Interprofessional Collaboration to Improve Health through Poverty Reduction and Better Social Services in Vietnam

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Abstract—**This paper describes an interprofessional effort to improve community health in the Vietnam context. Since the late 1980s, Vietnam has experienced rapid economic development. However, the economic growth has not extended to all regions of the country or to all population groups. The gap is widening between the rural and urban areas, among various groups. At the same time, there is increasing incidences of social ills such as HIV/AIDS, prostitution, family violence, child and elder abuse and neglect. These community issues need intervention so that people's health can be improved. In response to request for assistance in dealing with these issues, the school of Nursing and school of Social Work of a Canadian university collaborated to assist a Vietnamese counterpart in designing programs to educate qualified social workers for meeting this great need of the country.**

Keywords- health, interprofessional collaboration, poverty reduction, social work.

I. INTRODUCTION

At the end of the 20th century, Vietnam's (VN) economy and development as well as people's health have greatly suffered following 30 years of war and some 20 years of economic isolation. For example, the main cause of death in VN at that time has been associated with infection due to poor sanitation and use of unsafe water [1]. In addition, the country's long coast line exposes it to frequent natural disasters such as typhoons, floods and droughts which worsen the poverty level. Fortunately, in the late 1980s the government has initiated the economic renewal program, lifted million people out of poverty, and transformed VN from one of the poorest countries to become the lower middle-income nation [2]. Similarly, health and nursing care have improved. However, the VN's health care system has been mostly hospital-based, with inadequate attention to community issues arising from rapid economic development such as HIV/AIDS, family violence, child abuse, women and children trafficking, care for the neglected elderly and home care for those with chronic conditions. Furthermore, the prolonged war has left many with physical and psychological disabilities as well as millions affected by the agent orange, a chemical used during the war. To improve health, it is essential that these community issues are addressed with qualified social workers (SWers) to enhance social services, so that disadvantaged groups have the opportunities to be more economically productive and as such escape from poverty.

II. POVERTY AND HEALTH

A. *Linkage between health and poverty*

Studies conducted in several countries have consistently revealed that income is one of the strong determinants of health [3]. Health and poverty are strongly interrelated [4]. Poor health could be due to poverty and good health is considered a means to reduce poverty, because healthy persons are more able to engage in education, training, employment and to capture economic opportunities to overcome poverty [5]. Higher income, then, provides better housing, nutrition, health care access, hence, improves people health and well being.

Although Vietnamese concept of poverty have traditionally encompassed more than material income, it is clear that income-based notions of poverty are increasingly being used as the market economy develops. The World Bank report [6] has initially used a "basic needs" poverty line agreed in the early 1990s which includes a per capita calorie requirement of 2100 calories per day based on a representative food bundle and taking into account regional price variations for the same items to assess poverty. In 2010, these low standards were revised and a new poverty line was established to meet the international standards of $1.25 to $2.00 person/day [6]. For the purpose of this project, the definition of poverty by the Newfoundland and Labrador Association of Social Workers [7, p.1] is used. It states *"...poverty means loss of health, nutrition, shelter, warmth, safety, education, support, dignity, self-esteem and opportunity*". It follows that the indicators for poverty reduction include improved health; better housing, clothing and equal opportunity for self-development; better access to health care and information and opportunities for education and training.

B. *Vietnam National Poverty Reduction Plan*

Realizing that poverty is detrimental to health and development, the Government of Vietnam (GOV) has

DOI: 10.5176/2345-718X_2.1.62

Manuscript received August 5, 2014. This work was supported by the Department of Foreign Affairs, Trades and Development Canada, and through the Association of Universities and Colleges of Canada (AUCC), project no S064991, purchase order 7054077 .

