



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

Deliverable 6.1

SCALA Engagement, Communication, Dissemination and Exploitation (ECDE) Plan

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Glossary of Abbreviations

SCALA institutions

UM	University of Maastricht, The Netherlands
UNEW	University of Newcastle, UK
FCRB	Clínic Foundation for Biomedical Research, Barcelona
UPCH	Cayetano Heredia Peruvian University, Peru
CNR	‘Nuevos Rumbos’ Corporation, Columbia
INPRF	National Institute of Psychiatry Ramon de la Fuente Muñiz, Mexico
ESADE	ESADE Foundation Business School, Spain
TUD	Dresden Technical University, Germany

Other abbreviations

CABs	Community Advisory Boards
UPs	User Panels
EMT	Executive Management Team - Project coordinator, Project Manager and Management Support Team, based at UM
GEAB	Global Expert Advisory Board
GAM	General Annual Meeting (of the project)
WONCA	World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Doctors
EUFAS	European Federation of Addiction Societies
NIAAA	National Institute on Alcohol Abuse and Alcoholism (USA)
ISAM	International Society of Addiction Medicine
ODHIN	Project: “Optimizing delivery of health care interventions” (www.odhinproject.eu)
BISTAIRS	Project: “Brief interventions in the treatment of alcohol use disorders in relevant settings” (www.bistairs.eu)
ALICE RAP	Project: “Addiction and Lifestyles in Contemporary Europe Reframing Addictions Project” (www.alicerap.eu)

Executive Summary

This deliverable 6.1, the SCALA Engagement Communication Dissemination and Exploitation Plan (hereafter the ECDE Plan) aims to provide a blueprint for all activity aimed at enhancing the fluidity of internal exchange between SCALA project partners, extending the reach of the project beyond the network of professionals directly involved, and amplifying and sustaining the impact of the SCALA efforts and outputs beyond duration and geographical scope of the project.

FCRB, together with ESADE, and in close collaboration with UPCH, CNR and INPRF are responsible for formulating and coordinating the implementation of the SCALA Engagement Communication Dissemination and Exploitation Plan, and preparing and mobilizing municipal, national and international structures, including the Healthy Cities Network, to go to full-scale. Other project partners and sub-contracted entities will also input and be involved in the development and implementation of specific activities, where stated.

Engagement, communication, dissemination and exploitation are context- and time- specific, with conditions and opportunities emerging and changing over time. For this reason, the draft SCALA ECDE Plan has been prepared by month 3, containing all the elements and step-wise actions planned for the 4 years, and this will be discussed and refined according to input from the general partners meeting (M4). After this, although the essential elements will remain, the ECDE Plan will evolve throughout the course of the project, with details to be finalised including the definition of key messages for dissemination (initially on the aims and objectives, rationale and unique character/added value of SCALA, and later on project outputs, findings and potential exploitation); identification of specific communication channels aimed at different stakeholders/end-users and in local contexts; and fine-tuning timings for step-wise actions to enact the plan, synchronised with project milestones and deliverables, and outputs from all partners.

Introduction

SCALA will deliver a validated framework and strategy for scaling up the public health-based prevention and management of AUD and comorbid depression with municipalities as the level of scale. Scale-up will be tested in three Latin American municipalities, with pooled data on drivers for success, meaning that there is far-reaching potential for SCALA to impact on many Latin American and other LMIC populations, globally.

To achieve the project's objectives and deliver the expected impact of this work, this comprehensive and targeted plan for the engagement of relevant local, national and international stakeholders and networks; and the communication, dissemination and exploitation of the project features and outputs has been developed, and will be carried out, led by FCRB and ESADE in collaboration with organizations from Mexico, UPCH from Peru and NUEVOS RUMBOS from Colombia, and with input from all consortium members.

The ECDE Plan highlights the most salient and innovative features of SCALA; whilst striving to be mindful of the need to manage confidential data ethically and to protect intellectual property, as well as aiming for open data sharing for use in future research, open access to results, equality in gender representation, and transparency in methods and management.

The ECDE Plan addresses internal and external communication and includes measures to be implemented both within the timeframe of the project and after its duration, with the aim of sustaining the impact of the work carried out under SCALA. In general, the plan aims to strengthen links between science and society in line with the six keys of DG Research's Responsible Research and Innovation framework: engaging all society actors, gender equality, science education, open access, ethics and governance.

Each type of ECDE activity has defining characteristics and corresponding objectives within the context of the SCALA project overarching goal, as laid out below.

- **Engagement objectives**

Engagement activities of SCALA are geared towards reaching and engaging local, national and international stakeholders with the following objectives:

- Facilitate creation of the Community Advisory Boards (CABs) and User Panels (UPs) within the three municipal test districts
- Engage and motivate CABs and prime from early on in the project for communication dissemination and exploitation of SCALA outputs
- Create a Global Expert Advisory Board (GEAB), and prime this group for assessment of SCALA, communication and exploitation of the project outputs
- Engage and prime key stakeholders/interested public for dissemination and exploitation of SCALA outputs

- **Communication objectives**

Two-way communication activities will be carried out to enable information flow and feedback with targeted groups, for the following objectives:

- Facilitate networking, scientific exchange and coordination between the SCALA partners (internally)
- Promote scientific exchange between the SCALA partners and wider scientific community on the SCALA aims, methodology, progress, outcomes and sustainable use of SCALA products
- Promote exchange on SCALA proceedings and outputs with non-scientific stakeholders
- Promote scientific exchange on SCALA proceedings and outputs for non-English speakers, in Spanish

- **Dissemination objectives**

Wide-reaching dissemination activities are designed to fulfil the following objectives:

- Raise awareness and spread knowledge of the SCALA project aims, defining characteristics, methodology, progress, outcomes among scientific and non-scientific stakeholders
- Make material presenting all key aspects of the project available to Spanish speakers.

