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SYMPOSIUM 3C:
Methodological Aspects of BI Studies

Brief Interventions in the routine of Primary Health Centers in Brazil: results of a phone survey

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Objective

- To evaluate the strength of the implementation of SBI in the routine of former trained PHC health professionals actually working in public health centers.

Chronology

- 1999 – Grounding of PAI-PAD
- 2000 – First SBIRT training for PHC health professionals
- 2002 – Alicante, Spain – WHO Meeting
- 2003 to 2004 – Sponsorship by WHO
  - EDIBS 1 – 1st phase
- 2006 – Sponsorship by São Paulo State Dept. of Health –
  - EDIBS 2 – 2nd Phase
- 2007 – Sponsorship by FAPESP – Evaluation Project, comparative, two health departments in the State of São Paulo: Ribeirão Preto x Taubaté

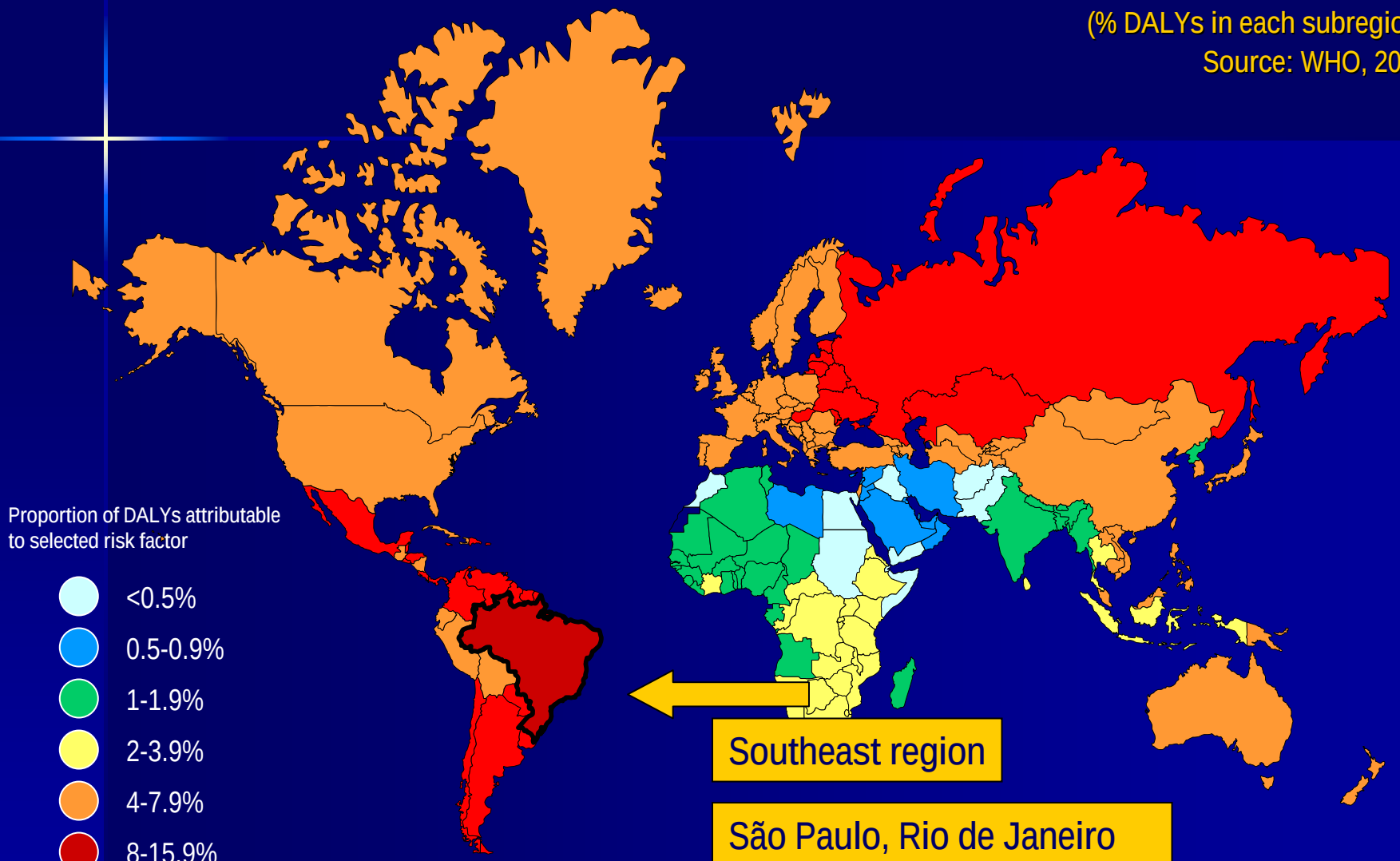
Backgrounds

Alcohol problems in the region of Ribeirão Preto, Brazil

Burden of disease attributable to addictive substances related risks: ALCOHOL

(% DALYs in each subregion)

