

HAI PHONG UNIVERSITY OF MEDICINE AND PHARMACY

**THE SITUATION OF PEOPLE WITH BURN SCARS
AND THE MODEL OF MOBILIZING COMMUNITY
RESOURCES IN SURGERY AND REHABILITATION
IN THE NORTHERN MOUNTAINOUS VIETNAM**

DAO NGUYEN HONG

Viet Tiep Hai Phong Friendship Hospital

OVERVIEW

Concept of burns

- Burns appeared when humans contacted with and knew how to use fire,
- Burns are skin or tissue injury caused by heat, radiation, electricity, chemicals...
- Burn injury is often seen in labor, manufacturing as well as in daily life , war, disasters....

Effects of burns scars sequelae

- Third degree burns upwards lifelong scarring.
- Causing stretched, deformities, affecting movement, aesthetics, feelings...

Treatment of burns scars sequelae

- Plastic surgeon, re-create the distortion caused by burns scarring sequelae.
- Rehabilitation after burns, pre - postoperative sequelae.

OVERVIEW

Actual situation, demand and accessibility to services of surgery and rehabilitation of people with burns scars sequelae

World: 10 million burn victims annually.

30-35% of people with burns carry the sequelae of burn scars.

Vietnam: Estimates of hundreds of thousands of burns / year.

Approximately 20000-25000 patients treated at the medical facility.

Approximately 1000 patients with burns scars are undergoing surgery.

80% of burn victims with low income (70% in rural and mountainous areas).

Poor people do not come to the hospital themselves and did not know where
treatment.

OVERVIEW

Some surgery program, rehabilitation for people with burns scars in mountainous provinces.

Advocacy: Project to assist people with disabilities in the period 2012-2020 (1019 / Decisions - Prime Minister))
Child protection program in 3 provinces (2011 - 2015).

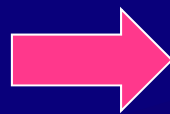
Core: Network CRB + Provincial Hospital.

Motivation: Project 1816 Ministry of Health sent experts to grassroots.
The surgery charitable programs.

Funding: Health Insurance, sponsor funds, humanitarian organizations.

The programs are conducted independently, linked not synchronized

***Model to mobilize
managerial, professional,
economic and
social resources***



**Organizing
surgery, rehabilitation
for people with burns scars
in mountainous provinces.**

STUDY OBJECTIVES

1. *Describe some epidemiological characteristics of burn scar sequelae in three Northern mountainous provinces of Vietnam in the period of 2013-2014.*

2. *Survey the demands and accessibility to services for surgery and rehabilitation of people with burns scars in the 3 provinces mentioned.*

3. *Assess the test results of the model of mobilizing community resources in which the community participate in organizing surgery, rehabilitation for people with burn scars in the three Northern mountainous provinces in Vietnam .*



RESEARCH LOCATION 3 NORTHERN MOUNTAINOUS IN VIETNAM

(Dien Bien, Lai Chau, Ha Giang)

RESEARCH SUBJECTS

People with
burns scars.

The
caregiver the
object of
burns scars



Rehabilitation
service
providers at
grassroots
health and
social
organizations

TIME OF RESEARCH: January 2013 to June 2015.

METHODS and STUDY DESIGN DIAGRAM

DESCRIPTION RESEARCH

Visits Patients at commune and district (Dien Bien, Lai Chau, Ha Giang)

Epidemiological
characteristics
burns scars

Determining the need and access to
surgical and rehabilitation services
for people with burns scars

INTERVENTION STUDY

The community resource mobilization model is involved
in organizing surgical and rehabilitation for burns scars

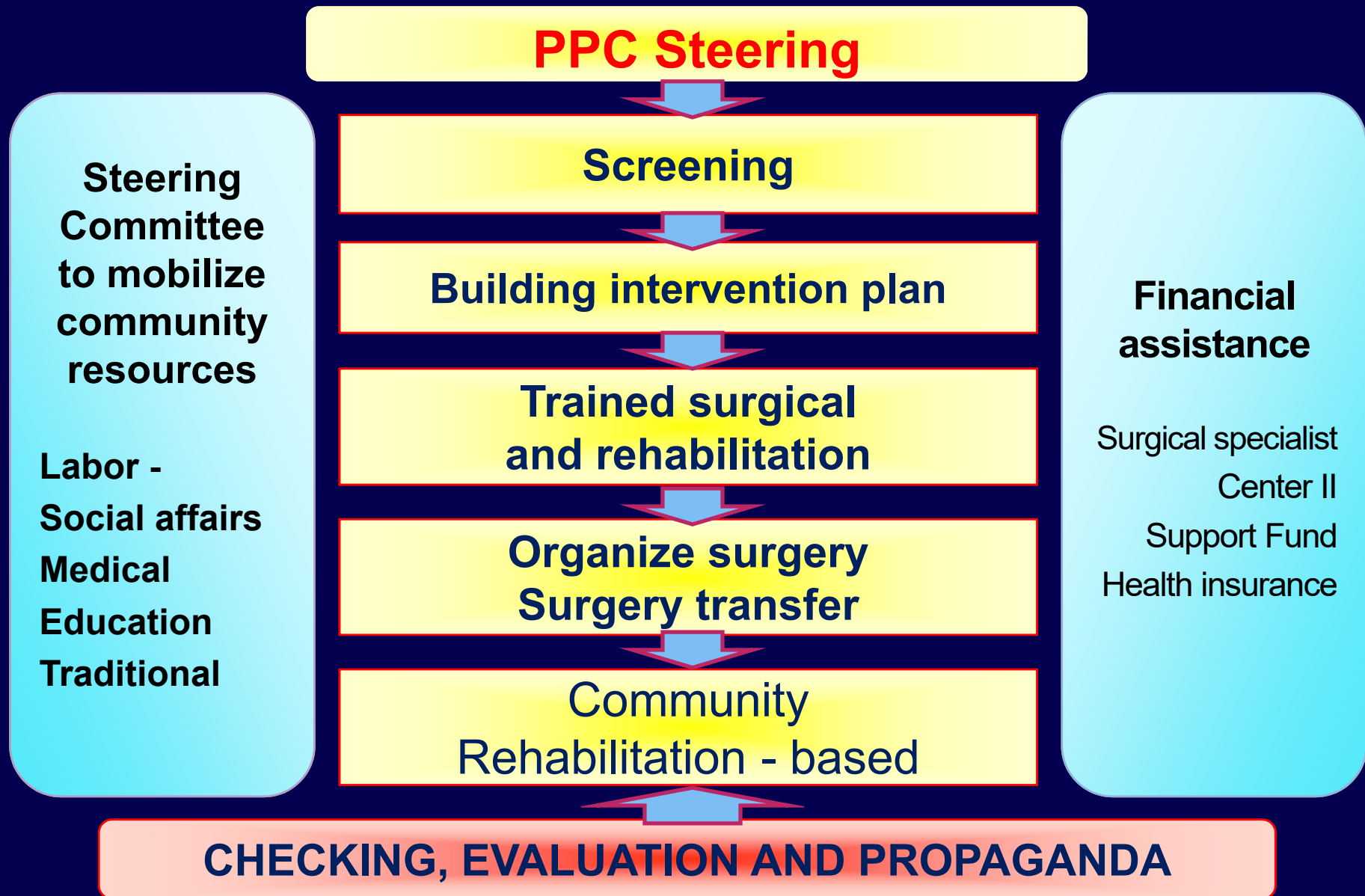
Establish steering
committees,
collaborators local for
screening,
communication and
consultancy