- **Exploitation objectives**

Exploitation activities are aimed at facilitating the use of SCALA outputs beyond the scope of the project, and, specifically, fulfilling the following activities:

- Identify key municipal and national structures at the three study sites and prepare these for going to full-scale with the SCALA intervention in the three Latin American countries
- Mobilize members of the Latin American Healthy Cities Network as the core platform for going to scale in Latin America
- Mobilize members of the country-based Healthy Cities Network and GEAB to advance the use of SCALA outputs and going to scale at the international/global level

- **Target audiences**

The five broad target audiences for ECDE activities are:

- (i) municipalities
- (ii) health systems
- (iii) health care providers
- (iv) health care users
- (v) academia

These groups are further described and an overview of the suite of tools to be used for engagement, communication, dissemination and exploitation is summarized in the figure below.

(i) Municipalities

We have chosen municipalities or municipal districts as the level of scale in SCALA, meaning that the existing *Healthy Cities Network* is a natural platform for going to full-scale. Healthy Cities is a WHO initiative that focuses on municipal-level political leadership, partnership working and participatory processes to tackle the social determinants of health and health inequity¹.

SCALA will provide the validated SCALA Framework and Strategy for successful scale-up at municipal level, and convey this throughout the healthy cities network, with members of the Global Expert Advisory Group acting as ambassadors and champions with the HMC in Latin America, with, for example, over 1,000 municipalities participating in the Mexican Network of Municipalities for Health. Targeted presentations will be made throughout the course of the project to relevant business and technical conferences and themed meetings, identified through the country-based Healthy Cities Network in Colombia, Mexico and Peru, and, more broadly, throughout Latin America and other continents.

(ii) Health systems

Our access to health systems will be driven by our partners and the health system professionals who are members of the municipal-based Community Advisory Boards (CABs). Each SCALA partner will drive knowledge exchange and uptake through municipal-based, regional and national public health and health-care based systems, including health care commissioners and payers.

(iii) Health care providers

Our access to health care providers will also be driven by the project partners and the health care professional on the CABs. Each partner will drive knowledge exchange and uptake through municipal-based, regional and national professional bodies. Our European-based partners will drive global exploitation of SCALA by health care providers, two Institutes (UM and UNEW) being members of the World Organization of Family Doctors (WONCA).

(iv) Health care users

Public involvement in SCALA, specifically involvement of health care users, will be spear-headed at all stages by UNEW, which will act as our public engagement ambassador. In each of our municipalities, Community Advisory Boards and User Panels will ensure that public involvement is enacted at all stages of SCALA, through: (i) *Research Matters* public engagement programme events, embedded in the SCALA communication strategy; (ii) *ongoing research support* by lay representatives; (iii) training and support for health care providers in patient & public engagement and involvement; (iv) public-gearred communication, dissemination and social media channels.

(v) Academia

In addition to open access scientific publications and presentations to scientific conferences, our main dissemination route to the targeted academic audience will be through Latin America INEBRIA, the Latin American branch of the international network of researchers, policy makers, practitioners and other stakeholders interested in the potential of brief interventions in health and

¹ www.euro.who.int/en/health-topics/environment-and-health/urban-health/publications/2014/phase-vi-2014-2018-of-the-who-european-healthy-cities-network-goals-and-requirements

other settings to reduce the harms produced by alcohol (and other drug) use². The network currently has 365 members, with the bulk of membership based in Europe, the USA and Latin America. In addition to regular annual conferences, the network supports NGOs and other bodies in organizing and co-sponsoring events and other activities; and members also communicate ideas, request advice, share opinions and new information by means of an easily accessible Google Group. Special SCALA thematic scientific workshops will be convened at annual INEBRIA meetings throughout the duration of the SCALA project.

