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Case report

Implementation and assessment of diverse strategies for physical activity promotion in Vietnam—A case report

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Abstract

Background: Regular physical activity (PA) has documented effects in prevention and treatment of many non-communicable diseases (NCDs). Physical inactivity is recognized as the fourth leading risk factor for premature death, worldwide. Despite these facts, physical inactivity is increasing, not only in high-income, but also in middle- and low-income countries. To address this negative trend, evidence-based methods to increase PA are needed. The purpose of this paper is to describe the implementation and assessment of 4 strategies designed to increase PA in Vietnam.

Methods: Four strategies were used: i) introduction and evaluation of an education and training programme on the Swedish method of Physical Activity on Prescription (PAP) among healthcare professionals, ii) translation of the PAP evidence-based handbook, Physical Activity in the Prevention and Treatment of Disease (called FYSS in Swedish) into Vietnamese, iii) launch of a mass media campaign to promote PA, and iv) advocacy to support development of PA guidelines in Vietnam.

Results: The evaluation indicated that the participating healthcare professionals had a positive attitude to PAP. However, they also reported uncertainty in prescribing PA. FYSS was translated and disseminated successfully to healthcare professionals. A mass-media campaign identified the beneficial effects of PA to healthcare professionals, journalists, policy makers, and the public. Last, the process of developing national guidelines on PA was initiated.

Conclusion: This project led to enhanced awareness and appreciation of PA in the prevention and treatment of NCDs among healthcare professionals as well as initiation of national PA guidelines. Important lessons also were learned in the presentation of PAP, which will be considered when designing similar projects in the future.

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Keywords: Exercise prescription; Guidelines and recommendations; Health promotion; Lower middle-income country; Non-communicable diseases; Physical activity

1. Introduction

Physical activity (PA) is effective in the prevention and treatment of many non-communicable diseases (NCDs) such as cardiovascular diseases, type 2 diabetes, certain types of cancer, dementia, and depression.¹ The World Health Organization (WHO) has recognized physical inactivity as the fourth leading

underlying risk factor for premature death, causing over 5 million deaths per year, worldwide.^{2,3} Despite these facts, a more sedentary lifestyle is spreading, not only in high-income, but also in middle- and low-income countries.²

To address this negative trend, it is imperative to study and implement contextualized methods to increase PA both in the public at large and in specific patient groups. Several methods have shown to increase PA among patients in health care and community settings.⁴ In Sweden, the method Physical Activity on Prescription (PAP) has been used for almost 2 decades and is recognized as an effective method to increase PA among patients in health care settings. The self-reported adherence to PAP is

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shown to be 50%–65%, which is comparable to the adherence rates found in studies of drug prescriptions.⁵ In addition, self-assessed quality of life is improved following PAP.⁶ The guidelines for disease preventing methods, issued by the National Board of Health and Welfare in Sweden, states that “healthcare services should offer counseling as well as written prescriptions or pedometers and special follow-ups to individuals with insufficient levels of PA”. Official documents on national, regional, and local level support the use of the PAP method.⁶ The evidence-based handbook *Physical Activity in the Prevention and Treatment of Disease* that accompanies PAP (referred to as FYSS in Swedish) describes the evidence for the use of PA in prevention and treatment of more than 30 conditions and diseases.⁷ FYSS is a tool for health care professionals to use when prescribing PA, as it provides recommendations for the most effective type and dose (intensity, frequency, and duration) of PA for each condition.⁸

The Swedish version of PAP consists of 5 components: (1) patient-centered counseling, (2) use of the evidence based handbook FYSS, (3) individualized written prescription, (4) collaboration between health care and societal organizations, such as sports clubs, and (5) follow-up.⁵ Similar methods for health care-based PA promotion are used elsewhere in the Nordic region as well as in other parts of the world. Unique for the Swedish version however, is that the counseling and written prescription are individualized and can be prescribed by any licensed health care professional with sufficient knowledge about PAP. The method PAP, which can be used for prevention or treatment of more than 30 conditions or diseases, is implemented in the Swedish health care system and is most widespread within primary care.⁶ The number of patients issued PAP have increased during the last 10 years; however, little is known about the number of professional health care workers who use PAP in Sweden. Because the Swedish method of PAP can be used for a variety of diseases, is cost-effective, and lacks considerable side effects,⁶ it is suitable for low- and middle-income countries in the prevention and treatment of NCDs.

Community settings for PA promotion include public health approaches that have a wide reach and can be implemented with minimal resources. Mass-media campaigns are considered cost effective and have an impact on people’s awareness of health behaviors such as PA.⁹ The effect of mass-media campaigns may be enhanced if conducted in combination with other strategies, such as policies or environmental changes.⁹ Another approach is to develop national PA guidelines that can provide a basis for public health efforts to increase PA as well as provide a basis for future research.¹⁰ In 2010, WHO released *Global Recommendations on Physical Activity for Health*.¹ Following that, many countries have developed their own national recommendations or guidelines, which may differ slightly due to cultural and contextual variances. In many low- and middle-income countries, such as Vietnam, national recommendations or guidelines on PA are still lacking. Hence, developing guidelines for PA in Vietnam should be a priority activity.

Sweden and Vietnam share a long history of development cooperation within various fields, such as infrastructure, poverty reduction, and health care.¹¹ Since the 1980s, Vietnam

has developed from one of the world’s poorest low-income countries to a lower middle-income country, with a rapidly growing economy.¹¹ During 2010–2013 a partner-driven cooperation project was conducted in Vietnam, with the overall aim to increase the awareness of the role of PA in prevention and treatment of disease. This was done by introducing and exploring 4 strategies:

1. Development of an education and training program on the method PAP for health care professionals, followed by an evaluation process;
2. Translation and dissemination of the evidence-based handbook (FYSS);
3. Implementation of a mass-media campaign to influence the awareness of PA in the Vietnamese society;
4. Initiation of the process of developing national guidelines on PA.

The partners involved in this project were (1) Karolinska Institutet, a large medical university in Stockholm, Sweden, (2) Professional Associations for Physical Activity in Sweden, a sub-association within the Swedish Society of Medicine, and (3) Hanoi Medical University (HMU), a leading Vietnamese university in collaboration with the Ministry of Health and the WHO office in Hanoi, Vietnam. The project was funded by the Swedish International Development Cooperation Agency (Sida in Swedish). Experiences and lessons learned from this partner-driven cooperation project, where the PAP method was translated and disseminated from a high-income country to a lower middle-income country, a mass-media Physical Activity campaign was launched, and Vietnamese Physical Activity Guidelines were initiated are described in this case report.

2. Case report

This case report focuses on the above mentioned 4 strategies (1–4), used to implement and disseminate the PAP method and to develop national guidelines for PA in Vietnam. However, within the scope of this project only the first strategy could be accurately evaluated.

2.1. Development of an education and training program on the method PAP for health care professionals, followed by an evaluation process

The first strategy involved designing courses on the PAP method. Two different courses were designed: (1) a 5-day, in-depth course held in Sweden for key persons from the Vietnamese health care system, called the “Training of Trainers” (TOT) course and (2) a 2-day training course on PAP held in Vietnam, for several groups of health care professionals.

2.1.1. TOT course

The purpose of the TOT course was to educate trainers, who in turn, assisted as trainers of the PAP courses held in Vietnam. Their mission also was to continue to spread the method PAP after the project had ended. The curriculum for the TOT course included understanding the relationship between PA and health benefits and the underlying physiological mechanisms for these relationships, general recommendations for PA, and implemen-

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