Screening & Brief Intervention Toolkit

A guide to creating SBI programs

ABInBev FOUNDATION

How to navigate in this Toolkit

Please take into account the functions of the following icons to help you navigate through this Toolkit:

INDEX

Direct link to the Index

Slide navigation: previous and next

Shortened timeline

Buttons will direct you to internal content

Hyperlinks

External **website** links and **Internal links**

Note: These functions will only work in the **Slide Show mode**

Executive Summary

Screening & Brief Intervention (SBI) is a preventative program which measures an individuals drinking pattern during outpatient or wellness visits and provides interventions to those at risk of harmful use of alcohol.

The program takes on many forms depending on a community's need, readiness and capacity. For example, a region with tremendous support from its local health department may implement an in-person program while a city with limited local support may focus on building relationships and implementing a **chatbot** on ABI's local website.

Cost varies by size and scope of program but is anticipated to be ~**$100K-$200K** per year for ~10K-20K individuals for a frontline program. Note: COVID-19 has proven the **cost efficiency (scalability)** and **effectiveness** of tele-SBI.

This toolkit provides a step-by-step approach to defining the right format and implementation of a SBI program for your region.

Further reference material—including a toolkit specifically focused on tele-SBI—**can be found in the Appendix**.

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Purpose of the Toolkit

Purpose

This toolkit is intended to help ABI Zones and Business Units develop and implement effective Screening & Brief Interventions (SBI) by providing best practices and practical guidance learned from successful SBI programs

It will help you

1. Identify the best SBI program for your community
2. Create, adapt & implement preventative services during an outpatient or wellness visit to identify and assist individuals who are drinking above recommended amounts
3. Collect data on screening responses and programs to determine the effectiveness of the program and refine the program as needed
4. Contribute to topic thought leadership by publishing findings and sharing evolving best practices

Who is this toolkit for?

AB InBev corporate affairs teams and partners developing SBI programs and campaigns in their communities to help decrease the harmful use of alcohol while increasing AB InBev's social footprint

Topic Overview

The Harmful Use of Alcohol

Overview of the Harmful Use of Alcohol

What is the harmful use of alcohol? The harmful use of alcohol is a term coined by the World Health Organization to describe any use of alcohol that causes harm to the drinker, or those surrounding the drinker. In practice, it is monitored by an individual's level of alcohol consumption.

Some key consequences are…

1. **3 million deaths** each year, representing 5.3% of all deaths
2. **200+ diseases and injuries** with harmful use of alcohol as causal factor
3. **~13% of deaths** among 20-39 year olds attributed to alcohol
4. **Causal relationship** between harmful drinking and incidence of infectious diseases such as tuberculosis
5. **Social and economic loss** to society

