SCALE-UP OF PREVENTION AND MANAGEMENT OF ALCOHOL USE DISORDERS AND COMORBID DEPRESSION IN LATIN AMERICA

Deliverable 2 (D3.2)

Municipal Action Plans

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Introduction

To facilitate the implementation of alcohol screening and brief advice in primary health care centres (PHCCs), the SCALA protocol is embedded within broader supportive environments, by carrying-out municipal-based community support actions. These actions are planned and designed in the SCALA *municipal action plans,* presented in this deliverable. The community support actions are thus a separate implementation intervention in the SCALA study and will be used as an independent variable in the data analyses.

In the original protocol, within each country, two municipal jurisdictions were investigator-selected, each with nine primary health care units (PHCU) as part of the study. In one municipal jurisdiction, the intervention municipality, the PHCU would receive both training and municipal support; in the other municipal jurisdiction, the comparator municipality, PHCU would continue practice as usual, with no training or municipal support. The hypothesis was that PHCU in the intervention municipality would measure the alcohol consumption of more patients and give advice to more heavy drinking patients than the PHCU in the comparator municipality.

In the revised protocol (see Deliverable 1, (3.1), SCALA Protocol), the nine PHCU in the comparator municipality are randomly allocated to five PHCU receiving training (new Arm 2) and four PHCU continuing practice as usual (new Arm 1). The rationale for this approach is that it will enable us to test the independent impact of municipal support over and above just training. The hypothesis to be tested is that PHCU that receive both training and municipal support in the intervention municipality will measure the alcohol consumption of more patients and give advice to more heavy drinking patients than the PHCU who just receive training (Arm 2).

In addition, in the revised protocol, the nine PHCU in the intervention municipality are randomly allocated to four PHCU receiving a standard and longer clinical package and training (new Arm 4) and five PHCU receiving a shorter clinical package and training (new Arm 3), both new Arms 3 and 4 receiving municipal support. The hypothesis to be tested is that the PHCU that receive the standard and longer clinical package and training that is commonly implemented (new Arm 4) will not measure the alcohol consumption of more patients and not give advice to more heavy drinking patients than the PHCU that receive a shorter clinical package and training (new Arm 3). This will be tested over the first six months of the 18-month implementation period, and, if there is non-superiority of Arm 4 over Arm 3, Arm 4 will be collapsed into Arm 3 from month 8 onwards.

With the deviation, the study remains adequately powered to detect differences between Arm 3 and Arm 2, and between Arm 2 and Arm 1.

The SCALA municipal action plans are developed by the local research partners, with input from and in collaboration with the Community Advisory Boards (CABs). CABs were formed in the first project months in each of the three SCALA intervention municipalities and include members representing academia, municipal public health departments, patient organizations, health service commissioners and practitioners, and mass-media.

The municipal action plans are comprised of four integrated blocks, namely: 1) adoption mechanisms; 2) support systems; 3) local project champion and 4) a communication campaign. The actions included in these blocks are described below.

Adoption mechanisms

Adoption mechanism 1. Communicate to providers and communities the simplicity of the programme, and the benefits to patients, providers and communities in delivering screening and advice programmes. A simple health programme is more likely to be adopted than a complex one (Greenhalgh, Robert, Bate, Macfarlane, & Kyriakidou, 2008). When the health programme comprised in SCALA is promoted to the health care providers that will deliver it, it will be clearly mentioned that it is based on evidence and designed to be easy and simple to deliver.

Adoption mechanism 2. Communicate to providers and communities the gap between the number of people that might benefit from advice and the number who actually get it - showing the value of the project in closing that gap. It is important to emphasize the benefits and advantages of a health programme in its adoption phase (Rogers, 2002). When the health programme comprised in SCALA is promoted to the health care providers that will deliver it, it will be communicated that there is a large gap between the number of patients who need advice regarding their alcohol use and the number of patients who actually receive it. The potential of the SCALA protocol to fill this gap will be stressed (e.g., in each municipal area, over the 18-month implementation period, we expect that 60,000 new patients will have their alcohol consumption measured).

