



**Optimizing Delivery of Health Care Interventions
ODHIN (2011-2014)
Project no. 259268**

**FIRST PERIODIC REPORT
Period: 01/01/2011 – 30/06/2012**



PROJECT PERIODIC REPORT

Grant Agreement number: 259268
Project acronym: ODHIN
Project title: Optimizing Delivery of Health Care Interventions
Funding Scheme: FP7 Collaborative project
Date of latest version of Annex I against which the assessment will be made: 2010-11-03
Periodic report: 1st Periodic report
Period covered: From 01/01/2011 to 30/06/2012
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DECLARATION BY THE SCIENTIFIC REPRESENTATIVE OF THE PROJECT COORDINATOR

I, as scientific representative of the coordinator of this project and in line with the obligations as stated in Article II.2.3 of the Grant Agreement declare that:

- The attached periodic report represents an accurate description of the work carried out in this project for this reporting period;
- The project (tick as appropriate):
 - has fully achieved its objectives and technical goals for the period;
 - has achieved most of its objectives and technical goals for the period with relatively minor deviations.
 - has failed to achieve critical objectives and/or is not at all on schedule.
- The public website,
 - is up to date
 - is not up to date
- To my best knowledge, the financial statements which are being submitted as part of this report are in line with the actual work carried out and are consistent with the report on the resources used for the project (section 3.4) and if applicable with the certificate on financial statement.
- All beneficiaries, in particular non-profit public bodies, secondary and higher education establishments, research organisations and SMEs, have declared to have verified their legal status. Any changes have been reported under section 3.2.3 (Project Management) in accordance with Article II.3.f of the Grant Agreement.

Name of scientific representative of the Coordinator: Dr. Antoni Gual

Date: 27/08/2012

Signature:



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1. LIST OF BENEFICIARIES

| Beneficiary number | Beneficiary short name | Beneficiary organisation name | Country |
|---------------------------|-------------------------------|--|----------------|
| 1 | FCRB | FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA | Spain |
| 2 | RUNMC | STICHTING KATHOLIEKE UNIVERSITEIT | Netherlands |
| 3 | USFD | THE UNIVERSITY OF SHEFFIELD | United Kingdom |
| 4 | UoY | UNIVERSITY OF YORK | United Kingdom |
| 5 | Ceformed | AZIENDA PER I SERVIZI SANITARI n°2 ISONTINA | Italy |
| 6 | NU | UNIVERSITY OF NEWCASTLE UPON TYNE | United Kingdom |
| 7 | KCL | KING'S COLLEGE LONDON | United Kingdom |
| 8 | UGOT | GOETEBORGS UNIVERSITET | Sweden |
| 9 | LIU | LINKOPINGS UNIVERSITET | Sweden |
| 10 | GENCAT | DEPARTAMENT DE SALUT - GENERALITAT DE CATALUNYA | Spain |
| 11 | PARPA | PANSTWOWA AGENCJA ROZWIĄZYWANIA PROBLEMÓW ALKOHOLOWYCH | Poland |
| 12 | UCL | UNIVERSITY COLLEGE LONDON | United Kingdom |
| 13 | UL | UNIVERZA V LJUBLJANI | Slovenia |
| 14 | IDT | INSTITUTO DA DROGA E DA TOXICODEPENDENCIA | Portugal |
| 15 | ISS | ISTITUTO SUPERIORE DI SANITA | Italy |
| 16 | UM | UNIVERSITEIT MAASTRICHT | Netherlands |
| 17 | SZU | STATNI ZDRAVOTNI USTAV | Czech Republic |
| 18 | PAM | POMORSKI UNIWERSYTET MEDYCZNY W SZCZECINIE | Poland |
| 19 | MUW | WARSZAWSKI UNIWERSYTET MEDYCZNY | Poland |

2. PUBLISHABLE SUMMARY

Introduction:

The European Union is the region of the world with the highest levels of per-capita alcohol consumption. There are many drinkers who regularly consume amounts of alcohol that put their health at considerable risk; according to the latest estimates for Europe, this applies to some 15% of the adult population. A vast body of scientific research has found that brief advice in health care settings can reduce the prevalence of hazardous and harmful drinking and their associated problems by up to 20%. Such advice, if extensively delivered is an important tool, among others, in reducing the negative health impacts of alcohol at the population level.

Summary:

ODHIN is using the implementation of identification and brief intervention programmes (IBI) for hazardous and harmful alcohol consumption in primary health care (PHC) as a case study to better understand how to translate the results of clinical research into every day practice. Systematic reviews investigating the impact of different behavioural, organisational and financial strategies in changing provider behaviour are being undertaken across a range of clinical lifestyle interventions; a cluster randomised controlled trial aims to test the incremental effect of a range of strategies to improve PHC of brief advice programmes; and ODHIN is developing a clinical evidence-based database on effective and cost-effective IBI measures for use in PHC.

Objectives:

The general objective of the project is to improve the delivery of health care interventions by understanding how better to translate the results of clinical research into everyday clinical practice. The ODHIN project aims to improve screening and brief interventions in primary care to reduce hazardous drinking.

The **scientific objectives** of ODHIN include the study of a number of aspects relating to the effectiveness and cost-effect of identification and brief interventions for harmful and hazardous alcohol consumption:

- the impact of different behavioural, organizational and financial strategies in changing provider behaviour across a range of clinical lifestyle interventions, explored through a series of systematic reviews.
- potential barriers and facilitators to dissemination and implementation processes for identification and brief intervention programmes for hazardous and harmful alcohol consumption in primary health care within current organisational arrangements.
- modelling studies test the impact of different identification and brief intervention approaches on changes in alcohol consumption and the resulting impacts on healthcare costs and health-related quality of life will provide evidence for both methodologies and measures to investigate the dissemination and implementation processes.
- A stepped cluster randomised controlled trial methodology is used to test the incremental effect of strategies that raise awareness, insight, acceptance of and performance of IBI programmes, and that improve acceptance, change and maintenance of implementation with financial and organisational strategies, with the intent to spread knowledge and the associated evidence-based interventions, and the adoption and integration of evidence-based health interventions in primary health care settings.
- the extent of current provision of clinical practice for IBI programmes for hazardous and harmful alcohol consumption in PHC settings is being assessed in order to measure the sustainability of effective dissemination and implementation processes.

Progress of the work and results achieved

WP1 (Coordination) is in charge of the coordination and management of ODHIN both at administrative, financial and scientific level. Creating efficient communication channels between the project participants has been a key task so far, enabling collaboration and exchange of ideas, and also continuous support and follow-up of the different tasks. Regular e-mail exchange has taken place to discuss both technical and organisational matters. Two rounds of conference calls were held, monitoring the progress of the work and agreeing any necessary corrective measures. Two plenary meetings were held in Barcelona.

WP2 – Knowledge base – The overall objective is to add to the knowledge base on how IBI approaches for lifestyle issues can be successfully disseminated and implemented in everyday routine PHC practice. This is being achieved through a 3-step review methodology. A protocol for two of these reviews has been developed and searches undertaken, with relevant literature identified. The WP is now in the phase of data extraction and analysis.

WP3 - Cost effectiveness – aims to adapt the Sheffield Alcohol Policy Model from the UK context, to model the cost-effectiveness of screening and brief interventions (SBI) in the Netherlands, Poland and Italy, in order to consider generalisability of interventions across the EU. Thus far, the SBI strategies for analysis have been agreed and defined, and the availability of data and data collection methods in each country have been explored. The partners have agreed an outline for the adaptation of the model to different country contexts and data sets, and the Italian model adaptation has been completed. Work has now begun on the model adaptation for the Dutch data, and the full set of model adaptations are expected in early 2013.

WP4 – Surveys – assesses stakeholder attitudes and the experience of implementation of IBI programmes in 9 different European countries. A partly flexible semi-structured questionnaire has been designed and a survey protocol written. The work package is now at the stage of carrying out the survey, with 4 participating countries having completed the fieldwork. The data collection and analysis will be completed by early 2013, and result in a comprehensive comparative report on physician attitudes, barriers and facilitators.

WP5 – A Stepped cluster RCT in 5 countries is being used to study factors which could increase the implementation of evidence-based IBI methods. So far, a review of relevant literature has been carried out, and a comprehensive study protocol has been developed and agreed upon. Country-specific protocols detailing the logistics of implementing the trial in each participating country are currently being developed and PHC providers identified. Data collection will start in the autumn of 2012 and continue throughout 2013.

WP6 - Assessment tool – The objectives are to formalise, operationalise and test the assessment tool developed under the Primary Health Care European Project on Alcohol (PHEPA project), in order to produce an instrument to assess the extent of implementation of IBIs for hazardous and harmful alcohol consumption throughout PHC settings. The ODHIN assessment tool has now been finalised and translated into 3 languages and data collection is ongoing. A workshop to identify the variables providing an estimate of the implementation and extent of IBIs will be held in September 2012 and the analysis process will be completed in 2013.

WP7 - From science to policy –The work package aims to disseminate the findings of the project amongst the scientific community, to form a critical mass of IBI implementation researchers (network) and to translate science into easily understandable conclusions and recommendations. WP7 has developed the project website (www.odhinproject.eu) and launched the project to the mainstream press. In addition, a set of policy dialogues have taken place in participating countries.

Expected final results and potential impact

The research work will be translated into easily understandable conclusions and recommendations and a strategy and tool kit on effective approaches to adopting IBI into daily practice developed in a clear and intelligible language, so that findings may be used by decision-makers in the design and implementation of IBI programmes and made available to the general population. These results and tools will be communicated and disseminated through policy dialogues at points throughout the project.

The ODHIN project aims to have a twofold socio-economic impact: the evidence provided on the cost-effectiveness of policy measures designed to promote the implementation of IBI programmes can be used to optimise public expenditure in this field, and therefore potentially improve the coverage and/or the intensity of the identification and clinical management of harmful alcohol consumption. In parallel, the project's implementation will act as a sensitizing force towards the relevance of identifying and managing harmful alcohol consumption (i.e. through surveys with general practitioners (WP4), training and support courses in primary health care settings (WP5) or dissemination activities (WP7)). In the long term, the wider potential societal impacts would be an improvement in the health and well-being of European citizens, and a reduction of alcohol-related costs in society (avoidable mortality and disease, loss of productivity, damage to interpersonal relationships, etc.), thanks to an improvement in the delivery of alcohol-related health care interventions.

3. PROJECT OBJECTIVES, WORK PROGRESS AND ACHIEVEMENTS DURING THE PERIOD

| | |
|------------|-------------------------------|
| WP2 | Knowledge base |
| WP3 | Cost effectiveness |
| WP4 | Surveys |
| WP5 | Stepped cluster RCT |
| WP6 | Assessment tool |
| WP7 | From science to policy |

WP2 – KNOWLEDGE BASE

1. WP LEADER:

RUNMC (RADBOD UNIVERSITY NIJMEGEN MEDICAL CENTRE, NETHERLANDS)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

NU (NEWCASTLE UNIVERSITY, INSTITUTE OF HEALTH AND SOCIETY, NEWCASTLE, UNITED KINGDOM)

3. DESCRIPTION OF WP OBJECTIVES

The overall objective is to bridge the gap between evidence base clinical research and everyday clinical practice by building a knowledge base on how identification and brief interventions (IBI) for lifestyle issues can be successfully disseminated and implemented in everyday routine practice. The focus of the application and this WP is on primary health care and on hazardous and harmful alcohol consumption, nonetheless the hypothesis is that this knowledge base can be translated to the dissemination and implementation of IBI for other lifestyle issues and in other healthcare settings. This overall aim is specified in the following two objectives:

1. To identify effective strategies to disseminate and implement IBI in primary care settings.
2. To identify factors that foster or limit dissemination and implementation IBI in primary care settings.

In months 1 to 18 we focused on objective 1 to identify (effective) strategies for disseminating and implementing IBI in primary care settings. The identification of factors will be based on the extraction of studies and will primarily be carried out in the next 18 months.

4. DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES IN THE 1ST REPORTING PERIOD, INCLUDING DETAILS FOR EACH OF THE WP'S TASKS

It is important to note that WP2 is subdivided in three approaches:

1. Review of literature studies: We first focus on (cost-) effectiveness of strategies of Continuing Medical Education (CME) and reimbursement strategies targeted at health professionals, and e-health targeted at patients/citizens, as these are the strategies intended to be used in WP5 cluster Randomised Controlled Trial.
2. Systematic review of trials: Reporting the effects of implementation strategies on hazardous and harmful alcohol consumption
3. Comparison of literature reviews: Outcomes approach 2 will be compared with (systematic) literature reviews on other lifestyle issues such as smoking, non-exercise and unhealthy diet.

The three approaches have different tasks, which we will describe below. However, all tasks were and will be carried out through an iterative process with various tasks and different timelines per approach (where relevant we specify the task per approach).

In months 1-18 we focused on approaches 1 and 2:

Task 1: Protocol

- **How:** A protocol was written describing the 3 approaches. The protocol was completed in April 2011, after and then in June 2011 an amendment was incorporated (see "OD_WP2_AP2_MS1 Protocol" and "OD_WP2_AP2_MS1_Protocol_amendment"). **Approach 2** was written according to Cochrane Effective Practice and Organisation of Care Group (EPOC) criteria. EPOC is a Collaborative Review Group of the Cochrane Collaboration. The objective of this WP practically fits with the objectives of EPOC; therefore we followed the criteria of EPOC. The focus of the review will be on educational, behavioural, financial,

and organisational interventions designed to improve health professional practice and the organisation of health care services.

- When: Months 1-4

Task 2: Searches

- How: We used a range of methods for approaches 1 and 2 to identify studies, including:
 - i. Searching computerized databases:

Approach 1: The proposed search strategy in this first step primarily draws upon a former report, Knowledge of Implementation Programme (KIP), which focuses on systematic reviews of implementation strategies effect studies. Firstly, two reviewers independently prioritized the included studies of the KIP report relevant for ODHIN. Followed by an updated search in Pubmed and Cochrane Library from January 2010 until April 2011.

Approach 2: Medline, EMBASE, Cinahl and CCTR database of the Cochrane Library. First an adequate search strategy was developed. The search strategy included terms related to primary healthcare (set A), related to alcohol drinking (set B), to dissemination and implementation strategies or interventions (set C) and to study design (set D). The strategy developed by EPOC was used as the starting point. This strategy included terms related to set A, C and D. Set B was based on search strategy developed by the Drug and Alcohol group combined with terms used within the WHO international collaborative project implementing IBI. The search strategy was discussed amongst the participants and a pilot search was conducted to assure that the strategy was both sensitive and specific enough to cover all relevant papers. Next, the final strategy was adopted to the specific databases and run.
 - ii. Searching clinical trial databases (e.g. clinical trial.gov). Approach 2: These databases were searched to identify ongoing research and unpublished research.
 - iii. Contacting experts in the field. Approach 1 and 2: All participants in ODHIN project, as well as other experts in the field were contacted to identify ongoing trials, unpublished papers and grey literature (reports, policy papers, etc).
 - iv. Searching reference lists. Approach 1 and 2: Finally, the reference lists of papers included were hand searched to identify additional papers.
- When:

Approach 1: Months 3 - 16

Approach 2: Months 4 – 18; this is a continuous task to ensure the inclusion of most recent published trials.

Task 3: Endnote X3

- How: Identified references were entered into Endnote X3 and an Excel-file. The Excel-file has been used as a logbook to identify included and excluded references and reasons for exclusion. Full text copies of potentially relevant papers were obtained and archived.
- When: Months 3-18, this is a continuous task as new papers are identified.

Task 4: Identification of relevant papers

- How: A short checklist to identify relevant papers was developed. Next, the title and abstracts of the paper identified by the searches are screened for inclusion independently by two reviewers. Disagreements between reviewers were resolved by a third reviewer.
- When:

Approach 1: Months 6 - 18

Approach 2: Months 8 – 18, this is a continuous task as new papers will be identified in the next months.

Task 5: Data collection

- How:
 - Approach 1: A data extraction form was developed and tested on 2-3 papers. Papers are extracted by two reviewers independently. Any disagreement was to be resolved by discussion. The last papers are being extracted and expected to be finished in August 2012.
 - Approach 2: A data extraction form was developed and tested on 4 to 6 papers. Currently, each identified paper is extracted by two independent reviewers. Current identified papers are divided amongst 7 reviewers.
- When:
 - Approach 1: month 7-18
 - Approach 2: month 15 – 18, continuous task

Task 6: Data analysis

- How:
 - Approach 1: All data were entered in an electronic database (excel). Due to substantial heterogeneity formal meta-analyses were not possible, and a qualitative analysis has been undertaken. Currently, we are in the process of writing up the results of included studies in tabular form and undertaking a qualitative analysis based on study quality, the size and direction of effect and statistical significance. We have undertaken subgroup analyses to explore the effect of differences. This task is currently ongoing for approach 1.
 - Approach 2:
This task has not been started yet for approach 2.
- When:
 - Approach 1: Month 15-20, continuous task
 - Approach 2: Month 20-24, continuous task

Task 7: Conference meeting

- How:
 - Approach 1: The results of our analysis were discussed at a conference meeting with the ODHIN participants and in particular with the participants involved in the development and conduction of the RCT (WP5).
- When: Month 13: preliminary results of the first approach were discussed at ODHIN meeting in Barcelona, February 2012 (see "OD_WP2_AP4_Presentation 2012 preliminary results").

Task 8: Writing a series of scientific papers

Not applicable yet

Task 9: Writing a guide for dissemination and implementation

Not applicable yet

The present status of the Work Package is as follows:

Approach 1: 396 abstracts were screened for relevance. 54 abstracts were selected for obtaining full-text. From 37 papers, data was extracted. By now, 37 papers are included. Currently we are extracting data and analysing last papers of screened reference lists. Furthermore, we have started writing a manuscript.

Approach 2: 2215 abstracts were screened for relevance. 148 abstracts were selected for obtaining full-text. From 47 papers, we are currently extracting data.

5. SIGNIFICANT RESULTS ACHIEVED SO FAR

We currently are in the phase of conducting data extraction and analysis. Section 4 describes our present status. Milestones and working documents are as follows:

This Work Package's Milestone (MS1: Core group workshop on the search strategy for the series of scientific papers review) has been achieved. This was done at the ODHIN kick-off meeting during 21-23 February 2011 in Barcelona. Supporting documents of this milestone are:

- Workshop 2011 presentation ("OD_WP2_AP1_MS1_Presentation 2011 workshop").
- WP2 protocol ("OD_WP2_AP2_MS1_Protocol").
 - This includes WP2 objectives, description of three-stepped approach, ODHIN WP2 participants, checklist for inclusion, search methods, selection of relevant papers, data extraction, methodological quality, data analyses, proposed search strategy, WP2 milestones, and WP2 deliverables.
- WP2 protocol amendment ("OD_WP2_AP3_MS1_Protocol amendment") This includes revised in-/exclusion criteria and revised time schedule.

Other Working documents and tools produced the first 18 months of the project are:

- Logs of approach 1 and approach 2 (see "OD_WP2_AP5_log approach 1" and "OD_WP2_AP6_log approach 2"): of both approaches we kept a log of all in-/ and excluded (with reason of exclusion) papers. In both documents, 1 final table was managed as current final overview of included papers.
- Tools: Data extraction forms both from approach 1 and approach 2 (see "OD_WP2_AP7_Data extraction form approach 1" and "OD_WP2_AP8_Data extraction form approach 2").

Two dissemination activities have been organised:

- Presenting preliminary results at ODHIN meeting 14 February 2012 in Barcelona (see "OD_WP2_AP4_Presentation 2012 preliminary results").
- Abstract submitted to INEBRIA conference committee (see "OD_WP2_AP9_INEBRIA abstract"). On 22/06/2012 we were informed the abstract was approved for presentation.