Program Overview

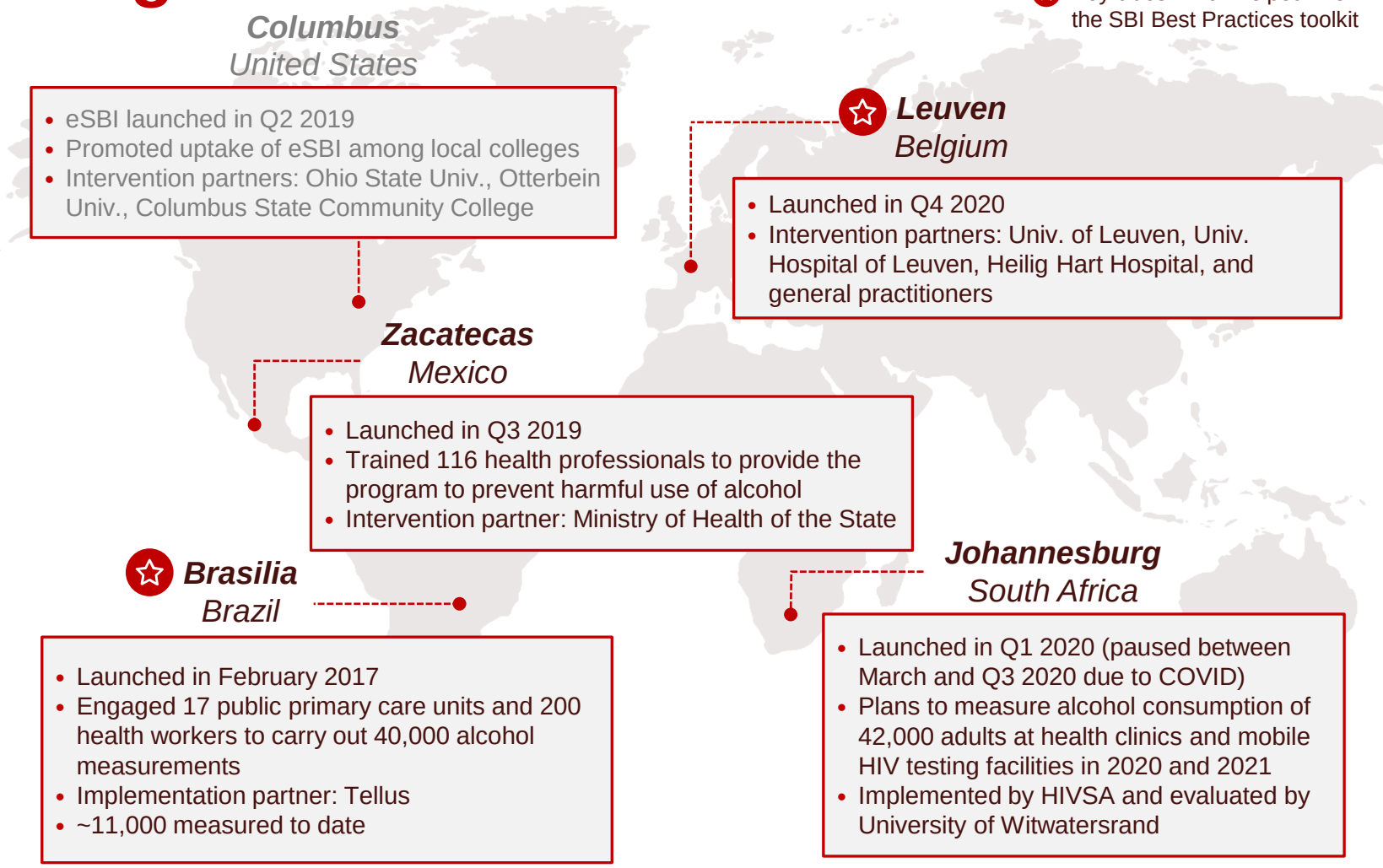
About SBI and Existing Rollouts

Program overview

Screening and Brief Intervention (SBI) is an evidence-based preventive service during outpatient/wellness visits which identify and assist individuals who are drinking above recommended amounts. Efforts include:

- Reviewing a validated set of measurement questions to better understand patient's drinking patterns
- Training healthcare workers to identify high-risk individuals
- Conversing with patients who are drinking above recommended amounts

Estimated cost: $100K-$250K depending on delivery method, labor cost, and scope.



This toolkit is a compilation of best practices derived from existing SBI initiatives

Menu of SBI Program options

SBI can take many forms; consider target community capacity and unique considerations to select program

Frontline Programs Signature program referred to as SBI	***Enabling Programs*** Ensures SBI is a community-based program	
Screening & Brief Intervention (SBI)	**Partnership Development**	**Community Engagement & PR**
In-person SBI Conduct SBI in-person at healthcare centers	**Government relations** Developing relationships with municipalities which can lead to a program sustainability or exit plan	**Community engagement** Raise awareness of SBI among community members (e.g., tabling at community health events, posters in public locations) and building allies
Tele-SBI Use call centers and mental health professionals conduct SBI over the phone	**Advocacy work** Working with local gov'ts to advocate for Smart Drinking regulations (e.g., establishing a minimum alcohol consumption age)	**Social norms campaign** Campaigns incl. print, video and radio advertisements to promote Smart Drinking, behavior change, and uptake of no- and low-alcohol products (NABLAB) at societal-level
Digital SBI Use websites, apps, or chatbots to screen individuals automatically		