Adoption mechanism 3. Emphasize to local stakeholders their important role in promoting screening and advice giving programmes and in supporting the increased activity that we expect – help them develop the skills to do this. Receiving information from various credible stakeholders regarding an innovation also increases its adoption rate (Brinol & Petty, 2009). This is also called the *multiple source effect* (Harkins & Petty, 1987). Through meetings and communication with the bodies that they represent, CAB members, research partners and PHCC management will actively advocate for the SCALA programme, and its important impact in improving health.

Adoption mechanism 4. Identify those Primary Health Care Centres and providers that have high screening and advice giving rates, and use them as champions to communicate to other providers and communities that 'it can be done'. Successful implementation examples are another important facilitator of the intervention adoption process (Barker, Reid & Schall, 2016). To ensure this, during the baseline measurement period and throughout the implementation period, those PHCCs and providers who screen and advise high proportions of patients will be identified. Subsequently, they will be invited to share their experiences and provide positive messages regarding alcohol screening and brief advice.

Adoption mechanisms 5. Identify any organizational issues or administrative policies that act as barriers, and try to find ways of overcoming them – discuss with providers on an ongoing basis. Barriers to adopt and implement alcohol screening and brief advice can vary among countries and organizations (Johnson, Jackson, Guillaume, Meier, & Goyder, 2010). To ensure an accurate identification of such barriers, open questions will be asked to health care providers (during the tailoring meetings in the user panels), and to CABs' members.

Support systems

Support system 1. Tailor ongoing and future training of primary health care providers to respond to the needs expressed by the providers during the early months of implementation experience. Effective trainings in the delivery of alcohol screening and brief advice should cover the actual needs of the health care providers (Seale, Shellenberger, Boltr, Okosun, & Barton, 2005). In SCALA, tailoring of training and booster session will be done based on regular input received from providers and PHCC managers.

Support system 2. If needed, revise the brief intervention package developed for the providers to use and provide any other needed support material requested by the providers during the early months of implementation experience. To ensure that the used materials are in line with the needs of the health care providers and patients, in the first months of the implementation, questions will be

regularly asked to providers if the intervention packages and the care pathway require any modification.

Support system 3. Use the screening and advice giving results that are collected on an ongoing base as part of performance review feedback; ensure that all ongoing process monitoring is used to regularly inform on how further improvements could be made. Feedback is an effective mechanism for active and continuous participation in an intervention (Barker et al., 2016). During the 18-month SCALA implementation period, there will be regular feedback given to the primary health care centers on their screening and advice giving results. PHCCs and health care providers who are doing well will be encouraged in these feedback session to maintain this, and PHCCs and providers with smaller screening and advice rates will be asked about improvements and changes that can be done to increase their screening and advice rates and make screening and advice easier for them.

Support system 4. Set up an information exchange and learning system, by which primary health care centres, providers and local stakeholders can exchange ideas and learning lessons as to how to make screening and advice giving easier to deliver. Interactive learning platforms allow to exchange ideas and experiences among adopters, and increase knowledge, skills and motivation to participate in the intervention (McCannon & Perla, 2009; Schouten, Hulscher, van Everdingen, Huijsman, & Grol, 2008). During the SCALA implementation period, a digital learning system will be set-up, for example, a local newsletter will be regularly circulated, reporting on how the project is going, and giving the opportunity to providers to share their ideas and best practices.

Support system 5. Through discussion with local stakeholders, primary health care centres and providers, build in plans for long-term sustainability. Long-term sustainability after the end of the 18-month implementation period, will be an ongoing agenda item of the CAB. Local research partners can also receive input regarding the long-term sustainability of the protocol from primary health care providers who implement the SCALA protocol, and the health care providers who implement the protocol.

Municipal project champion

Within the CABs, it is likely that one or more natural project champions will emerge. For alcohol screening and brief advice, project champions are an important facilitator of successful implementation (Vendetti et al., 2017). In SCALA, project champions will be invited to facilitate agreement within the municipality and health systems on shared goals and metrics; assess and act on relevant community resources; work at the systems level to make relevant practice changes for sustainability; integrate learning at the individual PHCC and municipal levels; help PHCCs access, and manage needed services and supports and ensure regular ongoing communication between primary health care centres and municipalities.

