**cities
changing
diabetes**

Urban Diabetes Action Framework

SIX STEPS TO ACTION

The Urban Diabetes Action Framework

The **Urban Diabetes Action Framework** has been developed to help develop public health interventions that deliver impactful results. It supports decision-makers, public health project managers, commissioners, researchers and other practitioners who work in the field of health promotion and prevention related to obesity and diabetes. The framework supports processes that shape the development of interventions and will equip you with the right tools to accelerate public health initiatives – from cradle to cradle.

Contents

Foreword

It seems simple: healthy choices lead to healthier lives. This is true, but it is not the whole truth. The capacity to make healthy choices is determined by opportunity, personal capabilities and motivation, which are largely shaped by external factors. Some citizens have good access to fresh and affordable healthy food, while others do not. Some have access to safe places to walk, jog, cycle or play; others do not. Inequity means that some populations have more opportunities to make healthy choices than others. It also means that when vulnerable groups are affected by disease, the impact is greater and the consequences far worse. If we fail to find solutions that are inclusive, accessible and fair, the inequality gap in health outcomes will continue to widen.

The issue of health inequality has been further elevated on the global agenda by the COVID-19 pandemic. The novel coronavirus has disproportionately affected populations that were already battling preventable diseases such as obesity, diabetes and cardiovascular disease. This has highlighted the pressing need for cross-sector collaboration to halt the rise of preventable diseases.

Solutions are known: by supporting the right capabilities and incentives, it is possible to shape socioeconomic environments that influence risk factors. Cities have an important responsibility – as well as a valuable opportunity – to take the lead in championing innovative solutions that create healthy, sustainable spaces and communities where it is easier for citizens to make healthy choices.

The **Urban Diabetes Action Framework** makes it possible to translate research into action in order to support practitioners in working with public health interventions that will promote good health and well-being, prevent disease and reduce the inequality gap. We hope that you will put the **Urban Diabetes Action Framework** to good use and that, having done so, you will share your experiences with us.

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Infobox 1: Cities Changing Diabetes
The Cities Changing Diabetes programme is a network of more than 30 cities and over 100 partners working to understand the burden of obesity and diabetes, share learnings and develop innovative solutions. In its first six years, Cities Changing Diabetes has generated new insights and innovative health actions in cities around the world. These insights and actions need to be scaled up, built on and applied in more cities to accelerate the systemic changes required to bend the curve on diabetes.

citieschangingdiabetes.com

Introduction

→ What is the Urban Diabetes Action Framework?

The **Urban Diabetes Action Framework** guides those working in or with cities to understand what it takes to develop prevention and health promotion interventions.

It provides structured six-step guidance that illustrates the journey from defining a problem through to implementing and evaluating a solution. It builds on and incorporates the five principles underpinning the work done in Cities Changing Diabetes.

Five principles for action:

- Promote health and well-being
- Address social and cultural determinants and strive for health equity
- Integrate health in all policies
- Engage communities in sustainable health solutions
- Create solutions in partnership across sectors

The **Urban Diabetes Action Framework** is a dynamic platform that will develop over time. It will be periodically updated with new tools, cases and other user-demanded content.

Who is it for?

The framework has been developed for project leaders, teams and others interested in creating sustainable public health prevention interventions. Everyone can draw inspiration from it, including those working in or with local governments, public health practitioners, urban planners, community leaders and other technical staff.

It has been developed for a variety of users from different fields and focuses on opportunities to bring sectors and departments closer together when working to prevent illness, promote health and improve well-being in cities.

How to work with the Urban Diabetes Action Framework?

The **Urban Diabetes Action Framework** provides a structured approach to develop, plan, test and evaluate interventions, providing tools for each of the processes and case examples illustrating good practice.

It contains three main sections:

1. **Six steps to action**
   The six-step roadmap provides you with directions for setting up an intervention that will address a public health problem.

2. **Resource toolbox**
   Tools to support the development of public health interventions are provided with each step. You can also access the tools in the toolbox if you wish to focus on a specific task independently of the steps.

3. **Case catalogue**
   In the case catalogue, you will find inspiration from best-practice cases that are already delivering successful interventions. These cases give a tangible idea of what it takes to develop and implement an intervention.

