



CIVITTA



REPUBLIC OF ESTONIA
MINISTRY OF SOCIAL AFFAIRS

Mid-term evaluation of the Kainem ja Tervem Eesti programme

OBJECTIVES – METHODOLOGY – RESULTS

06.03.2019



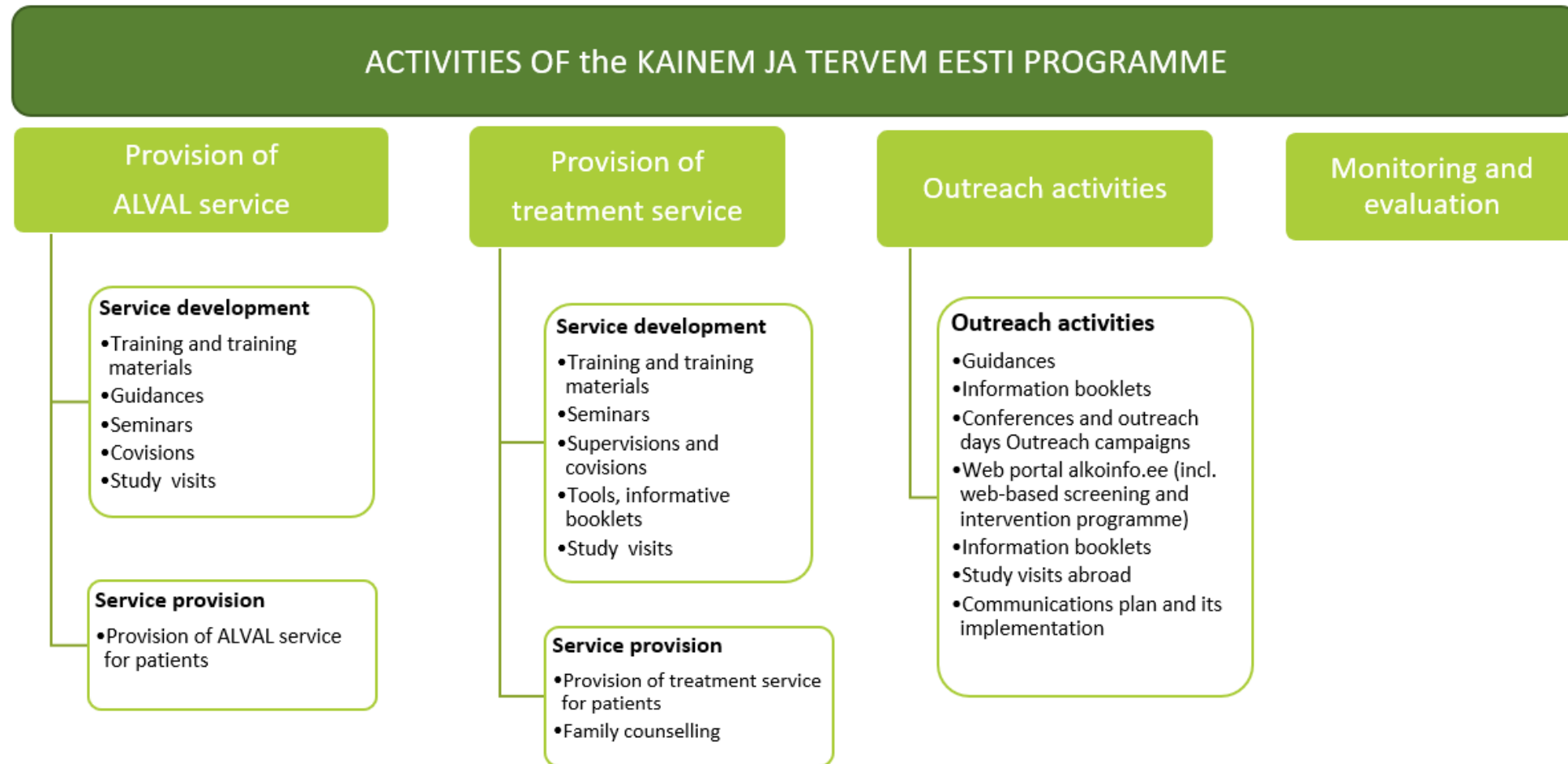
CIVITTA

\ Objectives of the mid-term evaluation



THE OBJECTIVE AND ACTIVITIES OF THE KAINEM JA TERVEM EESTI PROGRAMME

The **objective** of the “Kainem ja tervem Eesti” (Sober and Healthy Estonia – KTE) programme is to create and develop a **network of service providers** who provide **comprehensive and nationwide** early detection and brief intervention of alcohol abuse, as well as treatment of alcohol abuse.