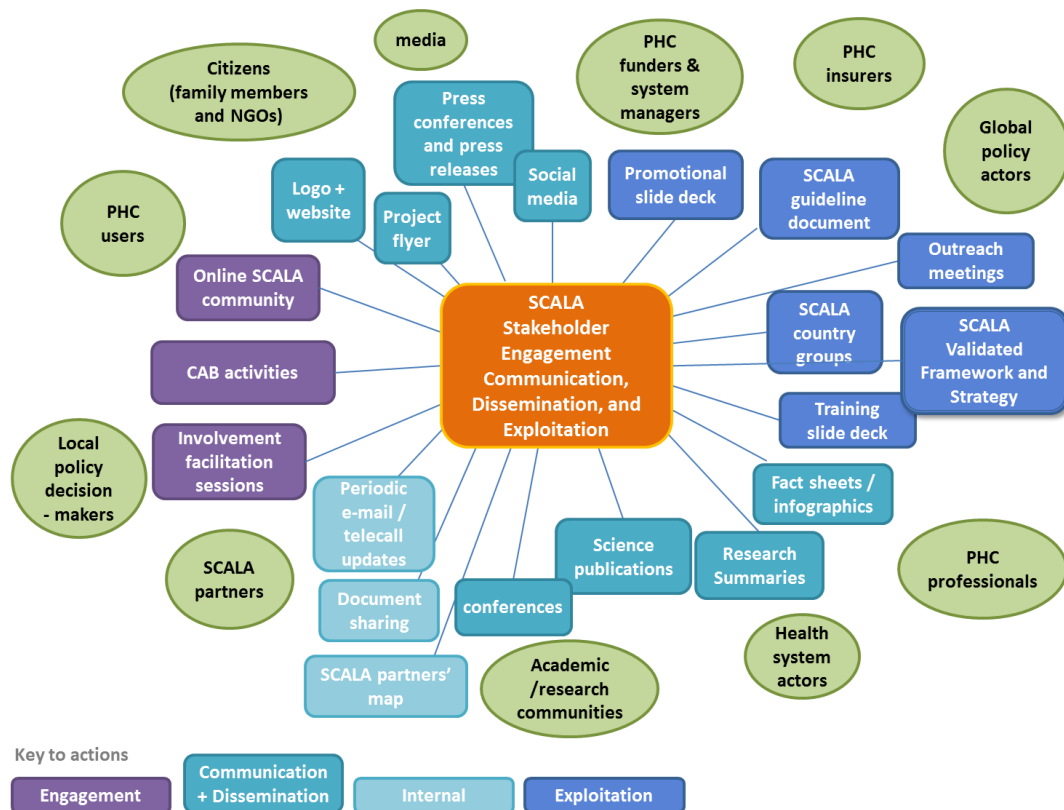


Figure: Tools and target audiences for engagement, communication, dissemination and exploitation

▪ **Language**

Whilst the official language of the project is English, and all reports and deliverables will be submitted and published in English, we are aware that monolingual English-language ECDE activities may have limited local impact in this context, and could result in missed opportunities for engagement and exploitation. For this reason, all major text-based materials for ECDE purposes will be made available in Spanish, once finalized in English, and checked for local accuracy by the Latin American organisations involved in the project. The SCALA website will also have bilingual functionality, with the possibility of accessing all pages in English or Spanish.

² <http://www.inebria.net/Du14/html/en/Du14/index.html>

Engagement activities

Public involvement in SCALA, specifically that of health care users, will be spear-headed at all stages by UNEW, which will act as our public engagement ambassador. In each of the municipal scale-up districts, Community Advisory Boards and User Panels will be recruited and primed to ensure that public involvement is enacted at all stages of SCALA, through a variety of activities, as described below.

▪ Recruitment and motivation of Community Advisory Boards (CABs)

The Latin American organisations involved in SCALA (UPCH, CNR and INPRF), with support from UNEW and all partners, will recruit the members of the CABs (including User Panel or UP members) in each scale-up municipality – Callao in Lima, Engativá in Bogotá and Tlalpan in Mexico City. The CABs will be comprised of locally active representatives of the following 4 community interest groups: academia, local government, service commissioners, interested public/health champions.

The SCALA institutions will strive to ensure that CAB members are chosen for, and include those with, commitment to communication, dissemination, and exploitation. Selected individuals will be sent a summary description of SCALA and invited to participate in an introductory meeting and throughout the project, with the invitation letter developed according to a standard template. Tasks and responsibilities of the CAB will be clearly explained and laid out in a ‘terms of reference’ document (see the SCALA protocol for details).

At the 1st SCALA partners’ meeting, ideas were put forward to maintain the interest and engagement of the CABs, within the ECDE Plan:

- Recognition of their involvement in an international project at the national and international levels: The SCALA website will include country pages for the three Latin American scale-up sites, giving details of the CAB members and including profile photos.
- Updates on progress: The CABs could be part of a mailing list to receive updates on progress in the project every 1-2 months. These should start soon after recruitment and can also update on the tailoring process and progress in different countries.
- Evidence of early successes: As well as preliminary results, once those are available, we will strive to show the CABs the extent of their impact on the intervention, including their input to tailoring the intervention and training materials, and ECDE activities.
- A private Facebook group could be set up for each CAB, or intervention municipality, to encourage networking as an added incentive to continue engagement with the CAB (whilst avoiding contamination of control sites).

▪ Face-to-face engagement

Face-to-face communication is the most tried and tested method for maximising engagement of stakeholders in communication, dissemination, and exploitation. This face-to-face activity in SCALA will take place in the form of meetings, debates, focus groups and interviews with stakeholders, scheduled as part of the regular CAB activities in each scale-up district (estimated every 9 months). Ideas discussed at the SCALA 1st partner meeting for face-to-face public engagement included

discussion or presentation events at local libraries (*bibliotecas*) and civic/cultural centres (*casa de comunidad/centro cívico*).

The face-to-face activity will have a meaningful purpose in the technical development of the study, besides engagement value; to provide on-going input to the development of the project and give feedback on plain-language summaries and other research documentation (see details of tasks in the protocol).