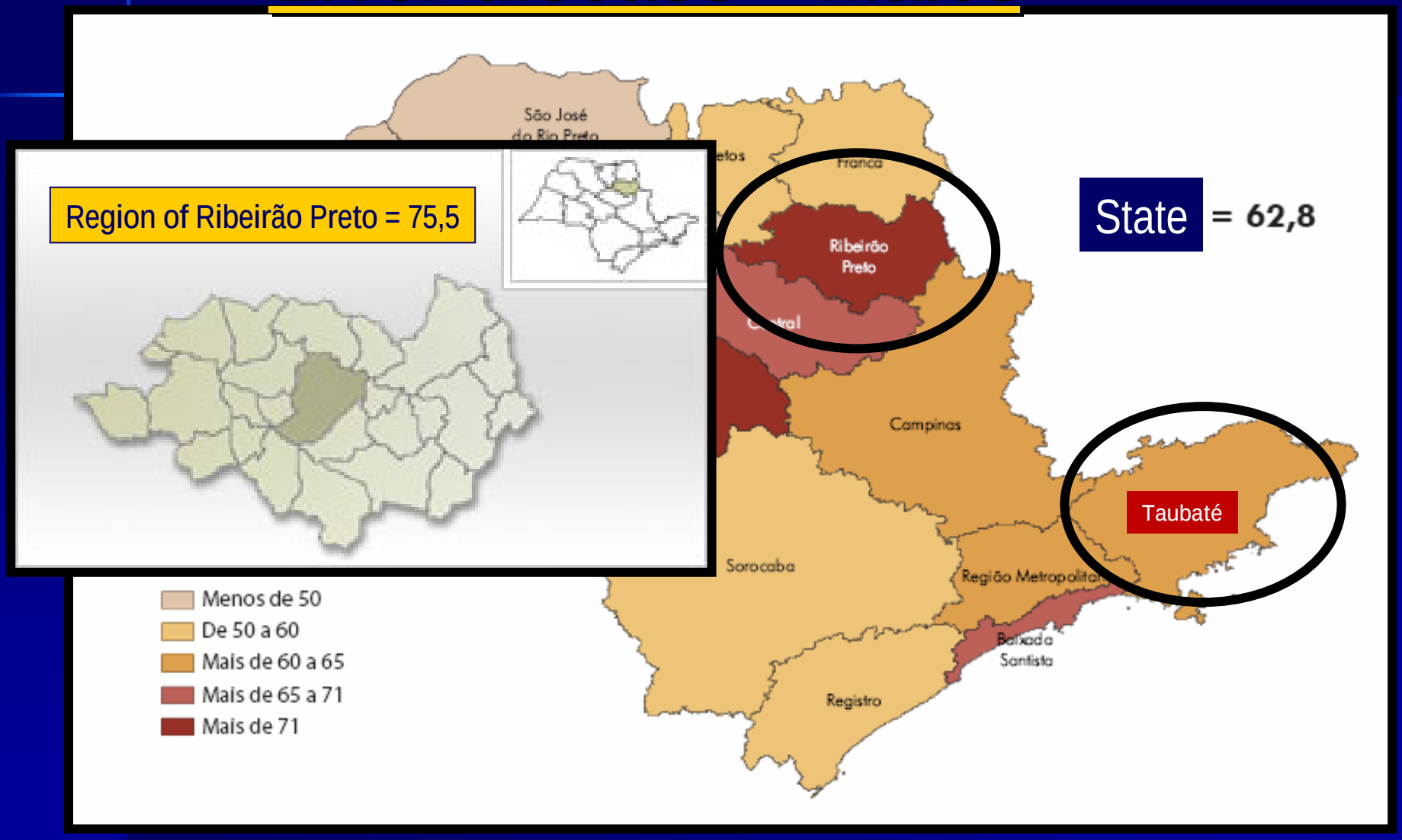
Source: WHO, 2003



Traffic Accidents

- Over 50% of necropsies showing BAC levels above the legal limit (0,6g/L) in Ribeirão Preto in victims of car crash accidents
  - De Paula (2004)
- Truck drivers – 51% alcohol abusers according with AUDIT screening on the highway routes in the region of Ribeirão Preto
  - Domingos & Pillon (2007)