Mobilizing
community
resources involved
in organizing the
surgery

Community
Rehabilitation
based

METHODS OF RESEARCH ORGANIZATION

BUILDING THE MODEL OF MOBILIZING COMMUNITY RESOURCES



RESULTS AND DISCUSSION

The situation and some epidemiological characteristics of *burn scars*

Table 1. The rate of people with burns scars over 100,000 people in 3 provinces

Locality		Population	Burns scars sequelae (n=214)	
			Number	Rate / 100,000 people
Countryside	Lai Chau	344.000	50	14,5
	Ha Giang	670.200	72	10,7
	Dien Bien	456.900	54	11,8
	Total 3 provinces	1.471.100	176	12,0
Urban	Lai Chau	71.300	17	23,8
	Ha Giang	118.800	12	10,1
	Dien Bien	81.200	9	11,1
	Total 3 provinces	271.300	38	14,0

RESULTS AND DISCUSSION

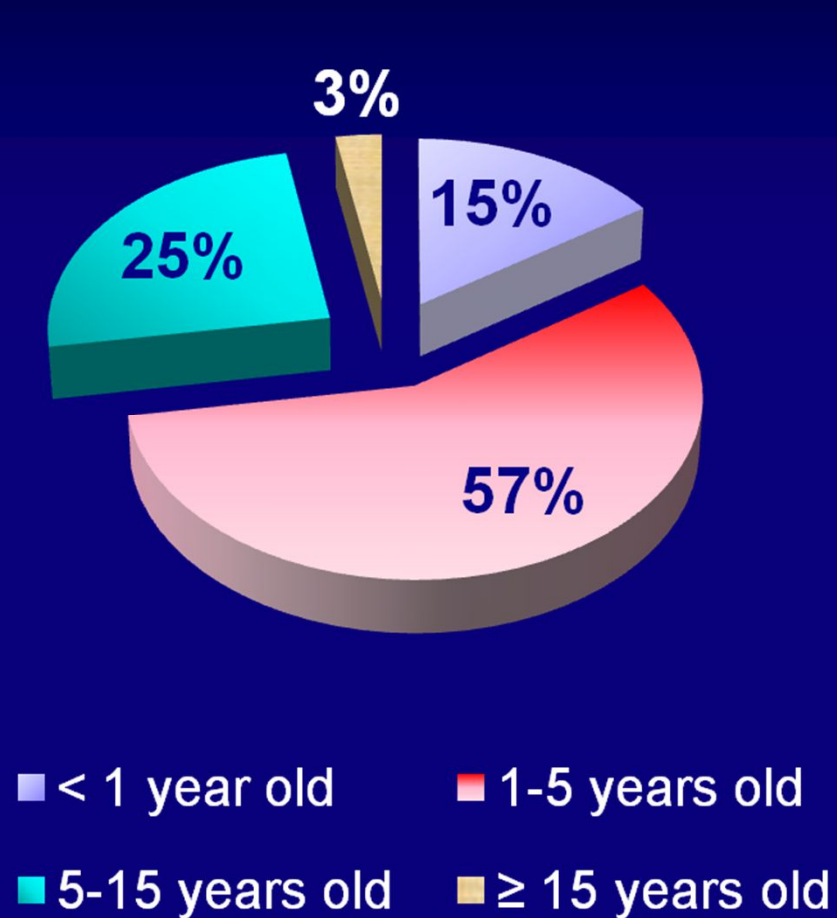


Chart 1. The age experiencing burn accident