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adopted poverty reduction as its top priority of its reform policies for the last decade (2001-2010). As the result, poverty rates in VN fell from 51% in 1992 to under 10% in 2014, using the revised standards of 2010 [8]. However, this improvement has not been uniform and disparities have widened between urban and rural areas as well as between different geographic regions of VN and amongst various socioeconomic groups. Rural residents and the ethnic minority people in isolated areas have not fully benefited from the recent impressive economic growth following VN's transition from a centrally planned to an open market economy. The widening gap between the rich and the poor has brought social ills such as an increase number of homeless children, abuse of children through labor practices and sexual exploitation [9], family violence, prostitution, trafficking of women and children, abuse of the elderly, emotional stress, HIV/AIDS, and drug and alcohol abuse [10]. To assist these disadvantaged groups and to help narrowing the existing gap, qualified health and social workers are urgently needed. Currently many people providing social services in VN are not professionally educated and they work "according to their hearts and their intuition" [11]. Based on its previous success, in 2002 the GOV outlined a 10-year plan to further reduce poverty [5]. This plan utilized various measures, including **health improvement by increasing the quality of and access to community-based health services, and promoting social equity.**

To promote health and social equity, VN needs to have not only *more social workers (SWers), but SWers with knowledge and skills suitable to the demands of the open-market economy.* Most of the current VN social service providers worked under the previous centrally planned economy when social issues were far different from those of the current time. It was estimated that between 2010 and 2020 around 40 percent of VN's population, or 32 million people are in need of services provided by social workers [12], [13]. To address this challenge, the GOV is focusing on *consolidation and strengthening of the existing SW network. It plans to increase both the **quality** and **quantity** of the profession by upgrading secondary level SWers to university level, and providing additional training for current social service providers working with vulnerable groups in rural areas* [12].

III. THE COLLABORATIVE PROJECT

Based on the above context, this paper describes the collaborative project of improving health through development of social work education in Vietnam since 2002, the challenges faced in this development and the strategies used to overcome the barriers. This 12-year development project consisted of two phases: Phase one or base project was implemented from 2002 to 2007 and phase two or Scaling–up project lasted from 2010 to 2014.

A. Phase one: Project background and objectives

Without social work human resources, knowledge and skills and infrastructure to develop needed social services, the VN Ministry of Labor, War Invalids and Social Affairs (MOLISA) requested the assistance from the Schools of Nursing and Social Work at Memorial University of Newfoundland (MUN), Canada. Based on this request, a five-year project was developed and funded by the Government of Canada through the Canadian International Development Agency (CIDA) during the period of 2002-2007 to enable the collaboration between MUN and the College of Labor and Social Affairs (CLSA), a college operated by MOLISA, to achieve the above objective. The partnership between the two schools of Nursing and Social Work at MUN was necessary to address health improvement and poverty reduction as these two components are strongly interrelated as explained above.

A fundamental outcome from this base project was the **advancement of social work (SW) education in** VN by establishing the first bachelor of social work (BSW) program at the College of Labor and Social Affairs (CLSA) in Hanoi and enhancing CLSA's capacity to sustain its social work education, hence contributing to health improvement and poverty reduction during the project life. In addition, the project upgraded the qualifications of current Social services providers through a number of workshops on basic SW knowledge and skills, on various social issues that they encountered in their daily work. Thus, at the end of this project, the CLSA has a University SW curriculum, a core of qualified SW teachers to educate SWers for VN and a cohort of upgraded rural social service providers as well as a model social work practice center to provide social services to surrounding communities and a venue for SW students to conduct their field work [14].

B. Strengths and challenges

Before planning the project, it is crucial to identify the existing strengths and barriers so that appropriate measures are put in place to maximize the outcomes. The obvious strengths in this project included the strong support of the VN government for the project, the political stability of the country, the enthusiasm of CLSA administration and its faculty. As well, the Canadian project director and staff were conversant with Vietnamese culture, customs and language. However, several barriers were identified, including low English language capacity of CLSA staff, no infrastructure for field practice, lack of SW textbooks, teaching facilities and library resources. In addition, VN students and teachers have been more familiar with didactic

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teaching and learning and top-down method of educational administration.

C. Project method

1) Guiding principles and approaches: Based on the Vietnam context, project objectives, identified strengths and challenges, the following principles, approaches and interactive factors were considered in project design and implementation to achieve the project outcomes and maintain the sustainability of results.

a) Promoting local ownership: The project was formulated based on CLSA's request, so its commitment and project sustainability were ensured. In all steps of the project, efforts were made to engage full participation of partner. The SW program was conducted at CLSA to enhance partner participation, and local expertise was used to promote capacity building and minimize cost. Other measures to enhance the sustainability included gradual transfer of teaching and project management to CLSA.

b) Community based: With strong community and NGO's involvement which facilitates the latter's input and contributions.