Liver disease – Males (*Cases / 100.000*)

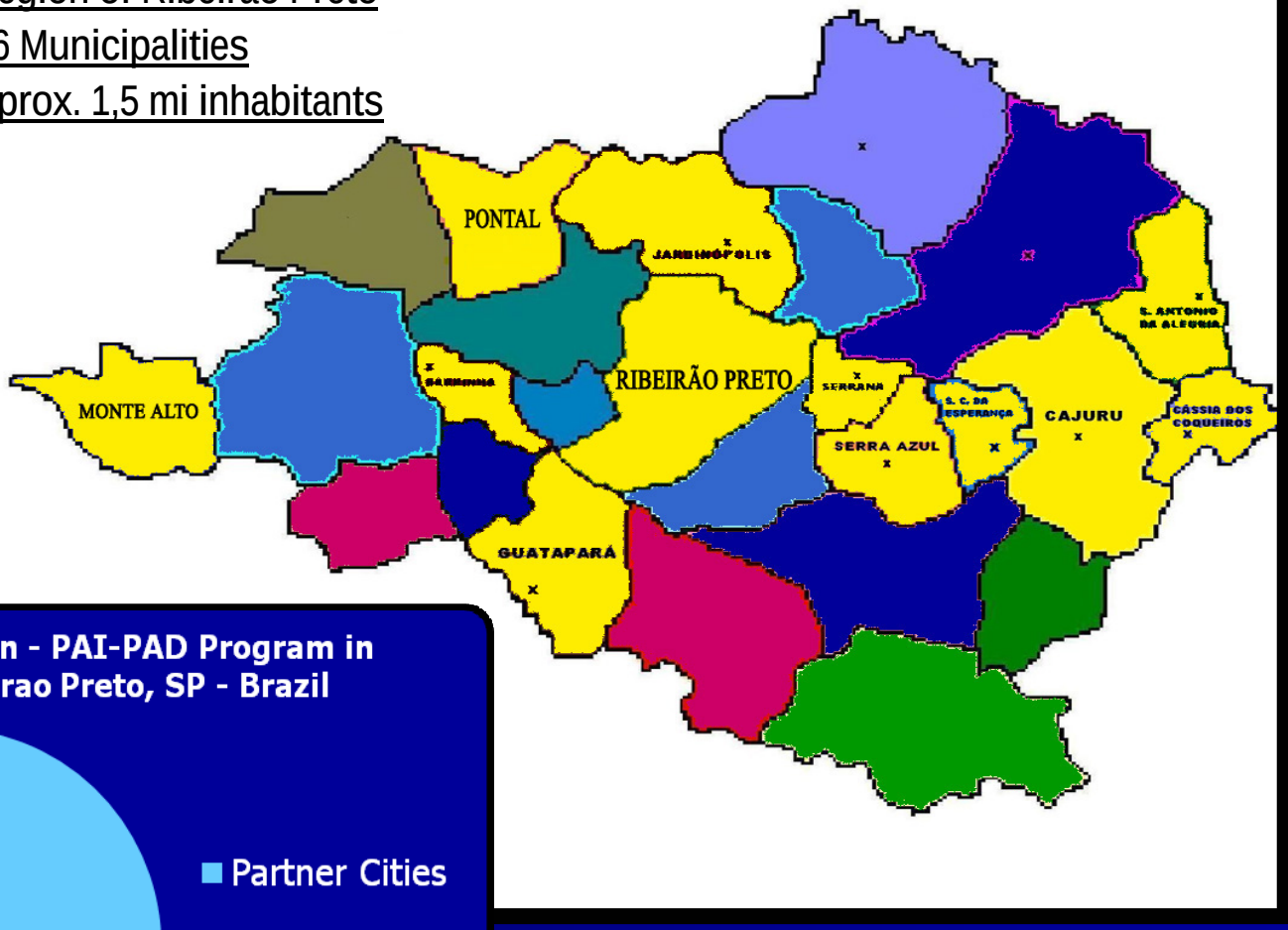


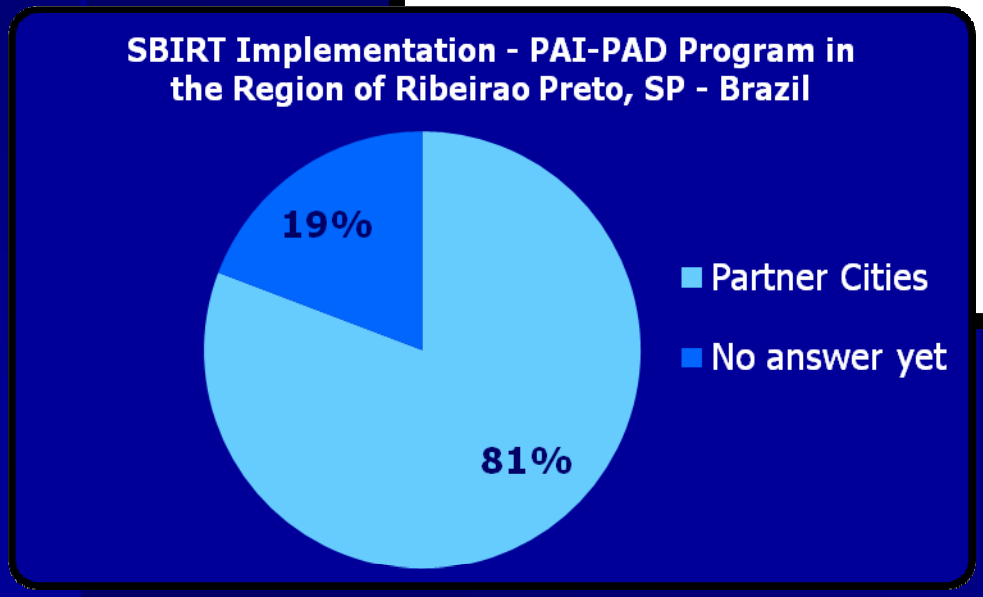
Developments

PAI-PAD Implementation Program

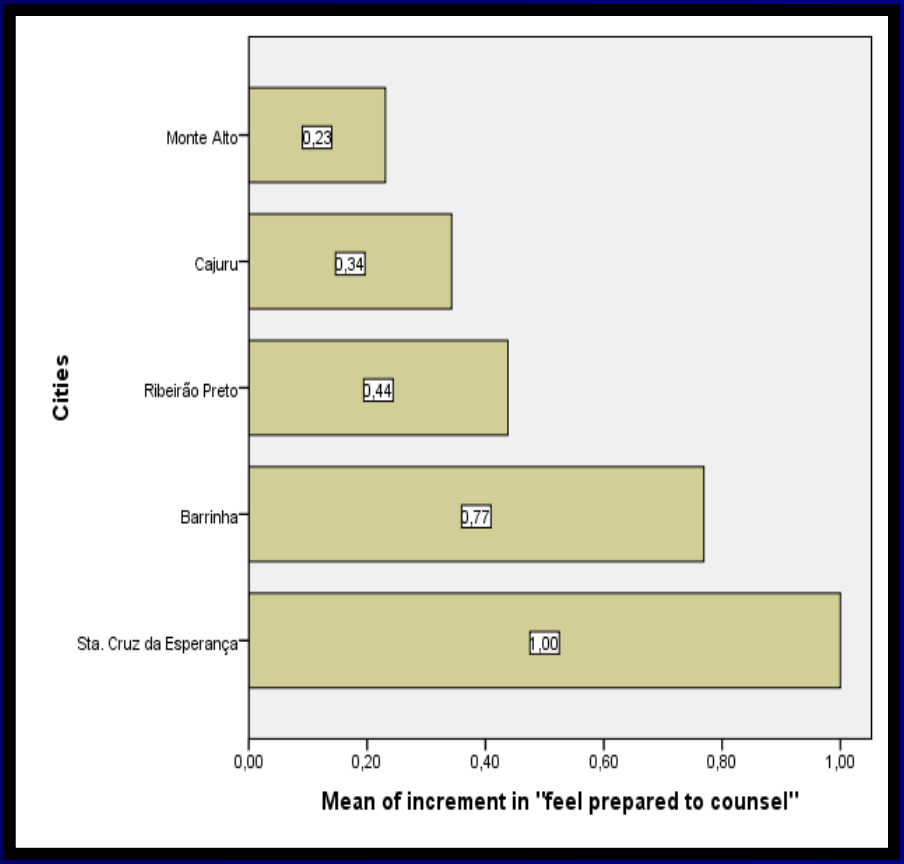
- Partnership and sponsorship from the State Health Department ⇨ *Obtaining formal legitimacy and authority for leadership*
- Building a network of representatives of the Health Departments of the enrolled municipalities
- Training modules for PHC health professionals of the public health system
- Supervision, monitoring and process evaluation