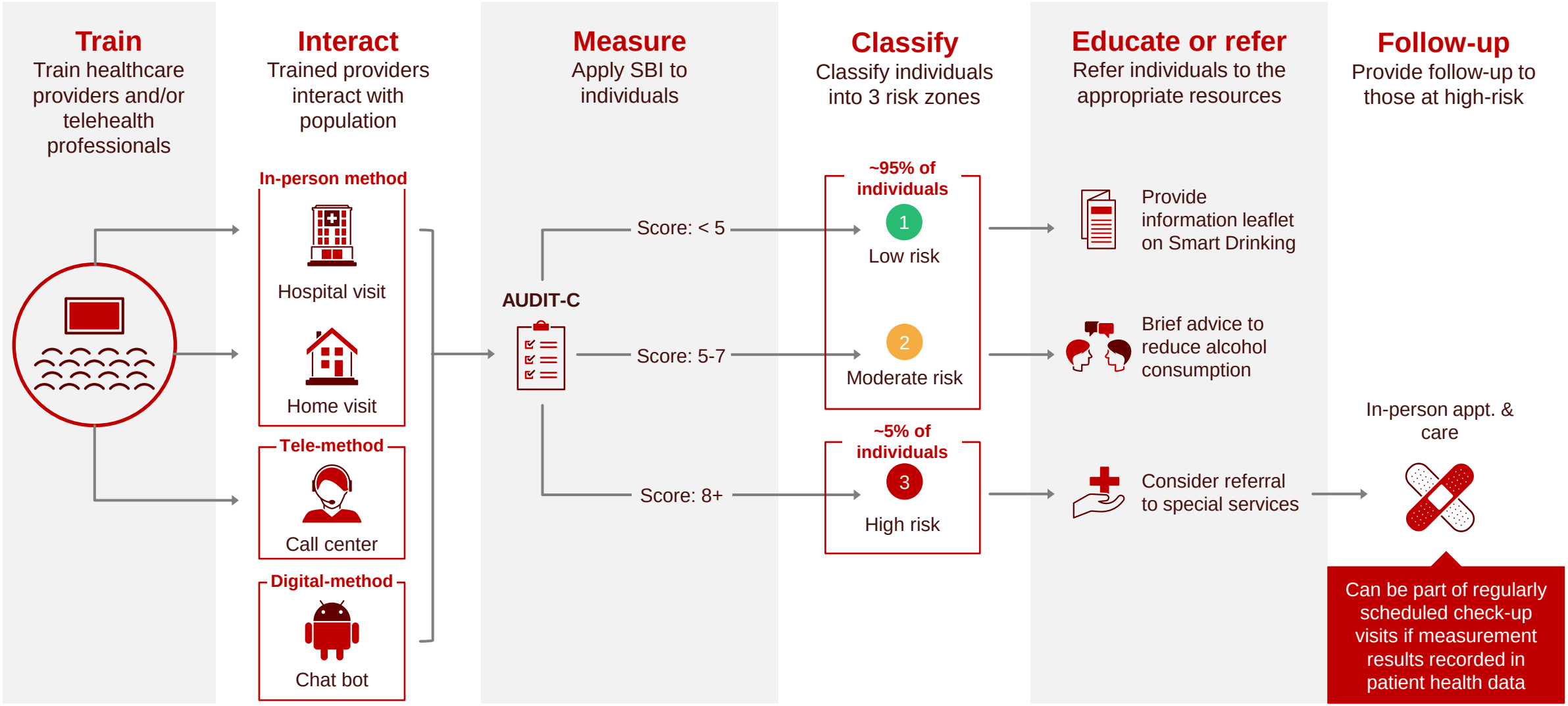
Cost components and ranges for SBI Program

Note: Program cost dependent on cost of living and scale program

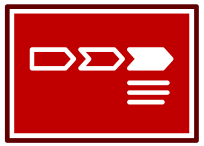
	In-person SBI *(~% distribution of total cost)*	Tele/ Digital-SBI ***(~% distribution of total cost)***
Content creation (e.g., adapting questionnaires and training material, websites etc.)	10%	25%
Monitoring & Systems (e.g., data collection and reporting systems, technology etc.)	20%	30%
Personnel (e.g., implementation and technical support)	50%	30%
General & Admin Expense (e.g., routine PMO and accountability systems etc.)	<10%	<10%
Advocacy & Stakeholder Engagement (e.g., health providers, communities, civil society and departments of health; potential social norms campaign)	10%	5%

Cost varies by size and scope of program but is anticipated to be **~$100K-$200K** per year for ~10K-20K individuals screened

Care pathway for Frontline SBI Programs



Key steps to implement RBS in your community



PHASE 1 PLAN

Design a program tailored to your city and prepare for launch

1. Select geography
2. Establish relationships
3. Select a Program
4. Design, prepare, tailor
5. Set goals
6. Select and train partners