Chart 2. The time of suffering burn scars of the subjects

RESULTS AND DISCUSSION

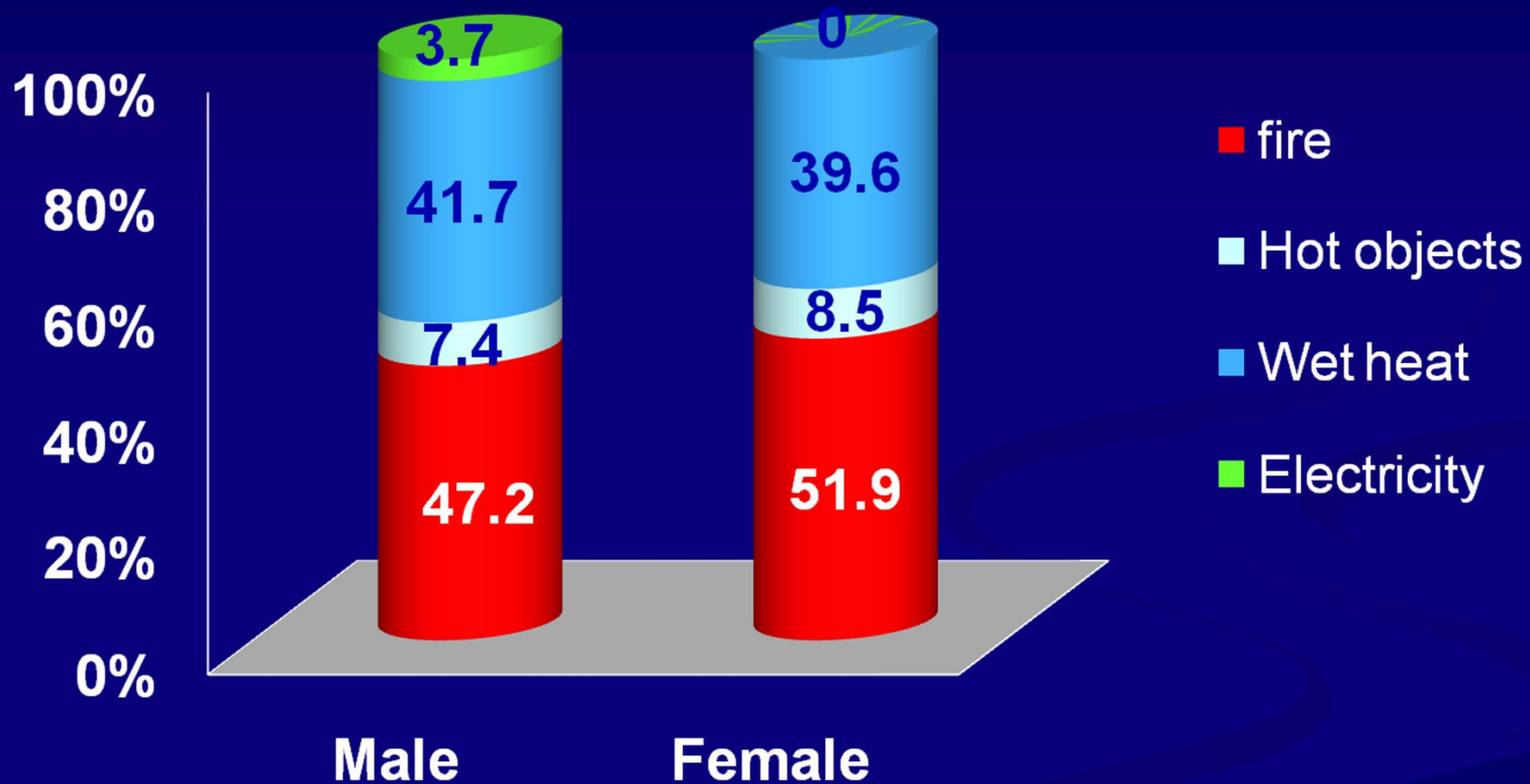


Chart 3. Agents causing burn with scar by gender

RESULTS AND DISCUSSION

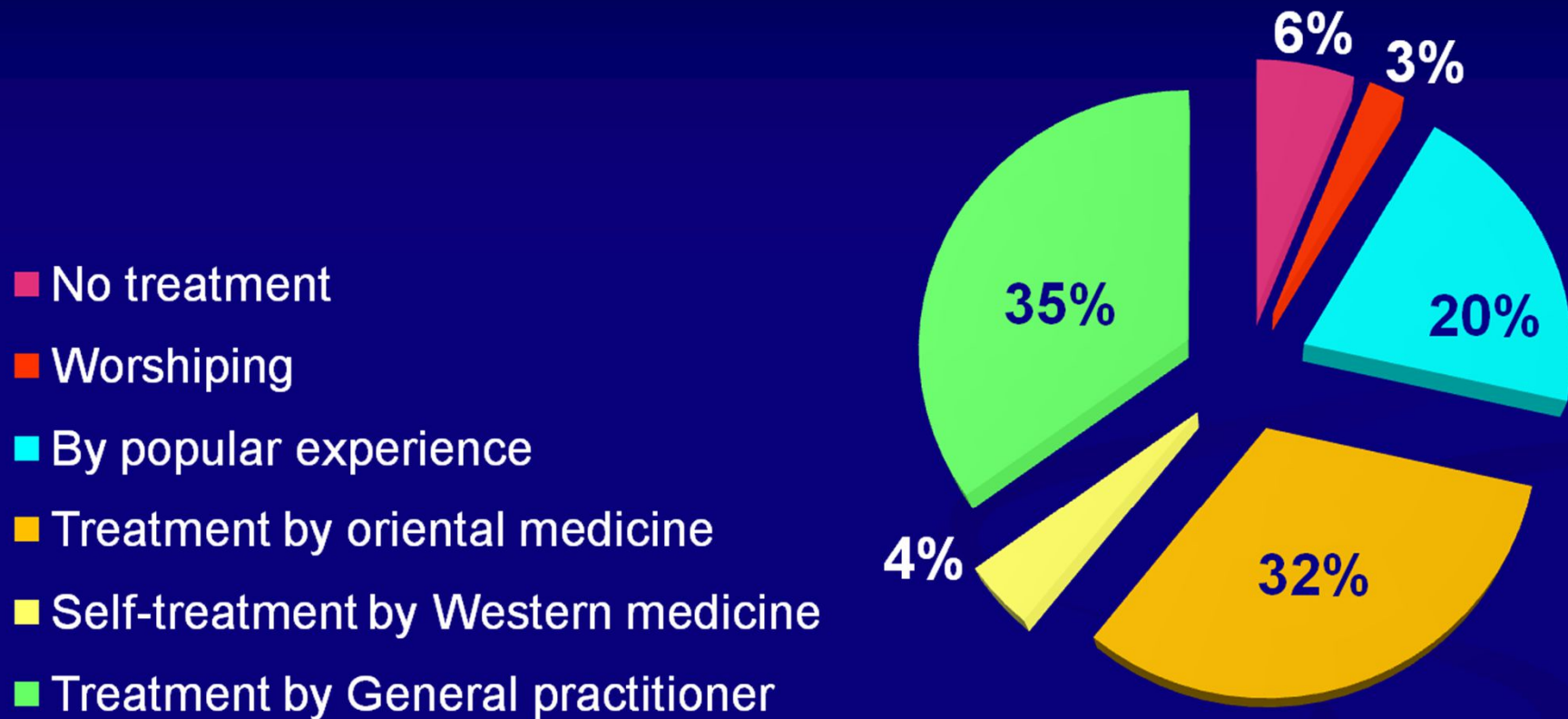


Chart 4. The first treatment methods for burn

RESULTS AND DISCUSSION

Rate %

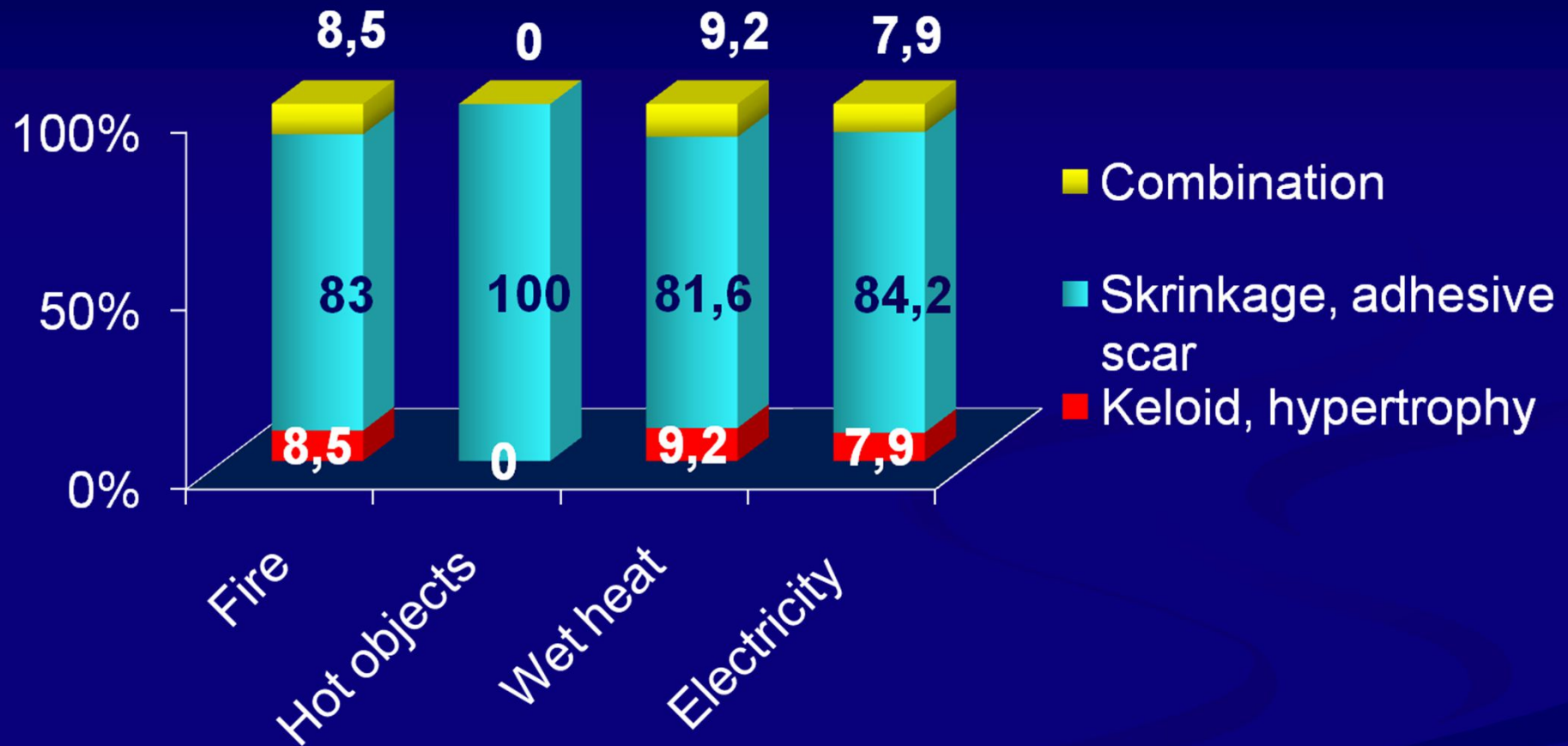


Chart 5. Types of scarring burns according to the cause of burns

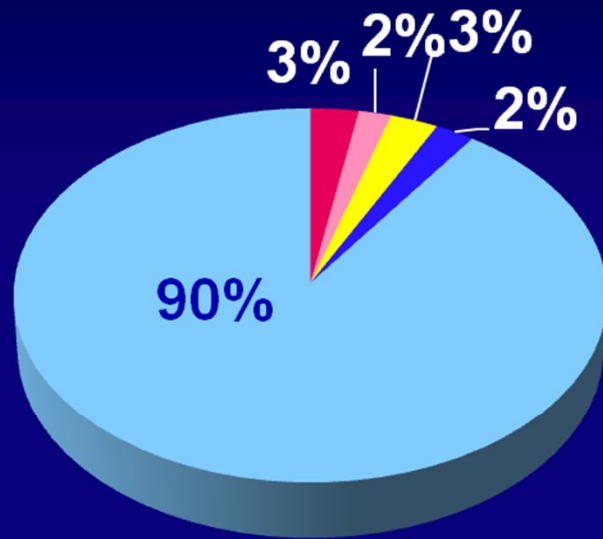
RESULTS AND DISCUSSION

3.2. Surveying the demands and accessibility to surgery and rehabilitation services of people with burn scars in 3 Northern mountainous provinces

Table 2. Dependence of people with burn scars on family, community

Age group	< 5 year olds (n=58)		5-15 year olds (n=127)		> 15 year olds (n=29)		Total (n=214)	