\ SCOPE AND OBJECTIVE OF THE MID-TERM EVALUATION

Mid-term evaluation covered the following programme activities carried out from 1 November 2014 to 31 December 2018 :

- development and provision of early detection and brief intervention services for alcohol abuse;
- development and provision of alcohol abuse treatment services;
- awareness-raising activities.

The objective of the mid-term evaluation was to determine:

- to what extent the planned programme activities have been implemented,
- the likelihood of achieving the end results of the project by the end of 2020,
- what improvement measures should be implemented to achieve the objectives.

The mid-term evaluation focused on the following evaluation criteria:

- relevance,
- effectiveness,
- efficiency,
- sustainability.

THE MID-TERM EVALUATION INCLUDED ALL THE TARGET GROUPS INVOLVED IN THE PROGRAMME

The target groups for the mid-term evaluation are health professionals, social and child protection workers, and representatives of other occupations who are in contact with people who may engage in excessive alcohol use:

TARGET GROUP	INSTITUTIONS/ORGANISATIONS/EXPERTS
General medical practices	General practitioners, nurses
Medical institutions	Hospitals, clinics, health centres and other medical institutions providing outpatient or inpatient medical care; KTE programme managers who work there, doctors, mental health nurses, psychologists, occupational therapists and other health professionals involved in the care process
Other agencies and organisations that are in contact with alcohol abusers	Social Workers and Child Experts of Local Authorities, Employees of the Unemployment Insurance Fund, Psychologists, Organisers of AA Support Groups
Institutions involved in the implementation of programme development activities and awareness activities	University of Tartu, relevant staff of the National Institute for Health Development; Experts who have been involved in the development of training plans, guidelines and website content, and conducted training, seminars and covisions
Project planning and monitoring authorities	Ministry of Social Affairs, National Institute for Health Development, Innove, Health Insurance Fund, Estonian Society of Family Physicians, Estonian Psychiatric Association