Region of Ribeirão Preto
26 Municipalities
Aprox. 1,5 mi inhabitants





Differences between cities



- Small cities showed higher improvement than larger cities
- This can be explained by the higher proportion of community health agents in the small cities

Summary

- 77 Cities
- 03 States
- 2000 health professionals from public health services, directly trained and supervised
- Evaluation by three ways: questionnaires, focal groups and phone survey

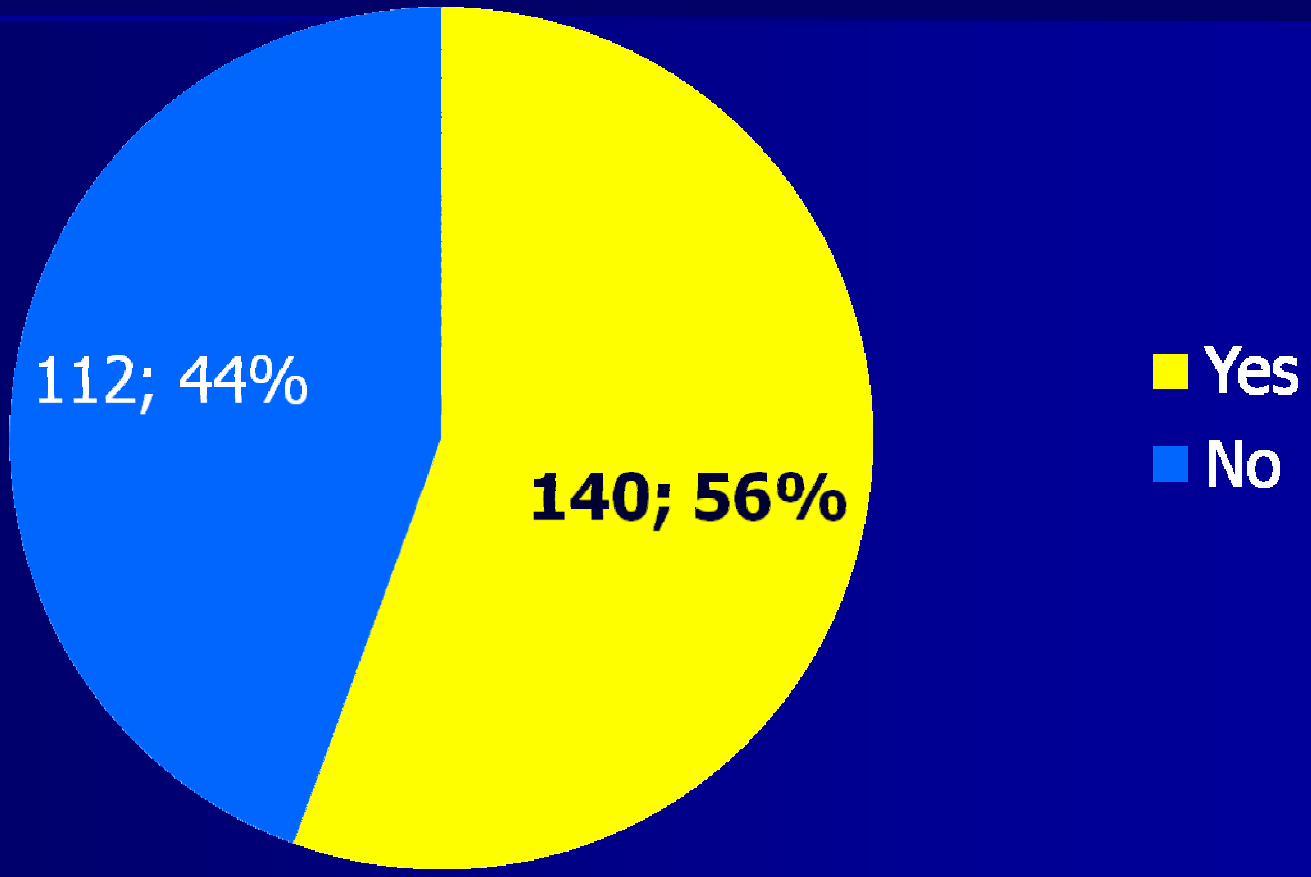
Phone Survey

- Start in 2010
- Three times per year (each 04 months)
- First wave included only health professionals from the region of Ribeirao Preto that have been trained in the 2nd phase, since 2006 (N = 678/1307, 52%)

Sample

- Population of trained health professionals in the region of Ribeirão Preto [EDIBS 2] = 678
- Respondents = 252 (37%)
- Refused = 17 (0.3%)
- Not more in service = 116 (17%)
- Not found after three trials = 291 (43%)

Doing BI in the last three months?