Four considerations before getting started

Whether you have been commissioned to tackle a specific challenge or you are starting from scratch, consider the following recommendations before you embark on the **Urban Diabetes Action Framework**:

- ⬡ Assemble a core team
- ⬡ Assess the need for intervention
- ⬡ Examine the available time and resources
- ⬡ Define your expectations

Assemble a core team
The core team, which should include individuals with different expertise and experience related to your intervention, will lead on a daily basis. Strive to create an interdisciplinary team that can take a holistic approach to solving the problem.

Assess the need for intervention
If the intervention has been commissioned to address a clearly defined challenge, it may not be necessary to assess the need for an intervention. However, if there are already interventions in place to address the challenge, ensure that your intervention improves on what exists already.

Examine the available time and resources
Take note of requests or limitations set by the funders and/or commissioners of the intervention regarding its development and scope, for example the use of digital tools, financial resources, time scale and so on. Before jumping into the development phase, carry out a back-of-the-envelope assessment of whether additional resources will be needed to achieve the lowest acceptable level of success and, if so, find out how you can unlock these resources.
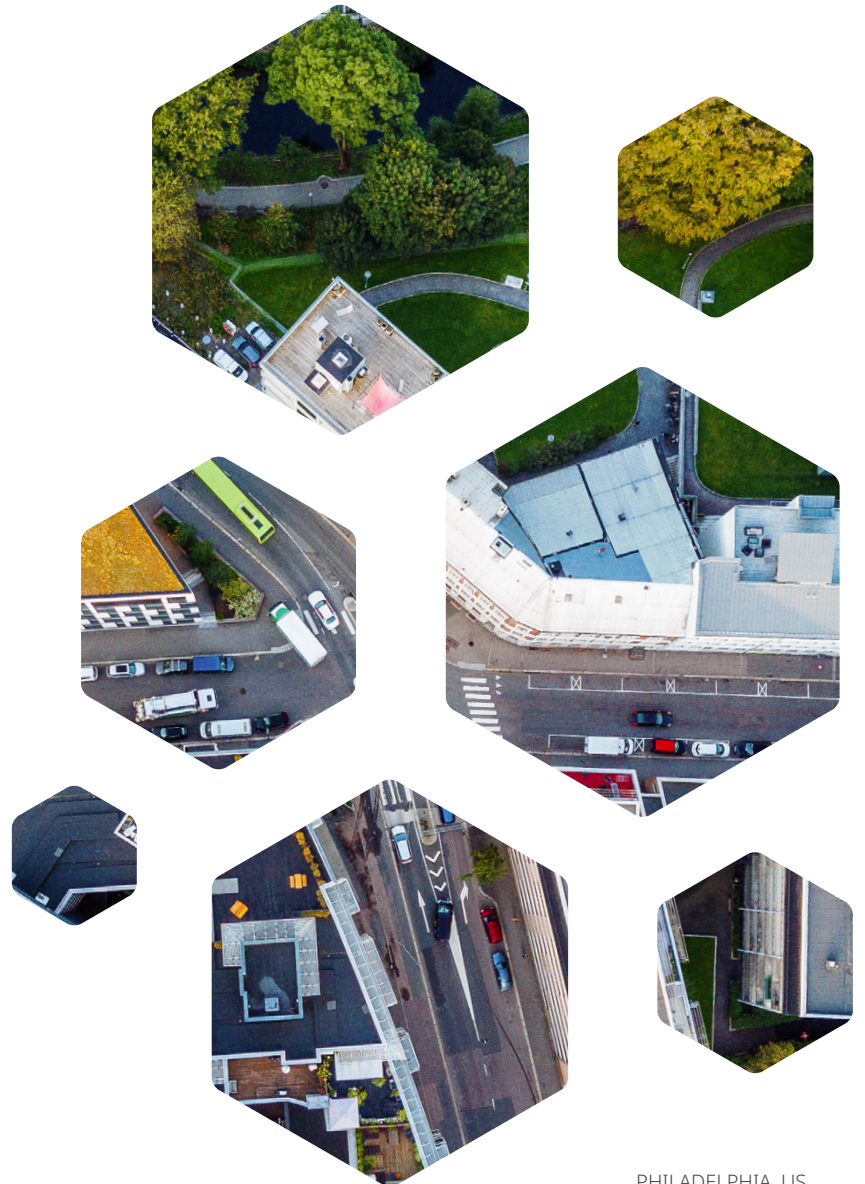
Define your expectations
Before you get started, ensure that you, the core team, and potential funders or commissioners, are aligned about what you want to achieve in what time frame and whether to aim for scale-up or extension. Are you intending to pilot, refine and scale? Are you modifying or improving something that exists already or are you delivering a proof of concept? Make sure you align expectations from the get-go.