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

- In the original Description of Work it was proposed to write a protocol for the Cochrane Effective Practice and Organisation of Care Group. The protocol (approach 2; review of trials) was not written for the EPOC group, although it was written by following the EPOC criteria.

We have been in contact with the EPOC group, and discussed the possibility of publishing a revised protocol. The protocol written by Anderson, Kaner, Laurant et al, is still published in the Cochrane Library.

Publishing a protocol and review in Cochrane takes relatively a long period of time, and is very time-consuming. We decided to aim at publications in peer-reviewed journals instead of focusing on the Cochrane Library.

- In the original Description of Work it was planned to also search Psychinfo, Alcohol Problems Science Database (ETOH), Special Register of EPOC and Cochrane Drug and Alcohol Group, and DARE. At the kick-off meeting, it was decided to focus on the main literature databases. We only search those databases which have shown to identify relevant papers related to prevention, health promotion and more specific alcohol consumption (as identified by Anderson et al, 2004). These databases are described in section 4.

- Hand-searching relevant specialised journals was not done, as these journals all are included in the Medline, EMBASE, Cinahl and/or CCTR databases. Hand-searching is therefore redundant.
- Identified references were not entered into Reference Manager, but were entered into Endnote X3. As the work package lead institution (Radboud University Nijmegen Medical Centre) transferred to Endnote instead of Reference Manager, we opted for using Endnote X3.
- In the original Description of Work we described that it was expected to produce at least 6 scientific papers. We adjusted our expectation into 3 to 6 papers, as 6 scientific papers might be too time-consuming and dilute the impact of the articles. However, the aim is to publish as much as possible, and in high-impact journals.
- Available resources: we increased the number of man-months invested in this WP. This was possible due to the fact that we were able to appoint a PhD-student to perform these tasks under supervision of Dr. M. Laurant. The overall financial budget is not changed.
- Planning: In the original Description of Work we aimed to finish the review within 24 months, but would like to postpone this by 12 months. Justification for this extension is the following: at the kick-off meeting (February 2011) it was decided to include an extra approach (see below), which was focused on the evidence for the 3 implementation strategies to be used in WP5. This extension to the timeframe of the WP2 review does not affect the planning or available resources of any of the other WPs.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND/OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

- We would like to postpone the original delivery date of WP2 knowledge base from 24 to 36 months, as we have added an additional approach in WP2, in order to produce results which are synergistic with WP5. Subsequently WP2 contains a three-stepped approach instead of only two approaches.
 - Approach 1: we focus on effective dissemination and implementation strategies that stimulate prevention and healthcare promotion lifestyle activities (review of reviews);
 - Approach 2: we focus on effective strategies to disseminate and implement IBI in primary care settings (review of individual papers), according to original plan of work;
 - Approach 3: the outcomes of step 2 will be compared to effective dissemination and implementation strategies in fields of smoking, non-exercise and diet.
- The 1st approach was added after discussion with all partners at kick-off-meeting (February 2011). The first step results in overview of current knowledge with regard to implementation of preventive care. The results of this review of reviews are used to modify strategies to be used in WP5. Results of approach 1 were discussed in ODHIN's 2nd Plenary meeting (February 2012).
- This extra approach revealed relevant information, but resulted in a backlog for approach 2. We therefore propose postponing the deadline by 12 months (Deliverable month 36 instead of month 24).
- We have included an amendment to our protocol related to the adjusted timetable (OD_WP2_AP3_MS1 Protocol amendment).

8. PROPOSAL OF CORRECTIVE ACTION

See "OD_WP2_AP3_MS1 Protocol amendment" with the adjusted time schedule.

9. WP MEETINGS AND CALLS

The following table lists face to face meetings and conference calls occurred throughout Months 1-18. Notes of all face-to-face WP2 discussions are included in “OD_WP2_AP10__WP2 meetings minutes”. These notes are in Dutch. Besides face-to-face discussions, many discussions took place via e-mail. However, these are not described in this document (unfeasible).

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) | AIM OF THE MEETING | ATTENDEES |
|-------------------|--|---|--|--|
| 22/02/2011 | Face to face Kick-off meeting | Gencat, Barcelona, Spain | Start of ODHIN WP2 | Peter Anderson, Preben Bendtsen, Michaela Bitarello, Alan Brennan, Krzysztof Brzozka, Joan Colom, Paolo Deluca, Colin Drummond, Claudia Gandin, Antoni Gual, Andrzej Jakubczyk, Eileen Kaner, Marko Kolsek, Miranda Laurant, Silvia Matrai, Daniel Mcmanus, Artur Mierzecki, Dorothy Newbury-Birch, Cristina Ribeiro, Noemi Robles, Emanuele Scafato, Lidia Segura, Hana Sovinova, Fredrik Spak, Pierluigi Struzzo, Paul Wallace, Marcin Wojnar, Amy Wolstenholme |
| 15/06/2011 | Face to face meeting | Gencat, Barcelona, Spain | Discussion: inclusion papers approach 1 | Myrna Keurhorst, Michaela Bitarello, Miranda Laurant |
| 13/12/2011 | Conference call | Not applicable | Reaching consensus about detail inclusion criteria of papers | Peter Anderson, Miranda Laurant, Myrna Keurhorst. Eileen Kaner commented by mail |
| 14/02/2012 | Face to face meeting | Caixa forum, Barcelona, Spain | Presenting and fine tuning preliminary results | Peter Anderson, Colin Angus, Begoña Baena, Preben Bendtsen, Núria Charles-Harris, Joan Colom, Paolo Deluca, Colin Drummond, Claudia Gandin, Toni Gual, Andrzej Jakubczyk, Myrna Keurhorst, Karolina Kloda, Marko Kolsek, Miranda Laurant, Silvia Matrai, Artur Mierzecki, Dorothy Newbury-Birch, Katarzyna Okulicz-Kozaryn, Jillian Reynolds, Cristina Ribeiro, Gaby Ronda, Emanuele Scafato, Lidia Segura, Luiza Slodownik, Hana Sovinova, Fredrik Spak, Pierluigi Struzzo, Ben Van Steenkiste, Paul Wallace, Marcin Wojnar, Amy Wolstenholme |
| 08/05/2012 | Skype meeting | - | Reaching consensus about data-extraction details | Michaela Bitarello, Myrna Keurhorst, Miranda Laurant |

10. LIST OF DISSEMINATION ACTIVITIES

Activity 1

- Type of activity: Presentation
- Main Leader: RUNMC
- Title: WP2 – Knowledge base
- Date: 14/02/2012
- Place: Barcelona
- Type of audience: Scientific community
- Size of audience: 25

- Countries addressed: Spain (Catalonia), England, Poland, Sweden, Netherlands
- Link to online information about this activity (if available): Not Applicable

Activity 2

- Type of activity: Abstracts for INEBRIA Conference (Sept 2012)
- Main Leader: RUNMC
- Title: Dissemination and implementation strategies to increase screening and brief intervention (SBI) activity for hazardous alcohol consumption in primary care settings- A systematic literature study
- Date: Date of submission: 04/05/2012
- Place: INEBRIA Conference, Barcelona
- Type of audience: Scientific community (higher education, or Research); Industry; Policy makers
- Size of audience: 200
- Countries addressed: All countries participating in the INEBRIA Meeting, mostly Europe + USA
- Link to online information about this activity: Not Applicable

11. PROJECT PUBLICATIONS

No publications have been prepared so far.

12. APPENDIXES

| NAME FILE ATTACHED | TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | COMMENTS |
|--|--|--|---|
| OD_WP2_AP1_MS1_Presentation 2011 workshop | Milestone supporting documentation | MS1 | Document to discuss and adopt the final search strategy at the WP2 workshop |
| OD_WP2_AP2_MS1 Protocol | Milestone supporting documentation | MS1 | Protocol completed in April 2011 |
| OD_WP2_AP3_MS1 Protocol amendment | Milestone supporting documentation | MS1 | Protocol amendment introduced in June 2011 |
| OD_WP2_AP4_Presentation 2012 preliminary results | Other: Dissemination activity | .. | Document to discuss preliminary results relevant for WP5 |
| OD_WP2_AP5_log approach 1 | Other: Working document | .. | We kept a log of all in-/ and excluded papers. 1 final table was managed as current final overview of included papers. |
| OD_WP2_AP6_Log approach 2 | Other: Working document | .. | We kept a log of all in-/ and excluded papers. 1 final table was managed as current final overview of included papers. |
| OD_WP2_AP7_Data extraction form approach 1 | Other: Tool | .. | |
| OD_WP2_AP8_Data extraction form approach 2 | Other: Tool | .. | |
| OD_WP2_AP9_INEBRIA abstract | Other: Dissemination activity | .. | This abstract was submitted and accepted by the Organizing and Scientific Committee of INEBRIA |
| OD_WP2_AP10_WP2 meetings minutes | Other: Notes of activities/ discussions | .. | In this document notes of all face-to-face minutes were documented. Notes are in Dutch. Besides face-to-face discussions, a lot of discussions were done by e-mail. However, these are not described in this document (unfeasible). |

13. STATEMENT ON THE USE OF RESOURCES – WP2

| Beneficiary's Short Name | Total estimated PMs for the project | PMs reported for the 1st period |
|--------------------------|-------------------------------------|---------------------------------|
| 2-RUNMC | 24 | 10,24 |
| 6-NU | 3 | 0,39 |
| TOTAL | 27 | 10,63 |

WP3 – COST EFFECTIVENESS

1. WP LEADER:

USFD (THE UNIVERSITY OF SHEFFIELD, UNITED KINGDOM)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

RUNMC (RADBOD UNIVERSITY NIJMEGEN MEDICAL CENTRE, NETHERLANDS)

UOY (UNIVERSITY OF YORK, UNITED KINGDOM)

CEFORMED (CENTRO REGIONALE DI FORMAZIONE PER L'AREA DELLE CURE PRIMARIE, ITALY)

PARPA (PANSTWOWA AGENCJA ROZWIĄZYWANIA PROBLEMÓW ALKOHOLOWYCH, POLAND)

3. DESCRIPTION OF WP OBJECTIVES

The objectives of WP3 are threefold:

1. To adapt the Sheffield Alcohol Policy Model (SAPM) and its appraisal of the cost-effectiveness of screening and brief interventions (SBI) from its current context of England, to model the effectiveness of SBI in the Netherlands, Poland and Italy
2. To use the results of the modelling to consider generalizability of interventions across the EU
3. Investigate modelling long-term cost-effectiveness of dissemination approaches studied in RCTs in other WPs.

In the first 18 months of the project we have focused on objective 1 only.

4. DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES IN THE 1ST REPORTING PERIOD, INCLUDING DETAILS FOR EACH OF THE WP'S TASKS

The DoW lists 9 tasks for WP3 (with months in brackets):

1. Work with country collaborator teams to define SBI strategies to be analysed (1-2)
2. Explore data availability in each country compared with ideal data required for model adaptation. Agree proposed data collection/evidence synthesis specific to each country (2-6)
3. Agree outline of model adaptation required in each country given available data (7-9)
4. Adapt model to context in the Netherlands (10-15)
5. Adapt model to context in Italy (16-21)
6. Adapt model to context in Poland (22-27)
7. Analyse results within and across countries (15-33)
8. Make generalisations on EU transferability (15-33)
9. Reporting (9-36)

Tasks 1 and 2 were begun in month 2 when Alan Brennan met with Miranda Laurant, Emanuele Scafato, Aleksandra Torbica and Krzysztof Brzózka at the project kick-off meeting. They reviewed plausible SBI strategies to analyse and discussed the existence and availability of the necessary data for each country. These discussions were continued and developed further through email communication, and a final agreement on the common adaptation protocol, and the country-specific data sources and further requirements was reached following teleconferences with all participants in months 9-10. A report, outlining these agreements and signalling the completion of task 3 and achievement of MS2 was also produced in month 10 (see "OD_WP3_AP1_Protocol Report").

Task 5, the Italian model adaptation, was begun in month 10 and completed in month 15 with on-going dialogue throughout between Alan Brennan and Colin Angus at USFD, Emanuele Scafato, Silvia Ghirini and

Claudia Ghandin at ISS, Aleksandra Torbica and Francesca Ferre at Università Bocconi and Pierluigi Struzzo at Università degli studi di Udine to ensure both the most accurate data available and the most accurate representation possible of the Italian context. Following completion of this adaptation a paper has been written by all participants and this paper was presented at the 38th annual alcohol epidemiology symposium of the Kettil Bruun Society from 4-8th June 2012 (see “OD_WP3_AP2_Modelling Italian Cost-Effectiveness” and “OD_WP3_AP3_Web Appendix”). A revised version of this paper will be submitted for publication in a peer-reviewed journal before month 20.

Concurrent with this work, dialogue was on-going between USFD and Miranda Laurant and Myrna Keurhorst at RUNMC regarding task 4. Following completion of the Italian model adaptation, work began on the Dutch adaptation in month 16, and this work is continuing, with completion expected in month 21. Dialogue is also continuing between USFD and Katarzyna Okulicz-Kozaryn regard task 6, which will commence in month 22.

Overall the progress of this WP has been highly successful and continues to progress in a timely manner.

5. SIGNIFICANT RESULTS ACHIEVED SO FAR

The principal scientific results achieved so far within the WP are the final results of the Italian adaptation. These show that a national programme of SBI is estimated to be highly cost-effective in Italy. For full details please see the paper “Modelling the Cost-Effectiveness of Screening and Brief Interventions in Italy” included in the appendix (see “OD_WP3_AP2_Modelling Italian Cost-Effectiveness” and “OD_WP3_AP3_Web Appendix”).

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

The order of undertaking tasks 4 and 5 was reversed following initial discussions between all participants, when it became clear that the data necessary for the Italian adaptation would be more readily available than that required for the Dutch adaptation. This change allowed sufficient time to complete all negotiations with the relevant data owners in the Netherlands before the commencement of task 4 in month 16.

This change had no impact on any other tasks, nor on any resource or planning issues.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

So far all objectives have been achieved according to the original schedule.

8. PROPOSAL OF CORRECTIVE ACTION

None required.

9. WP MEETINGS AND CALLS

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) (VENUE/CITY/COUNTRY) | AIM OF THE MEETING | ATTENDEES |
|-------------------|--|--|--|---|
| 22/02/2011 | Face to face Kick-off meeting | Gencat, Barcelona, Spain | WP3 first meeting reviewing plausible SBI strategies to analyse and discussing the existence and availability of the necessary data for each country | Alan Brennan, Emanuele Scafato, Miranda Laurant, Aleksandra Torbica, Krzysztof Brzózka |
| 29/09/2011 | CONFERENCE CALL | .. | Finalise the SBI strategies to be modelled (task 1), discuss the data availability issues within the Netherlands (task 2) and agree a final outline of the model adaptation (task 3) | Alan Brennan, Colin Angus, Miranda Laurant, Myrna Keurhorst |
| 15/10/2011 | CONFERENCE CALL | .. | Finalise the SBI strategies to be modelled (task 1), discuss the data availability issues within Italy (task 2) and agree a final outline of the model adaptation (task 3) | Alan Brennan, Colin Angus, Emanuele Scafato, Silvia Ghirini, Claudia Ghandin, Aleksandra Torbica, Francesca Ferre |
| 20/10/2011 | CONFERENCE CALL | .. | Finalise the SBI strategies to be modelled (task 1), discuss the data availability issues within Poland (task 2) and agree a final outline of the model adaptation (task 3) | Alan Brennan, Colin Angus, Katarzyna Okulicz-Kozaryn |

10. LIST OF DISSEMINATION ACTIVITIES

Activity 1

- Type of activity: Conference
- Main Leader: USFD
- Title: Modelling the Cost-Effectiveness of Screening and Brief Interventions in Italy
- Date: 06/06/2012
- Place: Stavanger (Norway): Kettil Bruun Society annual conference
- Type of audience: Scientific community
- Size of audience (approx. number): 220
- Countries addressed: International audience
- Link to online information about this activity: Not available

11. PROJECT PUBLICATIONS

No publications have been prepared so far.

12. APPENDIXES

| NAME FILE ATTACHED | TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | COMMENTS |
|---|--|--|--|
| OD_WP3_AP1_Protocol Report | Milestone supporting documentation | MS2 | Listed as Key Milestone 2 in the DoW |
| OD_WP3_AP2_Modelling Italian Cost-Effectiveness | OTHER TASK | TASK 5 | |
| OD_WP3_AP3_Web Appendix.pdf | OTHER TASK | TASK 5 | Technical appendix to 'Modelling Italian Cost-Effectiveness.pdf' |

13. STATEMENT ON THE USE OF RESOURCES – WP3

| Beneficiary's Short Name | Total estimated PMs for the project | PMs reported for the 1st period |
|--------------------------|-------------------------------------|---------------------------------|
| 3-USFD | 44 | 7,03 |
| 2-RUNMC | 2 | 3,11 |
| 4-UOY | 2 | 0,5 |
| 5-CEFORMED | 6 | 3,3 |
| 11-PARPA | 2 | 0,44 |
| TOTAL | 56 | 14,38 |

WP4 – SURVEYS

1. WP LEADER:

MUW (MEDICAL UNIVERSITY OF WARSAW)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

FCRB (FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA /HOSPITAL CLINICO PROVINCIAL DE BARCELONA – HCPB, SPAIN)

RUNMC (RADBOUD UNIVERSITY NIJMEGEN MEDICAL CENTRE, NETHERLANDS)

CEFORMED (CENTRO REGIONALE DI FORMAZIONE PER L'AREA DELLE CURE PRIMARIE, ITALY)

NU (NEWCASTLE UNIVERSITY, INSTITUTE OF HEALTH AND SOCIETY, NEWCASTLE, UNITED KINGDOM)

KCL (KING'S COLLEGE LONDON, LONDON, UNITED KINGDOM)

UGOT (UNIVERSITY OF GOTHENBURG, SWEDEN)

LIU (LINKOPING UNIVERSITY, SWEDEN)

GENCAT (DEPARTAMENT DE SALUT – GENERALITAT DE CATALUNYA, SPAIN)

UL (UNIVERZA V LJUBLJANI, SLOVENIA)

IDT (ISTITUTO DA DROGA E DA TOXICODIPENDENCIA, PORTUGAL)

ISS (ISTITUTO SUPERIORE DI SANITA, ITALY)

UM (UNIVERSITEIT MAASTRICHT, NETHERLANDS)

SZU (STATNI ZDRAVOTNI USTAV, CZECH REPUBLIC)

3. DESCRIPTION OF WP OBJECTIVES

The **Overall objectives** of Work Package 4 Surveys are:

1. To consolidate and update knowledge of potential barriers and facilitators for general practitioners to implement Identification and Brief Intervention (IBI) programmes;
2. To increase the understanding of factors that affect whether clinicians will use the IBI intervention;
3. To compare attitudes and experiences in delivering IBI in participating European countries with differing cultures, and organization and funding of Primary Health Care services;
4. To learn how information about health care interventions is created, packaged, transmitted, and interpreted among a variety of important stakeholder groups.

In the months 1-18 of the project surveys were performed in the partner countries to address objectives 1. – 3.

4. DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES IN THE 1ST REPORTING PERIOD, INCLUDING DETAILS FOR EACH OF THE WP'S TASKS

Work Package 4 included several consecutive tasks undertaken in the months 1-18: construction of the instrument, adaptation of the instrument, writing the protocol of the survey, implementation of the survey in 9 European countries, and collection of data.

Task 1. Construction of the survey instrument

The survey questionnaire (Appendix file "OD_WP4_AP1_WHO_ODHIN WP4 Questionnaire 2011") consists of 28 questions with the possibility for each of the participating countries to add up to three further country-specific additional questions. The semi-structured questionnaire was based on the instrument used in the WHO Phase III strand I study in 1999 (Anderson et al., 2001) and later on the survey of GP attitudes to primary care alcohol intervention in 2009 in England (Wilson et al., 2011).