- **Support and facilitation of involvement in ECDE**

To promote recruitment and engagement in the CABs and the face-to-face engagement activities mentioned above, as well as the process of local tailoring and embedding in general, training and support sessions will be provided by UNEW and ESADE specialists, at three stages during the SCALA project (first, second and third years – to coincide with the general meetings) for partners to receive peer-to-peer support and advice on any matters related to patient and public engagement and the specific ECDE work involved in SCALA in the context of their community or work package.

- **The Global Expert Advisory Board (GEAB)**

The GEAB will comprise 6-8 international experts in the most relevant fields of SCALA – alcohol, brief intervention, implementation science, tailoring health action, and embedding and scaling up interventions – selected with their communication and exploitation capacity in mind and recruited in the first half of year 1 of the project. While the exact activities of this board remain to be defined, based on the final composition, the remit of the GEAB includes two tasks which are directly relevant to ECDE: Exploitation of results and widespread scale-up at national and international levels, and; public engagement in research and exploitation of findings.

Communication and Dissemination activities

Two-way communication and wide-reaching dissemination initiatives in SCALA can be broken down into five types of activity: internal communication, project branding and website, summary material, open media and scientific exchange, communication and dissemination.

▪ Internal communication

Internal communication in SCALA will be undertaken both to consolidate and maximise the efficiency and impact of external communication strategies, and also as means to achieve the goals of the project coordination and networking initiatives. Internal communication, managed by the executive management team (EMT) - with support from FCRB where overlapping with external communications-, includes the following tools, channels and actions:

- Regular update and reminder e-mails and/or thematic teleconferences to the whole consortium, or sub-groups of the consortium (WP or task-focussed)
- Doodle and online survey tools - to lock meeting dates, putting decisions to the vote, gather opinions
- Online systems for sharing and developing documents (e.g. Dropbox,) – Shared Dropbox folders and a password protected section of the SCALA website have already been set up for partners to use. Both systems have been maintained to allow users more comfortable with either to get the most out of the shared files, and will be moderated regularly (including checking updates, ensuring the two systems mirror each other, and cleaning/reorganising if necessary and informing all registered users).
- FCRB will support the development of internal instructions on aspects of the project (e.g. sharing documents or encrypting/sending data securely) to ensure smooth internal communication.
- A map of the SCALA professionals with their photos and roles in the project and contact details will be developed to facilitate networking and easy understanding of the project processes and institutional groups. This will be available as an internal shared document.

▪ SCALA Project branding and website (<https://www.scalaproject.eu/>)

A clear and positive identity will be created for the SCALA research project and outputs. The objectives of SCALA and relationship between the consortium, funders and Community Advice Boards will be transparent and easily understandable in all communication materials and channels, as will the added value of this work beyond current efforts in the AUD and brief intervention fields. The bi-lingual (English and Spanish) SCALA project website will be developed by FCRB (Month 3, with evolving development thereafter), <https://www.scalaproject.eu/>, as a primary communication channel for the project, facilitating access to all relevant information, with specific sections flagged as relevant to different stakeholders with potential interest, and serving as a repository for all technical and communication material. Country pages will grant recognition to the local and national groups implementing the SCALA study, with a section of each dedicated to promoting the CABs and their activity. The website will also be a virtual meeting point for the online community and CABs.

The website comprises public and private parts, the private part having different levels of access

and containing internal planning and scheduling documents, draft material or pre-publication manuscripts accessible to project partners and/or CAB members, as appropriate. By month 9, when the first open access online discussion is scheduled, clearly delineated public sections will serve a number of different needs – General public searches for information on AUD and comorbid depression prevention and self-management, or wishing to evaluate their own drinking behaviour; opportunities for lay experts to contribute on specific aspects of the project as part of the CAB; health professionals searching for the most up-to-date information on AUD and comorbid depression prevention and management, the project products or how best to support a study participant; academics from multiple backgrounds (e.g. addictions, medicine, healthcare management, digital health, among others); industry professionals interested in the research and product development features of SCALA.

Online alliances with selected relevant networks, projects and organisations (always transparent, not-for-profit and in line with ethical considerations) will promote traffic to and from the website. An initial list of such entities to align with includes:

- INEBRIA
- WHO
- PAHO
- NIAAA
- Healthy cities
- EUFAS
- Projects ODHIN, BISTAIRS
- ISAM
- CARICOM (Caribbean communities)
- Mesoamerica Integration and Development Project
- European Joint Action on Alcohol

SCALA Partners will always be encouraged in good practices with regards to transparency and equality, and FCRB will be responsible for gathering and publishing online the full collection of partners' declarations of competing interests. In addition, consortium members will be strongly recommended to include gender and equity statements in project outputs and in external communication materials, wherever relevant, in line with a template developed with support from the internal project ambassadors on gender (UPCH) and equity (NUEVOS RUMBOS).