It is a process
Remember that developing an intervention is, in essence, an iterative, cyclical process and not a linear one. As a result, be prepared to go back and forth between the different steps as you progress through the development, and make sure you are open to reviewing your decisions and sometimes changing them in the light of new knowledge or altered conditions. It is important that you maintain this approach throughout the process – breaking down the project into smaller pieces will make it easier to course-correct and adjust when unforeseen issues (inevitably) arise – while keeping your eyes on the purpose of the intervention.
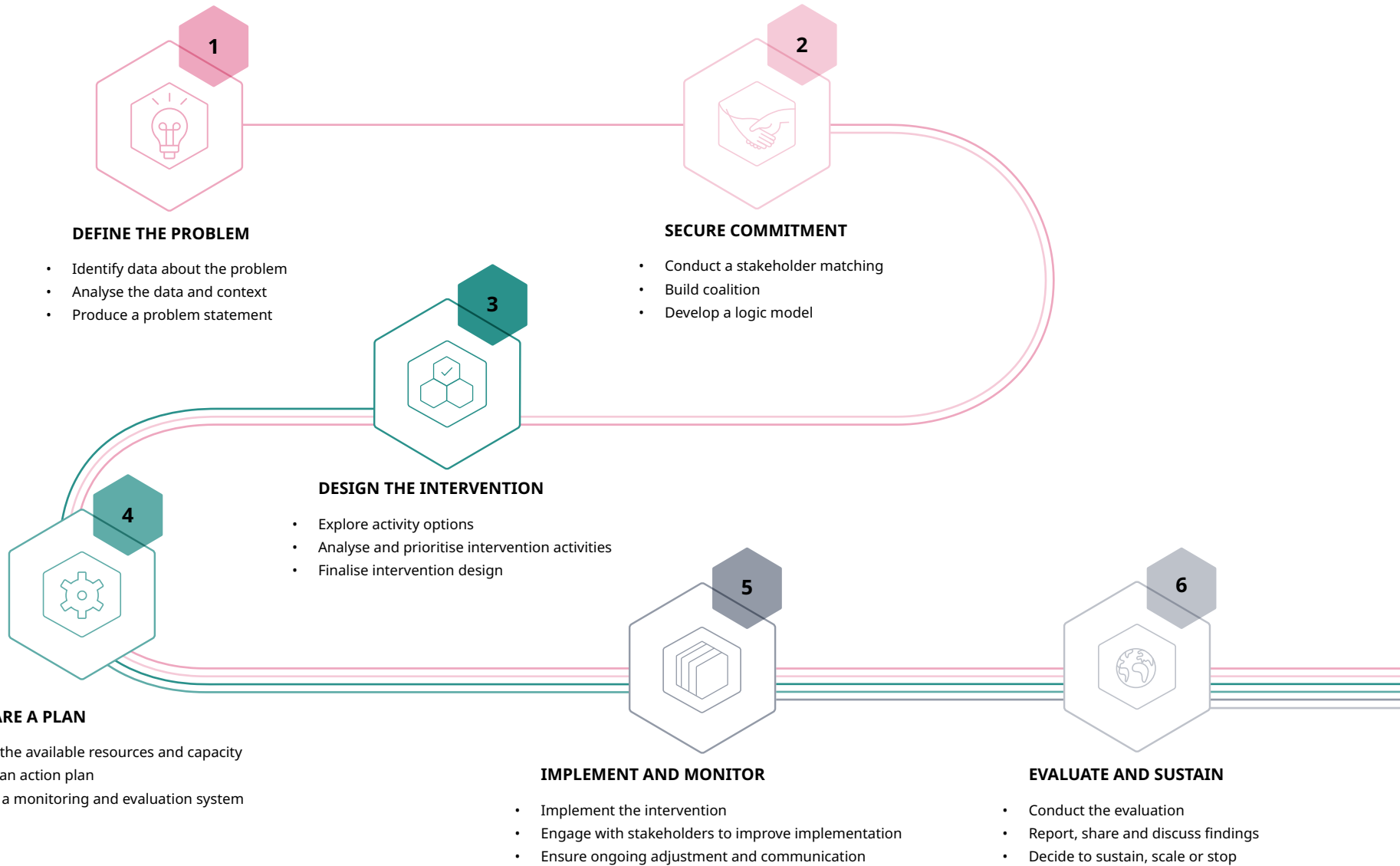
six
steps
to
action

The six steps to action is a robust but flexible process which has been designed to steer your intervention from problem identifying, through conceptual development and impactful execution right through to a considered review and evaluation phase.