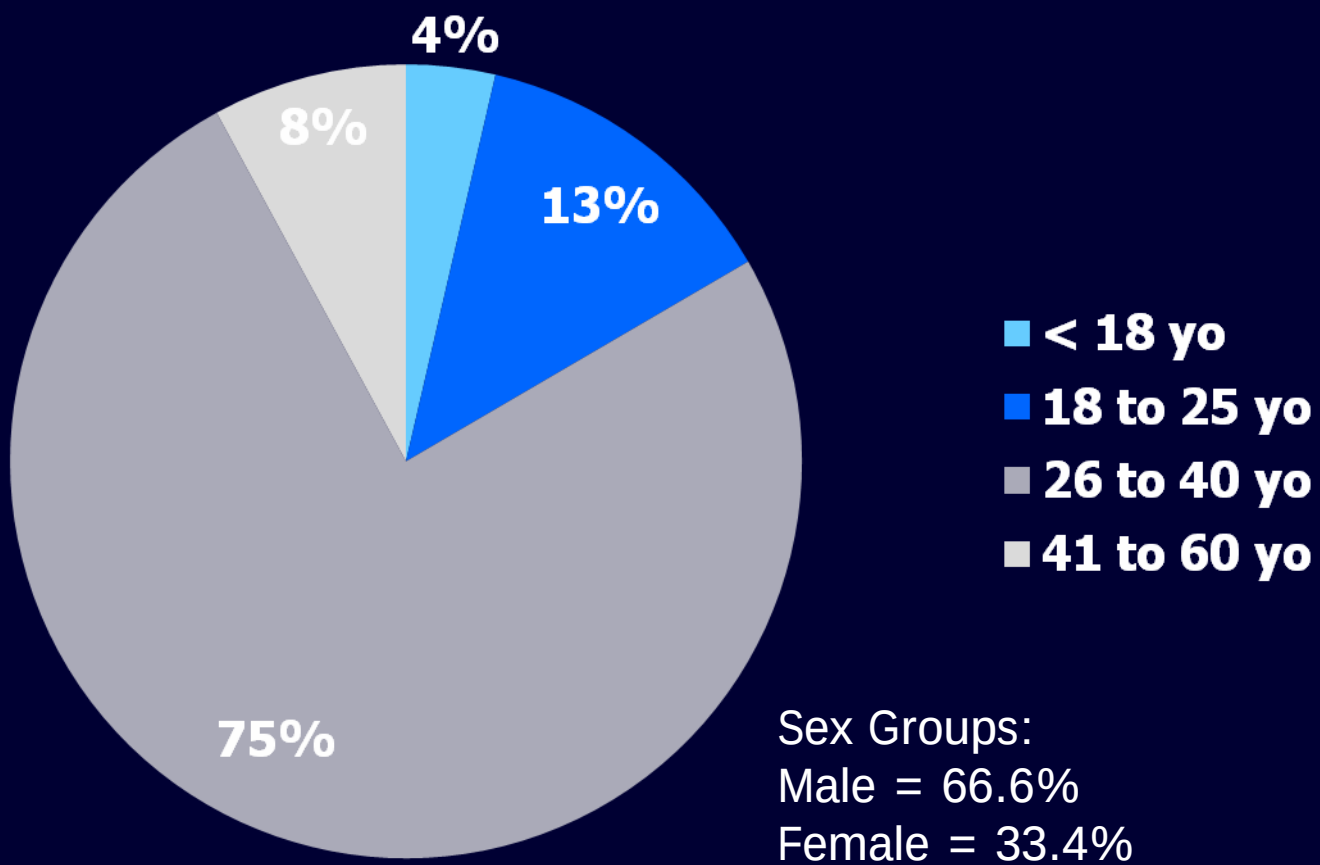
Health Professional Categories

Health professionals characterization	N	%
Community health agent	86	61,43
Nurse assistant	13	9,29
Social worker	3	2,14
Dentist	4	2,86
Nurse	14	10
Medical doctor	7	5
Psychologist	7	5
Occupational therapist	2	1,43
Administrative staff	4	2,86
Total	140	100

- Ribeirão Preto: 54.3%
- Other cities: 45.7%

	N.	%
AUDIT screening only	1589	15,24
Basic counseling (Risk zone 2)	5918	56,77
Counseling/Advice (Risk zone 3)	3682	35,32
Referrals (Risk zone 4)	410	3,93
Total of patients	10424	**100**
Pregnant women (AUDIT screening)	144	