c) Train the Trainer: This approach has been used successfully in many projects in various countries. In this case, the primary trainers, Canadian faculty from nursing and social work and other specialists, educated a group of Vietnamese lecturers, who in turn educated future professional SWers and front line social service providers.

d) Multi-sectoral collaboration: Improving health and reducing poverty cannot be accomplished by one-side intervention. It needs a comprehensive approach involving collaboration among various sectors such as central and provincial governments, women's unions, youth unions, and others. The project also collaborated and shared information with other donors, NGOs, and community groups involved in similar work in VN. Health issues and poverty reduction were addressed in program content.

e) *Interprofessional collaboration:* This team approach has been considered as a requirement to deal with complex healthcare issues of today. According to Health Canada, interprofessional collaboration is "working together with one or more members of the health care team who each make a unique contribution to achieving a common goal… Each individual contributes from within the limits of their scope of practice." [15, p. 1]. This team oriented approach is common in several European countries, in New Zealand and Australia. It has demonstrated improvement in patient care and received positive evaluations from both patients and healthcare teams [16], [17], [18], [19], [20]. In North America, several professional organizations including nursing, medicine, physiotherapy and others have endorsed this team approach [21], [22], [23]. Together, they formed partnership with respective government to formulate strategic directions, develop best practices, identify competencies to promote interprofessional collaboration [24], [25]. As such, they have garnered budgetary and material supports to foster the capacity of health professionals to work in an interprofessional environment. At the same time, many educational institutions formulated programs, courses and centres for collaborative health professional education to prepare students for working within interprofessional teams.

Although the proponents of interprofessional collaboration have widely cited its benefits, solid evidences of their impact are still limited. Several Cochrane systemic reviews of published studies in this area found inconsistent evidences demonstrating its benefits in terms of professional behavior or clinical outcomes [26], [27]. As such, more research is needed, using robust mechanism to measure the impact of this team approach on the quality of health care.

Believing in the values of interprofessional collaboration, in this project, two professional schools (nursing and social work) worked together to combine the knowledge and skills of each profession to form a powerful synergy for achieving the project ultimate goal in improving health of the VN's population.

f) North-South and South-South capacity building: The North-South component involved a Canadian University (MUN) working/sharing experiences with Vietnamese partners. The South-South component facilitated mutual help between Vietnam and other Asian countries as well as between Vietnamese institutions with more experience in SW education and ones with lesser such experience.

g) Building on past and existing efforts and maximal use of local expertise: Experiences, lessons learned and networks formulated from previous projects were used. Local relevant expertise were sought and put in use so that local capacity building was expanded and outcomes were cost-effective.

2) Cross-cutting themes: The cross-cutting themes of this project included gender equality issues and environmental influence on health and poverty.

a) Gender Equality: Women play a key role in promoting and sustaining health and social services. It is noted that VN has achieved important advances in reducing gender inequalities and addressing gender-related development issues. For example, fertility has decreased, education equalities have narrowed, and disparities in labor force participation have been reduced. Further, 30% of women were elected to political positions in government

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structure. VN women have been successful in putting gender issues on the agenda through its well-organized women's union, which has a strong membership of over 11 millions. However, gender disparities still exist in certain occupations and in rural areas. In this project gender parity was promoted in all project's activities and women's issues were addressed in all educational programs. Curriculum materials and resources were reviewed and adapted to recognize gender issues. Ongoing consultations with local partners ensured that gender and health/social issues were addressed during project implementation. A check list of items ensuring gender equality in project activities was used at each team meeting to monitor project performance in this area.

b) Environment: This project enhanced the understanding of the interaction between the environment, health, poverty and development, and encouraged interventions to maintain an environment conducive to health and sustainable development, thus reducing poverty. According to Haglund and colleagues [28], six components of a supportive environment for health include: education, food and nutrition, homes and neighborhoods, work, transport, social support and care. They were emphasized, discussed and analyzed in course content, workshops, and field practice in this project. Again, healthy environment is a complex issue, requiring collaboration of many sectors and disciplines. Health education materials developed in past related projects and new ones were developed for use to promote healthy environment such as proper waste disposal and controlling air/noise/water pollution.