PHASE 2 IMPLEMENT

Roll out Programs and troubleshoot as needed

7. Mitigate risk
8. Collect and monitor data

PHASE 3 EXIT

Ensure sustainability and impact of program; handoff

9. Evaluate and share results
10. Scale and exit

Implementation timeline suggests approx. 3 years of ABIF involvement

Year 1

Plan & Prepare

Year 2

Launch & Monitor

Year 3

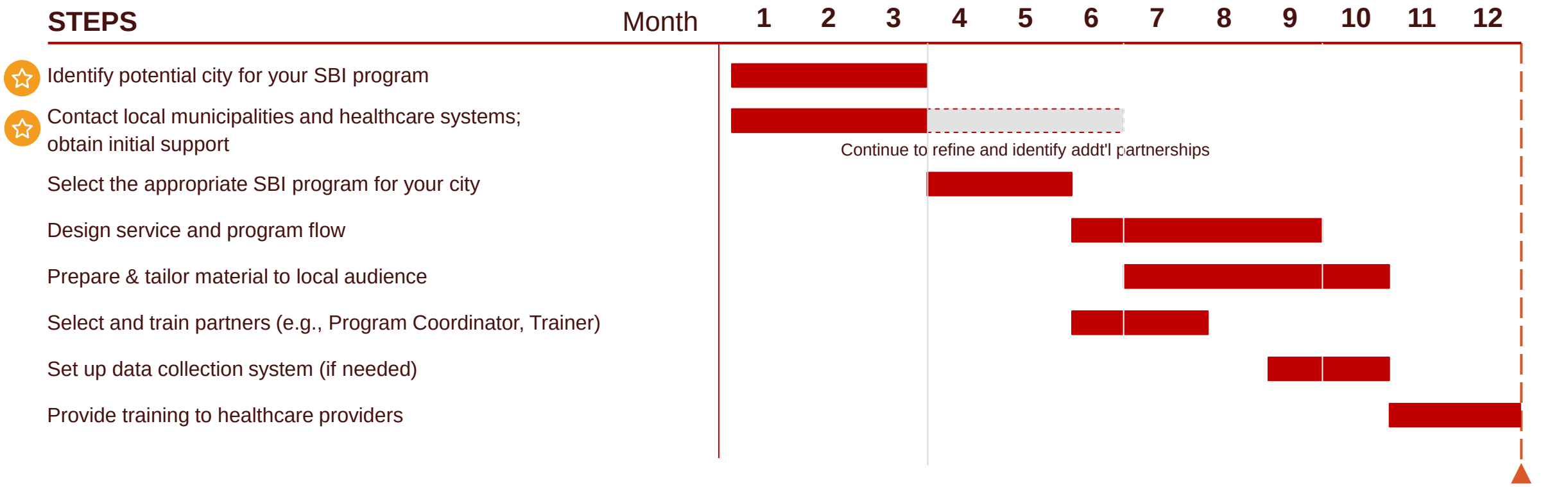
Scale & Exit

Timeline can be shortened if expanding into geographies neighboring existing, successful SBI programs

Shortened timeline

Detailed timeline for new geographies

Invest ample time—1 year—in laying foundation for the Program to maximize the likelihood of success