The questionnaire includes questions on demographic information about doctors and practices, the attitudes of doctors working with patients who drink alcohol, their beliefs about their own activities in working with drinkers, extent of academic education and postgraduate training on alcohol received by general practitioners, their views and attitudes towards management of alcohol problems, their diagnostic performance and their reported management of alcohol problems during the past year, including number of patients managed in the previous year, working environment and its impact on intervening for alcohol problems.

The Shortened Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ) (Anderson and Clement, 1987) is included to assess GPs' inclination towards intervening for alcohol problems; 10-item instrument measures adequacy, task-specific self-esteem, motivation, legitimacy and satisfaction of physicians (Anderson et al., 2004a). The SAAPPQ items are used separately in respect of hazardous or harmful ('problem') drinkers and dependent drinkers.

In the subsequent section, respondents indicate their agreement on a scale of one to four ('not at all' to 'very much'), with 18 suggested barriers and 11 suggested incentives to early intervention for alcohol in general practice.

In addition, to gauge the influence of policy change on attitudes and behaviour, GPs are expected to rate the effectiveness of 10 European public policies and 12 suggested policy measures in each country to tackle alcohol problems on a scale from one to five (1 = no opinion, 2 = ineffective, 3 = slightly effective, 4 = quite effective, 5 = very effective).

Finally, an open-ended question is included at the end of the questionnaire to collect individual experiences or comments of the surveyed physicians.

The content of the questionnaire was discussed in detail at the partner meeting (ODHIN Kick-off Meeting, Barcelona, 21-23.02.2011) and the final version of the instrument was later approved by all the partners after a series of email exchange.

Task 2.1 Writing the survey protocol

The flow of the study and the assumptions for the protocol of the survey was discussed at the partner meeting (ODHIN Kick-off Meeting, Barcelona, 21-23.02.2011) and further developed by the WP4 leader with close consultation with the ODHIN project leaders. The final version of the protocol (Appendix file "OD_WP4_AP2_Final Protocol ODHIN WP4") was presented, discussed, and approved by all partners across the series of email communication and at the ODHIN Partner Meeting in Barcelona (14-15.02.2012).

Task 2.2 Adaptation of the instrument

The final English version of the questionnaire was translated in each country to the native language and the translation was later validated by back translation into English and confirmed by an English native speaker in terms of language accuracy and appropriateness for primary care (Peter Anderson validated the back-translations). Where available, a translated copy of the original WHO questionnaire from 1999 was used as a master in the process of translation. In such a case, only newly added questions were translated and back translated. All 9 national versions of the survey instrument are attached to this report (Appendices 3-11).

Task 2.3 Ethical approval

Depending on country law and regional regulations, the ethical approval by the Bioethics Committees (Institutional Review Boards) was received before the study started in the UK, Poland, and Slovenia.

Task 2.4 Sampling

In each country, an accessible database of general practitioners was sought and used to draw a sample. In most of the countries, these databases were used to obtain the information on sex, age, address, type and location of practices. According to this data, a representative sample of minimum 250 physicians per country was drawn randomly where possible after stratification for sex, age, geographic location.

Following this common sampling procedure, there were some variations between countries in the survey fieldwork. In Catalonia, the survey was done online, and the email invitations were sent to all members of the Catalan Association of Family Physicians ([CAMFIC](#)). In this case, measures were taken to ensure the representativeness by sex, age group and geographic location of the final sample obtained. In Slovenia the paper version was mailed along with the invitation letter to all GPs in the country. In Portugal, a representative sample of total family physicians registered in the Health System Central Administration was stratified by gender, age group and Health Region. In the Netherlands, a representative sample, concerning sex, age, situation and degree of urbanization, of 1,600 GPs from the whole country was drawn.

If a group practice was drawn, only one GP per practice was selected. The sample size was adjusted accordingly to the response rate, so that a final number of returned questionnaires fit the minimum sample size of 250.

Task 3. Implementation of the survey

The survey was carried out in each country separately by the group of researchers or a survey company. The questionnaires were mailed by post office, e-mailed or the questionnaire was put on a special website that GPs could access with a unique login name and password that was sent by e-mail. In such cases, electronic mail was sent containing the relevant information about the study, encouragement and the link to this website with the proposed login name and password was sent. If the copy of questionnaire was mailed by post, the reply paid envelope was included in the mail. In the Czech Republic, research assistants interviewed GPs face-to face.

After return of filled questionnaires, completeness of answers was checked, allowing no more than 5% of missing data. If there was more missing answers, the respective GP was re-contacted where possible with a request to supplement the answers.

So far, 4 countries (UK, Slovenia, Catalonia, and Czech Republic) have completed the survey fieldwork. The current progress of the survey across countries is reflected in Appendix 12 “OD_WP4_AP12_Survey_progress_table”).

Task 4. Data collection and analysis

The information from the questionnaires was put into the data collection form and then typed/transferred into the database. The template for the data set (excel file “OD_WP4_AP13_Survey Dataset structure”) was designed and prepared in the leader centre (Medical University of Warsaw, Poland).

Final statistical analysis and comparisons of a combined data from all countries is planned to be conducted when the collection process is completed.

Expected Deliverable: D4.1 Survey Report - a report describing the findings of the surveys and giving guidance on the dissemination and implementation of screening and brief interventions based on the findings – has not been not prepared yet.

Achieved Milestone: MS3: A core group workshop on the design of the implementation methodology of the developed survey questionnaire took place during the consecutive ODHIN Partner Meetings in Barcelona (21-23.02.2011 and 14-15.02.2012), resulting in the final version of the survey protocol (Appendix file “OD_WP4_AP2_Final Protocol ODHIN WP4”).

Publications and dissemination: No publications were prepared so far; however, a paper presentation (“OD_WP4_AP14_Abstract INEBRIA”) was submitted and accepted to be delivered at the 9th Conference of INEBRIA: *From Clinical practice to Public Health: the two dimensions of Brief Interventions*; 27-28.09.2012, Barcelona, Spain.

5. SIGNIFICANT RESULTS ACHIEVED SO FAR

With respect to the WP4 planned results:

1. **Survey Questionnaire** (Appendix 1) for family physicians was designed, translated and validated in 9 European countries (adequate questionnaires may be found in **Appendices 3-11**).
2. **Survey Methodology** for the study was elaborated (**Appendix 2**).
3. the master **Data Set** was prepared (**Appendix 13**)
4. The survey was completed in 4 countries (UK, Slovenia, Czech Republic, and Catalonia) yielding 1181 GPs who completed the questionnaire (**Appendix 12**).

The study is on-going in 5 countries (Poland, Portugal, Sweden, Italy and the Netherlands) with 861 GPs surveyed so far (**Appendix 12**).

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

1. We decided not to address the **Objective 4** in the surveys. After construction and final approval of the survey questionnaire, it has appeared there will be no way to analyse information from different stakeholders groups, since the survey covers only general practitioners. Deletion of the least important objective will not impact the flow and the procedures in the other ODHIN work packages.
2. We have decided not to include the question about **alcohol consumption of doctors** because some GPs might feel uncomfortable or insulted, potentially having a negative effect on the response rate and risking the completion of the survey.
3. Also, **working environment** of GPs was covered only in some countries, as in some cases this issue appeared not to be relevant at all.
4. In some countries, where the survey was sent to all GPs in the country (Slovenia) or to all GPs from one organisation (Catalonia, Poland), it was not possible to select only one GP per practice or to stratify the sample for age, sex, etc. So, in few countries the sample was designed and the survey was performed **without stratification**. (In Catalonia the representativeness of the responses was checked throughout and after the completion of the survey, and the final distribution by age, sex and location did not differ substantially from the real distribution).
5. **Ethical issues:** There was no need to obtain informed consent from the subjects participating in an anonymous survey, according to the ethical regulations in some countries. Only in few countries (UK, Poland, Slovenia) ethical approval from the Bioethics Committees was sought and received, according to the regional tradition and regulations. See the WP4 progress table (**Appendix 12**).
6. All these changes are minor and will not impact the flow and the procedures in the other ODHIN work packages.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

1. In most participating countries there were problems in getting General Practitioners involved and recruited to participate in the survey. In some countries these problems were substantial, which led to low recruitment or response rates and to significant delays. Due to these difficulties in reaching the expected number of the GPs surveyed and questionnaires completed in some countries, the **timeline** had to be adjusted. Implementation of the survey has not been completed by Month 12 as

anticipated in ODHIN’s Description of Work. The completion of the survey is expected to be delayed until Month 21. Data analyses will be conducted afterwards, between Months 21 and 24.

2. Due to significant delays in some countries (as described above), the timeline was adjusted, and the main **DELIVERABLE** including the data analysis of all countries (**D4.1 Survey Report**) has to be delayed until **Month 24**. This will not impact the writing of scientific papers, expected between Months 24 and 30.

The delay in survey implementation and preparing the survey report will not impact the flow and the procedures in the other ODHIN work packages.

8. PROPOSAL OF CORRECTIVE ACTION

To reach the anticipated sample size of the surveyed family physicians alternate approaches were planned. To ensure an adequate response rate, in some cases additional techniques were utilised. In Italy GPs were first contacted by telephone, the study was explained and an e-mail address requested. In Portugal the list of selected doctors in each Group of Health Centres was sent to their Executive Director, jointly with a letter asking for support of the dissemination and encouragement of selected doctors to fill the questionnaire. In the Netherlands one reminder with a new questionnaire including a reply paid envelope was sent to non-responders. In Sweden the low participation rate has led to a stepwise change in the procedure. At first, a postal invitation to four regions in different parts of the country was sent. This was followed by an e-mail invitation in most other regions of the country, and finally was followed by an invitation by postal mail in the rest of Sweden. In the last round, lottery tickets to enhance the response rate were offered. In Catalonia, an incentive was offered by raffling an Apple IPAD to those who completed the survey. This enabled completing the online fieldwork in Catalonia in less than a month, with reminders sent to participants on the 2nd of the 3 week survey period.

9. WP MEETINGS AND CALLS

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) | AIM OF THE MEETING | ATTENDEES |
|-------------------|--|---|---|---|
| 21-23/2/2011 | Face to face | Gencat, Barcelona, Spain | WP4 meeting to discuss and agree on the survey instrument | Peter Anderson, Preben Bendtsen, Michaela Bitarello, Alan Brennan, Krzysztof Brzozka, Joan Colom, Paolo Deluca, Colin Drummond, Claudia Gandin, Antoni Gual, Andrzej Jakubczyk, Eileen Kaner, Marko Kolsek, Miranda Laurant, Silvia Matrai, Daniel Mcmanus, Artur Mierzecki, Dorothy Newbury-Birch, Cristina Ribeiro, Noemi Robles, Emanuele Scafato, Lidia Segura, Hana Sovinova, Fredrik Spak, Pierluigi Struzzo, Paul Wallace, Marcin Wojnar, Amy Wolstenholme |
| 03/10/2011 | Conference call | | Update on preparations to the survey: progress with translation/back-translation of the instrument, protocol approval, communication with partners, potential delays, start and completion expected dates | P. Anderson, M. Wojnar |

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) | AIM OF THE MEETING | ATTENDEES |
|-------------------|--|---|--|---|
| 01/12/2011 | Face to face | IT Office of the Medical University of Warsaw | Planning the online survey in Poland | M. Wojnar, P. Dziala, A. Jakubczyk, B. Swiech |
| 17/01/2012 | Face to face | Hospital Clinic, Barcelona, Spain | Coordination Gencat-FCRB preparing online survey in Catalonia | T. Gual, L. Segura, J. Reynolds, B. Baena |
| 14-15/02/2012 | Face to face | Caixa Forum, Barcelona, Spain | General partner meeting including session to discuss and approve WP4's survey protocol | P. Anderson, C. Angus, B. Baena, P. Bendtsen, N. Charles-Harris, J. Colom, P. Deluca, C. Drummond, C. Gandin, T. Gual, A. Jakubczyk, M. Keurhorst, K. Kloda, M. Kolsek, M. Laurant, S. Matrai, A. Mierzecki, D. Newbury-Birch, K. Okulicz-Kozaryn, J. Reynolds, C. Ribeiro, G. Ronda, E. Scafato, L. Segura, L. Slodownik, H. Sovinova, F. Spak, P. Struzzo, B van Steenkiste, P. Wallace, M. Wojnar, A. Wolstenholme |
| 22/03/2012 | Face to face | Hospital Clinic, Barcelona, Spain | Coordination Gencat-FCRB planning final survey tasks | L. Segura, B. Baena, J. Reynolds |

10. LIST OF DISSEMINATION ACTIVITIES

No dissemination activities were performed so far, although one activity is planned as below (see Appendix OD_WP4_AP14_Abstract INEBRIA):

Activity 1

- Type of activity: Presentation
- Main Leader: Medical University of Warsaw
- Title: Implementing IBI in everyday practice of general practitioners. What are the GP's attitudes towards prevention of alcohol drinking and alcohol related problems
- Date: 27-28.09.2012
- Place of publication: INEBRIA Meeting, Barcelona
- Type of audience: Scientific community (higher education, or Research); Industry; Policy makers
- Size of audience (approx. number): 200
- Countries addressed: All countries participating in the INEBRIA Meeting, mostly Europe + USA
- Link to online information about this activity (if available): not yet; <http://www.inebria.net/Du14/html/en/dir1339/doc17966.html>

11. PROJECT PUBLICATIONS

No publications have been prepared so far.

12. APPENDIXES

| NAME FILE ATTACHED | TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | COMMENTS |
|---|--|--|----------|
| OD_WP4_AP1_ WHO_ ODHIN WP4 Questionnaire 2011 | Milestone supporting documentation | MS3 | |
| OD_WP4_AP2 Final Protocol | Milestone supporting | MS3 | |

| NAME FILE ATTACHED | TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | COMMENTS |
|---|--|--|----------|
| ODHIN WP4 | documentation | | |
| OD_WP4_AP3_UK_Questionnaire | Other task: UK questionnaire | .. | |
| OD_WP4_AP4_NL_UM_ODHIN_vragenlijst | Other task: Dutch questionnaire | .. | |
| OD_WP4_AP5_CAT_WHO ODHIN WP4 Questionnaire 2011 | Other task: Catalanian questionnaire | .. | |
| OD_WP4_AP6_PT_Anexo_Inquerito | Other task: Portuguese questionnaire | .. | |
| OD_WP4_AP7_CZ_Questionnaire 2011 | Other task: Czech questionnaire | .. | |
| OD_WP4_AP8_SLO_11-11-13-VPRASALNIK | Other task: Slovenian questionnaire | .. | |
| OD_WP4_AP9_PL_ODHIN-ankieta | Other task: Polish questionnaire | .. | |
| OD_WP4_AP10_SE_WHO_ODHIN WP4 Questionnaire 2011 | Other task: Swedish questionnaire | .. | |
| OD_WP4_AP11_IT_ODHIN-WP4-Questionario | Other task: Italian questionnaire | .. | |
| OD_WP4_AP12_Survey_progress_table | Other activity: WP4 Progress Table | .. | |
| OD_WP4_AP13_Survey_Dataset_structure | Other task: master data set | .. | |
| OD_WP4_AP14_Abstract INEBRIA | Other activity: abstract of conference presentation | .. | |

13. STATEMENT ON THE USE OF RESOURCES – WP4

| Beneficiary's Short Name | Total estimated PMs for the project | PMs reported for the 1st period |
|--------------------------|-------------------------------------|---------------------------------|
| 19-MUW | 6 | 3,8 |
| 1-FCRB | 4 | 1,2 |
| 2-RUNMC | 4 | 1,77 |
| 5-CEFORMED | 2 | 0 |
| 6-NU | 5 | 2,78 |
| 7-KCL | 2 | 0 |
| 8-UGOT | 2 | 0 |
| 9-LIU | 2 | 0,59 |
| 10-GENCAT | 2 | 1,9 |
| 13-UL | 4 | 2,2 |
| 14-IDT | 4 | 2 |
| 15-ISS | 4 | 3,5 |
| 16-UM | 2 | 2,36 |
| 17-SZU | 4 | 4,47 |
| TOTAL | 47 | 26,39 |

WP5 – STEPPED CLUSTER RCT

1. WP LEADER:

UGOT (UNIVERSITY OF GOTHENBURG, SWEDEN)

and

LIU (LINKOPING UNIVERSITY, SWEDEN)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

FCRB (FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA /HOSPITAL CLINICO PROVINCIAL DE BARCELONA – HCPB, SPAIN)

RUNMC (RADBOD UNIVERSITY NIJMEGEN MEDICAL CENTRE, NETHERLANDS)

NU (NEWCASTLE UNIVERSITY, INSTITUTE OF HEALTH AND SOCIETY, NEWCASTLE, UNITED KINGDOM)

KCL (KING’S COLLEGE LONDON, LONDON, UNITED KINGDOM)

GENCAT (DEPARTAMENT DE SALUT – GENERALITAT DE CATALUNYA, SPAIN)

PARPA (PANSTWOWA AGENCJA ROZWIAZYWANIA PROBLEMOW ALKOHOLOWYCH, POLAND)

UCL (UNIVERSITY COLLEGE LONDON)

UM (UNIVERSITEIT MAASTRICHT, NETHERLANDS)

PAM (POMERANIAN MEDICAL UNIVERSITY IN SZCZECIN, POLAND)

3. DESCRIPTION OF WP OBJECTIVES

The overall objective is to study a number of factors that might increase implementation of evidence based methods of identification and brief intervention for excessive alcohol consumption in routine primary health care. The study will be a cluster RCT in 5 countries and the endpoint of the study is the number of interventions delivered during a certain time period. More specifically, the WP will examine:

1. The effect of training and support to PHC providers
2. The effect of financial reimbursement to PHC providers as a pay-for-performance of brief alcohol interventions
3. Whether an alternative internet based method of delivering brief intervention can increase the proportion of patients reached
4. If one implementation strategy will give an added value to one already enforced.

During the first 18 months of the ODHIN project time a number of planning meetings have been held both as plenary face-to-face meetings with all partners together, and as conference calls with all partners and with individual partners as seen in section 9. In addition, a large number of planning meetings have been held locally in all the five participating countries, also seen in section 9. The objectives with these meetings were to formulate and agree on a study protocol for the study and to go ahead with the local planning.

4. CONCISE DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES IN THE 1ST REPORTING PERIOD, INCLUDING DETAILS FOR EACH OF THE WP’S TASKS

The WP activities started in the first year of the project time with preparatory work, and a final protocol describing all aspects of study procedure was agreed upon in June 2012 (Appendix 1: “OD_WP5_Ap1_protocol 15 June 2012”). The trial will start in the five participating countries at a flexible time between September and November 2012 and run to the end of 2013. After this, analysing of the data

and writing scientific papers will begin.

Task 1: Summarizing the best evidence concerning continuous medical education (CME) and operationalizing the findings in a structuralized manner in order to build a basic education package and CME to all participants in the RCT. This task has been completed and the knowledge has been incorporated in the study protocol where a detailed outline of a training programme has been agreed upon.

All participants are in the process of checking that the country education package and CME is fully compatible with the detailed common training programme agreed upon, and making slight adaptations if required. A pilot testing of these education packages has not been performed (see section 6).

Task 2: Developing an interactive website to be used in the RCT, developed by the Catalan team in cooperation with all participants. The website will be translated and back translated in order to be used by participants in 5 countries. A pilot testing of the web site will be done in each of the participating countries before start of the RCT in order to investigate the feasibility and ethical issues involved in using economic reimbursement in the participating countries. This has not been done (see section 6).

Task 3: Designing the various elements of the RCT. Protocols have to be written and translated and the logistic of retrieving information on the number of interventions delivered, agreed upon by the WP participants. The workshop to finalise this also serves as a training for the project leaders within each country. This task has been completed, and the design of the RCT has been detailed in D5.1 (Appendix "OD_WP5_Ap1_protocol 15 June 2012"). The Workshop took place in the frame of the ODHIN plenary meeting, in February 2012 (see table in section 9). After this workshop, a round of country calls took place between the WP coordinators and the partners in each country, to further discuss and agree on the country-specific RCT implementation issues. At present all country protocols are being finalised.

