

Vietnam COMBI strategy around salt

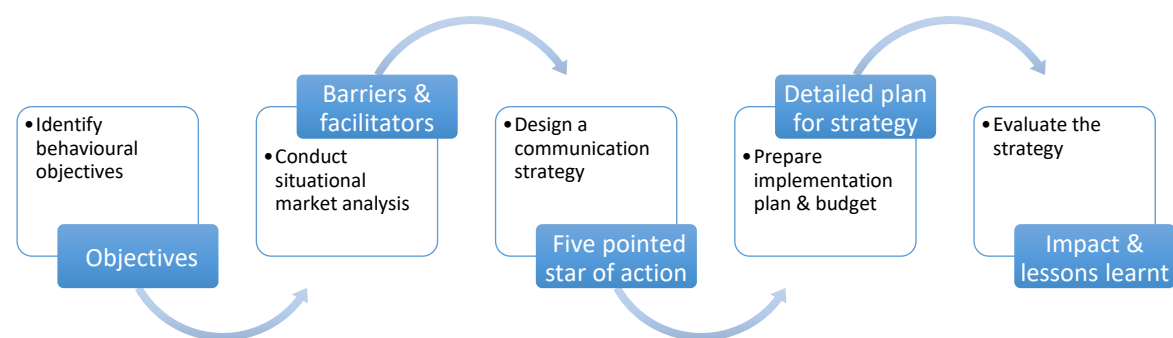
CASE STUDY:

Communication for Behavioural Impact (COMBI) plan for noncommunicable disease prevention and control in the Phu Tho Province

As part of its strategy to prevent the growing burden of NCDs, the Ministry of Health in Vietnam, has been doing preliminary work to support the development of a National Salt Reduction Strategy. About 70-80% of the sodium consumed in the Vietnamese diet is from salt, fish sauce and other salty condiments added during cooking or eating so education to change behaviour is critical.

Communication for maximum behavioural impact (COMBI) is a planning framework and implementation method for using communication strategically to achieve positive behavioural modification. In Vietnam, A COMBI plan called Eat Less Salt (ELS) was designed for a 1 year intervention (June 2013 to June 2014) in the Phu Tho Province aiming to reduce salt intake in the population.

Figure 1. Summary of key steps and outcomes in a COMBI plan¹



Within the communication strategy, there are 5 components of integrated actions to help achieve the behavioural objectives. Vietnam's Eat Less Salt COMBI strategy demonstrates how the 5 components have been used to reduce the population's salt intake.

Table 1. Five-pointed star of integrated communication action to achieve behavioural objectives

Five integrated communication actions	Purpose	Example of actions in Vietnam's Eat Less Salt COMBI strategy
<p><i>Overall objectives:</i></p> <p>I. To reduce the average population salt intake in the intervention areas</p> <p><i>Behavioural objectives:</i></p> <p>I. To get, within a year from start, 30% (~105,000) of all individuals responsible for preparing meals in families to use half as much as salt as they now use in cooking all daily meals</p> <p>II. To get 30% (~400,000) of all individuals who feed themselves (> 4 years old) and who dip various items of food in salty sauces before eating items, to dip every other time, rather than every time, so reducing salty dipping behaviour by 50%.</p>		

¹ Communication for behavioural impact – A toolkit for behavioural and social communication in outbreak response: http://www.who.int/ihr/publications/combi_toolkit_outbreaks/en/