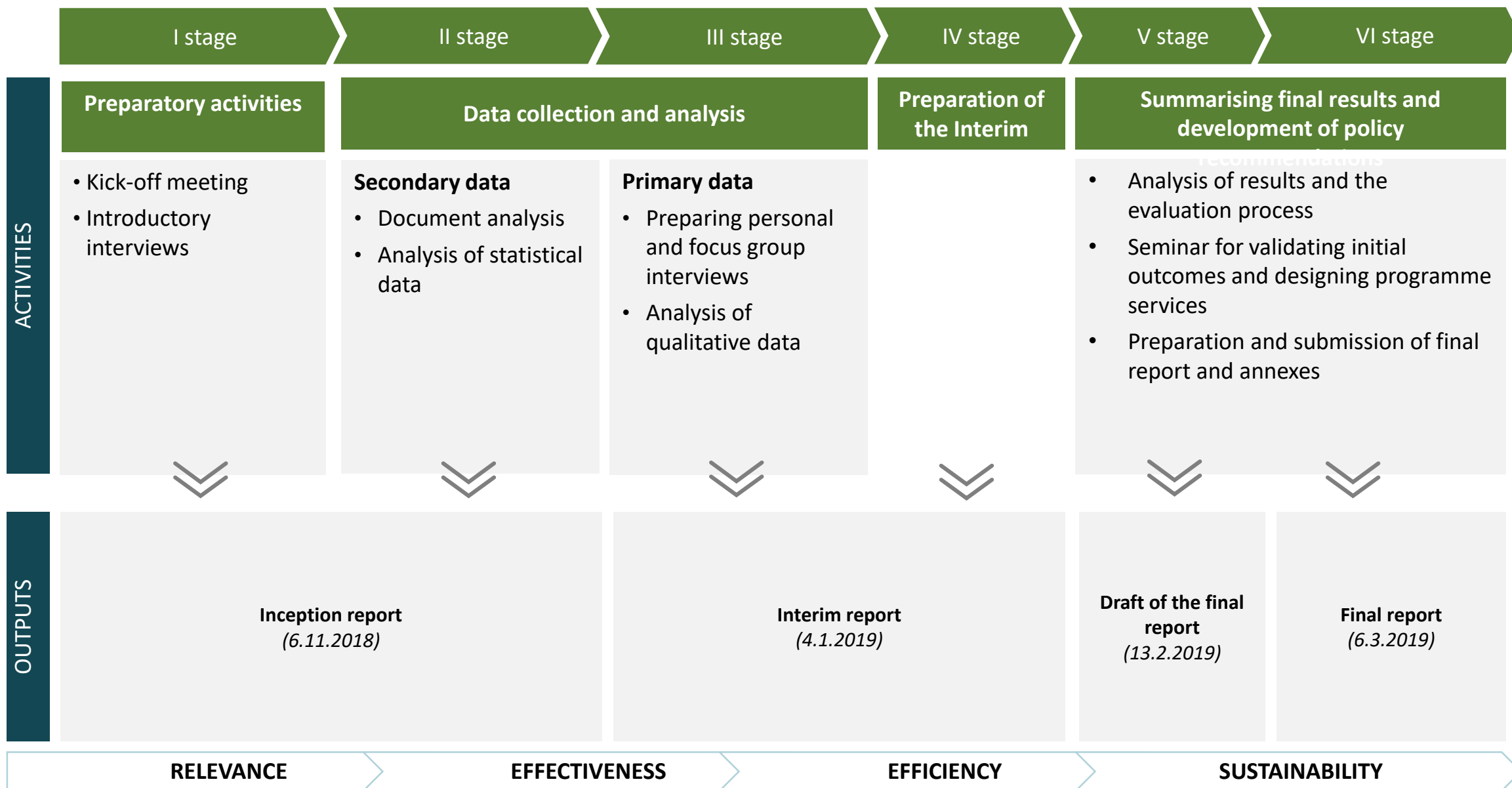
The end users of the services and their relatives were not included in the evaluation.

CIVITTA

\ Methodology of the mid-term evaluation



OVERVIEW OF THE MID-TERM EVALUATION PROCESS



\ ACTIVITIES FOR THE DATA COLLECTION AND ANALYSIS STAGES

The mid-term evaluation was carried out as a qualitative study. The main stages of data collection were the analysis of secondary data, individual and group interviews, and a seminar for relevant experts. In order to carry out the evaluation, information was collected from a total of 74 different experts representing 33 institutions or organisations.

SECONDARY DATA

- Documents and previous studies on the impact of alcohol policy in general.
- Conditions for granting support to Kainem ja Tervem Eesti and its explanatory memorandum.
- Programme monitoring and activity reports and treatment guide covering the programme concept.
- Feedback from participants in the training sessions.
- General statistics on programme participants.

INTERVIEWS

- Interviews were conducted with the programme developers and promoters, health institutions, and other specialists who are in contact with alcohol abusers in their work.
- A total of 22 individual interviews and 9 group interviews were conducted.
- A total of 66 different individuals were interviewed.

SEMINAR

- Participants - representatives of health care institutions and organisations involved in the development of the programme or having a broader view of alcohol dependence due to their profession.
- A total of 21 participants took part in the seminar, of which 9 were representatives of the Ministry of Social Affairs and National Institute for Health Development and 12 were representatives of various health care institutions or organisations.