▪ **Summary material for dissemination**

Three types of text-based material will be produced to disseminate information about the SCALA project aims, process, methods and outputs (some of which will lead on to text-based materials for exploitation purposes):

i) SCALA Project flyer

The SCALA project flyer will be produced first in English (Month 3) and then in Spanish as an introduction to the project, outlining the background, consortium, aims and objectives of SCALA. It will be freely available in electronic PDF format on the project website, and disseminated through social media and electronic channels.

ii) fact sheets and infographics

Executive summary sheets and infographics will be developed to give a quick overview of the primary outputs for each technical work package in SCALA (WP2, WP3, WP4, and WP5). These will

summarise the different lines of work to enable end-users to instantly understand the scientific and clinical relevance of each and the relationship and differences between them. The fact sheets on SCALA Work packages will be developed in English and Spanish languages by month 6. Infographics will be developed with flexibility for adaptation and messages for the local media campaigns (e.g. posters in PHCU – see below) in mind.

iii) Press releases

Press releases will be written, as and when needed, as stand-alone publicity material, to accompany press conferences and publications and as part of a permanent online press kit. These will be timed to coincide with topical discussions/media opportunities or project milestones and local media campaigns (see below).

All written materials and updates will be sent through regular electronic newsletters in e-mail format to a prepared and extendable mail-out list, developed using a branching expansion technique in collaboration with all SCALA partners and the External Advisory Board, and adapted as needed for exploitation actions.

- **Open media**

Two lines of action will be employed to communicate/disseminate information through open media: social/online media and local campaigns.

i) Social and online media

Online communication will take place through the SCALA website and online social media channels which will be set up in the first quarter of the project lifetime. SCALA accounts will be set up with twitter, Facebook and YouTube, and the network will also appear on Research Gate and LinkedIn as an interest group, with the aim of communicating with both academic and non-academic actors. Social media tools will be used to define the online profile and raise awareness of the objectives of the project; highlight progress points, opportunities for collaboration and achievements; and disseminate results and key messages from outputs. As well as project progress and achievements, news and updates from related areas – alcohol and addiction research, policy developments, brief interventions and clinical practice, among others – will be topics for timely communication items, expected at least weekly, in English and Spanish. Visibility in these channels will be raised through existing online networks and the SCALA partners and institutions.

Non-text media formats, such as video clips and podcast interviews, will complement text-based dissemination materials, be used in exploitation materials, and support and clarify explanations and key messages. Topics covered may include (but are not limited to) introducing the SCALA intervention package, SCALA protocol, challenges and solutions for scale-up, municipal stories, evaluation methodology and findings, first hand user-experience. The videos will be uploaded on YouTube and linked to the website, and available in different language versions with subtitles, where possible.

ii) Local media campaigns

Working with UNEW, and with support from FCRB, the CABs will design and implement public-oriented, but limited reach media campaigns to shift social norms, promote the project messages and increase alcohol health literacy. Care will be taken to avoid contamination of non-scale-up municipal districts.

Campaigns could include, as a minimum:

- Printed promotional material (posters and flyers) at the primary health care centres and other relevant outlets, that promote the norm of screening and brief advice for alcohol
- Short-range media advocacy actions through print and broadcast media (e.g. in a neighbourhood newsletter, school-based groups for parents or locally oriented social media groups), describing the project and promoting the norm of screening and brief advice for alcohol.

- **Scientific exchange and communication**

The impact of the SCALA outputs will be greatly enhanced by effective communication and dissemination among scientific communities and among clinical networks. Activities in this domain will take the form of participation in events, one-to-one communication and production of strategic publications.

i) Presentations and participation in conferences

FCRB will undertake measures to support partners in disseminating information about the project through events, scientific networks, and academic and professional publications. Consortium members will be expected to make presentations or hold symposia on their SCALA work in academic conferences and meetings, and encouraged to make these as interactive as possible.

The partners will be supported by the provision of project communication material templates (e.g. slide and poster templates), customised graphics for explaining the project and background, and video material; and with an events calendar and reminders of timely and relevant events in the periodic e-mails.

Events for participation include, but are not limited to:

- SCALA Thematic Seminar at the Annual INEBRIA Conference
- Participation in the Annual Research Network Meetings of the Global Alliance on Chronic Diseases
- Specific meetings on SCALA/ scaling up screening and brief intervention for alcohol in primary care with the Pan American Health Organisation (PAHO)

ii) Academic one-to-one communication:

SCALA academic partners also have a duty to communicate with academics and researchers on the project aims, objectives, protocol and outcomes through targeted e-mail dialogue with other national, European, Latin American, and international projects and networks working in the field. Such projects and networks include:

- The Global Alliance for Chronic Diseases
- European Joint Action on Alcohol
- European Federation of Addiction Societies (EUFAS)
- consortia and networks of previous relevant European projects (ODHIN, BISTAIRS, PHEPA, ALICE RAP)
- US-based National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- the International Society of Addiction Medicine (ISAM).

iii) Publications guidelines and plan

The SCALA publication guidelines, developed at the start of the project and in line with the Consortium Agreement, lay out the project's policy for authorship and open access. The project aims to adopt the gold model of open access (paying for the publication to be made freely available) for publications; and funds have been put aside in academic partner budgets for this purpose. SCALA scientists are encouraged and will be supported in negotiating the rights to self-archive manuscripts of project publications in institutional or thematic open access repositories (green model for open access), through guidelines and advice gathered from those with successful experiences in such negotiations. The publication plan is aligned with the IPR protection arrangements and agreements established in the Consortium Agreement, and will adhere to the Guidelines on FAIR (findable, accessible, interoperable and reusable) data management in Horizon 2020. A total of around 20 scientific publications are foreseen coming out of the technical work packages of project. The first protocol of SCALA has already been published in F1000 Research at the time of writing, and writing or further publications is expected to start in Year 4 of the project.