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Six steps to action

1

DEFINE THE PROBLEM

- Identify data about the problem
- Analyse the data and context
- Produce a problem statement

2

SECURE COMMITMENT

- Conduct a stakeholder matching
- Build coalition
- Develop a logic model

3

DESIGN THE INTERVENTION

- Explore activity options
- Analyse and prioritise intervention activities
- Finalise intervention design

4

PREPARE A PLAN

- Assess the available resources and capacity
- Create an action plan
- Design a monitoring and evaluation system

5

IMPLEMENT AND MONITOR

- Implement the intervention
- Engage with stakeholders to improve implementation
- Ensure ongoing adjustment and communication

6

EVALUATE AND SUSTAIN

- Conduct the evaluation
- Report, share and discuss findings
- Decide to sustain, scale or stop
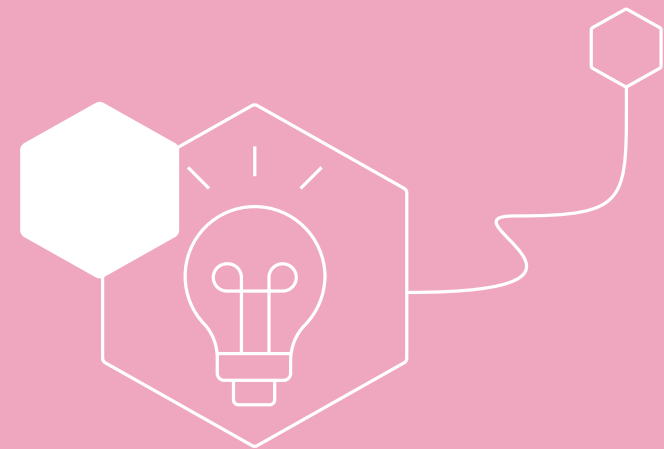
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STEP 1

Define the problem

To define the problem your intervention will address, you need a holistic understanding of where and why it occurs, and who it affects. Step 1 is designed to help you reach this understanding in collaboration with stakeholders and agree on the goal of the intervention.

What you will do in this step:

- Establish what needs to change
- Understand who the change will impact
- Define where the change will happen
- Plan by which date the change will happen
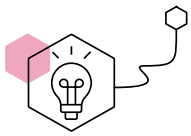
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Tasks

1.1 Identify data about the problem

Identify and collect data about what the problem is, who it affects, where it occurs and why it occurs.

1.2 Analyse the data and context

Analyse the data and consider the context in which the problem exists. Discuss the dynamics that reinforce the problem and how to mitigate them with local stakeholders.

1.3 Draft a problem statement and an intervention goal

Together with stakeholders, draft a precise problem statement that defines the goal of the intervention.

Tools

Helps you assess and understand the different aspects of the problem and what causes it.

Helps you organise and understand the context in which the problem exists.

Helps turn your data analysis conclusions into a problem statement and define the goal of your intervention.

Output

The consolidated output from step 1 will include a problem statement and an intervention goal. A problem statement is a summary of the problem and outlines:

◇ What needs to change
◇ Who the change will impact
◇ Where the change will happen
◇ When the change will happen

This statement will be used in the next step to determine how you will achieve the intervention goal by identifying specific targets.
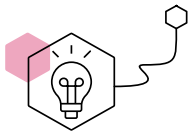
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Task 1.1
Identify data about the problem

Map what you know
Your first task is to assess the problem from an inside-out perspective. Immerse yourself in the context and be clear about what you know and what you do not know. Follow a systematic approach and use a combination of desktop and field research to collect information about the problem.

Use the **Problem reflection tool** to create a 360-degree view of the problem and make sure you have sufficient information to pinpoint where your intervention needs to focus.

Follow a series of simple questions to highlight different aspects of the problem to lead you to its root causes and main factors:

- What is the problem?
- Where is the problem most prevalent?
- Who does the problem affect the most?
- Why is the problem happening?