Task 4: Identifying PHC providers in each of the 5 countries for inclusion in the RCT. This task has started in each of the participating countries.

Task 5: Randomization of PHC providers to the different arms in order to make a time table for each participant's inclusion into the RCT. This task will be starting in September 2012 when the first country begins the implementation of the study. In the beginning of 2013 all primary health care units will have been randomized to one of the study arms.

Task 6: Organising and delivering the initial training of participants in one of the arms of the RCT. This task will start in September and be fulfilled in early 2013 in all participating countries.

Task 7: Data collection will be undertaken during an 18 month period with specific measurements. This task will be performed from September 2012 until December 2013.

Task 8: Database management. At the end of the study period a database needs to be organised and quality controlled before start before start of analysis. This task will begin in the end of spring 2013 (when the first country completes its implementation period) and continue until early 2013 (when the last country will finish the follow-up period).

Task 9: Start writing a series of papers during the final stages of the project timeframe. This task will be performed during 2013.

5. SIGNIFICANT RESULTS ACHIEVED SO FAR

We have completed a review of the existing literature and clinical experience when drafting and finalising the study protocol. The protocol will be sent to a scientific journal for publication during the autumn of 2012. We attach a provisional draft version of this scientific paper (Appendix “OD_WP5_Ap2_Study protocol sci art june 2012”).

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

Concerning task 1, we planned to perform a pilot testing of training and support materials but decided not to do so since all partners are using already existing materials that have been shown to work well, and, furthermore turned out to follow the scientific evidence concerning the content and delivery of training and support. The country partners are revising these packages and making any necessary adjustments to ensure all fulfil the common criteria agreed.

Concerning task 2, development of an interactive website, it was decided that each country should use an appropriate existing website already implemented in each country, provided that it fulfilled certain criteria to be used in the study. Therefore, the project agreed upon a number of criteria for a local website to be used in the study. Each country has identified such a website, and has revised its functionalities and contents, making adaptations and improvements if necessary to ensure it fulfils the project’s criteria.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

The study was initially planned to start early 2012 but was postponed to the autumn of 2012 since we calculated that this will affect the data collection less than if we had started the study in the spring, due to problem with data collection during the summer months. This delay will not affect the total study performance since we still will be able to have the results of the study in the end of 2013.

8. PROPOSAL OF CORRECTIVE ACTION

The few changes from the original task descriptions will not have any effect on the resource utilization. Therefore, no corrective actions are required.

9. WP MEETINGS AND CALLS

During the first 18 months of the ODHIN project time a number of planning meetings have been held both as plenary face-to-face meetings with all partners together, and as conference calls with all partners and with individual partners. In addition, a large number of planning meetings have been held locally in all the five participating countries. The objectives of these meetings were to formulate and agree on the study protocol for the study and to go ahead with the local planning.

The following table includes a (non-exhaustive) list of meetings that have taken place throughout the first 18 months.

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) (VENUE/CITY/COUNTRY) | AIM OF THE MEETING | ATTENDEES |
|------------------------------|---|--|--|---|
| Meetings in Sweden | | | | |
| 04/04/2011 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 27/04/2011 | Face to face | Göteborg, Sweden | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 18/05/2011 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 24/08/2011 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 02/10/2011 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 06/10/2011 | Face to face | Göteborg, Sweden | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 14/10/2011 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 04/11/2011 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 16/11/2011 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 23/02/2012 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 07/03/2012 | Face to face | Göteborg, Sweden | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 27/03/2012 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 27/04/2012 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 02/05/2012 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| 27/06/2012 | Conference call | .. | Coordination meeting Sweden and work on protocol | F.Spak, P. Bendtsen |
| Meetings in Catalonia | | | | |
| 28/07/2011 | Face to face | Hospital Clínic, Barcelona, Spain | Coordination meeting: preparatives in | T.Gual, L.Segura, J. Colom, N.Robles |

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) (VENUE/CITY/COUNTRY) | AIM OF THE MEETING | ATTENDEES |
|--------------------------------|--|---|--|---|
| | | | Catalonia | |
| 29/09/2011 | Face to face | ICS, Barcelona Spain | Meeting with ICS (Catalan Health Institute) to discuss carrying out the trial | T. Gual, J. Colom, L. Segura, J. Palacio, B. Baena, S. Calero, C. Olmos, M. Medina |
| 24/11/2011 | Face to face | ICS, Barcelona, Spain | Meeting with ICS (Catalan Health Institute) to discuss carrying out the trial | T. Gual, J. Colom, L. Segura, B. Baena, L. Segura, S. Calero, C. Olmos, M. Medina |
| 20/12/2011 | Face to face | Hospital Clinic, Barcelona, Spain | Coordination Gencat-FCRB and work on Catalan protocol | T. Gual, L. Segura, J. Reynolds, B. Baena |
| 17/01/2012 | Face to face | Hospital Clinic, Barcelona, Spain | Coordination Gencat-FCRB continue work on Catalan protocol | T. Gual, L. Segura, J. Reynolds, B. Baena |
| 09/02/2012 | Face to face | Gencat, Barcelona, Spain | Preparatives meeting with ICS concerning the RCT (Catalan Health Institute) | J. Colom, T. Gual, L. Segura, J. Reynolds, B. Baena |
| 22/02/2012 | Face to face | ICS, Barcelona, Spain | Meeting with ICS (Catalan Health Institute) to discuss carrying out the trial and implications | T. Gual, L. Segura, M. Medina, S. Calero, B. Baena, J. Palacio |
| 09/03/2012 | Face to face | ICS, Barcelona, Spain | Meeting with ICS (Catalan health institute) to discuss carrying out the trial and implications | J. Colom, T. Gual, L. Segura, B. Baena, J. Reynolds, F. Fina, M. Saigner, G. Guia, M. Medina, S. Calero, C. Olmos, |
| 03/04/2012 | Face to face | Gencat, Barcelona, Spain | Coordination Gencat-FCRB planning trial materials and data gathering | L. Segura, J. Reynolds, B. Baena |
| 24/04/2012 | Face to face | Gencat, Barcelona, Spain | Coordination Gencat-FCRB planning trial schedule | L. Segura, J. Reynolds, B. Baena, E. Díaz |
| 08/06/2012 | Face to face | Hospital Clinic, Barcelona, Spain | Coordination Gencat-FCRB planning trial: training sessions and data extraction | T. Gual, L. Segura, J. Palacio, J. Reynolds |
| Meetings in Netherlands | | | | |
| 18/01/2012 | Conference call | | Use of "Drinking Less" (in Dutch: Minder Drinken) in WPS trial e-BI | Isy Vromans (WHO), Katherina Martin Abello (Trimbos Institute), Miranda Laurant, and Myrna Keurhorst (both IQ healthcare) |
| 20/03/2012 | Face to face | Utrecht, Netherlands | Use of "Drinking Less" (in Dutch: Minder Drinken) in WPS trial e-BI | Katherina Martin Abello and Iris Rosier (both Trimbos Institute), Miranda Laurant, and Myrna Keurhorst (both IQ healthcare) |
| Meetings in Poland | | | | |
| 6-7/07/2011 | Face to face | The State Agency for Prevention of Alcohol Related Problems, Warsaw, Poland | Administrative and financial issues, checking trial protocol and plan in Poland | K. Brzozka, A. Mierzecki, K. Kłoda, M. Wojnar, K. Okulicz-Kozaryn, L. Słodowniki, N. Charles-Harris, S. Matrai |
| 11-12/10/2011 | Face to face | Poznań International Fair, Medusa Meeting, Poznań, Poland | Checking trial plan in Poland | K. Brzozka, A. Mierzecki, K. Kłoda |
| Meetings in UK | | | | |
| 10/11/2011 | Conference call | .. | RCT coordination; | Paul Wallace, |

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) (VENUE/CITY/COUNTRY) | AIM OF THE MEETING | ATTENDEES |
|--|--|--|---|--|
| | | | planning and discussions | Dorothy Newbury-Birch, Eileen Kaner, Kathryn Parkinson |
| 07/02/2012 | Face to face | Newcastle University | Day to day coordination | Dorothy Newbury-Birch, Kathryn Parkinson |
| 28/02/2012 | Face to face | Newcastle University | Day to day coordination | Dorothy Newbury-Birch, Kathryn Parkinson |
| 14/03/2012 | Conference call | .. | RCT coordination; planning and discussions | Dorothy Newbury-Birch, Kathryn Parkinson, Colin Drummond, Paolo Deluca |
| 14/06/2012 | Conference call | .. | RCT coordination; planning and discussions | Dorothy Newbury-Birch, Eileen Kaner, Kathryn Parkinson, Paul Wallace, Paolo Deluca |
| 02/04/2012 | Face to face | Newcastle University | Day to day coordination | Dorothy Newbury-Birch, Kathryn Parkinson |
| 18/04/2012 | Face to face | Newcastle University | Day to day coordination | Dorothy Newbury-Birch, Kathryn Parkinson |
| Coordination calls and meetings | | | | |
| 02/03/2011 | Conference call | .. | WP5 discussion and reflections after Kick-off meeting | P. Bendtsen, F. Spak, P. Anderson, T. Gual, N. Robles |
| 14/04/2011 | Conference call | .. | WP5 discussion and planning | P. Bendtsen, F. Spak, P. Anderson, T. Gual, M. Laurant, P. Wallace |
| 15-16/6/2011 | Meeting | Gencat, Barcelona, Spain | WP5 discussion and planning | P. Bendtsen, F. Spak, P. Anderson, T. Gual, M. Laurant, P. Wallace, D. Newbury-Birch, E. Kaner, K. Brzozka, P. Deluca, C. Drummond, M. Wojnar, M. Keurhorst, L. Segura, A. Miezecski, J. Colom, S. Matrai, M. Bitarello, N. Robles, N. Charles-Harris |
| 14/10/2011 | Conference call | .. | Coordination meeting and work on protocol | P. Bendtsen, F. Spak, P. Anderson, T. Gual, M. Laurant, P. Wallace, D. Newbury-Birch, E. Kaner, K. Brzozka, P. Deluca, C. Drummond, M. Wojnar, M. Keurhorst, T. Van Der Weijden, L. Segura, B. Baena, K. Kloda, A. Miezecski |
| 14-15/02/2012 | Workshop meeting | Caixaforum, Barcelona, Spain | Coordination meeting including workshop to finalise the design of the RCT (protocol), and revising the different RCT elements implementation in each country, | P. Anderson, B. Baena, P. Bendtsen, J. Colom, P. Deluca, C. Drummond, T. Gual, A. Jakubczyk, M. Keurhorst, K. Kloda, M. Laurant, A. Mierzecki, D. Newbury-Birch, K. Okulicz-Kozaryn, J. Reynolds, G. Ronda, L. Segura, L. Slodownik, F. Spak, B van Steenkiste, P. Wallace, M. Wojnar, A. Wolstenholme |
| 02/05/2012 | Conference call | .. | Coordination checking trial protocol and plan in Sweden | P. Anderson, F. Spak, P. Bendtsen, T. Gual, J. Reynolds |
| 07/05/2012 | Conference call | .. | Coordination checking trial protocol and plan in Catalonia | P. Anderson, L. Segura, J. Reynolds, B. Baena |
| 08/05/2012 | Conference call | .. | Coordination checking trial protocol and plan | P. Anderson, P. Wallace, C. Drummond, K. Parkinson, |

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) (VENUE/CITY/COUNTRY) | AIM OF THE MEETING | ATTENDEES |
|-------------------|--|--|--|--|
| | | | in the UK | P. Deluca |
| 24/05/2012 | Conference call | .. | Coordination checking trial protocol and plan in Netherlands | P. Anderson, M. Laurant, M. Keurhorst, J. Reynolds |
| 04/06/2012 | Conference call | .. | Coordination checking trial protocol and plan in Poland | P. Anderson, T. Gual, A. Mierzecki, K. Brzozka, K.Okulicz, L.Slodownik, M. Wojnar, J. Reynolds |

10. LIST OF DISSEMINATION ACTIVITIES

Activity 1

- Type of activity: Conference presentation
- Main Leader: Artur Mierzecki – Pomeranian Medical University
- Title: Armamentarium lekarza rodzinnego wobec pacjentów pijących alkohol ryzykownie lub szkodliwie – projekt ODHIN (Armamentarium of family physician in regard to risky and harmful drinking patients – project ODHIN).
- Date: 25/05/2012
- Place: XII Family Medicine Congress, Warsaw
- Type of audience: Scientific community
- Size of audience: 1800
- Countries addressed: Poland
- Link to online information about this activity: Not available

Activity 2

- Type of activity: Popular press publication
- Main Leader: Artur Mierzecki – Pomeranian Medical University
- Title: PUM – partner w 7. Programie Ramowym UE (PMU – partner in 7th Framework Programme of EU)
- Date: 01/11/2011
- Place: Pomeranian Medical University Bulletin
- Type of audience: Scientific community
- Size of audience: 520
- Countries addressed: Poland
- Link to online information about this activity:
<http://zbc.ksiaznica.szczecin.pl/dlibra/doccontent?id=21751>

11. PROJECT PUBLICATIONS

A scientific paper explaining the study methods will be sent to a scientific journal later in the autumn of 2012. A provisional draft version is attached (“OD_WP5_Ap2_Study protocol sci art june 2012”)

Publication 1

- D.O.I: Not available
- Title: Increasing the activity of family physicians in the area of anti-alcohol brief interventions protocol of RCT within ODHIN project – written in Polish
- Main Author: Artur Mierzecki

- Other authors: Karolina Kłoda, Peter Anderson, Antoni Gual, Krzysztof Brzózka, Marcin Wojnar, Katarzyna Okulicz-Kozaryn, Maciek Godycki-Ćwirko
- Title of the periodical or the series: Family Medicine Topics (Problemy Medycyny Rodzinnej)
- Number, date or frequency: MARCH 2012, VOL. XIV, No. 1
- Publisher: "AKTIS" Sp. Z o o
- Place of publication: Łódź
- Date of publication: 01/03/2012
- Relevant pages: 35-38
- Permanent identifiers: Not available
- Open access is/will be provided to this publication: No
- Link to online abstract/text: Not available

12. APPENDIXES

| NAME FILE ATTACHED | TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OT HER ACTIVITY OR TASK | CORRESPONDING DELIVERABLE/MILESTONE/OT HER ACTIVITY OR TASK | COMMENTS |
|--|---|---|--|
| OD_WP5_Ap1_protocol 15 June 2012 | Deliverable | D5.1 | |
| OD_WP5_Ap2_Study protocol sci art june 2012 | Other | .. | A preliminary version of a scientific paper explaining the study procedure |
| OD_WP5_Ap3_PMR_37_Increasing_ Mierzecki | Publication 1 | .. | Publication 1, listed in section 13 |

13. STATEMENT ON THE USE OF RESOURCES – WP5

| Beneficiary's Short Name | Total estimated PMs for the project | PMs reported for the 1st period |
|-----------------------------|--|------------------------------------|
| 8-UGOT | 15 | 0 |
| 9-LIU | 15 | 2,40 |
| 1-FCRB | 18 | 5,16 |
| 2-RUNMC | 24 | 7,98 |
| 6-NU | 18 | 5,68 |
| 7-KCL | 6 | 0,73 |
| 10-GENCAT | 15 | 5,84 |
| 11-PARPA | 18 | 0,76 |
| 12-UCL | 8 | 1,916 |
| 16-UM | 18 | 0,368 |
| 18-PAM | 18 | 3 |
| TOTAL | 173 | 33,834 |

WP6 – ASESMENT TOOL

1. WP LEADER

ISS (ISTITUTO SUPERIORE DI SANITA', ITALY)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

FCRB (FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA /HOSPITAL CLINICO PROVINCIAL DE BARCELONA – HCPB, SPAIN)

RUNMC (RADBOUD UNIVERSITY NIJMEGEN MEDICAL CENTRE, NETHERLANDS)

CEFORMED (CENTRO REGIONALE DI FORMAZIONE PER L'AREA DELLE CURE PRIMARIE, ITALY)

NU (NEWCASTLE UNIVERSITY, INSTITUTE OF HEALTH AND SOCIETY, NEWCASTLE, UNITED KINGDOM)

KCL (KING'S COLLEGE LONDON, LONDON, UNITED KINGDOM)

UGOT (UNIVERSITY OF GOTHENBURG, SWEDEN)

LIU (LINKOPING UNIVERSITY, SWEDEN)

GENCAT (DEPARTAMENT DE SALUT – GENERALITAT DE CATALUNYA, SPAIN)

PARPA (POLISH STATE AGENCY FOR PREVENTION OF ALCOHOL-RELATED PROBLEMS, POLAND)

UL (UNIVERZA V LJUBLJANI, SLOVENIA)

IDT (ISTITUTO DA DROGA E DA TOXICODIPENDENCIA, PORTUGAL)

UM (UNIVERSITEIT MAASTRICHT, NETHERLANDS)

SZU (STATNI ZDRAVOTNI USTAV, CZECH REPUBLIC)

PAM (POMERANIAN MEDICAL UNIVERSITY IN SZCZECIN, POLAND)

3. DESCRIPTION OF WP OBJECTIVES

The objectives of the ODHIN WP6 are to formalize, to operationalize and to adapt the assessment tool originally developed by the PHEPA project (Primary Health Care European Project on Alcohol, European Commission) in order to produce an instrument to be used by countries to test the implementation and the extent of early identification and brief interventions for hazardous and harmful alcohol consumption throughout Primary Health Care settings.

The ODHIN WP6 “assessment tool” has been conceived as an instrument for the identification of the state of the art, gaps and areas in the country that need further work and strengthening; to monitor the adequacy of brief intervention programmes for hazardous and harmful alcohol consumption in order to provide recommendations to improve and optimize delivery of health care interventions.

Particularly, the ODHIN WP6 “assessment tool” collects elements enabling ODHIN WP6 research group to:

- provide a baseline measurement of services for managing hazardous and harmful alcohol consumption (current status), identifying areas where services require development or strengthening (limitations or barriers in the main health care system domains);
- provide a mechanism for monitoring service provision over time;
- allow sharing of information and examples of practice between countries and regions;
- provide a mechanism for coalitions or partnerships to discuss and have a shared view on services for managing hazardous and harmful alcohol consumption (if not available).

During this period (months 1-18), the main efforts of the ODHIN WP6 research group have been concentrated on the identification of the best fitting format for an effective description of the variables that allow to provide a good estimate of the implementation and the extent of identification and brief interventions for hazardous and harmful alcohol consumption throughout Primary Health Care settings. The collection of information in the ODHIN WP6 “assessment tool” includes all the elements that are required

for effective dissemination of brief interventions within a health care systems' perspective, including the domains of organization of health care, support for providing brief interventions, availability of brief interventions, provision of effective brief interventions by health care providers and uptake of effective brief interventions by the general population.

The main tasks of the ODHIN WP6 research group for months 1-18 have been the following:

- the revision of the PHEPA questionnaire and the description of the final ODHIN assessment tool from consensus building involving all ODHIN WP6 partners;
- the translation of the questionnaire (where judged appropriate);
- the identification of key informants and stakeholders.

4. DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES IN THE 1ST REPORTING PERIOD, INCLUDING DETAILS FOR EACH OF THE WP'S TASKS

The ODHIN WP6 "assessment tool" team includes 15 European scientific partners from 9 countries (Czech Republic, Italy, Portugal, Slovenia, England, Poland, Sweden and the Netherlands) and nearby 25 scientists.

