

Scaling up alcohol prevention in primary health care

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IMPACT PARAGRAPH

The research in this thesis aimed to understand the factors influencing the implementation of alcohol screening in primary care practice in Colombia, Mexico, and Peru through process evaluation of SCALA project (Scale- up of prevention and management of alcohol use disorders and co-morbid depression). Below, the actual and potential future social and scientific impact is described, as well as dissemination to different target audiences.

The social impact of the project

In terms of the contribution of this thesis to society, it is not possible to disentangle the research presented in this thesis from the impact of the activities of the SCALA project as a whole. As process evaluation-focused, the research in this thesis was mainly focused on describing what has been implemented and the reasons for the extent of the implementation. Thus, any societal impact cannot be attributed to this research per se, but to the content of the intervention itself, and all the efforts of the local implementers. Hence, in the paragraphs below, the societal impact of the project as a whole is described – both actual (such as the project reach; the number of trained providers and the number of screened patients) and potential future impact (the products of the project are now freely available to be used by any interested party).

In total, just under 500 providers were trained and provided with SCALA clinical package materials to deliver alcohol screening and brief interventions. Besides the 352 providers analysed in Chapter 4, additional 127 providers attended the training after month 5 of the implementation period, most of them after the project restarted during the COVID-19 period. Throughout the whole implementation period, the participating providers screened over 20000 patients in primary health care centres and advised almost 1000 heavy drinkers on how to reduce their alcohol consumption.

In the three participating countries, the local implementers have also used access to providers within the SCALA study to offer help and support during the COVID-19 pandemic. As described in Chapter 6, the three countries suffered a significant impact of the pandemic on their healthcare systems, including primary care systems and the healthcare workforce, and the (participating) providers were often struggling with being overworked, or with anxiety or grief over illness or death of their families or colleagues. The implementers were regularly checking in with the providers and offering help, and in Peru, the local research team developed a mental health and resilience workshop, through which the providers were able to share their difficulties and support each-other.

All the project products are also available on the project website (<https://www.scalaproject.eu/index.php/project-outputs>) and have the potential for further societal impact. The training package with a detailed training plan and associated videos and other materials, as described in Chapter 4, is freely available on the project website and can be used by any interested party. Based on all of the results at the end of the

project, a SCALA Framework was created, providing detailed information and step-by-step guidance to implementing SCALA-like program on the municipal level, aiming at assessing patients' alcohol consumption and advising them on reduction. The barriers questionnaire developed in Chapter 2 has been adapted for inclusion in the framework to aid in identifying relevant factors to consider when tailoring the intervention. All these materials might be interesting for regional health authorities, leaders of primary health care centres or other local stakeholders in Latin America and beyond (all the materials are currently available in English and Spanish).

The scientific impact of the findings in this thesis

In terms of the scientific impact of the research conducted for this thesis, both methodological approaches and the findings could be relevant for other researchers - not only those focused on alcohol screening and brief interventions, but also those in the broader field of implementation science.

Concerning methodology, the protocol presented in Chapter 3, including the developed evaluation instruments, can serve as an example for future multi-country implementation evaluation studies of complex interventions. In further detail, both the baseline context model presented in Chapter 6, as well as the presented approach to collect, analyse and integrate qualitative and quantitative data on the wider environmental contextual factors can be used by the researchers in the further studies evaluating multi-country interventions.

In terms of findings, all of this thesis's conclusions focus on the under-researched setting in the three middle-income countries. Thus it can be argued that even previously investigated topics such as perceived barriers to implementation (Chapter 2), or the impact of motivational and organizational factors (Chapter 5) add new information to the scientific literature by investigating the three Latin American countries in the middle-income setting, situating the results in the broader country context, and demonstrating to what extent are the results between countries comparable. Chapters 4 (the training process evaluation) and Chapter 6 (the evaluation of country and policy context) could be considered the key innovative additions to the scientific literature, especially in the field of implementation science, as they examined the intervention and its influencing factors focusing on novel aspects. Admittedly, this is not the first time the topics such as training implementation and factors related to wider-environment were described, but in the chapter this information was used to explain the results of a real-world intervention and do so in a comparative manner. In Chapter 6, we also call for greater future focus on understanding and clarifying the factors related to the wider environment in developing, implementing and evaluating interventions, which is often missing in intervention and implementation research.

Figure 1. SCALA infographic presenting the key findings



Finally, in line with Horizon 2020 requirements, all the research has been published Open Access, which gives the research broader scientific (and societal) reach. Additionally, the quantitative data used in this thesis (from this thesis and project as a whole) is available on FigShare: https://figshare.com/projects/Scale-up_of_Prevention_and_Management_of_Alcohol_Use_Disorders_and_Comorbid_Depression_in_Latin_America_SCALA_/93902.

Dissemination

As mentioned in the previous sections, the project and research outputs are freely available online, at <https://www.scalaproject.eu/index.php/project-outputs>, and all papers have been published Open Access to be freely accessible to the largest audience possible. The research has been presented in academic circles, such as on INEBRIA (International Network for Brief Interventions for Alcohol and Other Drugs), but also to wider audiences, for example, through Pan American Health organization (PAHO) webinar on the SCALA project. On the project level, the process evaluation results have been included in one of the five dissemination videos summarising the key lessons and findings from SCALA, presented at 3rd International Congress – XLVIII Jornadas Nacionales de Socidrogalcohol, and available on Youtube: <https://www.youtube.com/watch?v=auCo9Oj4iwg>. Finally, the key results have also been condensed in an infographic aimed to shortly introduce the project and its findings to a wide range of stakeholders (Figure 1).