Valuable insight
Do not rely solely on desktop research to inform the problem statement. Desktop research is an excellent way of learning what is generally known about a problem. However, it is critical that you engage and test knowledge within you target community and seek out different perspectives on the problem, for example through a survey, interviews or a focus group discussion. This will help you gain a nuanced understanding of how the problem impacts people living within the community and how they perceive the problem.
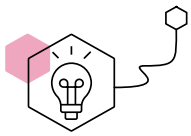
Define the problem

Outline the root causes of the problem
When using the **Problem reflection tool**, reflect on why factors that relate to the problem occur and outline the causal pathways that connect them. Working your way down to the root causes will help reveal the origins of the problem. By using the 'but why?' approach, you will be able to identify the determining factors of the problem and create an overview to help figure out which of these factors are potential targets for intervention.

*The **Problem reflection tool** helps you assess and understand the different aspects of the problem and what causes it.*

Infobox 1: Problem reflection tool

The **Problem reflection tool** provides some probing questions to help you assess the 'what', 'who', 'where' and 'why' aspects of the problem. A basic outline of the tool is provided below.

Questions

What is the problem?
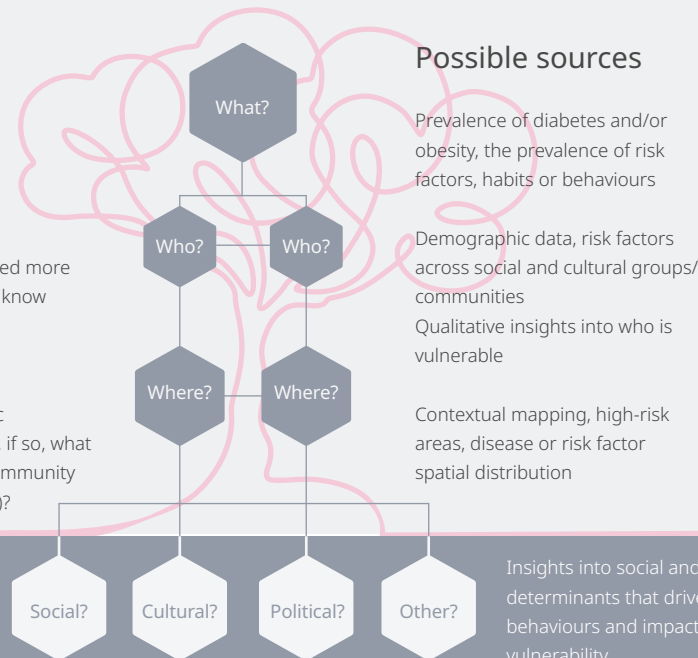What is the scale of the problem?

Who does the problem affect?
Are some population groups impacted more than others? And, if so, what do you know about these population groups?

Where is the problem greatest?
For example, is it limited to a specific community or neighbourhood? And, if so, what do you know about the particular community (eg the social and structural context)?

Root causes
What are the underlying root causes of the problem?

Possible sources

Prevalence of diabetes and/or obesity, the prevalence of risk factors, habits or behaviours

Demographic data, risk factors across social and cultural groups/ communities
Qualitative insights into who is vulnerable

Contextual mapping, high-risk areas, disease or risk factor spatial distribution

Insights into social and cultural determinants that drive habits/ behaviours and impact health vulnerability.

What?

Who?   Who?

Where?   Where?

Social?   Cultural?   Political?   Other?

Valuable insight
When you have mapped out what the problem is, who it affects and where it occurs, you should dig deeper by asking 'but why?'.

For example, a particular population group is greatly affected by the problem of obesity.

- But why? Because the group has poor nutrition and physical activity habits
- But why? Because the group has limited access to healthy, affordable food options and inadequate opportunities for physical activity
- But why? Because the group is facing economic hardships and geographical constraints
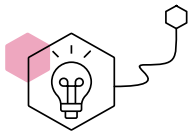
Task 1.2
Analyse the data and context

The problem you are trying to address is part of a system of political priorities, sociocultural realities, and physical and social infrastructures. Explore how these contextual factors can be barriers or enablers for the development of an intervention.

Engage and share
Engage local stakeholders to determine which aspects of the problem have the highest potential for change. Pay attention to contextual realities and bear these in mind to steer how the intervention can address the problem. Once the context is mapped out, share, refine and validate your findings by involving the relevant stakeholders, including citizens, community representatives and policymakers.