	Qty.	%	Qty.	%	Qty.	%	Qty.	%
Dependency status								
Depends entirely on the family	50	86.3	56	44.1	4	13.8	110	51.4
Family, friends help	5	8.6	67	52.8	18	62.1	90	42.0
Support from social policy	2	3.4	4	3.1	7	24.1	13	6.1
Social organization	1	1,7	0	0,0	0	0,0	1	0.5

RESULTS AND DISCUSSION



- Self-come
- Sent by rehabilitation staffs
- Superior hospital on examination
- Local health facilities's refferal
- Have never been examined

Chart 6. The rate of examined and treatments for burn scars

- Not knowing where to examine and treat
- Not having money to treat
- Never going out of the residence ever
- Due to superstition thus not dare to cure
- Accustomed to living with the disease

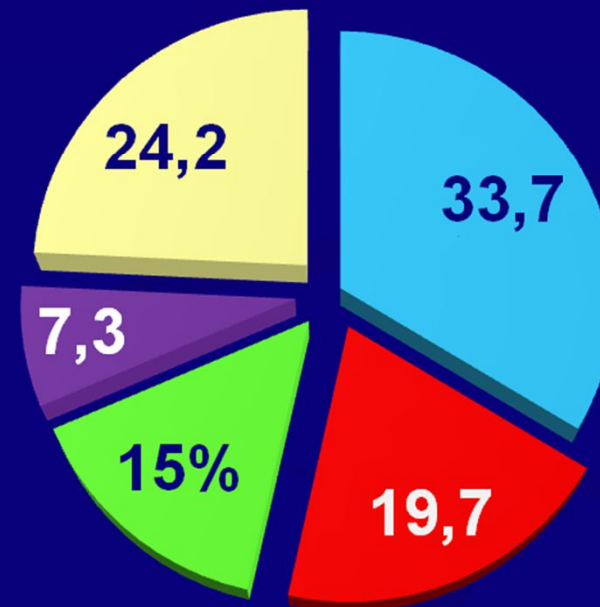
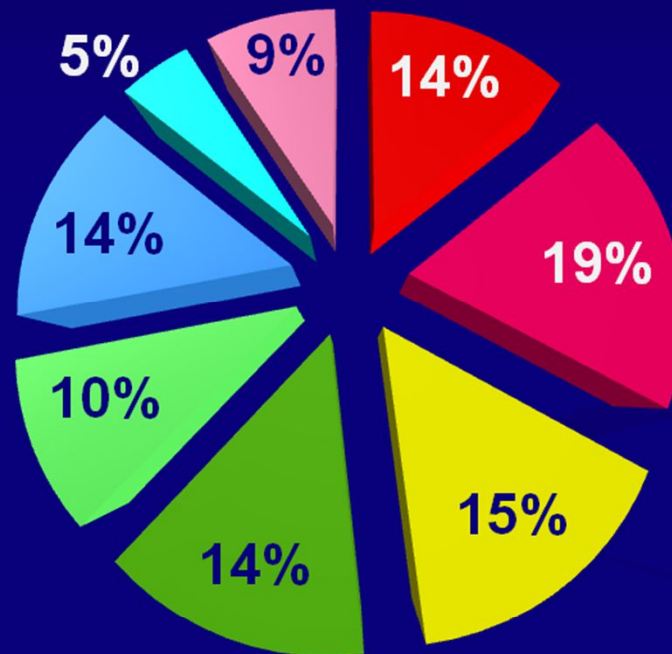


Chart 7. The reasons not yet scars burn exam.