CIVITTA

\ Results of the mid-term
evaluation



\ OVERALL CONCLUSIONS (1)

- Given the broader context, current activities of the programme may be considered relevant and effective. Experts in the study pointed out that although alcohol and related problems are a complex and stigmatised issue, the awareness and responsiveness of healthcare professionals to the idea of service provision has clearly increased compared to previous years.
- However, there have been difficulties in achieving objectives of the programme regarding the ALVAL services and ALVAL and treatment development activities, and significant efforts are needed to achieve the original goals set by the end of the programme.
- The mid-term evaluation revealed that the service providers had a lack of overview of the wider programme objectives, funding, components and partners. Participants had a very low awareness of the contribution of their work within the programme and how the overall results are measured.

\ OVERALL CONCLUSIONS (2)

- The concept of alcohol abuse treatment in the scope of the programme is based on the treatment manual “Treatment of a patient with alcohol abuse disorder”, the preparation of which took considerably more time than originally planned. This, in turn, delayed the start of the programme activities notably, and the objectives of several activities have been under-implemented by 2018 (e.g. number of trainings, number of participants, etc.).
- Nonetheless, the end goals of the programme can be achieved by focusing on more effective communication and cooperation between medical institutions, family physicians and other professionals who are in contact with alcohol abusers.
- In the field of addiction treatment and prevention, the changes will become apparent very slowly. It is therefore important to start early to look for opportunities to continue financing the service after the end of the programme period. Otherwise, the provision of the service would not be sufficiently sustainable and the results achieved so far and the resources spent on it would lose their impact.

\ ALVAL AND TREATMENT SERVICE DEVELOPMENT ACTIVITIES

General

- The most important part of the development activities are ALVAL and treatment service training courses, seminars and covisions. At the end of 2018, a total of 704 people had participated in ALVAL training and covisions. In the case of treatment courses and supervisions, the corresponding figure was 326.
- The delay in the start of development activities has not had a significant negative impact on the programme activities as the whole.
- Family physicians who joined first suffered some negative effects because they had to attend the training before the programme was completed. Therefore, they had to learn the technical aspects of the computer program on their own.
- Since the activities were delayed, significantly less training, seminars and supervisions were carried out than originally planned. However, it can be assumed that target levels will be largely met by the end of the programme.
- All development activities targeted at health professionals are generally considered to be very meaningful, useful and relevant.

\ ALVAL AND TREATMENT SERVICE DEVELOPMENT ACTIVITIES

TRAINING

- Training received very positive feedback. Training is essential and necessary. Trainers are considered highly competent. The trainings are well organised and the training materials are user friendly. Participation in training provides confidence for service provision.
- As training participants have very different backgrounds and levels of preparation, the training sometimes does not meet the individual needs and expectations.
- Non-health care workers (i.e., the Unemployment Insurance Fund specialists, social workers, child protection specialists, etc.) generally do not belong to the target group of training and seminars, but they also need the knowledge and skills to deal with alcohol users and under which conditions they should be directed to treatment programmes. The joint training of non-health professionals would provide an opportunity for direct contact between the medical institution and third parties, which in turn would increase the overall impact of the programme.
- As there are many Russian-language family physicians in Estonia, it is necessary to offer them training in the Russian language.

\ ALVAL AND TREATMENT SERVICE DEVELOPMENT ACTIVITIES

SEMINARS/COVISIONS/SUPERVISIONS

- Despite the relatively low number of seminars, covisions and supervisions, their usefulness is highly valued. It is a good way to obtain feedback and share experiences.
- Considering the generally positive interest and attitude, organisation of regular seminars, covisions and supervisions and improving communications should be considered.

GUIDANCE

- Guidance materials are considered to be interesting and useful. Particularly positive feedback was given to so-called alco-discs, alco-diary and posters that allow the visual presentation of the patient's alcohol consumption.
- Another positive was that the guidance material is also available in Russian.

STUDY VISITS

- Study visits have remained the least known activity of the development activities. There is very little awareness of the existence and feasibility of study visits. On the other hand, they are considered to be a great way to gain new experience and motivation.
- In the future, a clear decision should be made on whether study visits are part of the programme, to whom are they targeted and for what purpose they should be organised.