During the first 18 months of ODHIN project, the following activities have been planned for ODHIN WP6 (as stated in the Description of work):

- Revision of the Assessment Tool PHEPA questionnaire (M6)
- Description of the final tool (M12)
- Milestones (MS5): Workshop to identify the variables providing an estimate of the implementation and extent of IBI's (M12)
- Translation of the questionnaire (M15)
- Identification of key informants and stakeholders (M15)

During this period, all the planned activities have been carried out according to (or before) scheduled, except for Milestone (MS5) "*Workshop to identify the variables providing an estimate of the implementation and extent of IBI's -M12*".

The revision of the PHEPA Assessment Tool questionnaire by the ODHIN WP6 research team was started during the ODHIN kick off meeting held in Barcelona from 21 - 23 February 2011. After that, each partner was provided, by email, with a copy of the draft tool after the discussion in Barcelona and they were asked to read the new draft, to consider each item in terms of its apparent relevance and comprehensibility, and to provide their views and feedback on the overall content and organisation of the assessment tool. A fruitful and interesting discussion concerning the assessment tool was followed up by various email contacts between the ODHIN WP6 partners and the WP6 leaders.

The core version of the PHEPA questionnaire has been supplemented with questions specific for the culture or system of each country or of interest to the participating partners. Questions considered useful or relevant for the participating partners have been added maintaining the original frame and the progressive number of questions. The final version of the questionnaire has been approved by all partners and in some cases, where judged appropriate, it has been translated into the native language of the partner (see Appendix 1: "OD_WP6_AP1_Assessment tool"). The assessment tool questionnaire has been translated by Czech Republic, Slovenia and Portugal. (WP6 Appendices 2, 3 and 4, respectively).

The ODHIN WP6 Assessment Tool has been conceived as a semi-structured questionnaire. It analyses 24 questions distributed across 7 key sections, covering the following topics:

- A. Presence of a country coalition or partnership.
- B. Community action and media education.

- C. Health care services and infrastructure for harmful / hazardous alcohol use management.
- D. Support for treatment provision (screening and quality assessment systems, protocols and guidelines, reimbursement for health care providers).
- E. Intervention and treatment (availability and accessibility).
- F. Health care providers (clinical accountability and treatment provision).
- G. Health care users (knowledge and help seeking behaviour).

A country coalition or partnership (informal or formal) has been defined as a panel of experts, professionals, relevant stakeholders or key persons that are usually involved in the dissemination and implementation of management of hazardous and harmful alcohol disorders, diseases or problems. The specific experience should be related to activities performed by law, elaborating proposals to Ministries involved in the alcohol issues, cooperating with international bodies and institutions working in the alcohol fields, and/or providing opinions to different stakeholders on any alcohol related issues. The second section of the tool explores whether there have been public education campaigns implemented (on television, radio, newspapers and magazines, billboards, website, telephone / e-mail messages), in the 24 months before the completion of the questionnaire, that provide information about *why* heavy drinkers should reduce their alcohol consumption, *how* to reduce their alcohol consumption and, where possible, to indicate whether the campaigns are publicly funded. The third section explores to what extent the management of hazardous and harmful alcohol consumption is integrated in the health care system, including co-operation or relationships with primary and secondary health care, similar to that for other chronic diseases. For further details and the complete list of questions included in the ODHIN Assessment Tool, see Appendix 1 (“OD_WP6_AP1_Assessment tool”).

Within each participating countries, it has been suggested to select up to 10 key informants for the activities of this task. Key informants have been selected based on their expertise in the alcohol field, covering a large range of perspective such as general practitioners, scientists working in the field of epidemiology and public health, clinicians from alcoholology units, experts from the national society on alcoholology and policy makers. (Appendix 5: OD_WP6_AP5_List of informants).

It has been suggested that the tool has to be completed by country or regional coalitions or partnerships, playing a central role in supporting the development, the dissemination and the implementation of services for managing hazardous and harmful alcohol consumption. If no such coalition or partnership exists, it has been suggested to use the opportunity of the ODHIN project to solicit the creation of a collaborating group with its first task to complete the tool.

It has been agreed:

- to send the tool by post (or email) to selected key informants or to complete it through the organization of ad hoc meetings with individual key informants,
- the tool can also be divided into separate sections to be completed by different key informants according to each different expertise,
- consensus can be achieved through meetings of coalitions or partnerships for certain questions which require opinion or expert judgment,
- to send only one completed questionnaire to the WP6 leaders after collecting the information from different key informants.

During the first 18 months of ODHIN project, the revision of PHEPA questionnaire, the description of the final tool and the translation of the questionnaire took less time than expected (also thanks to the ongoing complementary activities of the AMPHORA project) as well as the completion of the list of key informants has been facilitated by already available lists of European projects, such as AMPHORA and VINTAGE. Thus, we decided to anticipate the data collection (ongoing) and to postpone the workshop “Milestone MS5” from

M12 to M21. The workshop will aim at identifying the variables providing an estimate of the implementation and extent of IBI's to optimize and increase the value of the ongoing data collection activities.

During this period, a contact has been also planned with the project leaders of selected EU Projects and Networks on alcohol such as AMPHORA, PHEPA II, VINTAGE and with WHO in order to involve other European countries who are not ODHIN partners and contribute to improve the results.

For dissemination activities and publications see details in the sections below.

5. SIGNIFICANT RESULTS ACHIEVED SO FAR

The main result duly achieved has been the final version of the questionnaire ODHIN WP6 Assessment Tool. The availability of this questionnaire is instrumental to the scientific results that will be available only after data collection and data analysis.

The final version of the ODHIN assessment tool questionnaire has been attached (Appendix 1).

The following activities planned for ODHIN WP6 will be:

- Milestones (MS5): Workshop to identify the variables providing an estimate of the implementation and extent of IBI's (M21)
- Data collection (M27)
- Data analysis (M30)
- Deliverable (D6.1): Assessment tool final report (M36)

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

It has been agreed to optimize timing postponing the workshop Milestone (MS5) "*Workshop to identify the variables providing an estimate of the implementation and extent of IBI's*" from M12 to M21. It has been felt as an added value to gain the results from the collection to better finalize the workshop outcomes. The workshop will be held in Barcelona during the 9th conference of the International Network on BRIef Interventions for Alcohol problems - INEBRIA (27-28/09/2012). The adaptation of the timescale of the WP6 will not represent an obstacle to the development of planned activities but rather it will improve the performance of the WP6 team.

The adaptation of the timetable will also give us the possibility to contact and collect information from additional countries, as mentioned before. At this regards, contacts with the project leaders of selected EU Project and Network on alcohol such as AMPHORA, PHEPA II, VINTAGE and WHO have been activated.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

All objectives have been achieved so far, although the timescale has been revised to optimise the performance of the workshop, which is milestone MS5 (see section 8, below).

8. PROPOSAL OF CORRECTIVE ACTION

Timescale:

Description of the final tool (M6)

This task was due in M12, but took less time than expected. The resulting adaptation of the timescale of WP6 will not undermine the planned exploitation and development of the WP's activities. On the contrary, it will contribute to improving the results.

Translation of the questionnaire (M6)

This task was also due in M12, but took less time than expected. The resulting adaptation of the timescale of WP6 will not undermine the planned exploitation and development of the WP's activities. On the contrary, it will contribute to improving the results.

Identification of key informants and stakeholders (M6)

Instead of M15: the completion of the key informants list has been facilitated by existing available lists from European projects such as AMPHORA and VINTAGE. The resulting adaptation of the timescale of WP6 will not undermine the planned exploitation and development of the WP's activities. On the contrary, it will contribute to improving the results.

Data collection (M21)

The data collection was scheduled to be completed in M27: taking into consideration the previous comments and adjustments to the schedule we have decided to carry out the data collection from M7 until M21 (it has been also agreed to involve other European Countries, which are not included in the ODHIN project).

Milestone (MS5): Workshop to identify the variables providing an estimate of the implementation and extent of IBI's (M21)

This milestone was originally planned for M12: the workshop has been postponed until September 2012. In this way, an added value for the workshop's discussion will be the availability of the data collected.

9. WP MEETINGS AND CALLS

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) (VENUE/CITY/COUNTRY) | AIM OF THE MEETING | ATTENDEES |
|-------------------|--|--|--|---|
| 22/02/2011 | Face to face Kick-off meeting | Barcelona | WP6 first meeting, discussing methodology of the WP6 and assessment tool to be used. | Peter Anderson, Preben Bendtsen, Michaela Bitarello, Alan Brennan, Krzysztof Brzozka, Joan Colom, Paolo Deluca, Colin Drummond, Claudia Gandin, Antoni Gual, Andrzej Jakubczyk, Eileen Kaner, Marko Kolsek, Miranda Laurant, Silvia Matrai, Daniel Mcmanus, Artur Mierzecki, Dorothy Newbury-Birch, Cristina Ribeiro, Noemi Robles, Emanuele Scafato, Lidia Segura, Hana Sovinova, Fredrik Spak, Pierluigi Struzzo, Paul Wallace, Marcin Wojnar, Amy Wolstenholme |
| 17/10/2011 | CONFERENCE CALL | .. | Discussion of data collection, update on the description and translation of questionnaire. (see appendix | Peter Anderson, Toni Gual, Emanuele Scafato, Núria Charles-Harris |

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) (VENUE/CITY/COUNTRY) | AIM OF THE MEETING | ATTENDEES |
|-------------------|--|--|--|--|
| | | | OD_WP6_AP7_t (eleconference) | |
| 14-15/2/2012 | Face to face meeting | Barcelona | WP6: Discussion of the outcome of the activities already done, to be added, and planned for the coming months. | Peter Anderson, Colin Angus, Begoña Baena, Preben Bendtsen, Núria Charles-Harris, Joan Colom, Paolo Deluca, Colin Drummond, Claudia Gandin, Toni Gual, Andrzej Jakubczyk, Myrna Keurhorst, Karolina Kloda, Marko Kolsek, Miranda Laurant, Silvia Matrai, Artur Mierzecki, Dorothy Newbury-Birch, Katarzyna Okulicz-Kozaryn, Jillian Reynolds, Cristina Ribeiro, Gaby Ronda, Emanuele Scafato, Lidia Segura, Luiza Slodownik, Hana Sovinova, Fredrik Spak, Pierluigi Struzzo, Ben Van Steenkiste, Paul Wallace, Marcin Wojnar, Amy Wolstenholme |

10. LIST OF DISSEMINATION ACTIVITIES

The Work Package 6 partners have reported mentioning or discussing their WP6 work in ODHIN in each of the activities below, even where the project was not the primary focus of the activity or does not appear in the online documentation of the event.

Please see section 8 in the next work package report (on WP7) for a reflection from the coordinating team on how to improve the sustainable visibility of the ODHIN project and its funding source.

Activity 1

- Type of activity: Workshop
- Main Leader: Istituto Superiore di Sanità, Italy
- Title: Annual meeting of the National centre for epidemiology, surveillance and health promotion - CNESPS, ISS
- Date: 24-27/01/2012
- Place: Italy
- Type of audience: Scientific community
- Size of audience: 200
- Countries addressed: Italy
- Link to online information about this activity: Not available

Activity 2

- Type of activity: Conference
- Main Leader: Istituto Superiore di Sanità, Italy
- Title: Alcohol Prevention Day, ISS
- Date: 12/04/2012
- Place: Italy
- Type of audience: Scientific community (higher education, or Research); Industry; Civil society; Policy makers; Medias
- Size of audience: 350
- Countries addressed: Italy
- Link to online information about this activity:
<http://www.epicentro.iss.it/alcol/apd2012/PRESENTAZIONI/finale%20SCAFATO%20PER%20APD%20201>

2%20e%20EPICENTRO.pdf

<http://www.epicentro.iss.it/alcol/apd2011/presentazioni/alcoholpreventionday.pdf>

Activity 3

- Type of activity: Workshop
- Main Leader: Provincia di Roma, Assessorato alle Politiche Sociali e per la Famiglia – Fondazione Italiana Silvestrelli per l’Alcolismo. Istituto Superiore di Sanità, Italy
- Title: Alcolismo - tracce di un percorso persona, famiglia, società, cura
- Date: 01/06/2012
- Place: Italy
- Type of audience: Scientific community (higher education, or Research); Civil society; Policy makers; Medias
- Size of audience: 200
- Countries addressed: Italy
- Link to online information about this activity: Not available

Activity 4

- Type of activity: Conference
- Main Leader: Movimento Italiano Casalinghe Onlus (MOICA) – European Transport Safety Council – Università degli Studi di Brescia – WHO CC Research on Alcohol, ISS
- Title: Convegno Internazionale sulla sicurezza stradale: ricerca e tecnologia per la prevenzione dell’alcol alla guida
- Date: 17/05/2012
- Place: Italy
- Type of audience: Scientific community (higher education, or Research); Civil society; Policy makers; Medias
- Size of audience: 150
- Countries addressed*: Italy
- Link to online information about this activity: Not available

Activity 5

- Type of activity: Workshop
- Main Leader: Istituto Superiore di Sanità, Italy
- Title: Annual meeting of the National centre for epidemiology, surveillance and health promotion - CNESPS, ISS
- Date: 16-17/06/2011
- Place: Italy
- Type of audience: Scientific community, Policy makers; Medias
- Size of audience: 230
- Countries addressed: Italy
- Link to online information about this activity: Not available

Activity 6

- Type of activity: Workshop
- Main Leader: Osservatorio Sanità e Salute, ISS
- Title: Alcol e giovani: dalla ricerca alla promozione della salute
- Date: 28/04/2011
- Place: Italy
- Type of audience: Scientific community, Policy makers; Medias; Civil society

- Size of audience: 180
- Countries addressed: Italy
- Link to online information about this activity: Not available

Activity 7

- Type of activity: Presentation
- Main Leader: Istituto Superiore di Sanità – Presidenza del Consiglio dei Ministri, Dipartimento delle Politiche Antidroga
- Title: Training course on early identification and brief interventions on hazardous and harmful alcohol consumption
- Date: 30-31/05/2011
- Place: Italy
- Type of audience: Scientific community
- Size of audience: 30
- Countries addressed: Italy
- Link to online information about this activity: Not available

Activity 8

- Type of activity: Presentation
- Main Leader: Istituto Superiore di Sanità – Presidenza del Consiglio dei Ministri, Dipartimento delle Politiche Antidroga
- Title: Training course on early identification and brief interventions on hazardous and harmful alcohol consumption
- Date: 15-16/09/2011
- Place: Italy
- Type of audience: Scientific community
- Size of audience: 30
- Countries addressed: Italy
- Link to online information about this activity:
http://www.iss.it/binary/esps/cors/pieghevole_programma_formazione_ipibset.pdf

Activity 9

- Type of activity: Presentation
- Main Leader: Istituto Superiore di Sanità – Presidenza del Consiglio dei Ministri, Dipartimento delle Politiche Antidroga
- Title: Training course on early identification and brief interventions on hazardous and harmful alcohol consumption
- Date: 29-30/11/2011
- Place: Italy
- Type of audience: Scientific community
- Size of audience: 30
- Countries addressed: Italy
- Link to online information about this activity:
http://www.iss.it/binary/esps/cors/pieghevole_programma_formazione_ipib.pdf

Activity 10

- Type of activity: Presentation
- Main Leader: Istituto Superiore di Sanità – Presidenza del Consiglio dei Ministri, Dipartimento delle Politiche Antidroga

- Title: Training course on early identification and brief interventions on hazardous and harmful alcohol consumption
- Date: 23-24/05/2012
- Place: Italy
- Type of audience: Scientific community
- Size of audience: 30
- Countries addressed*: Italy
- Link to online information about this activity: Not available

Activity 11

- Type of activity: Presentation
- Main Leader: Istituto Superiore di Sanità, Regione Sardegna
- Title: Training course on "la comunicazione epidemiologica e il consumo dell'alcol: metodi e gestione"
- Date: 11-13/04/2011
- Place: Italy
- Type of audience: Scientific community
- Size of audience: 40
- Countries addressed: Italy
- Link to online information about this activity: Not available

Activity 12

- Type of activity: Presentation
- Main Leader: Centro Alcologico Regionale della Toscana – Azienda Sanitaria Locale Roma H, ISS
- Title: Training course on early identification and brief interventions per la prevenzione dei problemi e danni alcol correlati nei contesti lavorativi e nel PHC
- Date: 06-07/09/2011
- Place: Italy
- Type of audience: Scientific community
- Size of audience: 40
- Countries addressed: Italy
- Link to online information about this activity: Not available

Activity 13

- Type of activity: Conference
- Main Leader (partner institution): INEBRIA International Network on Brief Interventions for Alcohol Problems- GENCAT
- Title: 8th International Annual INEBRIA Conference
- Date: 21-23/09/2011
- Place of publication: Boston, USA
- Type of audience: Scientific community, Policy makers
- Size of audience: 150
- Countries addressed: International audience
- Link to online information about this activity: Not available

Activity 14

- Type of activity: Workshop
- Main Leader: The State Agency for Prevention of Alcohol Related Problems PARPA. Alcohol Policy Network for Europe meeting.

- Title: Research, advocacy and cooperation for European alcohol policy. Alcohol policy relevance of major international research projects
- Date: 10/10/2011
- Place: Poznan, Poland
- Type of audience: Scientific community, Policy makers
- Size of audience: 65
- Countries addressed: Europe
- Link to online information about this activity: <http://www.alcoholpolicynetwork.eu/meetings-and-activities/past/presentations-and-report>

Activity 15

- Type of activity: Conference
- Main Leader : The State Agency for Prevention of Alcohol Related Problems PARPA
- Title: Alcohol Policy in Poland and around Europe: Medical and Economic Disadvantages of Using Alcohol – MEDUSA Meeting
- Date: 11-12/10/2011
- Place: Poznan, Poland
- Type of audience: scientific community, policy makers
- Size of audience: 280
- Countries addressed: Europe
- Link to online information about this activity: <http://medusameeting.eu/>

Activity 16

- Type of activity: Conference
- Main Leader: Società Italiana di Alcologia (SIA) – Italian Society of Alcoholology, ISS
- Title: XXII Congresso Nazionale Società Italiana di Alcologia
- Date: 09-11/11/2011
- Place: Torino, Italy
- Type of audience: Scientific community, Policy makers
- Size of audience: Not available
- Countries addressed: Italy
- Link to online information about this activity: Not available

Activity 17 (activity not included in the ECAS portal as it doesn't fall under the available activity categories)

- Type of activity: Meeting – Grupo Técnico para o Desenvolvimento Cuidados de Saúde Primários. A Commission was created Dispatch n.º 13312/2011, of 2011-10-04 for Primary Health Care Reform Development. The main goal is to guarantee the continuity of reform and to improve efficiency and cost –effectiveness in Primary Health Care Reform
- Main Leader: Portugal - Primary Health Care –Técnic Group that advise the Secretary of State Assistant to the Minister for Health's Office. Av. João Crisóstomo, 9 - 4º 1049-062 Lisbon, PORTUGAL. TEL +351 21 330 50 00 FAX +351 21 330 51 42 www.portugal.gov.pt
- Title: Projecto ODHIN – Disseminação de Boas Práticas WP4 e WP6
- Date: 23/11/2011
- Place: Portugal
- Type of audience: Experts Primary Health Care
- Size of audience: Not available
- Countries addressed: Portugal
- Link to online information about this activity: Not available

Activity 18 (activity not included in the ECAS portal as it doesn't fall under the available activity categories)

- Type of activity: Meeting – Ministry of Health _General Directorate of Health – Quality Department
- Main Leader: Portugal - Ministry of Health
- Title: Meeting Alcohol related problems and Primary Health Care – including alcohol related problems – Screening and intervention – models of good practice in PHC reform NOC (s) – Clinical recommendations (Normas de Orientação Clínica)
- Date: 20/03/2012
- Place: Portugal.
- Type of audience: Meeting with the Head of Quality Department-General Directorate of Health
- Size of audience: 10
- Countries addressed: Portugal