RESULTS AND DISCUSSION

3.3. Assessing the results of the model of mobilizing the community resources involving in surgery and rehabilitation organization for people with burn scar sequelae in three Northern provinces.



- Notice from the commune / ward authorities
- Notice from social policy officers
- Notices from radio, television
- Humanitarian organizations sent
- Notice from the grassroots health staff
- Announcement from teacher
- notified via phone messages
- Neighbors, friends, other PWDs

Chart 8. Patient comes to the program according to the instructions from the source

RESULTS AND DISCUSSION

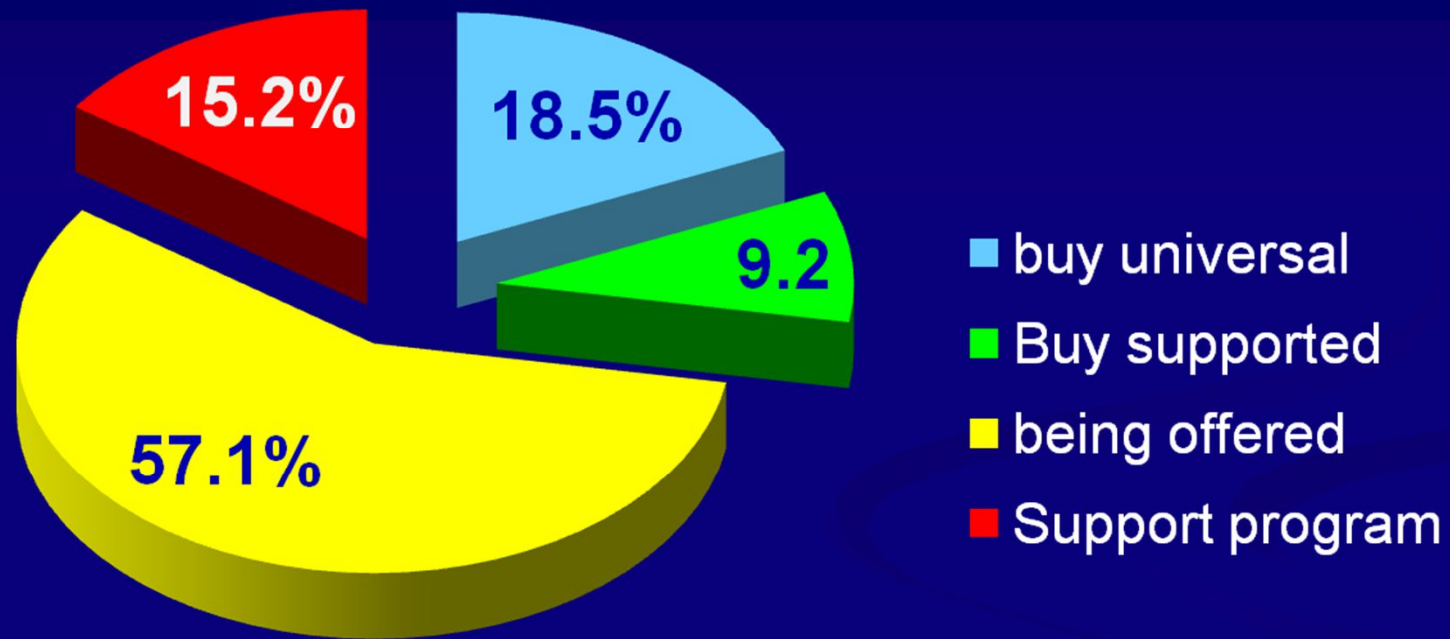


Chart 9. Forms of participating in health insurance coverage of people with burns scars

RESULTS AND DISCUSSION

Table 3. The results of the application of communication

No.	Active content	Time of execution	Result
1	Training on CBR for collaborators before intervention	Perform before, after screening	40 training sessions for collaborators
2	Transfer of surgery and postoperative at provincial hos.	When examination indicated, surgery preparation for people with burn scar	3 training sessions, postoperative at 3 provincial hospital.
3	Training on the object for CBR after surgery	Perform before surgery, daily after surgery	6 in 3 provinces. 5 times / patients have surgery
4	Training on manufacturing tools to support CBR	Training focused before patients discharge from hospital	Six in three provinces