\ ALVAL AND TREATMENT SERVICE DEVELOPMENT ACTIVITIES

EVALUATION OF RELEVANCE

- Development activities have been relevant: they are needed, they help health professionals to prepare for the service and they provide support during the provision of the service.
- In this way, development activities support the overall objectives of the programme.

EVALUATION OF EFFECTIVENESS

- Planned target levels for training have not been reached.
- No targets have been set in the action plans for seminars, covisions/supervisions and study trips. Nonetheless, the activities can be assessed as sufficient (except for study trips) and necessary.
- Failure to achieve goals are explained by the late start of activities and the fact that it is essentially a continuation of a previous pilot programme, so that the actual target levels could not be predicted accurately.

EVALUATION OF EFFICIENCY

- Development activities have been rather effective, as target groups have generally considered them useful, implementable in daily work and motivating, and they help to solve complex cases.

\ ALVAL SERVICE PROVISION

GENERAL

- In the period of 2014-2018, 22 health centres have started providing ALVAL services.
- The goal for the evaluation period is to provide a total of 8 064 patients (set target is 16 478 patients by the end of the programme in 2023). As of 2018, a total of 5 567 persons have been referred to the ALVAL service.
- The lower performance of the targets is due to the delayed start of service and the lower interest of health centres in joining the programme.
- Health centres, where the ALVAL service provision has been fully implemented, are mostly very proactive.
- The interviewed ALVAL service contractors pointed out that participating in the programme has given them a well-functioning model for a systematic approach to patients with similar diagnoses, such as diabetes or cardiovascular disease.
- As the relevant professionals considered the programme generally positive and effective, it can be concluded that a lack of communication at several levels may be one of the obstacles to a faster expansion of the programme.

\ ALVAL SERVICE PROVISION

OBSTACLES IN SERVICE PROVISION

- During the interviews, GPs identified the main obstacles that prevent them from participating in the KTE programme as service providers:
 - Lack of time;
 - Lack of human resources;
 - Many non-medicine related obligations;
 - Low motivation for starting a new thing;
 - Money does not compensate for additional work.
- A number of service providers have had difficulties with the procurement requirement to determine for how many patients the service is provided. In addition, health centres should be informed about how to set the target level of service or what happens if it is not met.
- A contract period that would last more than one year would be a facilitating factor for joining the programme, as it would allow to deploy the service better and to acquire more skills. The deadlines for new service contracts have already been extended.
- One of the major concerns of service providers was that they do not receive feedback on their work and therefore do not know of many success stories.
- Additional resources, both in terms of staff and funding, would be needed to further enhance the activities. For example, one specialised nurse who is well versed with the programme would be able to monitor patients, participate in programme training, be accountable, etc.

\ ALVAL SERVICE PROVISION

RELEVANCE EVALUATION

- The concept of the ALVAL programme service is relevant. The provision of the service has begun, and thus the availability of the service has improved.
- Based on the indicative size of the target group, it can be assumed that the service is necessary for patients. Based on the results so far, it cannot be concluded that the service is widely available, as there are relatively few service providers and they are predominantly located in Tallinn, Tartu and Harju County.

EFFECTIVENESS EVALUATION

- As a result of the mid-term evaluation, the ALVAL service can certainly be considered necessary and appropriate but, so far, the effectiveness of its provision has remained low.
- Finding service providers has been a problem and as a result, the number of service recipients has been lower than planned.
- The effect of the service on the health behaviour of patients in general is not known. The current implementation of the action suggests that the efficiency of the ALVAL service will increase for the remainder of the programme period.

EFFICIENCY EVALUATION

- The mid-term evaluation did not assess the effect the provision of ALVAL service had on patients.
- From the point of view of service providers, the KTE programme has helped to make work with alcohol abusers more systematic and efficient. It can be assumed that it will have a greater impact in the future (more patients will receive the service and the service will reduce their risk of alcohol consumption).