Activity 19

- Type of activity: Meeting Presentation –Portuguese Society of Alcoholology
- Main Leader: Portugal - Portuguese Society of Alcoholology, IDT
- Title: Family Physicians and alcohol related problems. How to Prevent and treat
- Date: 15/06/2012
- Place: Oporto, Portugal
- Type of audience: Health Professionals (nurses, psychologists, medical doctors, social service)
- Size of audience: 300
- Countries addressed: Portugal
- Link to online information about this activity:
http://www.spalcoologia.org/images/programa_definitivo_xx_jornadas.pdf

Activity 20

- Type of activity: Conference presentation
- Main Leader: PAM - Pomeranian Medical University, Artur Mierzecki
- Title: Armamentarium lekarza rodzinnego wobec pacjentów pijących alkohol ryzykownie lub szkodliwie – projekt ODHIN (Armamentarium of family physician in regard to risky and harmful drinking patients – project ODHIN).
- Date: 25/ 05/2012
- Place: XII Family Medicine Congress, Warsaw
- Type of audience: Scientific community
- Size of audience: 1800
- Countries addressed: Poland
- Link to online information about this activity: Not available

Activity 21

- Type of activity: Popular press publication
- Main Leader: PAM - Pomeranian Medical University, Artur Mierzecki
- Title: PUM – partner w 7. Programie Ramowym UE (PMU – partner in 7-th Framework Programme of EU)
- Date: 01/11/2011
- Place: Pomeranian Medical University Bulletin
- Type of audience: Scientific community
- Size of audience 520
- Countries addressed: Poland
- Link to online information about this activity:
<http://zbc.ksiaznica.szczecin.pl/dlibra/doccontent?id=21751>

Activity 22

- Type of activity: Newsletter publication
- Main Leader: Instituto da Droga e da Toxicodependencia
- Title: A detecção precoce e intervenção breve no consumo nocivo de álcool nos Cuidados de Saúde Primários
- Date: 30/06/2011
- Place: <http://news.fm.ul.pt/Content.aspx?tabid=73&mid=491&cid=1527>
- Type of audience: Scientific community
- Size of audience: Not available
- Countries addressed: Portugal
- Link to online information about this activity:
<http://news.fm.ul.pt/Content.aspx?tabid=73&mid=491&cid=1527>

11. PROJECT PUBLICATIONS

Publication 1

- Title: A medicina geral e familiar e a abordagem do consumo de álcool. Detecção e intervenções breves no âmbito dos Cuidados de Saúde Primários
- Main Author: Cristina Ribeiro
- Other authors: ..
- Title of the periodical or the series: Acta Médica Portuguesa – revista indexada –factor de impacto
- Publisher: Ordem dos Médicos - Portugal
- Place of publication: Acta Med Port 2011; 24(S2): 355-368 (Revista da Ordem dos Médicos)
- Date of publication: December 2011
- Relevant pages: 355-368
- Permanent identifiers (if available): Not available
- Open access is/will be provided to this publication: yes
- Link to online abstract/text (if available): <http://www.actamedicaportuguesa.com/pdf/2011-24/suplemento-originais/355-368.pdf>

Publication 2

- D.O.I: Not available
- Title: Rastreio do consumo de álcool nos cuidados de saúde primários - atitudes dos utentes
- Main Author: Pedro Campos
- Other authors: Cristina Ribeiro
- Title of the periodical or the series: Revista Portuguesa de Medicina Geral e Familiar
- Number, date or frequency: ISSN 2182-5173 • Publicação Bimestral • Março/Abril 2012 • Vol 28 • N.o 2
- Publisher: Associação Portuguesa de Medicina Geral e Familiar
- Place of publication: n.a.
- Date of publication: 03/04/2012
- Relevant pages: 98-104
- Permanent identifiers (if available): Not available
- Open access is/will be provided to this publication (yes/no): yes
- Link to online abstract/text (if available):
http://www.clipquick.com/Files/Imprensa/2012/0301/7/1_1822935_0103AF1CB3180F7B708D54BA4B896479.pdf

Publication 3

- D.O.I: not available
- Title: Increasing the activity of family physicians in the area of anti-alcohol brief interventions protocol of RCT within ODHIN project
- Main Author: Artur Mierzecki
- Other authors: Karolina Kłoda, Peter Anderson, Antoni Gual, Krzysztof Brzózka, Marcin Wojnar, Katarzyna Okulicz-Kozaryn, Maciek Godycki-Ćwirko
- Title of the periodical or the series: Family Medicine Topics (Problemy Medycyny Rodzinnej)
- Number, date or frequency: MARCH 2012, VOL. XIV, No. 1
- Publisher: "AKTIS" Sp. Z o o
- Place of publication: Łódź
- Date of publication: 01/03/ 2012
- Relevant pages: 35-38
- Permanent identifiers: Not available
- Open access is/will be provided to this publication: No
- Link to online abstract/text: Not available

12. APPENDICES

| NAME FILE ATTACHED | TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | COMMENTS |
|-----------------------------------|--|--|----------|
| OD_WP6_AP1_Assessment tool | Other task | Development of assessment tool | |
| OD_WP6_AP2_Assessment tool_CZ | Other task | Development of assessment tool | |
| OD_WP6_AP3_Assessment tool_SI | Other task | Development of assessment tool | |
| OD_WP6_AP5_Assessment tool_PT | Other task | Development of assessment tool | |
| OD_WP6_AP5_List of key informants | Other task | Development of assessment tool | |
| OD_WP6_AP6_Ribeiro | Other activity | Dissemination to scientific community | |
| OD_WP6_AP7_teleconference | Other activity | .. | |

13. STATEMENT ON THE USE OF RESOURCES – WP6

| Beneficiary's Short Name | Total estimated PMs for the project | PMs reported for the 1st period |
|-----------------------------|--|------------------------------------|
| 15-ISS | 8 | 7,69 |
| 1-FCRB | 2 | 0,34 |
| 2-RUNMC | 2 | 0,97 |
| 5-CEFOMED | 2 | 0 |
| 6-NU | 5 | 2,33 |
| 7-KCL | 2 | 0 |
| 8-UGOT | 2 | 0 |
| 9-LIU | 2 | 0,59 |
| 10-GENCAT | 2 | 1,07 |
| 11-PARPA | 2 | 0,06 |
| 13-UL | 4 | 2,2 |
| 14-IDT | 4 | 2 |
| 16-UM | 2 | 0,832 |
| 17-SZU | 4 | 2,63 |
| 18-PAM | 2 | 0,5 |
| TOTAL | 45 | 21,212 |

WP7 – FROM SCIENCE TO POLICY

1. WP LEADER:

GENCAT (DEPARTAMENT DE SALUT – GENERALITAT DE CATALUNYA, SPAIN)

2. OTHER PARTNER INSTITUTIONS INVOLVED:

FCRB (FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA /HOSPITAL CLINICO PROVINCIAL DE BARCELONA – HCPB, SPAIN)

NU (NEWCASTLE UNIVERSITY, INSTITUTE OF HEALTH AND SOCIETY, NEWCASTLE, UNITED KINGDOM)

3. DESCRIPTION OF WP OBJECTIVES

The aim of ODHIN as a whole is to contribute to the body of knowledge of how to optimize the delivery of identification and brief interventions (IBI) for hazardous and harmful alcohol consumption in Primary Health Care (PHC). In this framework, the overall objective of WP7 is to bring about a better understanding of how to translate the results of clinical research in everyday practice in PHC settings supported by evidence-based policy, using two tools: a publication, ‘future challenges guidance’, and decision maker dialogues, leading to the development of a strategy and tool kit on effective approaches to adopting IBI into daily practice and making them available to the general population.

To achieve this, the following steps were defined:

1. To disseminate the findings amongst the scientific community
2. To form a critical mass of IBI implementation researchers (network)
3. To update and expand the clinical evidence-based database on effective and cost-effective IBI measures for use in PHC
4. To translate science into easily understandable conclusions and recommendations for PHC professionals, policy makers and the public

The WP7 objectives for months 1-18 include:

- The development of a project website for dissemination of findings and integration of work packages (contributing to steps 1 and 2 above)
- the initiation of decision makers’ dialogue to discuss research direction of project

4. CONCISE DESCRIPTION OF THE PROGRESS TOWARDS OBJECTIVES IN THE 1ST REPORTING PERIOD, INCLUDING DETAILS FOR EACH OF THE WP’S TASKS

The ODHIN website was created in two stages: a temporary Google site was set up in order to disseminate information among the ODHIN partners and to establish a web presence for relevant stakeholders very early on in the project; following this, a permanent site was developed (www.odhinproject.eu), in accordance with FP7 website guidelines, interlinked with existing projects’ websites such as www.phepa.net and www.inebria.net, and allowing a variety of functions with the aim of contributing to the project dissemination strategy and networking, such as an intuitive structure, intranet and document filing system. The temporary web address now re-directs automatically to the permanent website.

The permanent site website contains all project resources and databases, and is continually updated with material from project meetings, project documents, related scientific references and reports on the progress achieved by the work packages.

Screen shots from the ODHIN permanent website can be seen in appendix 1 (OD_WP7 – AP 1 – Screenshots of the ODHIN website)

As a prelude or support to policy dialogues, it was seen as important that the project be **launched to the press** as widely as possible. A press launch was held in conjunction with the first general partners' meeting in Barcelona in February 2012, and a press release in English was also sent to international press release portals.

The press release can be seen in appendix 2 (OD_WP7 - AP 2 – ODHIN press release).

Policy makers' dialogues were initiated in 6 locations: the autonomous region of Catalonia in Spain, Portugal, Sweden, Czech Republic, The Netherlands and Poland. To maximise engagement, in each place the format and context was adapted to accommodate and/or build upon existing partnerships, interest groups and political impetus or opportunities.

Catalonia –

A series of five policy makers' dialogues were held between October 2011 and March 2012, involving the ODHIN partners (among who are representatives of the Catalan Health Agency of the Catalan autonomous government) and representatives of the Catalan Health Institute (ICS), responsible for the provision of the majority of healthcare services in Catalonia.

The aim of the meetings was to give a global and detailed introduction to the project and open lines of collaboration for future work together on specific work packages (such as WP5 – the RCT) and further implementation of evidence-based policy.

Summaries of these policy makers' dialogue meetings can be seen in appendix 3 (OD_WP7 - AP 3 - Policy dialogues Catalonia).

Portugal –

As well as the ODHIN project being discussed in regular meetings between the Portuguese project partner (advisor to the health ministry) and the secretary of state for health, three further policy dialogue meetings took place. The aims of these meetings with different policy groups were to: raise the profile of screening and brief interventions, present the ODHIN project and methodologies and to discuss and set in motion the development of new indicators for alcohol drinking behaviour and alcohol related harm.

A summary of this policy makers' dialogue meeting can be seen in appendix 4 (OD_WP7 - AP 4 - Policy dialogues Portugal).

Sweden –

One policy makers' dialogue was held in Stockholm in the context of the end of national project on risk drinking, and at the time of also gathering data for ODHIN WP6. At the meeting, policy issues relating to screening and brief intervention for alcohol risk and problem drinking was discussed.

A summary of this policy makers' dialogue meeting can be seen in appendix 5 (OD_WP7 - AP 5 - Policy dialogues Sweden).

Czech Republic –

One policy makers' dialogue was held in February 2012, in the context of a meeting of the 'Working Group for Addictive Diseases'. The aim of the policy makers' dialogue in this meeting was to present ODHIN and gauge interest from the Ministry of Health on the research to be covered by the project.

A summary of this policy makers' dialogue meeting can be seen in appendix 6 (OD_WP7 - AP 6 - Policy dialogues Czech Republic).

The Netherlands –

One policy makers' dialogue meeting was held in March 2012, with the aim of discussing among a broad group of professionals who aim to influence on policy in partnership, the goals, activities and progress of the ODHIN project along with other projects in PHC and other areas of early interventions for harmful and hazardous alcohol consumption.

Individual pieces of work from the project were highlighted, specifically, WP3, WP2 and WP5 and their relevance for policy discussed.

A summary of this policy makers' dialogue meeting can be seen in appendix 7 (OD_WP7 - AP 7 - Policy dialogues Netherlands).

Poland –

One policy makers' dialogue was held in June 2012, in the Polish Ministry of Health. The aim of the policy makers' dialogue in this meeting was to present information on ODHIN and the state of the art in the field of screening and brief interventions in the Polish context to the government official in the Ministry of Health.

A summary of this policy makers' dialogue meeting can be seen in appendix 8 (OD_WP7 - AP 8 - Policy dialogues Poland).

5. SIGNIFICANT RESULTS ACHIEVED SO FAR

The ODHIN Website:

The ODHIN permanent website was launched in December 2011 and is now fully functional, comprising public pages and an intranet of private pages, visible only to those registered users (the ODHIN partners). The pages are divided into the following sections:

- Home page – including an overall description of the project, modules linking to highlighted resources, a calendar and collaborating and related projects;
- Project structure – with short descriptions of each work package and pages giving more detailed information, including the leading institutions to enable public visitors to identify key actors in each sub-field;
- Partners – giving a full list of partner institutions and a link for registered partners to access contact details;
- Events (information and material on past and future project meetings and related future events which could be of interest to partners and key stakeholders in the field of alcohol policy and interventions);
- Resources – this section is developing continuously and comprises several important sub-sections: 'Documents', archives with project documents (private and public) and related scientific literature, the 'Brief Interventions Database', which is currently interlinked with the PHEPA database categories, pending modifications and re-publishing at a later stage of the project, the 'ODHIN Publication Register', a tool to allow coordination and tracking of project publications on deliverables and to facilitate collaborative publications between the ODHIN scientists, and 'Links' directing users to the websites of a number of related initiatives, networks, datasets and projects at the national, European and global levels;
- Contact – providing the roles and contact details of members of the project coordinating team.

Press launch of ODHIN:

The ODHIN project was launched to the local and national press in Spain, resulting in 21 articles (print and online), release by 3 news agencies, 3 radio interviews and 1 television interview. The press release was also included in the international press release portal 'Eureka' and the blog spots of IDIBAPS and Hospital Clinic, which have international readership.

Policy makers' dialogues:

Policy makers' dialogues in all participating locations have resulted in the establishment of a forum for on-going discussion around policy to support effective and evidence-based IBIs in PHC settings for hazardous and harmful alcohol consumption. In all cases, the meetings are set to continue in the next reporting period of the project.

Catalonia –

During the 5 meetings, the overall aim, specific objectives and methodology of ODHIN were presented and discussed, as well as the probable products and tools that will be outputs from the work. Detailed technical discussion of the project methodology took place and the ICS offered concrete suggestions for the development of project work. The impact for policy makers of these meetings was also noted, and support and collaboration resulted from discussions.

A more detailed account of the outcomes of these policy makers' dialogue meetings is given in appendix 3.

Portugal –

During the 4 meetings, the existing context and policy relevance and methodology of ODHIN was presented to the Portuguese Ministry of Health, the Central Administration of Health Services and the General Health Directorate, and discussions took place on the best way to implement and disseminate IBI in PHC in Portugal.

A more detailed account of the outcomes of this policy makers' dialogue meeting is given in appendix 4.

Sweden –

Details of the ODHIN project and current and forthcoming policy considerations for IBI were discussed at the meeting, and there was a request for the project partners to keep policy representatives informed on progress in various aspects of ODHIN and a clear intention that collaboration between researchers and policy makers should continue for this field.

A more detailed account of the outcomes of this policy makers' dialogue meeting is given in appendix 5.

Czech Republic –

The presentation of preliminary information on the project resulted in interest from the representatives of the Ministry of Health present, and it was decided that the dialogue would be re-convened when there are preliminary results available for discussion.

A more detailed account of the outcomes of this policy makers' dialogue meeting is given in appendix 6.

The Netherlands –

Interest in ODHIN was expressed and it was decided that the project would be discussed in depth at the next steering committee meeting of the Partnership for Early Identification of Hazardous or Harmful Alcohol Consumption, which is scheduled for September 2012.

A more detailed account of the outcomes of this policy makers' dialogue meeting is given in appendix 7.

Poland –

The representative of the Ministry of health was informed about the project and field of IBI for hazardous and harmful alcohol consumption. In addition, discussions on the process for including a model intervention in Polish public health units and means to achieve sustainability of funding were discussed.

A more detailed account of the outcomes of this policy makers' dialogue meeting is given in appendix 8.

6. REASONS FOR DEVIATIONS FROM THE DESCRIPTION OF WORK AND THEIR IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

The development of the ODHIN website has proceeded as planned.

The Decision Maker Dialogues were originally planned as two European level meetings between policy makers and the ODHIN scientists, the first in conjunction with the APN within the first year of the project, to feed back on the ODHIN work plan, and the second in the year 4, to disseminate findings. The meetings were conceptualised as taking place as events of EU presidencies of 2 ODHIN partners' countries.

Given the difficulty of convening a large EU-level policy decision makers' dialogue meeting in a short time, and the importance of ensuring the attendance of key decision makers with the appropriate expertise and authority to comment on the work plan and research, it was decided that a more effective approach would be to ask ODHIN partners to arrange small meetings with regional or national policy makers to raise awareness of the project aims and the field of research, gather feedback on the methodology proposed and prime them in preparation for participating in a single larger meeting at a later date where results could be presented. Additional advantages of this approach are that it is easier to organise such meetings around fewer policy makers' busy schedules, and in their own language, and that the smaller encounters could be timed to coincide with local initiatives, other meetings on similar topics or tailored to the local context. These preliminary meetings have also been able to focus more concretely on the parts of the ODHIN project in which the partner in that country is involved, for example carrying out work on the RCT work package in that country or region, which could be considered to be a more attention-grabbing and easily-relatable topic for discussion with the policy representatives.

The project coordinators therefore propose to hold a pan-European policy dialogue in the 3rd or 4th year of the project, inviting, among others, those key policy-makers which have been involved in the national policy dialogues. Whilst the ideal context would be as part of an EU presidency agenda, flexibility on the location and timing of the meeting may be necessary, as it may not always be possible to convene the events in countries at the time of EU Presidencies.

7. REASONS FOR FAILING TO ACHIEVE CRITICAL OBJECTIVES AND /OR NOT BEING ON SCHEDULE, EXPLAINING IMPACT ON OTHER TASKS AS WELL AS ON AVAILABLE RESOURCES AND PLANNING

See section 6, above.

8. PROPOSAL OF CORRECTIVE ACTION

See section 6, above.

Throughout the reporting period, it was noticed that, although a good number of dissemination activities had been carried out, and with a wide variety of audiences, many of the supporting documentation found online (e.g., conference programmes and presentations available on the event websites, online press articles) did not mention the ODHIN project by name. This has raised some concern on the part of the coordinating partner (FCRB), in that the visibility of the project and EC FP7 funding could be improved, which would contribute to the impact of the project's results at a later date. It is planned to carry out a quick internal mail-out 'campaign', perhaps followed up at the next general partners' meeting, to sensitize *all* the ODHIN partners to the need to explicitly include the project name and funding source in materials that will remain online or reach a broad audience (such as press items).