Communication campaign

As part of the SCALA municipal action plans, the communication campaigns aim to additionally increase the community support received and perceived by health care providers in the adoption and maintenance phase of the health programme. Communication campaigns (including media-based actions) were shown to be relatively effective at shifting social norms and increasing socio-cognitive determinants of health behavior (Rice & Atkin, 2012). The core element of the SCALA communication campaigns is reframing that it is heavy drinking that is the problem and that this can be helped to be reduced through primary health care based measurement and advice programmes. To achieve this, the following two goals of the campaign have been identified: 1) To increase the awareness of and positive perceptions (i.e., positive attitudes, positive social-norms, increased self-efficacy) among health care providers in the institutions of the area of intervention towards delivering alcohol screening and brief advice; 2) To increase the awareness of and positive perceptions (i.e., positive attitudes, positive social-norms, increased self-efficacy) among the general population of the area of intervention towards participation in alcohol screening and brief advice.

The main activities of the communication campaign to promote these two goals will be: posting posters, making available print materials (e.g., leaflets or brochures), and displaying promotion videos in waiting halls at primary health care centres in the intervention municipalities; media appearances in local media (e.g., radio, tv, newspapers) of various stakeholders; participation in workshops and public presentations.

In the tables below, the specific community support actions included by each partner country in their municipal action plans are specified. Where needed, additional actions (next to the ones mentioned above) are included in the plans.

Municipal Action Plan Colombia

Adoption mechanisms Colombia			
	Actions	**Stakeholders involved**	**Timeframe**
Adoption Mechanism 1 Communicate to providers and communities the simplicity of the programme, and the benefits for patients	1. Meeting with representatives of the intervention PHCCs 2. Flyers for potential providers and patients	1. Nuevos Rumbos, Hospital Mario Yanguas (Soacha) and representatives of the PHCC involved 2. Nuevos Rumbos, customers of the PHCCs	1. First week of February at the UP meeting 2. June 2019 (One month before the beginning of the implementation)
Adoption Mechanism 2 Communicate to providers and communities the gap between the number of people that might benefit from advice and the number who actually get it	1. Meeting with representatives of the intervention ` PHCCs 2. Flyers for potential providers and patients	1. Nuevos Rumbos, Hospital Mario Yanguas (Soacha) and representatives of the PHCC involved 2. Nuevos Rumbos, customers of the PHCCs	1. First week of February at the UP meeting 2. June 2019 (One month before the beginning of the implementation)
Adoption Mechanism 3 Emphasize to local stakeholders their important role in promoting screening and advice giving programme.	1. Meeting with representatives of the intervention PHCCs and CAB members	1. Nuevos Rumbos, Hospital Mario Yanguas (Soacha) and representatives of the PHCC involved	1. February 2019 at the UP meeting
Adoption Mechanism 4 Identify those Primary	1. The PHCCs with the highest screening and advice rates will be identified and invited to share their stories in e.g.,	1. Intervention PHCCs	1. August – September 2019; February – March, and August -

Health Care Centres and providers that have high screening and advice giving rates, and use them as champions who communicate that "it can be done"	electronic newsletters, local media, trainings		September 2020
Adoption Mechanism 5 Identify any organizational issues or administrative policies that act as barriers, and try to find ways of overcoming them – discuss with providers on an ongoing basis	1. Analysis of minutes and meetings with providers 2. Analysis of minutes and meetings with the CAB	1. PHCCs' providers, Nuevos Rumbos, CAB members	1 & 2. Every third month from July 2019