AUDIT Screening by Age Group



Sex Groups:
Male = 66.6%
Female = 33.4%

Informed Results by Monitoring

- Number of patients under "monitoring": N = 639
- % of drinking pattern reduction:
  - 64% (408/639)
- % of abstinence in the period:
  - 15% (95/639)
- No response:
  - 21% (136/639)

Referral for Treatment

	N.	%
Denial of treatment	306	16,51
Treatment interruption	641	**34,59**
Continuing treatment	267	14,41
Remain by monitoring (waiting list)	639	**34,48**
Total of treatment referrals	1853	100

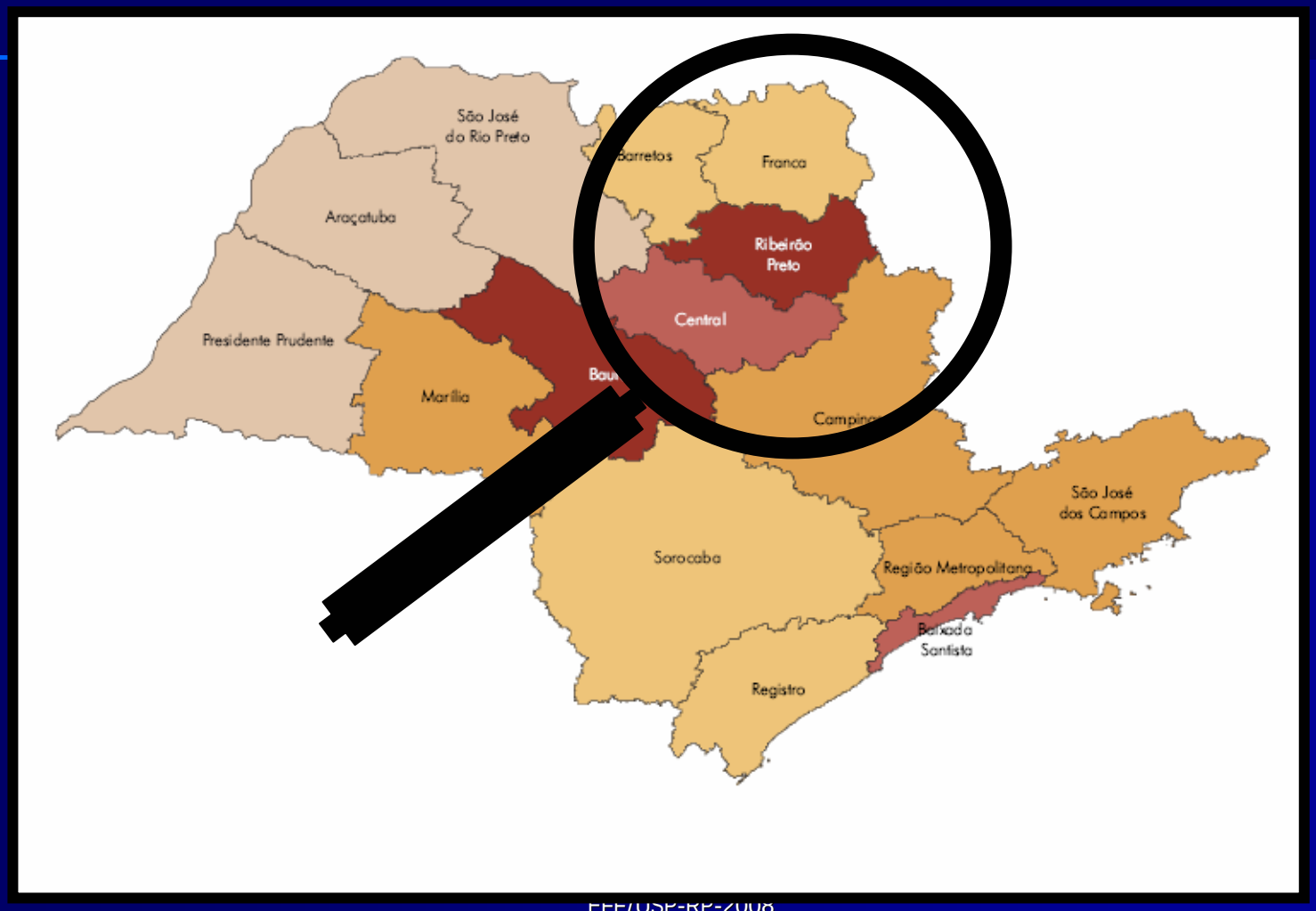
Obs.: Total of referrals following AUDIT screening and without AUDIT