RESULTS AND DISCUSSION

The impact of intervention model on treatment results for subjects

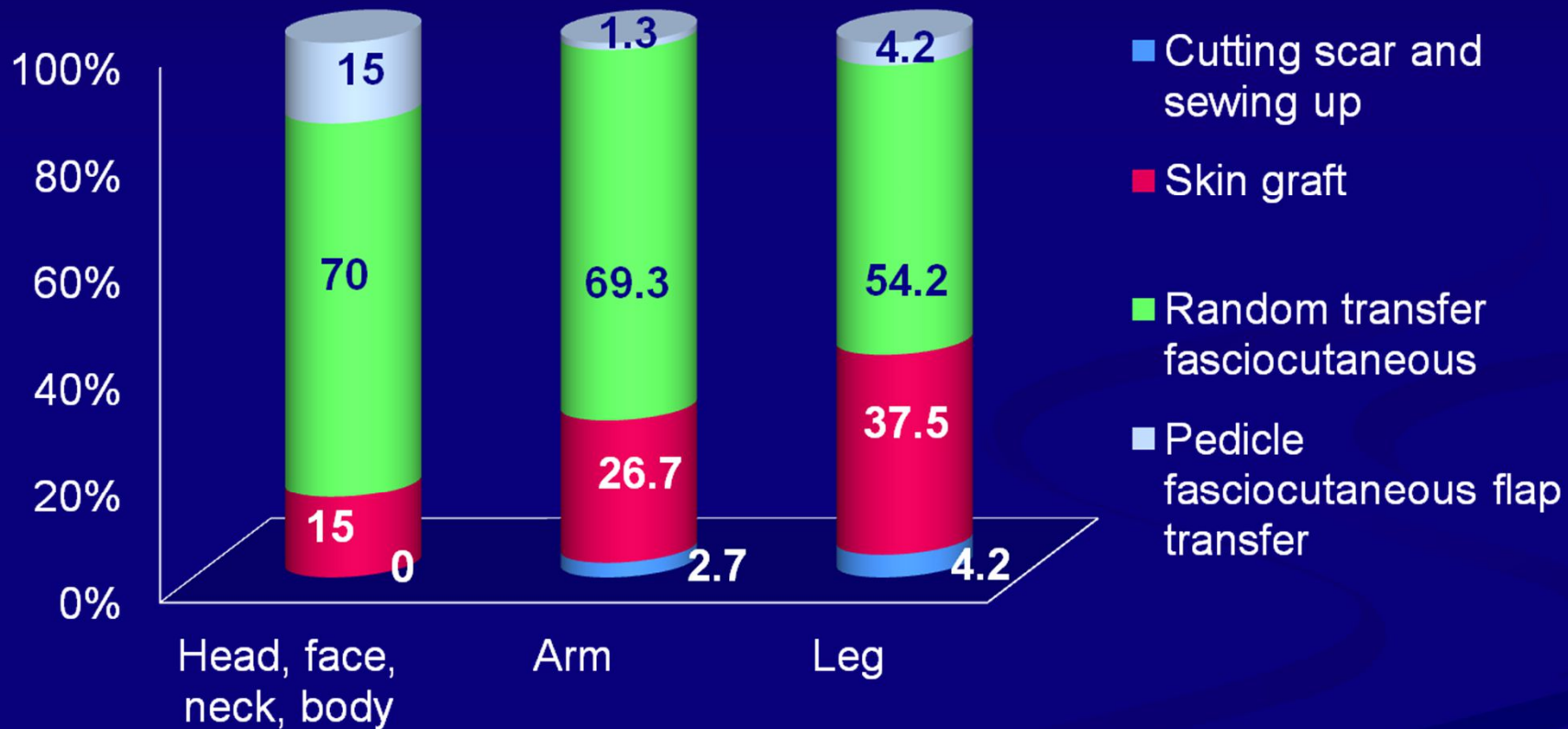
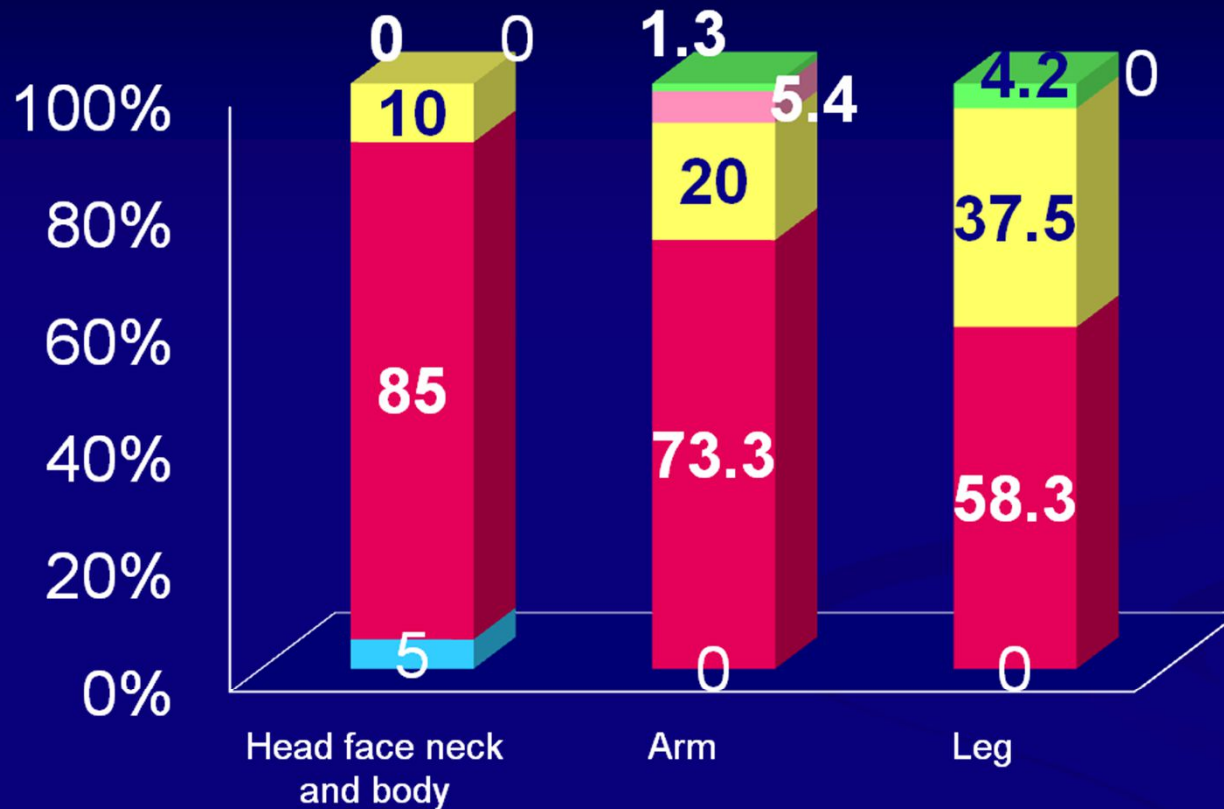


Chart 10. The surgery methods use transfer of the positions of scars

RESULTS AND DISCUSSION



- Professor practice – Doctor observer
- Professor practice – Doctor support
- Doctor practice – Professor support
- Doctor practice – Professor observer
- The hospital doctor performs independently

Chart 11. The result to transfer skill to doctor in countryside hospital

RESULTS AND DISCUSSION

Table 4. Postoperative close results

Surgery location	Head. face. neck. body (n=20)		Arm (n=75)		Leg (n=24)		General (n=119)	
	Qty.	%	Qty.	%	Qty.	%	Qty.	%
Results								
Good	13	65.0	55	73.3	13	58.3	82	68.9
Average good	7	35.0	20	26.7	11	41.7	37	31.1