A draft of the publication plan can be seen in Annex 1 of this document.

Exploitation activities

Exploitation activities in SCALA are aimed at extending the reach and impact of the project outputs beyond the timeline of the project and the consortium of SCALA partners. These activities revolve around the development and validation of the SCALA Framework and Strategy for scale-up, and the promotion and accessibility of this deliverable.

▪ **Exploitation materials - SCALA guideline documents and slide decks**

A highly accessible and intuitive series of SCALA guideline documents and slide decks will be developed in English and Spanish, as a key element of the exploitation and roll-out potential of SCALA, and to facilitate the full scale-up of the validated SCALA Framework and

i) Guideline documents

The 3 guideline documents will give concrete guidance on tailoring and implementing the SCALA Framework and Strategy and SCALA package for three target audiences:

- Primary health care clinical teams and professionals;
- The broader PHC community, including funders and commissioners of services, PHC centre managers and academic public health / primary care researchers;
- National and international organisations for further scale up: the Healthy Cities networks at country, Latin America, and global levels; INEBRIA, PAHO

The guideline documents will draw together and integrate knowledge and experiences from the different municipalities involved in test scale up and provide clear information on steps, potential obstacles and essential elements for any PHC planners or policy makers interested rolling out the intervention package. The guidelines will include considerations directed at scaling up to different jurisdictions, with concise information boxes aimed at those scaling to local, municipal, regional or national levels. Annexes will provide templates or examples of intervention and implementation material to facilitate adaptation to other contexts.

ii) Slide decks

Three slide-decks will be developed to supplement the suite of guideline documents in a promotional (local or international) or training session format, mindful of motivational techniques and including multi-media formats to encourage uptake and adoption. Part of the exploitation of the SCALA project work will be to mobilise networks involved in healthcare provision and public health policy to encourage the uptake of the outputs in more jurisdictions and adoption of the SCALA package by primary health centres. The guideline documents and slide decks will enhance the fidelity of implementation of the intervention in this future stage.

▪ **Municipal and national structures for roll-out**

Local municipal partners will be supported by the project (UPCH, CNR, INPFN and ESADE) in identifying structures and forming municipal or national work groups for the full-scale implementation of the validated SCALA Framework and Strategy, capable of taking the outputs of the project forward to a higher-level roll-out.

i) Identifying existing champions, incentives and initiatives

In synergy with WP3, municipal and national structures of relevance to the roll-out of evidence-based health interventions for AUD and comorbid depression will be identified in the three participating countries (Colombia, Mexico and Peru) through branching exploration of professionals, incentives and initiatives at the local and national levels.

Starting with the CABs and online SCALA Community, those agreeing to participate will be asked to provide information on different aspects of the local context of relevance to future scale-up:

- Professionals: as well as champions in the field of AUD and comorbid depression prevention and treatment, local and national professionals with strengths in public health promotion, clinical excellence, cross-sector networking and digital health will be identified, who can contribute to full-scale adoption of the SCALA products;
- Incentives: locally and nationally available resources, funding opportunities and support which can provide additional motivation for implementing SCALA products;
- Initiatives: programmes or activities which link to the objectives and outcomes of SCALA (e.g. action plans for healthy lifestyles, working groups on integrated health care).

ii) Forming SCALA country groups

Those professionals with potential for further exploitation and implementation leverage agreeing to participate will be invited to form part of a permanent country group to validate the framework and promote the dissemination and use of the SCALA validated framework and tools. These groups will be the basis for sustainable national networks to advance work on embedded screening and brief interventions for alcohol in Latin America and elsewhere.

▪ **Online SCALA community – blog and time-limited discussions/consultations**

Public stakeholder involvement will also be promoted through the online SCALA community, embedded in the project's website (managed by FCRB, and with support from Latin American partners), as an exploitation activity. The online SCALA community will serve as an open access discussion and resource platform on alcohol health literacy and harm prevention for health professionals, healthcare managers, and health insurers, with space for input and consultation of civil society actors. Visibility and online presence of the platform will be promoted through established social media channels.

In a number of blog pieces and time-limited open discussions/consultations (min 2 in total), special focus will be given to individual, organisational and system level aspects related to uptake and sustainable implementation of effective intervention packages by upgrading available processes and resources and integrating cost-effective health solutions in patient care. The role of socioeconomic forces influencing alcohol-related social norms and policies at system level, and the impact of gender and socioeconomic inequities will also be explored. Good practices from existing online medical and patient communities (e.g. VOICENorth, <http://www.voicenorth.org/>, Newcastle University) will be explored and regularly monitored to input to the online SCALA community.

- **International networks**

In line with healthy cities goals, SCALA will highlight the role of locally lead health promotion, enhance participatory governance on health issues and contribute to reducing health inequalities and providing for vulnerable groups.

As well as inclusion, where possible, of Latin American Healthy City Network representatives in the Community Advisory Boards as sources of relevant information, and tailoring one of the promotional slide decks to presentation of the project outcomes in this particular type of network, and strive to arrange face-to-face meetings with network leaders (at the national and Latin America levels) with the aim of incorporating the project findings and outputs into future initiatives of the healthy cities network programmes (country, Latin America and international, including European).