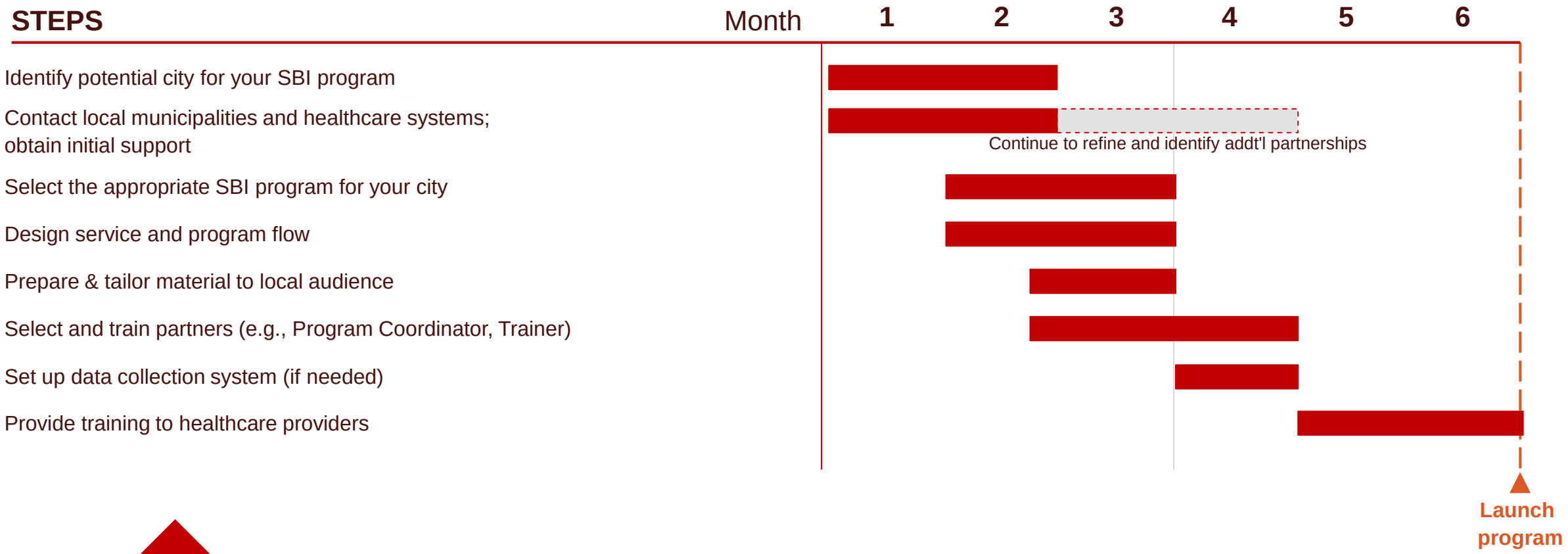


Best Practice

- Utilize ABI market presence and relationships to start conversation with trade associations and municipalities; ABI to complete lead first steps highlighted
- After the first two steps, enable a local leader or coordinator to drive program; this also helpful for program sustainability

Detailed timeline for adjacent geographies

Expansion into geographies adjacent to existing successful SBI programs can have shorter time-to-launch



~6 months prep for adjacent geography expansion vs. ~12 months for new geography launch

Implementation Steps & Best Practices

Implementation Steps & Best Practices

Step 1 — Select geography
Identify geographies with maximum likelihood of success using six criteria

Step 2 — Establish relationships
Key stakeholders for a successful program

Step 3 — Select a Program
Select the best SBI program for your community

Step 4 — Design, prepare, tailor
6 Technical guidelines & data infrastructure

Step 5 — Set goals

Step 6 — Select and train partners

Step 7 — Mitigate risk
Manage and address potential risks

Step 8 — Collect and monitor data

Step 9 — Evaluate and share results

Step 10 — Scale and exit
Sustainability, Scaling and Exit Plan

PHASE 1: PLAN

Step 1

Identify geographies with maximum likelihood of success using six criteria

At a minimum, municipality and healthcare center buy-in required

	Key dimensions	Evaluation criteria
Land-scape	1 Community need	**Magnitude of harmful use of alcohol in the community** What are the statistics on the prevalence of harmful drinking in the community? Any recent events?
Land-scape	2 Community interest	**Level of interest in harmful drinking intervention** Has the community identified reduction of harmful alcohol use as a priority topic to address?
Implementation	3 Local partners & support	**Anticipated support from and capacity of local public and private entities and ABI BUs** Are there local organizations (e.g., non-profits) and government agencies who can assist with implementation? Does the program have buy-in from local ABI BUs (e.g., Sales)?
Implementation	4 Sustainability	**Ability of potential partner to independently sustain program long-term** How reliant would the implementation partners be on ABIF resources?
Outcome	5 Anticipated impact	**Degree of anticipated impact on the community** How much reduction in harmful drinking can we expect? How many people?
Outcome	6 Thought leadership	**Likelihood of uncovering new insights and contributing to thought leadership** Is there lack of coverage of the community and its harmful use of alcohol? How can implementing the program lead to local and global conversations on the topic?

PHASE 1: PLAN

Step 2

Key stakeholders for a successful program

Organizer

ABIF
Oversees the program, ensuring the program is on track and on time

Implementation Partners

Training partner
Responsible for training the healthcare providers who will be carrying out the program, and community organizations

Healthcare providers
Responsible for implementing the program, i.e., evaluating and advising high-risk individuals

Government institutions and non-profits
Creates an ecosystem for the program; increases community awareness in-line with program mission; complements healthcare providers

Thought partners

Evaluator
Responsible for evaluating the program incl. quantifying its impact and uncovering new insights

Technical experts
Provides insight on program topic and advise on evaluation questions and measuring impact

Advocates

Zones and local BUs
Helps identify geographies and establish local relationships; critical to and champion of the success of the program

Other local public & private organizations
Organizations which may take on a more passive role than gov't institutions or partner non-profits but can add credibility and momentum to the program

Best Practice

- Support of three groups—municipalities, professional associations, and health center directors—essential to start SBI
- However, you do **not** need all remaining partners before starting SBI; getting started can often fuel additional partners and final set of stakeholders involved may vary by program