Support Systems Colombia			
	Actions	**Stakeholders**	**Timeframe**
Support system 1 Tailor ongoing and future training	1. Review content and structure of trainings in the second month of implementation. This will be done through meetings with providers.	1. PHCC providers, Nuevos Rumbos	1. August 2019
Support system 2 If needed, revise the brief intervention package developed	1. Review content and structure of materials in the second month of implementation. This will be done through meetings with providers.	1. PHCC providers, Nuevos Rumbos	1. August 2019
Support system 3 Use the screening and advice giving results that	1. Analysis of results every third month and copy to providers. This will be done by the PHCC coordinators.	1. PHCC providers, Nuevos Rumbos	1. Every third month from August 2019

are collected on an ongoing basis as part of performance review feedback			
Support system 4 Set up an information exchange and learning system	1. Electronic bulletin including basic questions about what has been working properly and what not, and how to improve. Optional entry for comments will be available. 2. Create a Facebook group where it will be possible to offer feedback regarding the activities implemented and promote discussion about specific issues of the implementation (e.g., based on your experience, are two minutes sufficient to offer advice?)	1 & 2. PHCC providers, Nuevos Rumbos	1. Quarterly from August 2019 2. Permanent through the 18-months of implementation period
Support system 5 Through discussion with local stakeholders, primary health care centres and providers, build in plans for long-term sustainability	1. Building up of sustainability plans, based on input from primary health care providers, PHCC management, CAB members.	1. PHCC providers, Nuevos Rumbos, CAB members	1. Meetings in months 12 and 17 of implementation

Project champion Colombia			
Name	**Function and involvement with the SCALA project**	**Selection process**	**Actions to be undertaken by project champion**
Edna Jiménez	Sub-director of Community Affairs. Representative in the CAB of the Mario Yanguas de Soacha Hospital	Appointed by the Hospital Director. She was introduced to the CAB in November 2018 and all its members agreed.	• Facilitate agreement within the municipality and health systems on shared goals and metrics • Assess and act on relevant community resources • Work at the systems level to make

			relevant practice changes for sustainability • Ensure that every PHCC will receive the information and training needed • Ensure regular ongoing communication between primary health care centres and municipalities.

Communication campaign Colombia			
	Stakeholders	**Message**	**Timeframe**
Campaign Activity 1 Posting posters in waiting halls, labs, drugstores, bus stops, cafeterias and other common public places in the town	PHCCs Nuevos Rumbos Gobernación de Cundinamarca (Department of Cundinamarca, where the implementation will be carried on)	• Heavy drinking contributes to develop several health problems • Heavy drinking can be reduced through primary health care based screening and advice programs • There are places where to go if help is needed	18-month implementation period

Campaign Activity 2 Brochures and/or leaflets made available in waiting room	PHCCs	• Heavy drinking contributes to develop several health problems • Heavy drinking can be reduced through primary health care based screening and advice programs • There are places where to go if help is needed	18-month implementation period
Campaign Activity 3 Workshops and/or presentations about the alcohol-use related problems and brief alcohol interventions. Participation in conferences or meetings alcohol-related	Nuevos Rumbos PHCC	• Encourage health providers to adopt the SBI as a way of reducing heavy drinking and comorbid depression	According with events (once- twice a year)
Campaign activity 4 Displaying video commercial/promotion message on screens in waiting halls: There will be 4 images and 4 videos (lasting 20 minutes)	PHCCs Ministry of Justice Nuevos Rumbos Gobernación de Cundinamarca	• Heavy drinking contributes to develop several health problems • Heavy drinking can be reduced through primary health care based screening and advice programs • There are places where to go if help is needed	18-month implementation period
Campaign activity 5 Offering interviews and other media appearances in the local media (i.e., local newspapers, local TV and local radio);	Media institutions (local TV, radio, newspapers) PHCC Gobernación de Cundinamarca NGOs	• Heavy drinking contributes to develop several health problems • Heavy drinking can be reduced through primary health care	Months 1, 6 and 18 of the implementation period

	Academia	based screening and advice programs • There are places where to go if help is needed	
Campaign activity 6 SCALA Bulletin to be shared with people in charge of communications in the PHCCs, aimed at dissemination of information about good experiences of Screening and Brief Intervention	Nuevos Rumbos PHCC	• Depending on screening and Brief Interventions results	Every two months throughout the 18-month implementation period