3) Risk reduction strategies

Having already planned and implemented projects in the region, the project partners were aware of the risks, such as securing the necessary political commitment and government support for the establishment of SW programs. Including government officials among the project stakeholders and maintaining open communication at all times mitigated this risk. Additional risk may involve non-return of graduate students which was discouraged by having students signed a contract before granting them a scholarship. Furthermore, CLSA suggested that the selection of students for graduate scholarship is important in deterring non-returnees. Candidates for graduate studies abroad were selected based on their strong ties to family and community as well as their ability to contribute to social care in VN upon their return (for example, select workers who already have a stable and influencing position in VN). These mitigating measures have been successful in past projects where there were no non-returnees. Other possible risks such as natural disasters, war, and financial collapse were considered. However, at that time, it was envisaged that the project would progress as planned without major difficulties, based on past success and the interest and commitments of all partners. Furthermore, VN was enjoying a stable political and financial climate. Internal risks such as weakening of local commitment, turnover of key staff members could be minimized by frequent visits of project directors, team members and frequent communication.

4) Sustainability strategies: Sustainability was addressed by a combination of approaches inherent in the guiding principles, and measures identified above. Sustainability encompasses several aspects. *Sustainability in the human resource development* at VN partner institutions was ensured in that knowledge-based results were permanent. Faculty with enhanced academic qualifications and knowledge integrated new learning into the current SW curriculum which would be used in educating future SWers. *Sustainability of community outreach* would continue as this approach was integrated into the teachers' education, resulting in more educated personnel available to continue the process. In addition, the planned involvement of the VN's relevant NGOs (VN Women's Union, youth groups, Veterans organization, seniors network…) and local government officials would ensure that community outreach continued and quality social services would reach the poor as intended. The plan for gradual transfer of teaching and project management to CLSA in the second half of the project would ensure project sustainability.

D. Phase one: Project activities and outcomes

Accordingly the project activities were designed so that they are doable, achievable and yielded the actual outcomes below. All objectives have been achieved and project outcomes have surpassed the planned expectations.

1) First, a ten-course program of basic social work courses was developed by MUN's SW professors in consultation with CLSA. **.** The ten courses include: Introduction to SW, Counseling, Social work with individuals and families, SW with Groups, SW ethics, SW research, SW with Community, Community Development, Seminar on Professional issues and interdisciplinary practice, Supervision in professional and clinical practice**.** This ten-course program was first taught by MUN faculty to 16 CLSA teachers who were selected based on their academic qualification with completion of at least one university degree, English ability and interest in SW. The latter teachers in turn taught the same program to 48 rural social services providers from rural north VN. The program was again presented to 35 key members of the VN's Women Union that is a large organization of over eleven million members who provided social services for women in every village of the country. In the latter group, 16 completed the total program while 19 took only courses relevant to their work. In total, **80 have completed this**

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core program. It is noted that the rural SW providers and the Women Union cadres who completed this core program will be the front line workers, directly working with the grassroots in rural areas.

2) The above ten basic courses, prepared in Vietnamese language, were integrated into the SW curriculum at the partner institution. CLSA was upgraded from the college level to **university** level (University of Labor and Social Affairs - ULSA) and developed the first university SW program (BSW) following VN unification in 1975, approved by the Ministry of Education and Training (MOET).

3) **Twelve** CLSA teachers have completed the Master of SW program outside of Vietnam. They were selected following completion of the ten-course program above, had at least a bachelor degree in related field and English ability acceptable to the respective university. These **twelve graduates** have returned to VN, formed the core academic staff to teach the newly approved BSW program at ULSA. They also conducted research on social issues and health and provided continuing education to upgrade rural SW providers. In addition to teaching and research, several had additional roles such as working with MOLISA on social services policies, being in charge of the national child protection program of UNICEF, Vietnam, or assisting international non-government organizations (NGO) to prevent women trafficking. Some are working with the Vietnam Women's Union.

4) A **Social Work Practice Center** was established at ULSA. This was the first and the only such center available in VN at that time. It provides social work services to the university students, staff and the surrounding community, including psychological therapy, counseling, testing and art therapy. Counseling was conducted face-to-face or by telephone and internet. The center has provided ten workshops for its own staff and those of the near by orphanages, provided "living skills" to orphan children and organized forum to dialogue with university students on issues relevant to their age such as 'life and love', prevention of HIV infection, sexual health for teenagers. A web page has been developed to provide advices, health information, and answer questions for those who cannot meet face-to-face or wish to remain anonymous. The center also produced a DVD on counseling techniques for teaching and self-directed learning and self-evaluation. The center's activities have attracted several foreign organizations to make site visits to learn from its operation. Foreign Social Workers from Singapore, USA, Australia have volunteered their services to assist the center. It is seen as a good model for community outreach.