As well as Healthy Cities, SCALA will target communications from the beginning of the 4th year of the project at a number of relevant organisations - PAHO, LATIN AMERICA INEBRIA, Mesoamerica Integration and Development Project and CARICOM (Caribbean Community) – with the aim of mobilising them to go to go to full-scale in implementing the validated SCALA Framework and Strategy (D1.1).

- **SCALA Validated Framework and Strategy (D1.1)**

This final deliverable of the ECDE plan will be led by MU, TUD and ESAD, with input from all partners, and will bring together all components of the three phases (set-up, scale-up and test of scale-up), the full impact and qualitative evaluations and model and mapping of the contextual and policy factors in SCALA, as part of the coordination work package (WP1).

The SCALA validated framework and strategy, along with the guidelines and slide decks described above, will be a tool for use by municipal and national policy makers and health care providers in going to full-scale to prevent and manage AUD and comorbid depression. The Framework will detail the adoption mechanisms and support systems, and the organisational and resource requirements (data, personnel and financing) necessary for going to full-scale. The Framework and Strategy document will provide the needed step-by-step information needed by users (including municipalities, researchers, healthcare providers, policy makers, and the public) to go to full-scale. The Framework will also detail the contextual, financial and political-economy backgrounds that might impact on success in going to full-scale, based on the findings and experience of the SCALA project. The validated SCALA Framework and Strategy will be delivered in month 46 of the project.

Timeline for activities and revisions of the ECDE Plan

Activity	Description of actions	Year 1				Year 2				Year 3				Year 4			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Engagement Activities																	
Facilitation of involvement	SCALA Partners offered training and support sessions (in GAM)		X				X				X						
Recruitment & motivation of CAB	Invitations and introduction/planning meetings, updates, feedback and recognition	X	X	X	X		X		X		X		X				
Face-to-face engagement	Meetings, focus groups and interviews with stakeholders as part of CAB activity			X			X			X			X			X	
Global Expert Advisory Board	Set up GEAB + ECDE activities			X				X				X				X	X
Communication + Dissemination Activities																	
Internal communication	Regular update e-mails (monthly) and/or thematic teleconferences (bi-monthly)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Online systems for sharing and developing documents (set up and moderate)	S	S				M				M				M		
SCALA branding and website	Logo + website - Launch (L) mono + bilingual website + expansions/revisions *	L	L		R				R				R				R
Summary material	SCALA flyer	X															
	Fact sheets and infographics		X				X				X				X		
Media	Social and online media - set up and post (weekly)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Local media campaigns			X	X					X	X					X	X
Academic communication & dissemination	Slide template and infographics		X				X				X				X		
	INEBRIA conference - SCALA thematic scientific workshops			X				X				X				X	
	Annual research meetings of the Global Alliance on Chronic Diseases				X				X				X				X
	PAHO - organising and holding targeted meeting														X	X	
	Publications (WP2, WP3, WP4 & WP5) - writing and submitting papers													X	X	X	X
Exploitation Activities																	
Municipal and national structures for roll-out	Identify (and update) existing champions, incentives and initiatives	X							X								X
	Forming SCALA country groups + validating D1.1												X	X	X	X	X
Online SCALA community	Blog pieces and time-limited open discussions/consultations											X		X			X
International networks	Outreach meetings with Healthy Cities and other networks for future exploitation				X						X					X	X
D1.1 - SCALA Validated Framework and Strategy	Development, validation and delivery of a framework and strategy document for going to full-scale												X	X	X	X	M46
Supporting materials	SCALA guideline documents and slide decks – 3 target audiences															X	X

ANNEX 1 - SCALA Publication Plan

1 Introduction

As included in the Consortium Agreement, SCALA is premised on there being no Background (article 9.1) and collective ownership of all results (article 8.1).

This Publication Plan adheres to Chapter 8 of the Consortium Agreement.

With respect to Section 8.2 (Joint Ownership) of the Consortium Agreement, the Lead Author, or their designate, as specified below is the person in charge of the management and exploitation of the joint results in the name and on behalf of all the other joint owners with respect to the data that belongs to the publication(s).

2 Overall (one study of three countries) publications based on country-based data collection and arising out of Work Packages 4 and 5

All scientists with substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work have the right to be a co-author, provided that they fulfil author requirements of the ICMJE, <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>, as determined by the lead author, who also proposes author order in the list of authors.

Lead authors, or their designates, are as follows:

2.1 Work Package 4, Related to Outcome evaluation

Jürgen Rehm, TUD:

- ✓ Publications reporting the impact of the intervention on:
 - Primary outcome - the proportion of consulting adult patients (aged 18+ years) intervened (screened and advice given to screen positives), calculated as the number of AUDIT-C positive patients that received oral advice or referral for advice to another provider in or outside the PHCC, divided by the total number of adult consultations of the participating providers per provider and per PHCC.
 - Secondary outcomes:
 - Screening and advice: The proportion of patients screened will be calculated as the number of completed screens divided by the total number of consultations of all adult patients per participating provider, and averaged per participating PHCC. The proportion of patients advised will be calculated as the number of brief interventions delivered (received oral brief advice, and/or were referred to another provider in or outside the practice), divided by the total number of screen positives per participating provider and averaged per participating PHCC. Information will also be collected on the number of screen negatives who received brief advice.
 - Referral for severe AUD and moderately severe or severe depression: The proportion of patients with severe AUD referred to specialist treatment will be calculated as the proportion of patients with an AUDIT-C score ≥ 8 and a DSM-5 AUD score ≥ 6 documented as referred to treatment. The proportion of patients with moderately severe or severe

depression referred to specialist treatment will be calculated as the proportion of patients with an AUDIT-C score ≥ 8 and a PHQ-9 score ≥ 15 documented as referred to treatment.

