherapy.
  - **Course 4:** Interpersonal communication skills.
  - **Course 5:** Counseling (4As model).
  - **Course 6:** Assessment of tobacco dependence, intake assessment, and treatment planning.
  - **Course 7:** Relapse prevention and treatment.
- On-line support tools for smoking cessation, such as checking the level of addiction, cost calculation of smoking, commitment to quit smoking, planning to quit smoking, online counselling and messaging support smoking cessation, which are available on [www.vquit.vn](http://www.vquit.vn);
- Questionnaires for evaluation of pre-and-post training.; and
- Baseline and 3-month follow up survey questionnaire on tobacco use treatment practices of health providers.