Engaging with people who live and work within the community will help you bridge the gap between the data and the local reality. Involving local stakeholders from the outset will foster a sense of ownership and trust while building support for the intervention.
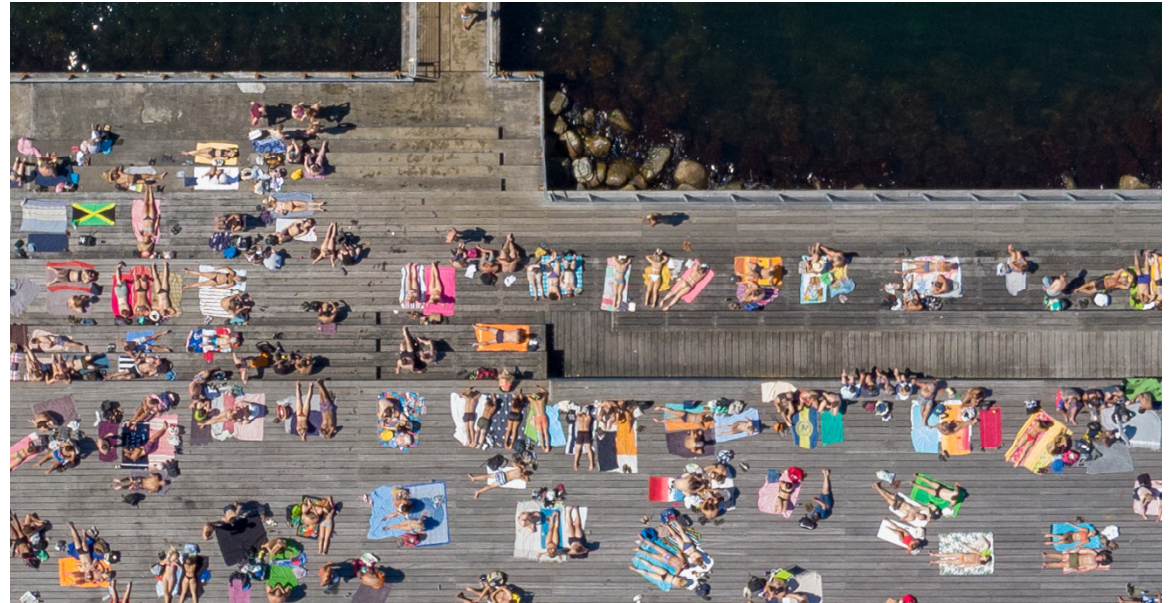
Use the insights you gain into the determining factors of the problem and the contextual realities to start considering which aspects of the problem should be the focus of the intervention.
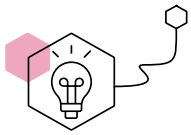
*The **Context alignment tool** helps you organise and understand the context in which the problem exists.*

Valuable insight
Dedicate sufficient time and resources to identifying and understanding the problem that needs to change. The effectiveness of your intervention depends on the depth of your assessment and the clarity of your understanding.

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Task 1.3
Draft a problem statement and an intervention goal

A problem statement and a goal help specify the problem that needs to be solved by outlining key aspects that the intervention will address.

Decide which specific problem to focus on
Use the output from the problem reflection tool and what you have learnt from engaging with local stakeholders to create an overview of the needs of the population in relation to the problem. In addition, consider what you have learnt and observed about available resources and commitment already focused on addressing the problem.

When formulating the intervention goal, consider, for example, whether you are benchmarking against a local, regional or national average. Look to similar interventions for what is possible, or aim to address a specific need found among the target population and what it would take to change that.

Use this information to prioritise what your intervention should address. Outline this in a problem statement that includes *what* will change, *for whom*, *where* and over *what timeframe*. The problem statement is the foundation on which you will build your intervention.

*The **Problem statement guide** helps turn your data analysis conclusions into a problem statement and define the goal of your intervention.*

Valuable insight
Addressing a public health problem often requires systematic identification of the problem and its underlying causes. The best problem statements often adhere to a clear structure and aim to determine what the real problem is.
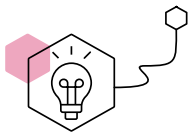
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Task checklist

Ensure that you have:

Task 1.1
- ◯ Gathered the data needed to define the problem
- ◯ Organised and synthesised data
- ◯ Engaged local stakeholders

Task 1.2
- ◯ Understood local, political, social and environmental conditions
- ◯ Understood and accounted for relevant and related initiatives
- ◯ Accounted for how the local context (including political priorities and existing initiatives) impacts the problem