9. WP MEETINGS AND CALLS

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) | AIM OF THE MEETING | ATTENDEES |
|-------------------|--|---|--|---|
| 22/02/2011 | Face to face Kick-off meeting | Barcelona | WP7 first meeting discussing the design of the website, the optimal timing and format for policy dialogues, and forthcoming dissemination opportunities. | Peter Anderson, Preben Bendtsen, Michaela Bitarello, Alan Brennan, Krzysztof Brzozka, Joan Colom, Paolo Deluca, Colin Drummond, Claudia Gandin, Antoni Gual, Andrzej Jakubczyk, Eileen Kaner, Marko Kolsek, Miranda Laurant, Silvia Matrai, Daniel Mcmanus, Artur Mierzecki, Dorothy Newbury-Birch, Cristina Ribeiro, Noemi Robles, Emanuele Scafato, Lidia Segura, Hana Sovinova, Fredrik Spak, Pierluigi Struzzo, Paul Wallace, Marcin Wojnar, Amy Wolstenholme |
| 7/10/2011 | Face to face Catalan policy dialogue | Barcelona | Initial meeting to present ODHIN to the Catalan Health Institute | Toni Gual, Lidia Segura, Begoña Baena, Sebastià Calero, Manolo Madina, Carmen Olmos |
| Various | Face to face Portuguese policy meetings | Lisbon | Present context and policy relevance to Portuguese Ministry of Health | Cristina Ribero, Secretary of State for Health and other Ministry Staff |
| 20/10/2011 | Face to face Portuguese policy dialogue | Lisbon | Present ODHIN methodology to the Central Administration of Health Services | Cristina Ribero, Experts on PHC and staff from administrative body |
| 23/11/2011 | Face to face Portuguese policy dialogue | Lisbon | Discussion of best way to implement and disseminate IBI in PHC in Portugal. | Cristina Ribero, Technical Group Advising Secretary of State for Health |
| 24/11/2011 | Face to face Catalan policy dialogue | Barcelona | Discuss details of the ODHIN work with the Catalan Health Institute | Joan Colom, Toni Gual, Lidia Segura, Begoña Baena, Sebastià Calero, Manolo Madina, Carmen Olmos |
| 29/11/2011 | Face to face Swedish policy dialogue | Stockholm | Discuss policy issues relating to IBI programmes with MoH and National Board of Health and Welfare | Preben Bendtsen, Fredrik Spak, Maria Renstrom, Irene Nilsson-Karlsson |
| 9/01/2012 | Face to face Catalan policy dialogue | Barcelona | Technical meeting to coordinate work with the Catalan health centres | Lidia Segura, Begoña Baena, Carmen Olmos, Miquel Buti |
| 7/02/2012 | Face to face Czech policy dialogue | Prague | Present ODHIN in frame of NIPH activities | Csémy Ladislav, Verdralová Jarmila, Tomáš Jung, Lenka Kostelecká, Other Researchers And Clinicians |
| 22/02/2012 | Face to face Catalan policy dialogue | Barcelona | Discuss data collection and system of incentives in Catalan health centres | Toni Gual, Lidia Segura, Begoña Baena, Jorge Palacio, Sebastià Calero, Manolo Madina |
| 9/03/2012 | Face to face Catalan policy dialogue | Barcelona | Ethical issues of the ODHIN protocol and linkage with governmental programme | Joan Colom, Toni Gual, Lidia Segura, Jillian Reynolds, Begoña Baena, Maite Sagner, German Guia, Carmen Olmos, Sebastià Calero, Manolo Madina |
| 9/03/2012 | Face to face Dutch policy dialogue | Utrecht | Discuss goals activities and progress with steering committee of Partnership on Early Identification Of Hazardous Alcohol Consumption | Miranda Laurant, Adam De Jong, Gerard Schippers, Liesbeth Naaborgh, Ton Drenthen, Erica Ven-Der Schreik-De Loos, Rob Bovens, Wim Buisman |
| 20/03/2012 | Face to face Portuguese policy dialogue | Lisbon | Present study of good practice to General Health Directorate and discuss implementation and dissemination options | Cristina Ribero, Director of Quality Dept Of General Health Directorate |
| 14-15/2/2012 | Face to face General partner meeting | Barcelona | WP7 discussions on procedure to adopt with policy dialogues and progress | Peter Anderson, Colin Angus, Begoña Baena, Preben Bendtsen, Núria Charles-Harris, Joan Colom, Paolo |

| DATE (DD/MM/YYYY) | TYPE (FACE TO FACE MEETING OR CONFERENCE CALL) | LOCATION (ONLY IF FACE TO FACE MEETING) | AIM OF THE MEETING | ATTENDEES |
|-------------------|--|---|---|--|
| | | | made on the website and other dissemination activities. | Deluca, Colin Drummond, Claudia Gandin, Toni Gual, Andrzej Jakubczyk, Myrna Keurhorst, Karolina Kloda, Marko Kolsek, Miranda Laurant, Silvia Matrai, Artur Mierzecki, Dorothy Newbury-Birch, Katarzyna Okulicz-Kozaryn, Jillian Reynolds, Cristina Ribeiro, Gaby Ronda, Emanuele Scafato, Lidia Segura, Luiza Slodownik, Hana Sovinova, Fredrik Spak, Pierluigi Struzzo, Ben Van Steenkiste, Paul Wallace, Marcin Wojnar, Amy Wolstenholme |
| 25/06/2012 | Face to face Polish policy dialogue | Warsaw | Present ODHIN and discuss cooperation between PARPA and MoH on IBI programmes | Krzysztof Brzózka, Aleksander Soplinski (MoH) |

10. LIST OF DISSEMINATION ACTIVITIES

Activity 1

- Type of activity: Website
- Main Leader: Fundació Privada Clínic per a la Recerca Biomèdica
- Title: The ODHIN project website
- Date: 20/12/2011
- Place: www.odhinproject.eu
- Type of audience: Scientific community, policy makers, civil society, medias
- Size of audience: 500
- Countries addressed: Europe
- Link to online information about this activity: www.odhinproject.eu

Activity 2

- Type of activity: Bulletin News (news published in bulletin)
- Main Leader: GENCAT
- Title: Projecte ODHIN, un nou repte per la millora del cribratge d' alcohol
- Date: 20/12/2011
- Place: Drink less Bulletin (Butlletí del Beveu Menys)
- Type of audience: Public health professionals of Catalonia, scientists
- Size of audience: 500
- Countries addressed: Catalonia (Spain)
- Link to online information about this activity: <http://146.219.25.61/butlletins/public/view-not.php?ID=104&idnot=1007&SKIN=0>

Activity 3

- Type of activity: Press release and press conference (media briefing)
- Main Leader: Fundació Privada Clínic per a la Recerca Biomèdica
- Title: ODHIN Press release: The ODHIN project aims to improve screening and brief interventions in primary care to reduce hazardous drinking
- Date: 14/02/12
- Place: press release by mail and on-line

- Type of audience: Media
- Size of audience: 2
- Countries addressed*: Spain, Europe
- Link to online information about this activity:
http://www.odhinproject.eu/resources/documents/cat_view/3-odhin-project-documents.html

Activity 4 (activity not included in the ECAS portal as it doesn't fall under the available activity categories)

- Type of activity: Meeting – Ministry of Health _ACSS
- Main Leader: Portugal - ACSS – Administração Central Serviços de Saúde, IDT
- Title: Meeting about indicators of performance in Primary Health Care – including alcohol related problems – Screening and intervention
- Date: 20/10/2011
- Place of publication: Indicadores CSP_site ACSS
- Type of audience: Experts Primary Health care and Central Administration
- Size of audience: Not available
- Countries addressed: Portugal
- Link to online information about this activity (if available):

Activity 5: (activity not included in the ECAS portal as it doesn't fall under the available activity categories)

- Type of activity: Meeting – SICAD
- Main Leader: Portugal - IDT has a new legal official name - SICAD – Additive Behaviours Service – Ministry of Health
- Title: Definition - strategy of implementation of Screen and Brief intervention according to new process of integration into health care services. Methodology of project dissemination of national level
- Date: 25/06/2012
- Place: Lisbon
- Type of audience: Head of SICAD with specific departments such as treatment department and financial department
- Size of audience: Experts and head of SICAD departments
- Countries addressed: Portugal
- Link to online information about this activity: Not available

11. PROJECT PUBLICATIONS

None so far.

12. APPENDIXES

| NAME FILE ATTACHED | TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | COMMENTS |
|--|--|--|----------|
| OD_WP7 – AP 1 – Screenshots of the ODHIN website | OTHER ACTIVITY | Dissemination (Website) | |
| OD_WP7 – AP 2 – ODHIN press release | OTHER ACTIVITY | Dissemination (press) | |
| OD_WP7 – AP 3 – Policy dialogues Catalonia | MILESTONE | MS6 | |
| OD_WP7 – AP 4 – Policy dialogues Portugal | MILESTONE | MS6 | |
| OD_WP7 – AP 5 – Policy dialogues Sweden | MILESTONE | MS6 | |

| | | | |
|--|-----------|-----|--|
| OD_WP7 - AP 6 - Policy dialogues Czech Republic | MILESTONE | MS6 | |
| OD_WP7 - AP 7 - Policy dialogues Netherlands | MILESTONE | MS6 | |
| OD_WP7 - AP 8 - Policy dialogues Poland | MILESTONE | MS6 | |

13. STATEMENT ON THE USE OF RESOURCES – WP7

| Beneficiary's Short Name | Total estimated PMs for the project | PMs reported for the 1st period |
|--------------------------|-------------------------------------|---------------------------------|
| 10-GENCAT | 6 | 1,76 |
| 1-FCRB | 6 | 1,35 |
| 6-NU | 18 | 1 |
| TOTAL | 30 | 4,11 |

WP1 – COORDINATION. PROJECT MANAGEMENT

1. WP LEADER:

FCRB (FUNDACIO PRIVADA CLINIC PER A LA RECERCA BIOMEDICA /HOSPITAL CLINICO PROVINCIAL DE BARCELONA – HCPB, SPAIN)

2. OTHER PARTNER INSTITUTIONS INVOLVED

None

3. CONSORTIUM MANAGEMENT TASKS AND ACHIEVEMENTS

WP1 is in charge of the coordination and management of ODHIN both at administrative, financial and scientific level. During the first 18 months of the project, creating efficient communication channels between the project participants has been a key task, as this has enabled both collaboration and exchange of ideas between the different scientists involved in the project's seven work packages, and also continuous support and follow-up of the different tasks foreseen in each work package. In this sense, coordination and communication have run through three main channels:

Regular e-mail exchange with the participants in each work package has taken place to discuss both technical and organisational matters. A **database** with all participants valid e-mail addresses has been created¹, and mailing lists have been created for each Work Package, enabling e-mail thread discussions both on general and work package specific issues. This has proved to be a most helpful tool both in preparatory and completion phases of the project's events and outputs, enabling transparency and equal opportunities to all scientists to contribute to the discussions, and ensuring communication between the project's participants on a weekly basis.

Rounds of conference calls between the coordination team and the work package leaders have taken place at two key moments of the first reporting period: at the midpoint of the reporting period (Autumn 2011), focusing on the ongoing scientific activities, ensuring that all tasks were moving forward as planned, agreeing any necessary corrective measures and planning the second plenary meeting; and in Spring 2012, to monitor the steps taken since the meeting and to give guidance about the preparation of the first periodic report. Whereas the first round of calls was organised per work packages, the second round was organised on a country basis, inviting all country participants. This was so because, besides discussing transversal project matters, special attention was given to the preparation of WP5's stepped cluster RCT in each of the countries.

Plenary meetings: All partners were brought together in Barcelona twice in this period: the ODHIN Kick Off meeting was held on 21-23rd February 2011 (see agenda "OD_WP1_AP1_agenda_FEB2011"), and the second plenary meeting took place on 14-15th February 2012 (see agenda "OD_WP1_AP2_agenda_FEB2012"). The aim of the Kick off meeting was to plan the project work and prepare partners to start their respective tasks, and coordinate and synergise the work and time schedule. The second plenary meeting focused on the scientific progress made in each work package over the first year and on operationalising the work plan of the years ahead.

A fourth communication channel was fully functional by early 2012: the **password-protected members' area of the ODHIN website** (www.odhinproject.eu; see section 3-WP7 *From Science to Policy* for a full description

¹ This password-protected Microsoft Access database contains relevant contact and institutional details of the scientific contact persons, scientific collaborators and administrative and financial contact persons of each partner institution.

of the development of the website). The password-protected intranet is intended as a tool for sharing all relevant project-related documents (presentations, in-house guidelines, research protocols, scientific articles), but also for enhancing synergies and communication between partners, as this enables adding contents or links to relevant information as proposed by the project members.

Following the second plenary meeting in 2012, a fifth communication channel has been put into practice: the **ODHIN Publications Register**. The aim of this register is to inform all partners of publication ideas (to facilitate collaboration and prevent duplication) and keep track of publications in process or arising from the project work, including project deliverables and milestones (for reporting and referencing). This register is available on the ODHIN intranet, and is updated periodically by the project's coordination team. A specific procedure has been adopted so that ODHIN participants can propose and “register” their new publication ideas:

Step 1: any ODHIN scientist interested in authoring a publication related to the ODHIN project is asked to inform the Coordinating team of the “publication idea” via e-mail, explaining the aim and tentative schedule of the publication.

Step 2: the Coordinating team informs all ODHIN scientists of the “publication idea”, sending an e-mail to all participants, and asks if any other ODHIN scientists wish to collaborate in writing on that subject or have any concrete reservations/comments, with a deadline of two weeks for responses.

Step 3: After two weeks:

a. If the Coordinating team has received no feedback, the “publication idea” is considered as accepted, and therefore it is included in the online ODHIN Publications Register (for ODHIN partners only).

b. If the Coordinating team receives comments, they will liaise with the partners involved to move development of the publication forward.

During the course of work: For publications that are not Deliverables or Milestones, any changes in plans for publication are to be communicated to the Coordinating team.

The Coordinating team has also established **Publication Guidelines** for the ODHIN project (see OD_WP1_AP3_PUBLICATION_GUIDELINES), which has been sent to all participants and is available on the project website. Amongst others, authors are enhanced to seek open access, agreed acknowledgement, and reminded to inform the ODHIN coordinating team when papers are submitted or published, also sending a copy to all participants.

Project funding management

The **pre-financing** of the financial contribution of the European Commission to the ODHIN project was received at the Coordinator’s bank account on 17th January 2011, and was distributed to most partners by 18th March 2011, except for beneficiaries 4-UoY, 11-PARPA, and 18-PAM who received the payment by 10th June 2011, and 14-IDT by 1st August 2011. The delay in transferring the pre-financing to the aforementioned four beneficiaries was due to their late providing of bank details to the Coordinator.

The pre-financing generated an **interest** of 1,946.94 euro at the Coordinator’s bank account, which has duly been declared in the financial statement (Form C) of beneficiary 1-FCRB.

Financial reporting

Beneficiaries were requested by the Coordinator to fill in and submit their financial cost statement through the ECAS Participant Portal. They were instructed to include the names of the personnel whose salary costs have been claimed under the project, and also to detail all other direct or subcontracting costs claimed. For travel costs, the names of the personnel who travelled, dates and events attended have been requested.

Some beneficiaries included all requested details in the tables included in the online Form C template, while others provided further details in a separate Excel sheet. **Appendix OD_WP1_Use of Resources by Beneficiary.pdf** contains a table with the aforementioned details for each individual beneficiary.

Beneficiary 8-UGOT has not been able to declare RTD/Personnel costs in their current financial statement as these costs have not yet been recorded in their project account due to a delay in internal invoicing. An explanation letter issued by 8-UGOT has been included in the aforementioned appendix containing details on the use of resources for each beneficiary.

Beneficiary 9-LiU has requested a budget reallocation (see also section “Budget reallocation requests” below) in order to be able to cover the actual reimbursement costs (55,000 euros) to Primary Health Care providers in WP5, as these costs were seriously underestimated (8,000 euros). LiU will contribute with the same amount of working time of their researchers as originally estimated, but will not request EU funding for the reallocated amount (47,000 euros), unless there will be a left-over from the overall budget of the whole consortium in the final report. Therefore, their actual RTD/Personnel costs in the reported period have been included in their financial statement, but, for the time being, no EU contribution has been requested.

As for differences between the estimated number of person-months (PMs) and the number of PMs actually claimed by the beneficiaries, some beneficiaries have already informed that they expect to report slightly different numbers of PMs than originally estimated, due to the difference between their current actual PM costs and those estimated during the negotiation of the grant. However, all affected beneficiaries will report PMs in accordance with their actual activities and products delivered, and will claim costs *within their maximum EU contribution*. For further details on PMs reported per work package and per beneficiary, please see section **7. SUMMARY ON THE USE OF RESOURCES PER WORK PACKAGE AND PER BENEFICIARY** below.

The **original** signed and stamped **copies of the Form C** submitted through the Participant Portal will be sent by courier as soon as possible to the attention of the EC Project Officer currently in charge of the ODHIN project

Budget reallocation requests

| BUDGET REALLOCATION REQUEST 1-FCRB AND BETWEEN 1-FCRB AND 10-GENCAT | | | | | | |
|---|-----------|------------|----------|-----------|-----------|---|
| BEFORE REALLOCATION | | | | | | |
| | 1-FCRB | | | | 10-GENCAT | |
| | RTD | Management | Other | Total | RTD | Total |
| Personnel | 113084,00 | 126375,00 | 19500,00 | 258959,00 | 109286,00 | 109286,00 |
| Subcontracting | 30000,00 | 2000,00 | 12000,00 | 44000,00 | 6000,00 | 6000,00 |
| Other direct | 9500,00 | 3000,00 | 5000,00 | 17500,00 | 15714,00 | 15714,00 |
| Indirect | 73550,40 | 77625,00 | 14700,00 | 165875,40 | 75000,00 | 75000,00 |
| Total | 226134,40 | 209000,00 | 51200,00 | 486334,40 | 206000,00 | 206000,00 |
| EU funding | 169600,80 | 209000,00 | 51200,00 | 429800,80 | 154500,00 | 154500,00 |
| | | | | | | 584300,80 |
| | | | | | | Total EU funding FCRB+GENCAT |

| AFTER REALLOCATION | | | | | | | |
|---------------------------|---------------|------------|----------|-----------|------------------|-----------|---|
| | 1-FCRB | | | | 10-GENCAT | | |
| | RTD | Management | Other | Total | RTD | Total | |
| Personnel | 113084,00 | 126375,00 | 32881,25 | 272340,25 | 109286,00 | 109286,00 | |
| Subcontracting | 5720,00 | 6500,00 | 4300,00 | 16520,00 | 6000,00 | 6000,00 | |
| Other direct | 15500,00 | 3000,00 | 5000,00 | 23500,00 | 9714,00 | 9714,00 | |
| Indirect | 77150,40 | 77625,00 | 22728,75 | 177504,15 | 71400,00 | 71400,00 | |
| Total | 211454,40 | 213500,00 | 64910,00 | 489864,40 | 196400,00 | 196400,00 | |
| EU funding | 158590,80 | 213500,00 | 64910,00 | 437000,80 | 147300,00 | 147300,00 | 584300,80 |
| | | | | | | | Total EU funding FCRB+GENCAT |

Notes:

1) The amount of 6,000 euros allocated in RTD/Other direct cost of GENCAT for the reimbursement of PHC providers (see page 114 of Annex I) should be transferred to RTD/Other of FCRB as, upon previous agreement between the two beneficiaries, due to administrative reasons the latter will be responsible for paying the reimbursement to all PHC providers involved in the RCT of WP5 in Catalonia.

2) The amount of 12,000 euros was allocated in RTD/Subcontracting of both 1-FCRB and 10-GENCAT for the WP4 survey in Catalonia (6,000 euros for each beneficiary). The amount of 12,000 euros was estimated taking into account that the survey would be outsourced to an external supplier. However, after a careful cost-benefit analysis, an online tool has been used for carrying out the survey with a total subcontracting cost of 920 euros paid by 1-FCRB. FCRB has also purchased an iPad (net value 338 euros) as a draw for those PHC professionals who participated in the WP4 survey in order to guarantee a proper response rate. The iPad was awarded following a previously established standard and documented awarding procedure in order to guarantee that the winner is chosen in a random and objective manner. This cost will be claimed in the second report under RTD/Other cost.

3) As for subcontracting of complementary tasks related to the RCT of WP5 in Catalonia, 10-GENCAT used 1,035 euros for updating the existing website of their alcohol harm-reduction program ("Veus el que beus) which will be used in the RCT of WP5 in Catalonia. In order to guarantee a proper data collection in the RCT, the electronic patient record system used by the PHC providers involved needs some software modifications with an estimated cost of 4,800 euros which will be paid by 1-FCRB.