\ PROVISION OF TREATMENT SERVICE

GENERAL

- In 2014-2018, 9 treatment facilities started to provide the treatment within the framework of the programme.
- As of the 2018, a total of 4 043 people have received treatment. The end goal of the programme is to provide treatment for 3 975 people by 2023. Therefore, considering that the provision of treatment service only started in 2016, the development of the service can be considered fast and effective.
- The medical institutions are very familiar with the programme and understand the importance and wider impact of the treatment. It is acknowledged that the programme has enabled the creation of a new model of cooperation within a medical institution, through which the entire team treats the patient on the same basis.

\ PROVISION OF TREATMENT SERVICE

BOTTLENECKS IN SERVICE PROVISION

- Medical institutions not participating in the programme consider the overcrowding of available psychiatrists to be a major obstacle to joining.
- In addition, medical institutions doubt the continuity of funding – since the introduction and delivery of the service is expensive, long-term contracts and funding should also be guaranteed after the end of the programme.
- The programme has greatly simplified the process for sending alcohol abusers to treatment and for them to receive the treatment. At the same time, it makes it relatively simple to send into treatment people in the criminal and social care system, who may otherwise have low motivation to do so. This can lead to unproductive expansion of the waiting list.
- Family physicians do not have an understanding of what the treatment is, or under what conditions it is provided. Probation supervisors and social workers who are often confronted with alcohol abusers are not aware of the content of the treatment service. Therefore, the right treatment choices are not made available for potential patients.
- Health care workers and other professionals who are in contact with alcohol abusers noted the lack of co-operation between medical institutions, health centres and other parties, which is why the relevant parties do not receive feedback on the well-being of patients who have already been sent to treatment. At the same time, the treatment teams are concerned about integrating the service with the social services of local governments, which is why they have no overview on how the patient is supported by the social system after the end of treatment.

\ PROVISION OF TREATMENT SERVICE

RELEVANCE EVALUATION

- Provision of the service has been appropriate: opportunities have been created for the provision of treatment services, the KTE programme has significantly accelerated and it has facilitated sending people to treatment for alcohol addiction. Thus, the availability of the service has significantly improved.

EFFECTIVENESS EVALUATION

- The mid-term evaluation did not assess the effectiveness of the treatment service for patients. In terms of meeting the objectives of the provision of treatment services, the provision of the service can be considered effective.
- For service providers, the KTE programme has provided a new collaborative model in which the treatment service is provided as a team.
- The effectiveness is hindered by the fact that the care service is not integrated with other support services by the local government.

EFFICIENCY EVALUATION

- The treatment service provided in the scope of the programme has been implemented for too short a time period to give a broader assessment of its efficiency (in addition, the assessment of the efficiency aspect would require the examination of the treatment recipients).
- As service provision has been effectively launched, the wider impact of the treatment service can be seen in the future.
- From the point of view of service providers, the lack of feedback and exchange of information between ALVAL, treatment providers and third parties hampers the effective operation of the service.

\ AWARENESS ACTIVITIES

GENERAL

- The main awareness activities of the programme have been publications, information campaigns and events.
- As of 2018, 33 information events and campaigns have been carried out (the planned end goal for the programme is 18 information events/campaigns).
- The alkoinfo.ee web page had 275 visitors per day as early as 2016 (the goal of the programme was 210 visitors per day) and the AUDIT test is taken more than 85 000 times on the web page.
- Awareness is an important part of the programme and existing activities can be considered generally appropriate and effective.
- Society's awareness has gradually increased, although it is difficult to assess to what extent the impact comes from the programme compared to other factors (e.g. availability, price of alcohol, etc.).
- Awareness activities could be extended even further by:
 - publications targeting the friends and family of alcohol abusers;
 - information materials that could be distributed by probation officers and social workers;
 - an Estonian-language mobile app created for free and public use, where people can conveniently enter the alcohol units consumed during the day.

\ AWARENESS ACTIVITIES

RELEVANCE EVALUATION

- The focus of the mid-term evaluation is not on studying the increasing societal awareness but, according to service providers interviewed, the awareness of their patients has increased. Thus, the awareness activities of the programme have been appropriate.
- In addition to the general increase in awareness, awareness among health professionals of alcohol-related problems has also improved.