Peter Anderson, MU and UNEW:

- ✓ Publications reporting the impact of the intervention on:
- ✓ Secondary outcomes:
 - **Provider attitudes and provider alcohol health literacy:** Attitudes of the participating providers will be measured by the short version of the Alcohol and Alcohol Problems Perception questionnaire, SAAPPQ. The responses will be summed within the two scales of role security and therapeutic commitment. Individual missing values for any of the items in a domain will be assigned the mean value of the remaining items of the domain before summation. Provider alcohol health literacy will be assessed through knowledge of risks due to drinking, and reported descriptive and injunctive social norms of drinking.
- ✓ Analysis of the impact of confounders:
- ✓ At the level of the PHCC, PHC-provider and patient:
 - Age, sex and profession (doctor, nurse) of provider. Evidence suggests that the sex and age of the provider are unimportant in influencing screening and advice rates, whereas profession is. Nurses tend to screen more patients than doctors; doctors tend to advise more screen positive patients than nurses.
 - Number of monthly consultations. Evidence suggests that the higher the number of consultations, the lower the proportion of patients screened.
 - Attitudes and knowledge of providers. Evidence suggests that providers with more positive attitudes, in terms of role security and therapeutic commitment, and providers with high levels of alcohol-related knowledge, are more likely to screen and advise a greater proportion of patients.
 - AUDIT-C score. The evidence suggests that the higher the AUDIT-C score, the greater the likelihood that screen positive patients will be given advice.
- ✓ At the level of the municipality:
 - A priori, comparator municipalities have been chosen to be similar to intervention municipalities in terms of socio-economic and other characteristics which impact on drinking, health care and survival, comparable community mental health services. During the set-up phase, additional data will be collected from the municipalities on existing actions and training of PHC-based screening and brief advice for heavy drinking; availability and accessibility of specialist services for severe AUD and moderately severe or severe depression; and, existing municipal-based prevention and/or policy programmes to reduce heavy drinking.

Jürgen Rehm, TUD:

Publications reporting the impact of the intervention on health system costs and benefits, health equity, and broader societal benefits

Silvia Evers, MU:

Publications reporting the health economics assessment

Gill Rowlands, UNEW:

Publications related to analyses of results related to health literacy, based on the three different measurements:

1. Single screening question
2. Objective measure of alcohol health literacy and numeracy
3. Subjective measure exploring wider aspects of alcohol health literacy, such as capacities to identify, understand, evaluate, and act upon information

Peter Anderson, MU and UNEW:

Publications related to supplementary questions on Tally Sheet (three questions before AUDIT-C and two social norms questions)

2.2 Work Package 5, Related to Process evaluation

All scientists with substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work have the right to be a co-author, provided that they fulfil author requirements of the ICMJE, <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>, as determined by the lead author, who also proposes author order in the list of authors.

Eva Jané Llopis, ESADE:**Publications related to:**

- I. Process evaluation of scale-up
- II. Barriers and facilitators
- III. Analysis of contextual and policy factors
- IV. Analysis of provider interviews
- V. From logic model to a framework for scaling-up

3. Individual country-based publications based on country-based data collection and arising out of Work Packages 4 and 5

All scientists with substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work have the right to be a co-author, provided that they fulfil author requirements of the ICMJE, <http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>, as determined by the lead author, who also proposes author order in the list of authors. Unless agreed in advance by all partners, any country-based publication on the same topic as an overall publication (Part 2) should be subsequent to the overall publication.

Lead authors, or their designates, are as follows:

Colombia: TBC

Mexico: TBC

Peru: TBC

4. Other publications arising out of work packages 2 and 3, theoretical papers, conceptual papers

Any SCALA scientist can propose and execute a publication with a proposed list of co-authors, provided that all scientists within SCALA are informed about the proposed publication before it is drafted and that scientists have a right of objection, as stated within the Consortium Agreement.

5. Publications related to PhD theses

All supervisors of PhD theses must inform all SCALA scientists of the proposed publication plan that relates to work carried out in Work Packages 2, 3, 4 and 5, or theoretical or conceptual papers related to Work Packages 2, 3, 4 and 5. This publication plan should be circulated by end of June 2018, with amendments and updates as required.

6. Proposed publications

All lead authors of proposed publications inform FCRB of the proposed publication, as soon as it is conceived, including Title, Short Description of publication, Authors, and Status and date (planned, drafted, submitted, revised, accepted). FCRB maintains an Excel file, placed on the internal webpages of the project website and circulated when updated.

7. Disagreements

Any disagreements relating to publications shall, in the first instance try to be sorted by the Coordinator. If not resolved by the Coordinator, then by the Consortium as a whole. If not by the Consortium as a whole, then according to Article 12.8 of the Consortium Agreement.