Task 1.3
- ◯ Qualified the need for the intervention
- ◯ Formulated and validated a precise problem statement and a goal
- ◯ Shared the final problem statement with all stakeholders

Sampletown

**AN ILLUSTRATIVE EXAMPLE OF STEP 1**

A good candidate for an intervention
Elevated levels of childhood obesity and above-average levels of adolescent type 2 diabetes were present in Sampletown. The former industrial town is on the edge of a larger metropolitan area. The area had high levels of relative poverty indicators, including a high proportion of social housing, and more than 50% of children qualified for free school meals.[i]

Levels of obesity were 30% above the national average, which is itself on an upward trajectory. Local health spending showed a significant uptick in type 2 diabetes-related care and evidence of earlier onset complications over the past decade. Nearby rural settings showed much lower levels of both obesity and type 2 diabetes. Based on this knowledge, the health secretariat mapped the contextual factors of the situation. It found that there were already some initiatives in place. One of these was focused on improving the nutritional content of school lunches. Based on discussions with the local organisation, parents and schoolchildren, the health secretariat decided that an intervention geared around health-promoting activities outside of school hours was optimal. They narrowed down their target group to schoolchildren aged 12–18.

In dialogue with local stakeholders, the health secretariat decided to target reducing obesity among children through healthier physical activity and eating habits. As the timeframe for the intervention was not long enough to see measurable results for obesity, they knew they would need to focus on habits. This allowed for the formulation of the problem statement, which was to be used throughout the intervention period.

i. An indicator that combined household income levels are below a required threshold.
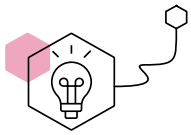
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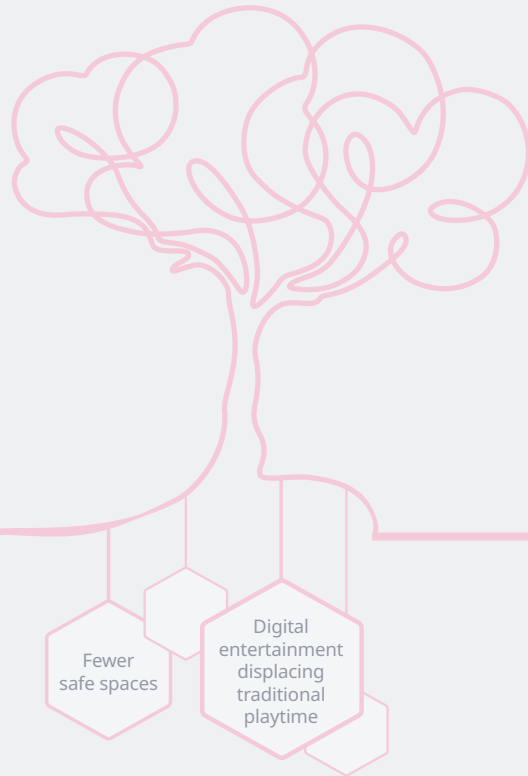
Sampletown

Their problem statement looks like this:

What is the problem:
Levels of adolescent obesity in Sampletown are 30% above the national average. Local health authorities have seen an uptick in type 2 diabetes treatment spend and earlier onset of type 2 diabetes and its complications over the past decade.

Who does the problem affect:
The adolescent population aged 12–18.

Where does the problem exist:
Areas with high levels of relative poverty indicators.

Why is the problem occurring:
Physical activity among 12–18-year-olds has fallen markedly in the past decade, with fewer safe spaces to exercise and digital entertainment displacing traditional playtime. In addition, there is greater consumption of fast foods.