PHASE 1: PLAN

Step 3

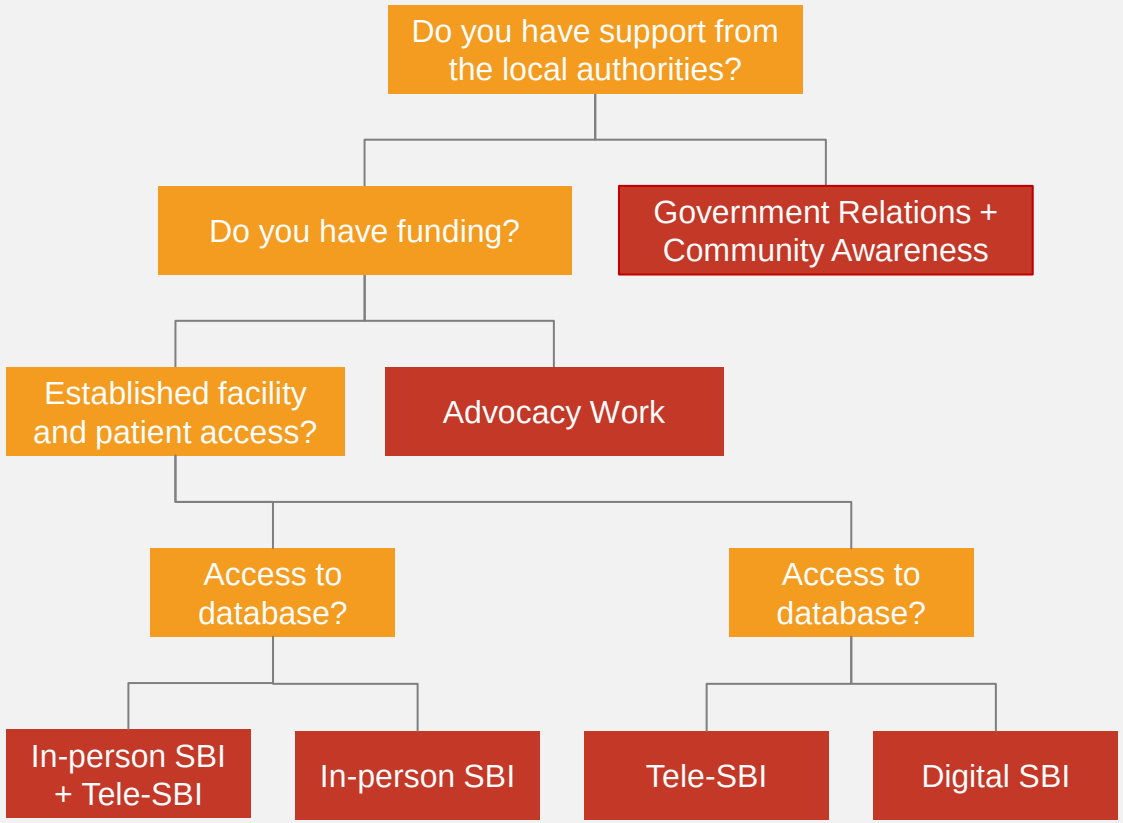
Select the best SBI program for your community

Key aspects to balance and consider

1. **Support from local authorities**
   Ex) Ministry of Health, community health system head
2. **Capacity** including funding, personnel bandwidth & capabilities
3. **Patient's ability to access**
   physical health facilities, internet, and/or phones

Note: The decision tree identifies the most labor-intensive program a BU may want to plan given its current situation; **BUs can incorporate addt'l programs or implement 1+ programs at a time**

Decision tree



PHASE 1: PLAN

Considerations in selecting the SBI delivery channel

	In-person	Telemedicine	Digital (e.g., chatbot)
Relative strengths	• Most impactful mode of delivery • Helps integrate SBI as part of primary care like blood pressure checks	• Lessens workload on healthcare providers by using telehealth professionals • Similar impact compared to in-person SBI	• Readily available on a pre-determined platform • One time setup cost with low maintenance fees
Other considerations	• Expensive; costly to scale • Must motivate healthcare providers to implement for free • Impacted by any limitation to personnel movement	• Increased need for software and technical expertise • Potential increase in regulatory compliance due to use of personal data	• Consumer-driven (i.e., passive) • Not as effective as in-person or tele-medicine SBI

PHASE 1: PLAN

Step 4

6 Technical guidelines & data infrastructure

- Clinical package
- Information materials
- Training course & user manual
- Communication campaign
- Data management system
- Patient data & SBI results

Technical guidelines | Data infrastructure

PHASE 1: PLAN

Detail | Description of the six technical guidelines

Guidelines	Descriptions
Clinical package	Measurement instrument, care pathway instructions for providers, info. materials for providers and patients
Information materials	Materials for providers and patients regarding SBI
Training course & user manual	Training course and instructions. Manual on user reactions to prepare providers for various scenarios
Communication campaign	Materials for providers and patients regarding SBI
Data management system	System to collect referral info., evaluation responses, provider performance. (Tele-SBI only) Call center
Patient data & SBI results	Results of the measurements. (Tele-SBI only) Directory of patient information

Best Practice

Adapt and tailor the guideline content based on:

- Local and national guidelines
- Individual healthcare provider factors
- Patient factors
- Interactions between different professional groups
- Incentives and resources
- Capacity for organizational change
- Social, political and legal factors