Municipal Action Plan Mexico

Adoption mechanisms Mexico			
	Actions	**Stakeholders**	**Timeframe**
Adoption Mechanism 1 Communicate to providers and communities the simplicity of the programme, and the benefits to patients	1. Meetings with representatives of the intervention PHCCs and health care providers, where the simplicity and evidence-based benefits of the SCALA protocol will be explained	PHCC representatives Local research team CAB PHCC Managers	(continuos) September, 2018 February, 2019
Adoption Mechanism 2 Communicate to providers and communities the gap between the number of people that might benefit from advice and the number who actually get it	1. Meetings with representatives of the intervention PHCCs and health care providers, where the gap between the number of people that might benefit from advice and the number who actually get it will be explained, along with the role of the SCALA protocol to close this gap.	PHCC representatives Local research team CAB PHCC Managers	(continuos) September, 2018 February 2019
Adoption Mechanism 3 Emphasize to local stakeholders their important role in promoting screening and advice giving programme	1. During CAB meetings, User Panels and other (informal) meetings, CAB members, PHCC managers and health care providers in the intervention municipality will be informed about their role in promoting screening and brief advice and will be encouraged to promote the protocol to their colleagues and health care providers.	PHCC representatives CAB members User Panel members Local research team PHCC Managers	(continuos) September, 2018 February 2019 March/April , 2019
Adoption Mechanism 4 Identify those Primary Health Care Centres and	1. The PHCCs with the highest screening and advice rates will be identified through analysis of the tally sheets.	PHCC representatives Health care providers Local research team	1. Monthly, throughout the 18-month implementation period

providers that have high screening and advice giving rates, and use them as champions who communicate that "it can be done".	2. Results will be communicated to the PHCC and the PHCC/ health care providers with the highest screening rates will be invited to share their stories, for example in the electronic newsletters or in media stories.	PHCC Managers	2. Monthly or bimonthly, throughout the 18-month implementation period
Adoption Mechanism 5 Identify any organizational issues or administrative policies that act as barriers, and ways of overcoming them	1. During the visits to the primary health care centers to deliver new tally sheets and collect completed tally sheets, questions will be regularly asked by the local research team to health care providers and the PHCC management regarding any organizational issues or administrative policies that act as barriers, and try to find ways of overcoming them. 2. The findings suggested by the PHCC management and/or health care providers will be analysed during meetings with the CAB.	PHCC management Health care providers CAB Local research team PHCC representatives	1. Monthly, throughout the 18-month implementation period 2. CAB Meetings: September 2018, April 2019 June 2019

Support Systems Mexico			
	Actions	**Stakeholders**	**Timeframe**
Support system 1 Tailor ongoing and future training of primary health care providers	1. During the visits to the primary health care centers to deliver new tally sheets and collect completed tally sheets, questions will be regularly asked of providers if there are any training needs or issues that need to be covered during the booster training sessions. 2. The CAB and/or research teams will convene a formal meeting with representatives of each of the primary health care centers to discuss training needs during the booster sessions.	PHCC management Health care providers Local research team CAB members PHCC representatives	1. Monthly as of June 2019 2. Before boosters sessions

Support system 2 If needed, revise the brief intervention package	1. During the visits to the primary health care centers to deliver new tally sheets and collect completed tally sheets, questions will be regularly asked of providers if the content and structure of the materials needs to be revised	PHCC management Health care providers Local research team	1. Monthly, throughout the 18-month implementation period
Support system 3 Use the screening and advice giving results that are collected on an ongoing basis as part of performance review feedback	1. There will be regular feedback given to the primary health care centers on their screening and advice giving results; for those who are doing well, this will be used as encouragement and motivation to continue doing well; for centers that are doing less well, this will be used to discuss as to what needs to be done to make screening and advice giving easier. 2. As part of ongoing process monitoring, the results will be received by the CABs, who will discuss how further improvements could be made, if needed.	PHCC management Health care providers Local research team CAB members User Panels members	1. Monthly or bimonthly, throughout the 18-month implementation period 2. CAB Meetings in September 2018, April 2019, June 2019. Or, earlier if it is necessary.
Support system 4 Set up an information exchange and learning system	1. We will ask the managers, CAB members, and providers regarding the best way to establish communication, for example: emails, blogs, social networks, website. 2. Through the selected communication platform in activity 1 messages will be sent, including basic questions about what has been working properly and what not, and how to improve. By this, PHCCs, providers and local stakeholders can exchange ideas and learning lessons as to how to make screening and advice giving easier to deliver.	PHCC management Health care providers Local research team	1. Work meetings in February 2019. 2. Throughout the 18-month implementation period