5) **Two groups of ULSA** teachers and administrators made a field visit to Canada, to experience a wide range of activities of a cultural, academic and social work practice nature. This experience provided them with needed exposure to western social services and the western post secondary educational environment, as well as to alternative teaching/learning methods which enriched their experience and enabled them to formulate relevant strategies to improve VN's SW education. At the same time, MUN faculty and students benefited from exchanging ideas and knowledge with VN visitors.

6) **41 workshops** have been conducted in rural North VN for over **1300 rural SW providers** on various topics on health and social issues including family violence, gender issues, prevention of HIV/AIDS, reproductive health, poverty reduction, child protection, social work and seniors, prevention of women and children trafficking, drug and alcohol addiction, suicide prevention, etc…

In addition, **five other workshops** have been conducted to improve classroom teaching skills and field work supervision for ULSA's faculty and their colleagues from other universities offering SW program. The workshop topics include field work education and supervision, active teaching strategies, current trends in Social Work education, project evaluation and result based management

7) The project has **expanded ULSA's library** with about 300 up-to-date books, course materials, audio-visual aids. The project also provided office and teaching equipment, equipped the multi-purpose room to enhance ULSA's communication capacity and teaching effectiveness.

8) MSW graduates applied their **research knowledge and skills** to conduct three small research projects on issues relevant to SW, under the guidance of MUN's faculty.

The above project achievements, although small, have provided the impetus for the VN government to assess its need for social services to serve its population of about ninety million people. During the project life, MOLISA commissioned a national study to assess the need for qualified SWers in VN. The findings indicated that by 2015, VN would need about 58,000 social workers, of whom more than 15,000 would be educated at the university level. The latter group would have responsibility for the training, supervision and support of 43,000 colleagues at the para-professional level (workers at commune level, prepared with basic SW short courses) [13].

To meet the above identified need for SWers, the project's team has quickly garnered the "buy-in" of all levels of government (central and provincial) to adopt the core BSW program at ULSA as the national SW curriculum framework, taught at more than fifty-six universities and colleges in VN. This unexpected national impact of the

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project was indeed unique and significant. At the same time, SW has been officially recognized as a profession with a salary code and the VN government is committed to improve SW education and practice, aiming to graduate at least 60,000 social workers by 2020 to meet the great need of the country [12].

E. Phase two: The scaling–up project (SUP)

As schools of SW proliferated in VN, there is the critical shortage of qualified SW teachers. To alleviate the latter shortage, ULSA requested further collaboration with MUN in the scaling up project (SUP) to jointly establish the Master of SW (MSW) program at ULSA to enhance its capacity to educate qualified SW teachers. As such **the outcomes of the SUP are to extend the national impacts of the base project and enable ULSA to further contribute to the improvement of health and social equity for the disadvantaged groups.**

Based on the success of the base project, CIDA provided additional funding in 2010 for the scaling up project (SUP) so that MUN's School of Nursing and School of Social Work can further collaborate with ULSA to extend project's national impact. More specifically the SUP **objectives** were to jointly:

1) Develop a Masters of SW program at ULSA with emphasis on formulating university SW teachers and advanced practitioners. Individuals with a MSW qualification will become the leaders in SW practice and education. They will be able to supervise SW practitioners, organize and implement continuing education and training, provide community outreach through ULSA's SW practice center established in the base project, and assist with field placement for BSW students. The MSW program will require curriculum development and course planning. The teachers who completed the MSW program outside VN as part of the base project will be a tremendous asset for the development of the MSW program at ULSA,

2) Create opportunities for two lecturers of ULSA with MSW, to enter a SW PhD program at MUN. Individuals educated at the PhD level are needed to conduct research for building SW knowledge, provide support and leadership for the MSW program and facilitate the development of SW in VN as a recognized profession,

3) Formulate a network of universities providing SW education in VN for sharing experiences, setting educational standards and addressing issues affecting SW education,

4) Conduct research on social issues affecting both Canada and Vietnam societies.