PHASE 1: PLAN

Step 5

Set a goal

Goal Setting

Set both **quantitative** and **qualitative goal**s, as well as target milestones to track impact over time

Goals should take into consideration:

- Available funding and capacity
- Mode of implementation
- Likely community reception to SBI program (i.e., measuring)

Benchmark Goal

Aim to make SBI measuring as ubiquitous as similar measurement efforts such as blood pressure checks

30% coverage

Benchmark goal set at 30% to match the OECD model where blood pressure is measured in 67% of patients in high-income countries and 38% in low- and middle-income countries

Evaluation criteria

Quantitative measures

Qualitative measure is determined by:

- **Coverage:** Proportion of the population in the target community that was screened through SBI
- **Advise ratio:** Proportion of those who received SBI and was drinking above recommended amounts, who received advice or another form of intervention

Qualitative measures

Qualitative feedback is often gathered using surveys or verbally during check-in meetings with implementers

Qual. evaluation to be provided by 4 groups:

- Relevant community stakeholders involved (e.g., gov't, academics, professional orgs)
- Primary healthcare managers
- Primary healthcare staff
- Patients and users

PHASE 1: PLAN

Step 6

Select and train partners

Selection

Training partners

Considerations:
- Experience with trainings related to the harmful use of alcohol
- Knowledge of the region's culture and customs

Implementation partners

Considerations:
- In-person: Support from Director or Manager of healthcare center is a must
- Tele-SBI: Telehealth experience

Training

- 1+ day training
- Cover common questions and concerns raised by primary healthcare providers
- Consider trainings across municipal areas

- Initial training: 2-4 hours
- Follow-up training: 1-2 booster trainings
- **Motivate providers to want to offer SBI**
- Accommodate high provider turnover and provider schedules by **offering several training times**
- Limit content to only the essentials; offer roleplay

Best Practice

- Trainings should be **experiential**
- Trainings should not exceed **24 attendees**
- Develop **internet skills-based training** simultaneously when designing the face-to-face training

PHASE 1: PLAN

Five key implementation roles

Depends on program type

	Manager	Primary care provider	Telehealth professionals	Specialists	Measuring & Reporting
Position type[1] (#[2])	PT (1)	—[3]	PT/FT (5)	—[3]	PT (1)
Role description	Oversees the operations of SBI incl. coordination; has decision rights	Implement SBI in-the-field	Implements SBI over the phone	Provides clinical support to severe cases; provides basic training on managing difficult cases	Designs and oversees data collection, maintains systems, analyzes outcomes
Qualifications	Project mgmt. experience; tech knowledge	SBI training; local public health systems experience; basic knowledge of digital tools		Clinically trained to manage severe alcohol cases; track record of training healthcare providers	Experience designing and monitoring data collection; programming and analytical skills

1. FT = Full-time, PT = Part-time 2. Based on a mid-sized city like Brasilia, targeting approx. 10,000-20,000 screenings 3. Part of existing healthcare system and does not require additional staff

START PHASE 2: IMPLEMENT

Step 7

Manage and address potential risks

Potential risks	Description & Example	Solution
 Regulatory & Political	Regulatory changes can impact a community's consumption of alcohol, impacting scope or effectiveness of the intervention Ex) In Dec. 2020, Johannesburg banned the sales of alcohol in an effort to curb the spread of COVID-19. This resulted in a key partner—a government agency—pulling out of the Steering Committee	Leverage partners and ABI as soon as possible to create a coalition and approach the gov't
	Political leadership changes can lead to change in health directors and managers in some geographies requiring renegotiation of programs	Report program achievements regularly to reduce risk preemptively
 Natural disasters (incl. COVID)	Natural disasters may either shift health system focus away from preventative services, delay or stop SBI initiatives, while increasing harmful use of alcohol Ex) In 2020, the COVID-19 pandemic resulted in **cancellation of SBI in China**, and temporary pause of SBI in Ceilândia	Implement internet-based training and digital/tele-medicine approach Utilize private implementation partners instead of healthcare providers For COVID, remind healthcare providers that alcohol is a risk factor for respiratory tract infection
 Turnover of primary care staff	Use of short-term contract staff and burnout means inconsistent number of providers screening patients, and potential difficulty with continuity and institutionalizing program	Adapt training program to provider needs and culture Schedule regular, recurring trainings to ensure new staff are trained Consider offering online trainings

START PHASE 2: IMPLEMENT

Step 8

Collect and monitor data

COLLECT

- Patient traits (age, sex, delivery method)
- Patient response to measuring Qs.
- Measurement outcome
- Information on interventions provided
- (For digital-SBI) User activity on platform
- Stakeholder feedback on program