Support system 5 Build in plans for long-term sustainability	1. Through regular discussions with health care providers, PHC managers, CAB members and community members about the long-term sustainability of alcohol screening and brief advice, input will be acquired for the long-term sustainability plans.	Health care providers PHCCs managers CAB members Community members Users Panel members	After booster sessions: November, 2019**;** March, 2020

Project champion Mexico			
Name	**Function and involvement with the SCALA project**	**Selection process**	**Actions to be undertaken by project champion**
Dr. Feliciano Bartolo Solís	Head of Mental Health of Health Services of the Federal District CAB Member	The Master of Science, Feliciano Bartolo Solís, Head of Mental Health of the Public Health Services of the Federal District, was chosen by the SCALA Mexico team because he has extensive experience collaborating in the implementation of different mental health programs that seek to reduce the gap existing between the resources available and the care demanded by patients through the more rational use of resources and from the first level of health care.	• Facilitate agreement within the municipality and health systems on shared goals and metrics • Assess and act on relevant community resources • Work at the systems level to make relevant practice changes for sustainability • Ensure that every PHCC will receive the information and training needed • Ensure regular ongoing communication between primary health care centres and municipalities.

Communication campaign Mexico			
Activities	**Stakeholders**	**Message**	**Timeframe**
Campaign activity 1 Place posters with information about alcohol consumption in PHCC and strategic points of the community (schools, markets, churches)	PHCCs Local research team	• Heavy drinking is problematic • Heavy drinking can be reduced through primary health care based screening and advice programmes	Starting June, 2019
Campaign activity 2 Flyers will be distributed in the communities	PHCCs Local research team	• Heavy drinking is problematic • Heavy drinking can be reduced through primary health care based screening and advice programmes	Starting June, 2019
Campaign activity 3 Displaying video promotion message on screens in waiting halls.	PHCCs Local research team	• Heavy drinking is problematic • Heavy drinking can be reduced through primary health care based screening and advice programmes	Starting October, 2019
Campaign activity 4 Broadcasting promotional ads on local radios	Local radios Local research team	• Heavy drinking is problematic • Heavy drinking can be reduced through primary health care based screening and advice programmes	August, 2019
Campaign activity 5 Offering interviews and other media appearances in the local media (i.e., local newspapers, local TV and local radio)	Media institutions (local TV, radio, newspapers) Public health institutions Governmental institutions Academia Local research team	• Heavy drinking is problematic • Heavy drinking can be reduced through primary health care based screening and advice programmes	Starting June, 2019

Municipal Action Plan Peru

Adoption mechanisms Peru			
	Actions	**Stakeholders**	**Timeframe**
Adoption Mechanism 1 Communicate to providers and communities the simplicity of the programme, and the benefits to patients	1. Present SCALA at the signing of the agreement with representatives of DIRESA, MINSA and UPCH 2. Present SCALA to providers of PHCC and Community Centers for Mental Health (CCSM) 3. Meetings of CAB members with municipal authorities 4. Interviews with health authorities and champion providers by local radio 5. Present SCALA to regional boards of medical doctors, nurses and psychlogists	Regional and national health authorities Directors of all PHC and CMHC University authorities Municipal authorities Authorities of regional boards of medical doctors, nurses and psychlogists Leaders of patient organizations PHC and CMHC providers	1, 2, 3, 4 & 5. Two-month baseline measurement period
Adoption Mechanism 2 Communicate to providers and communities the gap between the number of people that might benefit from advice and the number who actually get it.	1. Meetings of CAB members with community and patient organizations 2. Meetings of CAB members with municipal authorities 3. Presentation of SCALA for PHC and CMHC providers	CAB members Community organizations Patient organizations Municipal authorities PHC and CMHC providers	1, 2 &3. Two-month baseline measurement period