F. SUP's outcomes

To date, the SUP supports the development of two MSW programs, one taught in English at ULSA by the faculty of the Philippine Women University (south-south collaboration) and one taught in Vietnamese at the National University of Hanoi. Forty three SW teachers selected from 18 VN Universities and Colleges are attending these programs with financial support from the project. This project also supports three VN SW lecturers in the PhD SW program at MUN and in the Philippines and assisted three others to get admission into similar doctoral program in South Korea and Australia with full scholarships from respective universities. Two of these six PhD candidates have successfully completed their doctoral program in 2013. These highly educated SW teachers will form a core group to provide leadership in SW teaching, research and practice and set agenda for further SW development in the country. In the meantime, ULSA is preparing to offer the MSW program in late 2014.

During the project life, research capacity has been strengthened as MSW and doctoral candidates have to complete a research thesis or doctoral dissertation as a program requirement. Furthermore, in consultation with MUN faculty, the VN counterparts have completed five research studies about social issues that were considered relevant and important to address, such as divorce, family violence, assessing the need for SW in the hospital, care for the handicapped children and adults, care for elderly without family or relatives…The findings from these studies were presented at scientific conferences organized annually to celebrate the national and international SW day.

A number of workshops have also been conducted for SW teachers and practitioners who were not enrolled in the formal educational program described above. The content of these workshops was identified by the VN partner including topics such as field education and supervision, research method, SW and Buddhism, working with people having mental health issues.

In addition, the National Association of Social Workers has been formulated in 2011 to share experiences, regulate the profession and monitor the quality of practice. Two years later, in 2013, a network of schools of SW in VN was inaugurated with a multiyear plan of activities and website to exchange information and connect with similar networks in other countries. Several universities are now offering specialty programs in SW so that graduates can work more effectively with specific vulnerable groups such as the elderly, the physically challenged individuals, people with mental health issues, those who are critically and chronically ill and/or affected by HIV infection and AIDS, etc… Each of these issues has been the focus of government policy formulation in recent years [29]. The

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SW profession in VN, thus, is developing and progressing with high speed.

The SUP builds on the achievements of past and current related projects and the work of other donors in VN to avoid duplication, wastage and to maximize use of resources. The base project has assisted the rebirth of SW profession in VN, created an impetus for SW to be recognized as a necessary profession there. The social challenges arose from VN's economic growth are of concern and seen as a role for the SW profession. Assistance for further development of SW education will not only serve to strengthen the work that has been done but equally serve to ensure sustainability and continuing growth of the profession in VN.

G. *Health status and poverty reduction during the project life*

As good health and poverty reduction cannot be achieved by a one-sided intervention, but requires interdisciplinary and intersectoral collaborations using a comprehensive approach. It is therefore reasonable to assume that this project alone may not have improved health and reduced poverty in VN. However, during the *project life*, VN has been seen by the international community as being on the right track to improve health, reduce poverty and eliminate hunger [6], [30], [31]. It has achieved and in some cases surpassed several Millennium Development Goals (MDGs), adopted by most national governments in the year 2000 for building a better world by reducing poverty and engaging in global partnership for development [32]. During the project life, the poverty level in VN dropped from 28.9% in 2002 to under 10% in 2014 [8]. Similarly, the GDP per capita rose from $1,850 in 1999 to $3,620 in 2012 [33]. At the same time, health and standard of living have improved, with reduced morbidity and mortality. For example, between the years 2000 and 2012, average life expectancy has increased from 69.27 to 76 years (estimated, 73 for male and 80 for female) [33]. These indicators showed a strong connection between better health, poverty reduction and human development [34], [35]. This project may have contributed, in part, to VN's achievement of the MDGs.

IV. CONCLUSION

In summary, this paper described an innovative approach to improve health in the Vietnamese context where the health care system has been mostly hospital-based while community health issues are growing and needing interventions. To address the latter issues, two professional schools of a Canadian university have collaborated with a Vietnamese counterpart to jointly design and implement a university program formulating qualified social workers to complement health professionals in dealing with the issues. This project has an unexpected national impact and has no doubt contributed to the professionalization of social work in VN to assist the country in its development.

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