RESULTS AND DISCUSSION

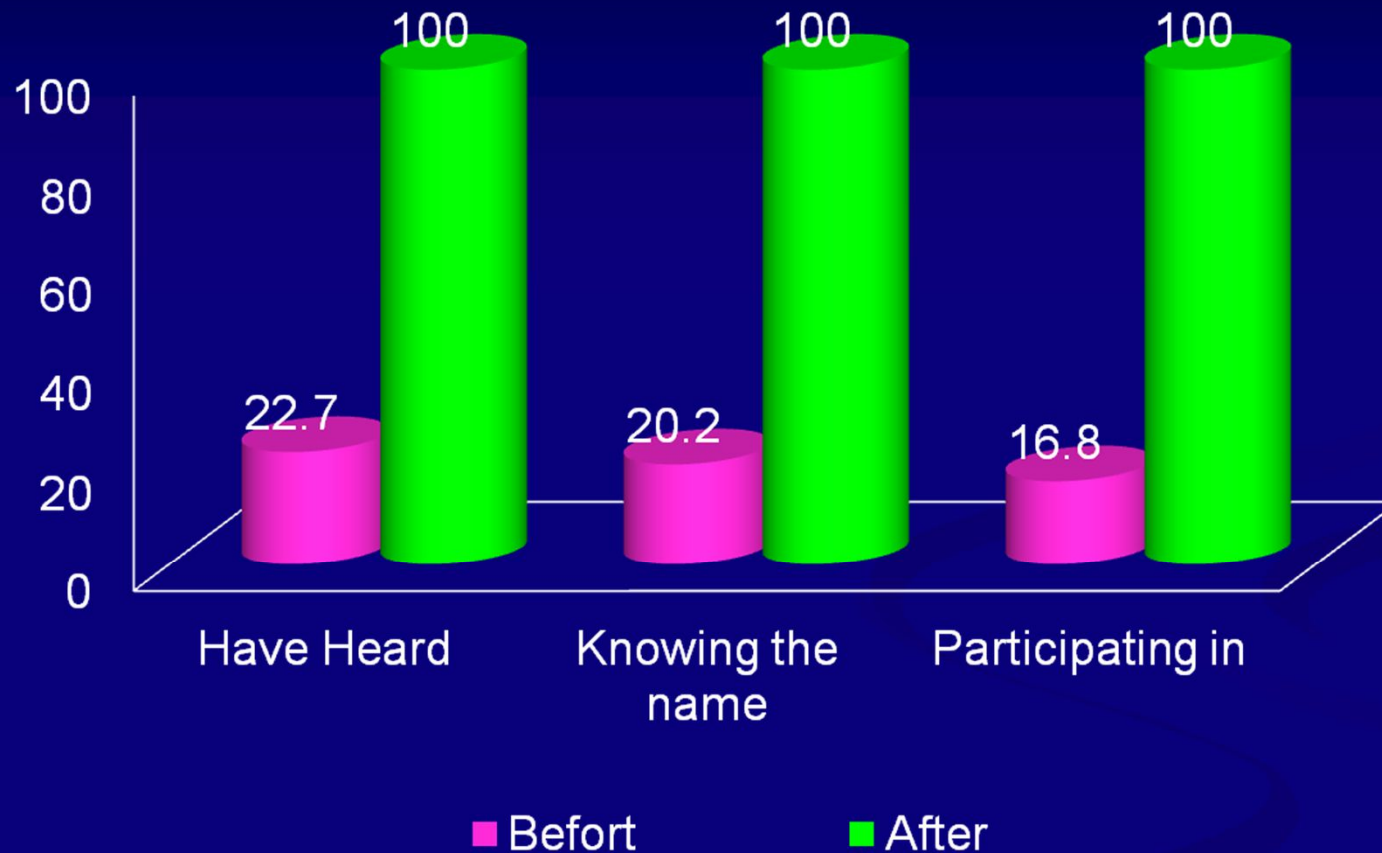


Chart 12. The proportion of caregivers of patient know and participate in programs on Community-Based Rehabilitation before and after intervention

RESULTS AND DISCUSSION

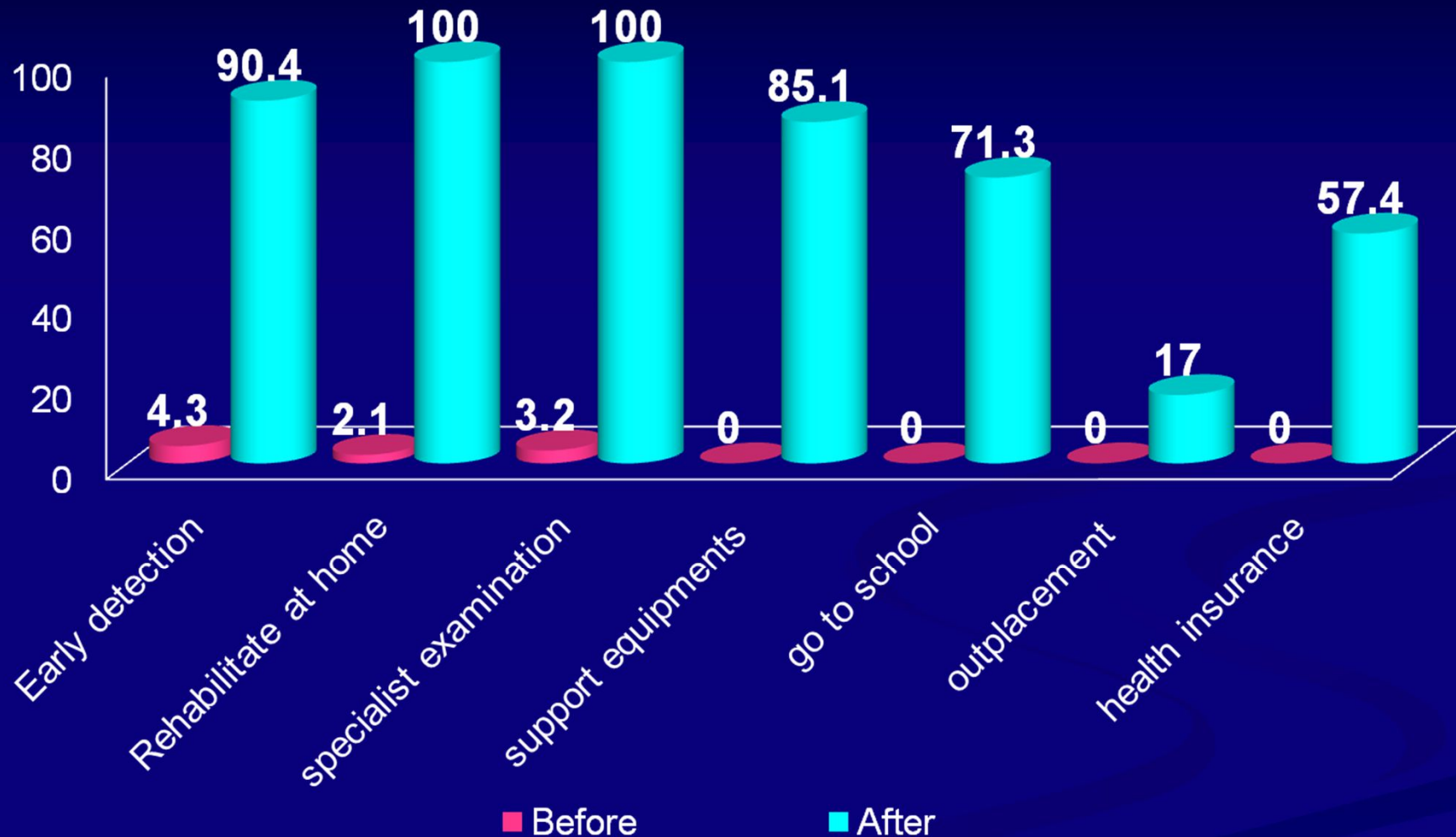
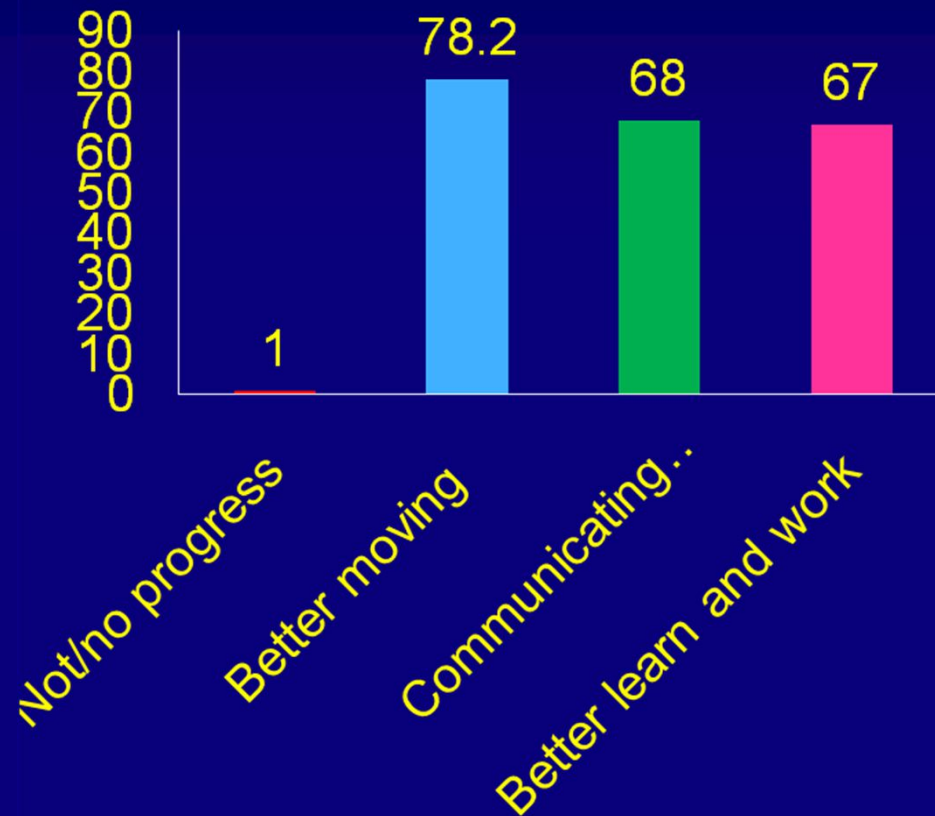