Adoption Mechanism 3 Emphasize to local stakeholders their important role in promoting screening and advice giving programme	1. Meetings with providers 2. Meetings of regional boards of medical doctors, nurses and psychlogists with Regional authorities and regional health authorities	Regional authorities and regional health authorities PHC and CMHC providers PHC providers Authorities of regional boards of medical doctors, nurses and psychlogists	1. Two-month baseline and 18-month implementation period
Adoption Mechanism 4 Identify those Primary Health Care Centres and providers that have high screening and advice giving rates, and use them as champions who communicate that "it can be done"	1. Identify PHCCs and providers with high screening rates at the Baseline measurement at PHCCs 2. Meet with providers of PHCCs recognized for their activity and invite them to participate at SCALA training activities 3. Create a provider of the month recognition poster and put it at PHCCs	PHC providers	1. Two-month baseline measurement period 2. Two-month baseline measurement period and training of providers meeting 3. 18-month implementation period
Adoption Mechanism 5 Identify any organizational issues or administrative policies that act as barriers, and try to find ways of overcoming them – discuss with providers on an ongoing basis	1. Ask CAB members during CAB meetings and other informal meetings about organizational issues or administrative policies that act as barriers, and try to find ways of overcoming them. 2. Ask providers and PHCC management during User Panels about these issues and ways of overcoming them	PHC providers CCSM providers	1 & 2. Two-month baseline measurement period and 18-month implementation period

Adoption Mechanism 6 (additional) Discuss, generate consensus and adjust the fluxogram of Care (presented above) with national, regional, PHC, and CSMC authorities and providers	1. Generate the fluxogram during CAB meetings. 2. Adjust fluxogram during Providers User Panel and Patient User Panel.	Regional and national health authorities Directors of all PHC and CMHC PHC and CMHC providers	1 & 2. Two-month baseline measurement period and 18-month implementation period

Support Systems Peru			
	Actions	**Stakeholders**	**Timeframe**
Support system 1 Tailor ongoing and future training of primary health care providers	1. During the visits to the primary health care centers to deliver new tally sheets and collect completed tally sheets, questions will be regularly asked of providers if there are any training needs or issues that need to be covered during the booster training sessions. 2. The CAB and/or research teams will convene a formal meeting with representatives of each of the primary health care centers to discuss training needs during the booster sessions.	Callao Region Community Mental Health Services Hospital Daniel Alcides Carrión Hospital José Sabogal Universidad Regional del Callao: Área de Bienestar Universitario UPCH and other private universities	1 &2. First 2 months of the 18-month implementation period
Support system 2 If needed, revise the brief intervention package developed for the providers	1. During the visits to the primary health care centers to deliver new tally sheets and collect completed tally sheets, questions will be regularly asked of providers if the content and structure of the materials needs to be revised.	PHC providers PHCC management	1. First two months of the 18-month implementation period

Support system 3 Use the screening and advice giving results that are collected on an ongoing basis as part of performance review feedback	1. Regular feedback given to the primary health care centers and health care providers on their screening and advice giving rates	PHC providers PHCC management	1. Every two-months during the 18-month implementation period
Support system 4 Set up an information exchange and learning system.	1. Send an electronic newsletter including basic questions about what has been working properly and what not, and how to improve. The health care providers will be able to send comments and/or questions about their own experience.	PHC providers PHCC management	1. Every two months, during the 18-month implementation period
Support system 5 Build in plans for long-term sustainability.	1. Building up of sustainability plans, based on the input from health care providers, PHC managers, CAB members and community members. This will be done through regular discussion with local stakeholders, primary health care centres and providers. 2. Promote the creation of a regional multisector commission for alcohol use control. 3. Promote the creation of a regional observatory of Alcohol related violent deaths (car accidents, suicide, homicide) using Forensic Medicine data.	Health care providers PHCC managers CAB members Transportation authority Forensic medicine Regional education authority Regional police authority Community organizations (AAA, violence prevention organizations)	1, 2 & 3. 18-month implementation period

Project champion Peru			
Name	**Function and involvement with the SCALA project**	**Selection process**	**Actions to be undertaken by project champion**
Project champion 1 Carlos Farías	CAB Member	He was selected by SCALA Peru researchers based on his experience on Tobacco Advocacy	Provide Input for Municipal Action Plan Design and Implementation of the protocol
Project champion 2 Johana Gonzalez	Psychologist of a district of the Callao region not selected for the intervention.	CAB members suggested her participation.	Participate at meetings with providers to share her experience.