EFFECTIVENESS EVALUATION

- It is difficult to evaluate the effectiveness of the implemented activities because the KTE programme is not the only factor that affects awareness.
- According to the interviewees, information campaigns and the alkinfo.ee website are the main focus in KTE awareness-raising activities. The number of website visitors is higher than planned. Campaigns and information events have also been carried out in greater numbers than originally planned and the message of the campaign has been noticed by society.

EFFICIENCY EVALUATION

- Awareness activities shape attitudes slowly and their effectiveness becomes clearer over time.
- According to the interviewees, general awareness has increased, awareness activities are constantly being pursued and the message has been noticed by society, so there is an expectation that the next generations are more likely to be more informed consumers of alcohol.

\ MAIN RECOMMENDATIONS (1)

COMMUNICATIONS PLAN

- One aim and direction of communications should be to inspire family physicians to participate in training and procurement and to provide an ALVAL service. A renewed message strategy should be developed in the scope of the communication plan; it should respond to the most inhibiting factors and use speakers who are influential for family physicians – i.e. these family physicians who have had success with the ALVAL programme.
- The programme should be introduced at other seminars and events where family physicians already meet (i.e. not only at information events organised by NIHD). Presenters should be chosen from general practitioners who may have more influence on the target group than other professionals.
- The objective of study visits should be established more clearly: whether or not they are organised, to whom they are meant and to what extent and for what purpose they are pursued. Study visits could be used as a very comprehensive communication opportunity for general practitioners, showing practice elsewhere, interviewing doctors who do the same work elsewhere and so on.

DEVELOPMENT ACTIVITIES

- Training, seminars and supervisions should be organised on a regular basis and in smaller portions to allow consistent support and to combine them better with other work responsibilities. A good solution would be to organise such seminars through webinars.
- In order to have a broader impact and to improve effectiveness, consideration should be given to extending programme training activities to other professionals who are in contact with alcohol abusers (e.g. social workers, probation officers, etc.), as well as to other departments of medical institutions, mental health nurses in the emergency department, etc., who could successfully implement a motivational interviewing logic.
- Healthcare professionals who speak Russian should be provided training in Russian.

\ MAIN RECOMMENDATIONS (2)

COOPERATION AND FEEDBACK

- There are problems with tracking patient movement in the system, lack of communication and feedback between the parties. A satisfactory feedback system with appropriate data protection procedures and training should be developed together with service providers, patients, data protection professionals and lawyers to address this situation.
- A counselling office could also serve a link between a family physician and the attending physician, which the patient could contact when they need support.

RAISING AWARENESS

- As awareness campaigns so far have been predominantly effective and appropriate, it is recommended that they should be continued on an even broader scope. For example, campaigns on raising awareness of the harmful effects of low-alcohol beverages (beer and cider) should be carried out and the skills to read alcohol content labels should be improved.
- The broader effectiveness of the programme could be supported by providing non-medical guidance material that could be used and shared by social workers, probation officers, and other professionals.
- The use of an Estonian-language and publicly available alco-journal app would help to fight the overconsumption of alcohol.

\ MAIN RECOMMENDATIONS (3)

OTHER SUPPORT ACTIVITIES

- The capacity and motivation of health centres in providing the service at primary level would be increased by the involvement of mental health nurses who could also deal with alcohol abusers. More financial resources are required for implementing this measure; the programme budget is not enough.
- An additional burden on service providers could be reduced by improvements to the reporting system. It is recommended to apply restrictions on invoicing that prevent from entering non-funded services in the programme.

SUSTAINABILITY

- In order to maintain the changes made in the attitudes and ways of thinking that the programme has achieved so far, people should start searching for ways to continue ALVAL and treatment services as early as possible after the end of the programme.
- One option would be to consider extending the remaining resources of the assessed measure up to 2023. Nonetheless, opportunities for continued service financing after the end of the period should nonetheless be explored.

CIVITTA



ESTONIA \ LATVIA \ LITHUANIA \ FINLAND \ POLAND \ UKRAINE \ ROMANIA \ MOLDOVA \ RUSSIA \ BELORUSSIA \ SERBIA

www.civitta.ee