CALCULATE

- Coverage %
- Advise ratio
- Intervention uptake
- Outcome distribution
- Historical change in # of SBI administered
- Cost per SBI administered
- Stakeholder satisfaction

OUTPUT

- Information on high-risk patients for referral to specialist
- Provider performance / productivity report (weekly)
- Summary of SBI administered (monthly)
- SBI impact to date

Best Practice

- Adhere to national, regional, and local regulations on data management and security
- Save past data to gather historical data and build a data library
- Share aggregated data and findings with partners in set intervals; find opportunities to publish findings publicly

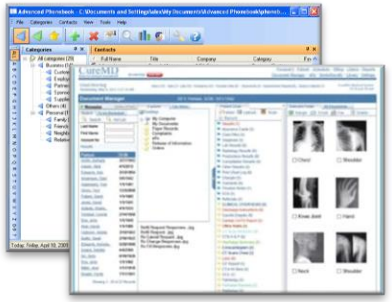
PHASE 3: EXIT

Step 9

Detail | Data management systems to facilitate seamless execution

Select screenshot examples of systems

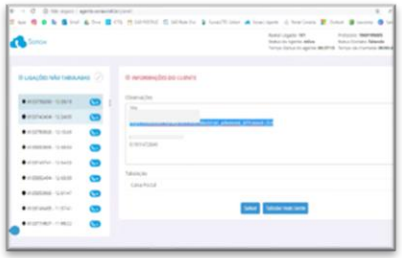
Patient directory



Database with contact information of area residents

Ex) In Brasilia, data provided by the Public Health System

Call center system



Online platform which enables autodials phone #s in the Patient Directory, records operations, and sends follow-up communications

Data collection & management

Assessment tool which collects measurement and intervention outcomes. For hospitals, may be part of electronic health system. For Digital SBI, may include a Real User Monitoring system.

Data analysis visualization

System used to analyze and visualize data collected incl. provider performance

Note: Aggregated data should be reported to the ABIF Smart Drinking Goals Data Library

Referral database

Information on patients who were flagged as high-risk for mental health professional to provide specialized care

Ex) In Brasilia, Excel

For telemedicine only

Potential overlaps

PHASE 3: EXIT

Step 10

Sustainability, Scaling and Exit Plan

Obtain explicit commitment from authorities like:

- Country, regional or local Department of Health
- Community Health Systems
- Directors of the Primary Healthcare Centers to continue and adopt the program

Develop a transition plan together including mandating the program, guidelines and actions

Fully **integrate the measuring instruments** and data recording into existing electronic medical systems and records

Conclusion

- There is a range of SBI programmes that can be implemented, with face-to-face contact between a provider and a patient in a primary health care centre being core
- Participation of local, regional and national stakeholders at all stages of set-up and implementation is essential
- Plans for sustainability of the programme should be built in from day one
- The goal is to increase coverage – increasing the proportion of the adult population within the catchment area of the centre who have had their alcohol consumption measured to 30% or more
- Regular monitoring and reporting, tracking progress in coverage, is vital for the success of the programme

Frequently Asked Questions

Q: Do healthcare providers get compensated for participating in the program?
A: No. We find that healthcare providers are often willing to implement SBI without compensation, as long as we provide the adequate resources (e.g., education brochures). Unless for tele-health professionals, we **do not recommend providing compensation (or incentives)** as it can make the program unsustainable and/or decrease the credibility of the program.

Q: Are there ways to accelerate the implementation?
A: We recommend keeping a lean team minimize the amount of coordination needed. However, **do not rush** the planning process; thorough planning can help limit roadblocks down the road.

Q: Can technology be adopted to fast-track implementation?
A: There are many digital technologies available that can be used for measuring alcohol consumption and giving advice. They are not a solution on their own—they can add to, rather than replace, other approaches. Any technology that is used should be based on strong evidence, and if new, should be thoroughly tested before widespread roll-out.

Appendix

Additional Resources

World Health Organization, Guidelines for Use in Primary Care :

https://www.who.int/publications/i/item/audit-the-alcohol-use-disorders-identification-test-guidelines-for-use-in-primary-health-care

The first three questions are the AUDIT-C, reproduced on the next slide

Materials from the SCALA Project, implementing programs in Latin America:

https://www.scalaproject.eu/

Centres for Disease Control and Prevention (CDC) Alcohol Screening and Brief Intervention Advice:

https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html

Measurement questionnaire | AUDIT-C Form

AUDIT-C Questionnaire

Patient Name _____ Date of Measurement _____

Please circle your response to each question below:

Questions	Scoring system				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per month	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Total score					

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