Five integrated communication actions	Purpose	Example of actions in Vietnam's Eat Less Salt COMBI strategy
Administrative mobilization and public advocacy	Put a particular healthy behaviour on the public and administrative agenda via mass media, meetings with influential people (government and community leaders), service providers, official memoranda and partnership meetings.	To gain support of all those working in the public sector including the Office of the Chairman of the Phu Tho Province People's Committee and all government departments, the following activities will be undertaken: <ul style="list-style-type: none"> I. An official memorandum (communication) will be sent to all supervisors. II. Press activities during the year consisting of conferences, radio filler announcements and discussions and television chat show.
Community mobilization	Involvement of community leaders (political, social and influential organizations) in discussions to reduce risk and actions to achieve behavioural objectives.	To mobilise public support, a communication group will be established in each village which includes the village leader, village health care work and a member of the Women's Union and Elderly Union. Activities led by the Commune's People's Committee will include broadcasting messages through loudspeakers, putting up posters at community events, delivering leaflets and organizing community contests to prevent hypertension and cardiovascular diseases.
Advertising (M-RIP approach – Massive, Repetitive, Intense, Persistent)	Sustained appropriate advertising via various forms of media to remind communities of the problem and benefits of promoted behaviours. This also lends further legitimacy to overall efforts.	The mass media advertising campaigns include: <ul style="list-style-type: none"> I. 6 three-week spurts per behaviour (cook with half the salt, dip sauce every other time while eating) II. Radio advertising played 6-8 times per day for 5 days/week III. Television spots played 2-3 times per evening, 5 days/week IV. Print advertisements during the first week of each flight in newspapers V. 200,000 posters with the behavioural messages put up in government facilities (post office, schools, health centres, supermarkets, bus and railway stations,) VI. Billboards donated from the Business Partnership will carry messages linked with radio-TV advertising for 3 weeks each time.
'Personal selling': the face to face engagement	Interpersonal communication at the community level (service points or homes) with appropriate informal information. This also involves careful listening to people's questions or concerns about the intervention so it can be addressed promptly.	<ul style="list-style-type: none"> I. 7000 volunteer personal sellers (Better Health Ambassadors - BHA) will each be assigned to 50 households to disseminate the behavioural messages. The BHA will see each household once every two months. 7000 BHAs will cover approx. 350,000 households in Phu Tho Province each year. Each personal seller will be provided with information worksheets and branded coasters with 'a better step for better health' to give to each household. II. Second form of personal selling involves a school

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		intervention. The knowledge on salt reduction and proper diet will be communicated to teachers and students in primary schools through school activities. The message will be carried on to parents through children and leaflets.
Point of service promotion using tools to support interactions	This consists of visible promotional signs and symbols. It can be used to emphasize the accessibility of solutions or availability of support for the recommended behaviour.	Some point of service promotion tools given to families by the personal sellers consist of leaflets, branded coasters and pencils reminding people of the recommended behaviours.
<p><i>Evaluation of the strategy</i></p> <p><i>Baseline assessments were carried out in October 2012 before the intervention. After the intervention, a follow-up assessment was conducted to measures changes. Measures included:</i></p> <ul style="list-style-type: none"> ▪ <i>salt intake levels: from collecting spot urine samples for the estimation of 24 hour urine sodium excretion and a sub-sample of 24 hour urine for validation;</i> ▪ <i>Consumer knowledge, attitudes and practice: from interviewing subjects; and</i> ▪ <i>Blood pressure and anthropometric measures.</i> 		

Results of the evaluation of effectiveness of the COMBI intervention for salt reduction in Phu Tho Province

Changes in salt intake levels

Average salt intake reduced from 15.5g/d before the intervention to 13.3g/d after the intervention. A significant mean difference of 2.2g/d.

Changes in consumer knowledge and practice before and after intervention

There was a significantly higher proportion of people knowing the adverse effects of high salt intake on:

- Hypertension - an increase from 43.6% to 100%
- Stroke - an increase from 9.2% to 46.6%
- Heart attack - an increase from 5.5% to 17%

At the follow-up survey, 86.5% of the population reported that they applied practices to reduce salt intake. 61.8% reported restricting the addition of salt/sauce while cooking, 44.1% restricted dipping or adding salt/sauce to food, 35.9% restricted the consumption of processed foods and 25.3% restricted foods with high salt preparation methods.

Blood pressure and anthropometric measures

The mean systolic blood pressure significantly reduced from 126.2mmHg before the intervention to 120.2mmHg, a mean difference of 6mmHg. Mean diastolic blood pressure also significantly reduced from 78.2mmHg to 73.2mmHg after the intervention.