Communication campaign Peru			
	Stakeholders	**Message**	**Timeframe**
Campaign Activity 1 Posting posters in waiting halls of PHCCs and other buildings	PHCCs	• It is possible and necessary to reduce alcohol risky consumption • Provider of the month • PHCCs are prepared and ready to talk with you about alcohol use • SCALA patient alcohol and depression booklets	18-month implementation period
Campaign Activity 2 Brochures and/or leaflets made	PHCCs Banks	• It is possible and necessary to identify and take care of	18-month implementation period

available in waiting halls of PHCCs and other buildings	Churches Local research team	alcohol risky consumption at PHCCs • All providers are important and necessary (doctors, psychologists, nurses, obstetricians)	
Campaign Activity 3 Meeting and presentations about the alcohol-use related problems and brief alcohol interventions	Churches PHCCs NGOs Academia Local research team	• User experience: (It is possible and necessary to reduce alcohol risky consumption) • PHCCs are prepared and ready to talk with you about alcohol use • Providers experience: (it is possible and necessary to identify and take care of alcohol risky consumption at PHC) • All providers are important and necessary (doctors, psychologists, nurses, obstetricians)	18-month implementation period
Campaign activity 4 Displaying video commercial/promotion messages on screens in waiting halls	PHCCs Banks Local research team	• It is possible and necessary to reduce alcohol risky consumption) • PHCCs are prepared and ready to talk with you about alcohol use	18-month implementation period
Campaign activity 5 Offering interviews and other media appearances in the local media (i.e.,	Media institutions (local TV, radio, newspapers) Public health institutions	• It is possible and necessary to reduce alcohol risky consumption)	18-month implementation period

local newspapers, local TV and local radio)	Primary Care and Hospitals Network Governmental institutions NGOs Academia Regional boards of medical doctors, nurses and psychlogists Local research team	• PHCCs are prepared and ready to talk with you about alcohol use • Endorsing brief alcohol interventions	
Campaign activity 6 Send a regular newsletter to PHC providers	PHCCs CMHC Local research team	• In PHCCs it is possible and necessary to identify and provide attention to risky behavior of alcohol • All healthcare providers are important and necessary (doctors, psychologists, nurses and obstetricians)	18-month implementation period

Discussion

With the revised protocol of a four-arm design, we will be able to test the independent impact of municipal support over and above just training. The hypothesis to be tested is that PHCU that receive both training and municipal support in the intervention municipality (new Arm 3) will measure the alcohol consumption of more patients and give advice to more heavy drinking patients than the PHCU who just receive training (new Arm 2).

In addition, the overall impact of the community support actions will be evaluated through surveys of providers. At baseline and follow-up measurements (months 3 and 15 of the 18-month implementation period), providers (both in the control municipalities and in the intervention municipalities) will assess their exposure to community support actions and their perceived impact of these actions. The effect of providers' exposure to community support actions on their actual screening behavior (i.e., number of screenings delivered) will be used as primary impact outcome. It is hypothesized that those health care providers who are more exposed to the community support actions and subsequently report a higher perceived impact of the community support actions, will also screen and advise more patients. Additionally, the relationship between the providers' exposure to community support actions and socio-cognitive behavioural determinants (e.g., attitude, social norms, self-efficacy and intention) will be tested, in order to understand the mechanisms of impact.

The comparison among study groups (i.e., Arm 1 and 2 who do not receive the community support actions versus Arm 3 and Arm 4 who received the community support actions) will be performed with statistical tests such as ANCOVA and regression. These tests allow to include control variables (e.g., demographics), increasing thus the external validity of the results. The pre-post design (i.e., having the same providers answer the questionnaires at baseline and follow-up) will strengthen the study's internal validity.

Further, the impact and process evaluation of the community support actions will be assessed qualitatively through semi-structured interviews and focus groups with the health care providers, CAB members and local research partners. This will allow for more in-depth insight into the effectiveness of the community support actions.

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