4) As the website content has been and is being populated and regularly maintained by a communication officer specialised in dissemination of FP7 projects, and given that the actual subcontracting cost of the design and technical maintenance of the website is much lower than expected, 1-FCRB requests to transfer the amount of 13,381,25 euros to OTHER/Personnel in order to cover their communication officer's salary.

The table below shows all minor subcontracting tasks included in the reallocated budgets of beneficiaries 1-FCRB and 10-GENCAT.

| SUBCONTRACTING (SC) BENEFICIARIES 1-FCRB AND 10-GENCAT | | | |
|--|--------------------|--|--|
| 1-FCRB | | | |
| | Value | Complementary task | Status |
| RTD | 920,00 € | WP4 oline survey | Claimed in 1st report |
| | 4.800,00 € | WP5 RCT: software modification in electronic patient record system of PHC providers involved | Estimated cost to claim in 2nd report |
| Total RTD SC | 5.720,00 € | | |
| MGT | 2.000,00 € | Audit cost in order to provide Certificate on Financial Statements | To claim in 2nd and final reports |
| | 4.500,00 € | Logistics costs at project meetings: not foreseen in the coordinator's budget | 992,50 euros claimed for logistics at Kick-off meeting Feb 2011 and annual project |
| Total MGT SC | 6.500,00 € | | |
| OTHER | 4.000,00 € | Project website | 1240 euros claimed in 1st report |
| | 300,00 € | Design of project logo | 300 euros claimed in 1st report |
| Total OTHER SC | 4.300,00 € | | |
| TOTAL SC | 16.520,00 € | | |
| Notes: | | | |
| 1) The estimated cost of the website was 26,000 euros as stated on page 111 of Annex I). However, the currently available estimated subcontracting budget for designer and technical maintenance tasks (which guarantees that the website will be alive during two years after the end date of the project) is 4,000 euros. The website content has been and is being populated and regularly maintained by a communication officer specialised in dissemination of FP7 projects. Please note that the subcontracting cost of the website was erroneously allocated in RTD/Subcontracting instead of OTHER/Subcontracting. | | | |
| 2) The amount of 12,000 euros estimated as the cost of the ethical advisory board in WP5 (see page 111 of Annex I) has proved unnecessary, as ethical approval could be obtained with no cost. Please note that the subcontracting cost of the website was erroneously allocated in OTHER/Subcontracting instead of RTD/Subcontracting. | | | |
| 10-GENCAT | | | |
| | Value | Complementary task | Status |
| RTD | 1.035,00 € | Update of the existing website of their alcohol har | Claimed in 1st report |
| | 1.000,00 € | Logistics at project meetings (estimated) | 584,62 euros claimed in 1st report |
| | 3.965,00 € | WP5 RCT complementary tasks (printing material) | To claim in 2nd and final reports |
| TOTAL RTD SC | 6.000,00 € | | |

| BUDGET REALLOCATION REQUEST 9-LIU | | |
|--|-----------------------------|-------------------------------|
| | As in GPF 07/09/2010 | Requested reallocation |
| RTD Personnel costs | 115000 | 68000 |
| RTD Subcontracting | 6000 | 6000 |
| RTD Other direct costs | 15625 | 62625 |
| Indirect costs | 78375 | 78375 |
| Total costs | 215000 | 215000 |
| Requested EU contribution | 161250 | 161250 |

Note: The estimated cost of reimbursement to Primary Health Care (PHC) providers was 8,000 euros (see page 114 of Annex I). As this amount has turned out to be unrealistic, LIU requests allocating 47,000 euros from their RTD Personnel costs to RTD Other direct costs in order to be able to cover the actual cost (55,000 euros) of the PHU reimbursement. LIU will still contribute with the same amount of working time of their researchers as originally estimated, but will not request EU funding for the reallocated amount (47,000 euros), unless there will be a left-over from the overall budget of the whole consortium in the final report.

| BUDGET REALLOCATION REQUEST 11-PARPA | | |
|---|-----------------------------|-------------------------------|
| | As in GPF 07/09/2010 | Requested reallocation |
| RTD Personnel costs | 125000 | 89000 |
| RTD Subcontracting | 0 | 0 |
| RTD Other direct costs | 19167 | 55167 |
| Indirect costs | 28833,4 | 28833,4 |
| Total costs | 173000,4 | 173000,4 |
| Requested EU contribution | 129750,3 | 129750,3 |

Note: The estimated cost of reimbursement to Primary Health Care (PHC) providers was 12,000 euros (see page 114 of Annex I). As this amount has turned out to be unrealistic, PARPA requests allocating 36,000 euros from their RTD Personnel costs to RTD Other direct costs in order to be able to cover the actual cost (48,000 euros) of the PHC reimbursement. Despite the decrease in their RTD personnel budget, PARPA has reassured that all necessary activities and tasks will be carried out in order to properly deliver their work on the ODHIN project.

4. PROJECT MEETINGS, PLANNING AND STATUS

Project meetings

In the period 01/01/2011 to 30/06/2012, the following *overall project meetings* were held:

- Kick-off meeting: 21-23 February 2011, Barcelona
- Annual plenary meeting: 14-15 February 2012, Barcelona
- 1st round call meetings: 13 December 2011 (WP2), 3 October 2011 (WP4), 14 October 2011 (WP5), 17 October 2011 (WP6)
- 2nd round country specific call meetings: 2 May 2012 (Sweden), 7 May 2012 (Catalonia), 8 May 2012 (UK), 24 May 2012 (Netherlands), 4 June 2012 (Poland)

In the same period, the following *work package-specific meetings* were held²:

WP2

- 21-23 February 2011, Barcelona
- 15 June 2011, Barcelona
- 13 December 2011, call meeting
- 14-15 February 2012, Barcelona
- 8 May 2012, call meeting

WP3

- 21-23 February 2011, Barcelona
- 29 September 2011, call meeting
- 15 October 2011, call meeting
- 20 October 2011, call meeting
- 14-15 February 2012, Barcelona

² See section 3. *Project objectives, work progress and achievements during the period* for further details on work package meetings

WP4

- 21-23 February 2011, Barcelona
- 3 October 2011, call meeting
- 1 December 2011, Warsaw
- 17 January 2012, Barcelona
- 14-15 February 2012, Barcelona
- 22 March 2012, Barcelona

WP5

- 18 January 2011, call meeting
- 21-23 February 2011, Barcelona
- 2 March 2011, call meeting
- 4 April 2011, call meeting
- 14 April 2011, call meeting
- 27 April 2011, Göteborg
- 18 May 2011, call meeting
- 15-16 June 2011, Barcelona
- 6-7 July 2011, Warsaw
- 28 July 2011, Barcelona
- 24 August 2011, call meeting
- 29 September 2011, Barcelona
- 2 October 2011, call meeting
- 6 October 2011, Göteborg
- 14 October 2011, call meeting
- 4 November 2011, call meeting
- 10 November 2011, call meeting
- 16 November 2011, call meeting
- 24 November 2011, Barcelona
- 20 December 2011, Barcelona
- 17 January 2012, Barcelona
- 7 February 2012, Newcastle
- 9 February 2012, Barcelona
- 14-15 February 2012, Barcelona
- 22 February 2012, Barcelona
- 23 February 2012, call meeting
- 28 February 2012, Newcastle
- 7 March 2012, Göteborg
- 9 March 2012, Barcelona
- 14 March 2012, call meeting
- 20 March 2012, Utrecht
- 20 March 2012, Poznan
- 27 March 2012, call meeting
- 2 April 2012, Newcastle
- 3 April 2012, Barcelona
- 18 April 2012, Newcastle
- 24 April 2012, Barcelona

- 2 May 2012, call meeting
- 7 May 2012, call meeting
- 8 May 2012, call meeting
- 25 May 2012, call meeting
- 4 June 2012, call meeting
- 8 June 2012, Barcelona
- 14 June 2012, call meeting
- 27 June 2012, call meeting

WP6

- 22 February 2011, Barcelona
- 17 October 2011, call meeting
- 14-15 February 2011, Barcelona

WP7

- 22 February 2011, Barcelona
- 7 October 2011, Barcelona
- 20 October 2011, Lisbon
- 23 November 2011, Lisbon
- 24 November 2011, Barcelona
- 29 November 2011, Stockholm
- 9 January 2012, Barcelona
- 7 February 2012, Prague
- 14-15 March 2012, Barcelona
- 22 February 2012, Barcelona
- 9 March 2012, Utrecht
- 20 March 2012, Lisbon
- 25 June 2012, Warsaw

Project planning and status

Within the first 18 months of the project, 2 deliverables were due to be achieved: D4.1 Survey Report, expected in month 18, has been rescheduled to month 24, after finding difficulties in some countries to complete the survey fieldwork reaching the expected number of GP replies. D5.1 Protocol was achieved in June 2012.

Concerning the milestones, of the five due in the first reporting period (MS1, MS2, MS3, MS5, MS7), all were achieved except MS5, as the workshop for WP6 has been adjourned until September 2012.

As explained in detail under each work package-specific sections, these delays will not have a significant impact on the project's activity schedule.

In the upcoming months the project will continue under the same framework, with a round of calls between the coordinating team and the work package leaders to take place in autumn 2012, supported by ongoing e-mail exchange. At present, the coordination team is looking into dates and venues for the 2013 ODHIN plenary meeting, which is likely to take place in February.

5. APPENDIXES

| NAME FILE ATTACHED | TYPE OF DOCUMENT: DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | CORRESPONDING DELIVERABLE/MILESTONE/OTHER ACTIVITY OR TASK | COMMENTS |
|--|--|--|----------|
| OD_WP1_AP1_agenda_FEB_2011 | Other activity | .. | |
| OD_WP1_AP2_agenda_FEB_2012 | Other activity | .. | |
| OD_WP1_AP3_PUBLICATION_GUIDELINES | Other activity | .. | |
| OD_WP1_Use of Resources by Beneficiary | | | |

6. STATEMENT ON THE USE OF RESOURCES – WP1

| Beneficiary's Short Name | Total estimated PMs for the project | PMs reported for the 1st period |
|-----------------------------|--|------------------------------------|
| 1-FCRB | 50 | 11,75 |
| TOTAL | 50 | 11,75 |

7. SUMMARY ON THE USE OF RESOURCES PER WORK PACKAGE AND PER BENEFICIARY

| SUMMARY ON THE USE OF RESOURCES (PERSON-MONTHS) PER WORK PACKAGE | | |
|--|-------------------------------------|---------------------------------|
| Work Package Number | Total estimated PMs for the project | PMs reported for the 1st period |
| WP 1 | 50 | 11,75 |
| WP 2 | 27 | 10,63 |
| WP 3 | 56 | 14,38 |
| WP 4 | 47 | 26,39 |
| WP 5 | 173 | 33,834 |
| WP 6 | 45 | 21,212 |
| WP 7 | 30 | 4,11 |
| TOTAL | 428 | 122,306 |

| SUMMARY ON THE USE OF RESOURCES (PERSON-MONTHS) PER BENEFICIARY | | | |
|---|-----------------------------|--|---------------------------------|
| Beneficiary's Number | Beneficiary's Short Name | Total estimated PMs for the project | PMs reported for the 1st period |
| 1 | FCRB | 80 | 19,62 |
| 2 | RUNMC | 56 | 24,07 |
| 3 | USFD | 44 | 7,03 |
| 4 | UoY | 2 | 0,5 |
| 5 | Ceformed | 10 | 3,3 |
| 6 | NU | 49 | 12,18 |
| 7 | KCL | 10 | 0,73 |
| 8 | UGOT | 19 | 0 |
| 9 | LIU | 19 | 3,58 |
| 10 | GENCAT | 25 | 10,57 |
| 11 | PARPA | 22 | 1,26 |
| 12 | UCL | 8 | 1,916 |
| 13 | UL | 8 | 4,4 |
| 14 | IDT | 8 | 4 |
| 15 | ISS | 12 | 11,19 |
| 16 | UM | 22 | 3,560 |

| SUMMARY ON THE USE OF RESOURCES (PERSON-MONTHS) PER BENEFICIARY | | | |
|--|-------|-----|---------|
| 17 | SZU | 8 | 7,1 |
| 18 | PAM | 20 | 3,5 |
| 19 | MUW | 6 | 3,8 |
| | TOTAL | 428 | 122,306 |



4. DELIVERABLES AND MILESTONES TABLES

1. TABLE OF DELIVERABLES

| DELIVERABLE NO. | DELIVERABLE NAME | VERSION | NAME FILE ATTACHED | WP | LEAD BENEFICIARY | NATURE* | DISSEMINATION LEVEL** | DELIVERY DATE FROM ANNEX 1 (PROJECT MONTH) | ACTUAL / FORECAST DELIVERY DATE | STATUS (NOT SUBMITTED/ SUBMITTED) | CONTRACTUAL (YES/NO) | COMMENTS |
|-----------------|------------------------|---------|--------------------|----|------------------|---------|-----------------------|--|---------------------------------|-----------------------------------|----------------------|---|
| D2.1 | Knowledge base science | .. | .. | 2 | RUNMC | R | PU | 24 | 31/12/2013 (36 months) | NOT SUBMITTED | Yes | <p>We would like to postpone the deadline, as we added an additional step in WP2. Subsequently WP2 contains a three-stepped approach instead of only two steps.</p> <p>Step 1: we focus on effective dissemination and implementation strategies that stimulate prevention and healthcare promotion lifestyle activities (review of reviews); Step 2: we focus on effective strategies to disseminate and implement IBI in primary care settings (review of individual papers), according to original plan of work;</p> <p>3) the outcomes of step 2 will be compared to effective dissemination and implementation strategies in fields of smoking, non-exercise and diet.</p> <p>The 1st step was added after discussion with all partners at kick-off-meeting (February 2011). The first step result in overview of current knowledge with regard to implementation of preventive care. The results of this review of review are used to modify strategies to be used in WP5. Results of step 1 are discussed in 2nd WP2 meeting (February 2012).</p> <p>This extra step revealed relevant information, but resulted in backlog step 2. We therefore would like to postpone the deadline with 12 months (Deliverable month 36 instead of month 24). We included an amendment to our protocol related to the timetable.</p> |

| DELIVERABLE NO. | DELIVERABLE NAME | VERSION | NAME FILE ATTACHED | WP | LEAD BENEFICIARY | NATURE* | DISSEMINATION LEVEL** | DELIVERY DATE FROM ANNEX 1 (PROJECT MONTH) | ACTUAL / FORECAST DELIVERY DATE | STATUS (NOT SUBMITTED/ SUBMITTED) | CONTRACTUAL (YES/NO) | COMMENTS |
|-----------------|--|---------|-------------------------------------|----|------------------|---------|-----------------------|--|---------------------------------|-----------------------------------|----------------------|---|
| D3.1 | Model report | .. | .. | 3 | USFD | R | PU | 36 | 31/12/2013 | NOT SUBMITTED | Yes | .. |
| D4.1 | Survey report | .. | .. | 4 | MUW | R | PU | 18 | Month 24 31/12/2012 | NOT SUBMITTED | Yes | Due to significant delays in reaching the expected number of the GPs surveyed and questionnaires filled in some countries, the survey report will be delayed to the Month 24. |
| D5.1 | RCT protocol | .. | OD_WP5_Ap1_protocol 15 June 2012 | 5 | UGOT, LIU | R | PU | 12 | 15/06/2012 | SUBMITTED | Yes | .. |
| D5.2 | Implementation science | .. | .. | 5 | UGOT, LIU | R | PU | 48 | 31/12/2014 | NOT SUBMITTED | Yes | .. |
| D5.3 | Implementation guide for policy makers | .. | .. | 5 | UGOT, LIU | R | PU | 48 | 31/12/2014 | NOT SUBMITTED | Yes | .. |
| D6.1 | Assessment tool report | .. | .. | 6 | ISS | R | PU | 36 | 31/12/2013 | NOT SUBMITTED | Yes | .. |
| D7.1 | Future challenges guidance | .. | .. | 7 | GENCAT | O | PU | 48 | 31/12/2014 | NOT SUBMITTED | Yes | .. |

2. TABLE OF MILESTONES

| MILESTONE NO. | MILESTONE NAME | WP | LEAD BENEFICIARY | DELIVERY DATE FROM ANNEX 1 (PROJECT MONTH) | ACHIEVED YES/NO | ACTUAL / FORECAST ACHIEVEMENT DATE (DD/MM/YYYY) | DOCUMENTATION PROVING ACHIEVEMENT | NAME FILE ATTACHED | COMMENTS |
|---------------|--|----|------------------|--|-----------------|---|--|---|---|
| MS1 | Core group workshop on the search strategy for the series of scientific papers review | 2 | RUNMC | 2 | Yes | 22/02/2011 | Attached | OD_WP2_AP1_MS1_Presentation 2011 workshop | Also attached : OD_WP2_AP2_MS1 Protocol OD_WP2_AP3_ MS1 Protocol amendment |
| MS2 | Core group workshop on the country-specific adaptation of the policy model | 3 | USFD | 7 | Yes | 20/10/2011 | DATA AVAILABILITY DOCUMENT | OD_WP3_AP1_ Protocol Report | The workshop was carried out remotely via a series of teleconferences and extensive email correspondence. Following these the attached document was produced, outlining the protocol for proceeding with each country-specific adaptation and specifying the steps required to make further progress. This document was updated several times as new information or data came to light. The attached file is the most recent version, dating from 12/01/2012. |
| MS3 | Core group workshop on the design of the implementation methodology of the developed assessment tool | 4 | MUW | 10 | Yes | 21-23/02/2011 and 14-15/02/2012 | The Survey Instrument (Appendix 1) and the Protocol (Appendix 2) | OD_WP4_AP1_ WHO_ ODHIN WP4 Questionnaire 2011 and OD_WP4_AP2_Final Protocol ODHIN WP4 | A core group workshop on the design of the implementation methodology of the developed survey questionnaire took place during the consecutive ODHIN Partner Meetings in Barcelona (21-23.02.2011 and 14-15.02.2012). |



| MILESTONE NO. | MILESTONE NAME | WP | LEAD BENEFICIARY | DELIVERY DATE FROM ANNEX 1 (PROJECT MONTH) | ACHIEVED YES/NO | ACTUAL FORECAST ACHIEVEMENT DATE (DD/MM/YYYY) | DOCUMENTATION PROVING ACHIEVEMENT | NAME FILE ATTACHED | COMMENTS |
|---------------|--|----|------------------|--|-----------------|---|-------------------------------------|---|---|
| MS4 | Pilot testing of the evidence-based education package proposal and suggested CME in each country | 5 | UGOT, LIU | 19 | No | 31/07/2012 | .. | .. | Milestone due for M19. In present country partners are completing the country protocols. |
| MS5 | Workshop to identify the variables providing an estimate of the implementation and extent of IBI's | 6 | ISS | 12 | No | 27-28/09/2012 | .. | .. | ODHIN WP6 team has decided to optimize timing by postponing the workshop. It was felt that having the results from data collection would be an added value to the workshop, and allow participants to better finalize the workshop outcomes. The workshop will be held in Barcelona during the 9th INEBRIA Conference 27-28.09.2012. Thus, the delivery date will be M21 and not M12. |
| MS6 | Decision makers dialogues to discuss research direction of project | 7 | GENCAT | 12 | Yes | 30/8/12 | Appendices 3-8 of P1 interim report | OD_WP7 - AP 3 - Policy dialogues Cat OD_WP7 - AP 4 - Policy dialogues PT OD_WP7 - AP 5 - Policy dialogues SE OD_WP7 - AP 6 - Policy dialogues CZ OD_WP7 - AP 7 - Policy dialogues NL OD_WP7 - AP 8 - Policy dialogues PL | The format of the first wave of policy dialogues was altered – the partners carrying out a series of national-level meetings in place of a large, international meeting. |