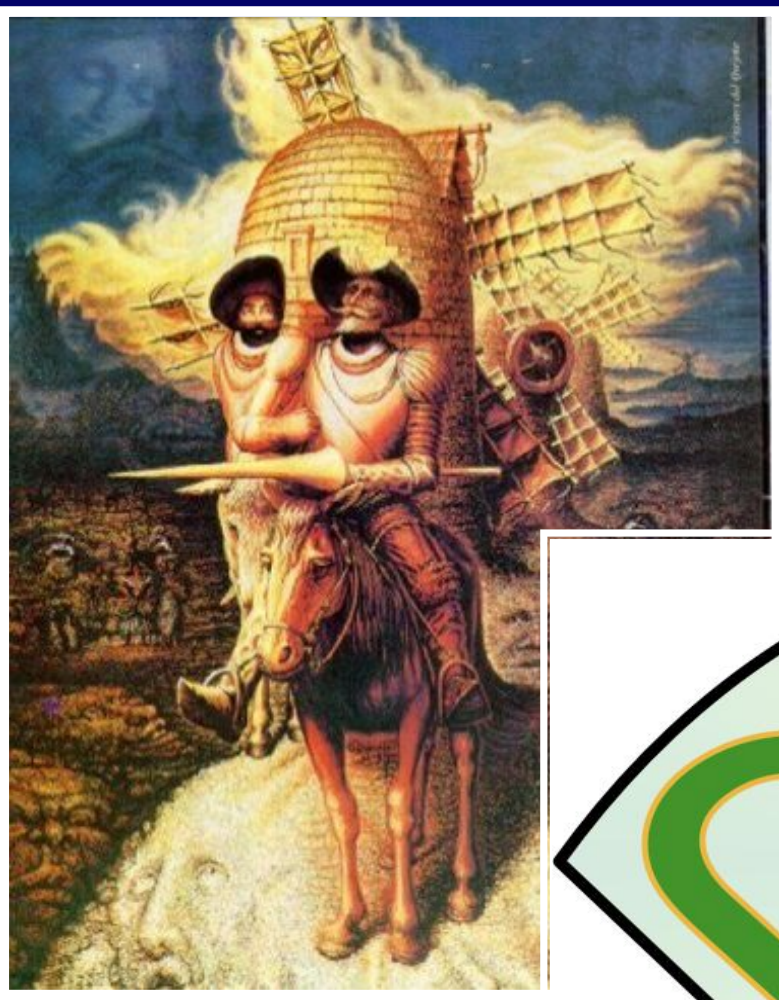
Implementation Process

Indirect Results

- Annual prevention campaigns for alcohol abuse contribute to reducing of general social tolerance to alcohol abuse
- Need of continuing assessment

Expansion of the geographical implementation





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