Chart 13. Knowledge and experience of collaborators about rehabilitation of people with burn scar sequelae before and after training (n=94)

RESULTS AND DISCUSSION

Self-assessment



Assessment of expert

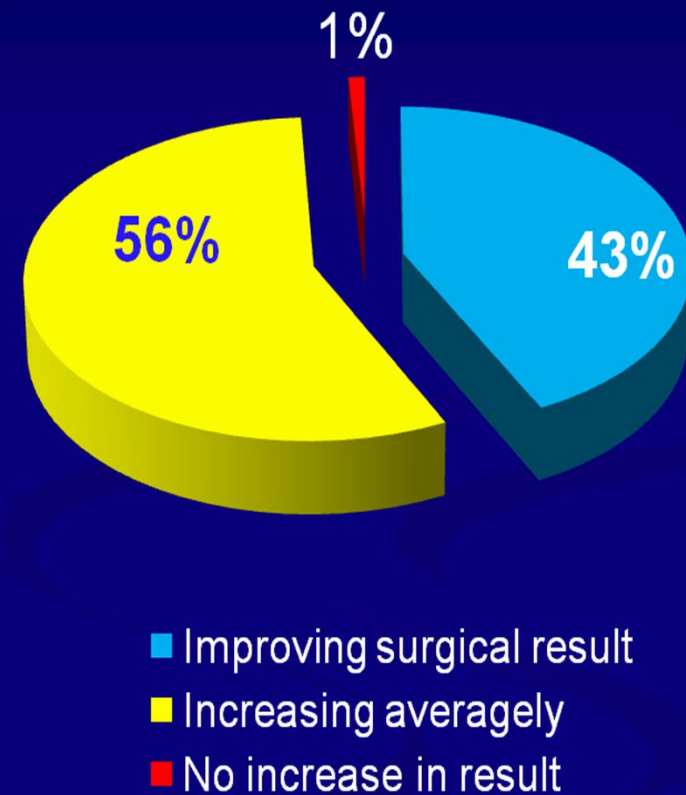


Chart 14. Results of practicing rehabilitation based on community

CONCLUSION

1. Particularity of epidemiology of burn scars in North mountainous

- The rate of people with burn scars reaches 12,3/100.000 people.
The rate of children 5-15 is the biggest (59,3%).
The time of suffering burns scars which more than 5 year is 30,8%.
- The principal sequelae is skrinkage, adhesive scar (84,1%),

2. The demand and accessibility to services of surgery and rehabilitation

- The rate of burn scars need support is 43,9% - 30,4% need services.
Over 50% of subjects have difficult when live with community.
- The rate of patients go to treat after burn only 9,8% (2,8% go by self).
- There is 33,7% patients do not know the place to treat,
19,7% patients have no money to treat.

CONCLUSION

3. The result of the mobilizing community resources model to participate surgery and rehabilitation organization.

- The model with 3 solution group of mobilizing the community resources with combination for “*expurgate treating, communication, counseling - Surgery and transfer skill - Rehabilitation for people with burn scars*”.
- 100% of subjects have health insurance (provide or support to buy)
- Surgeons of provincial hospital have practised in 30% cases in province.
- The rate of collaborator participate in rehabilitation activity for people with burn scars in the community increased from <5% to reach 80% compared to before intervention.
- The rate of good result is 68,9%; 31,1% of patient have quite good result. The rehabilitation increases the good surgery result for 42,9% partients, 56,3% patients have quite developing result.

RECOMMENDATIONS

- Strengthen communication and mobilization to screen subjects with burns scars to surgical treatment and rehabilitation at the provincial level. Particular emphasis on enhancing the active role of the the people with burns scars and family-centered model.
- Scaling up the model of mobilizing community resources to organize surgery and rehabilitation for people with burn scars and other disabilities in general to help them to integrate into society. Enhance the quality of life and live healthy years for the objects.







Medical illustrations

13 year old female patient
suffered burns from the fire
at 11 months old.
Scar sequelae burns
contraction of two Arms



SURGERY 1st

SURGERY 2nd





Vietnam.mp



Thank you for attention!