Fewer safe spaces

Digital entertainment displacing traditional playtime

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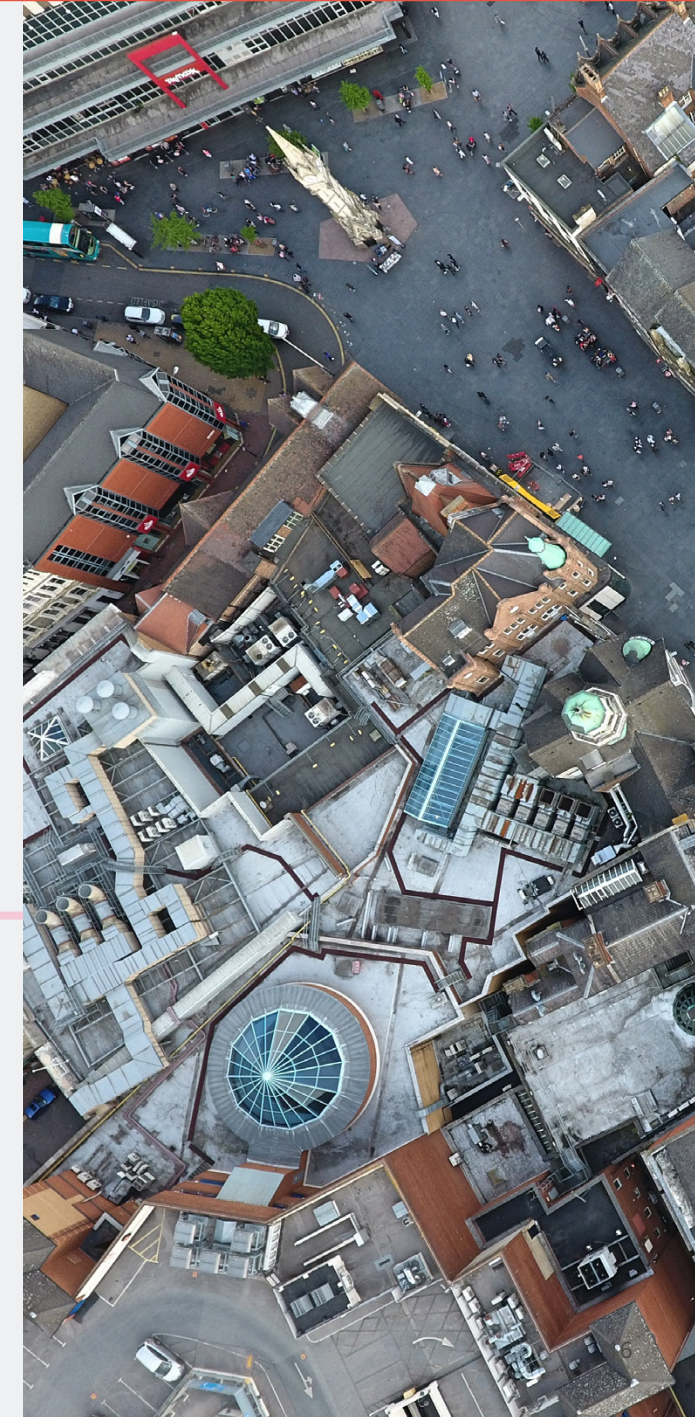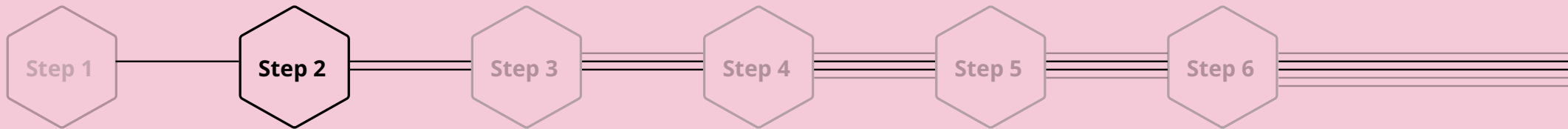
STEP 2

Secure commitment

Together with your stakeholders, build a coalition and commit to targets that will allow you to achieve your intervention goal. Step 2 is designed to help you identify and engage with the most relevant stakeholders, secure their commitment and define the intervention's intended impact by developing a logic model.

What you will do in this step:

- Expand your core team
- Build a coalition
- Develop a logic model
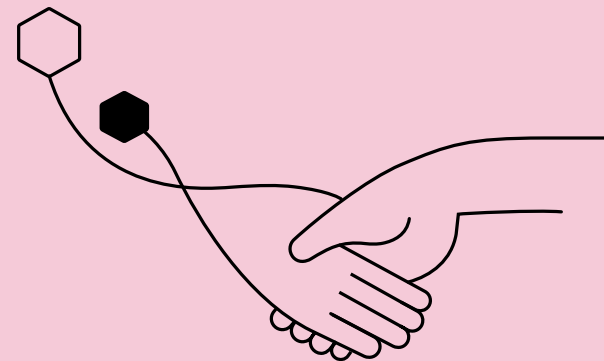
Secure commitment

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Tasks

2.1 Conduct a stakeholder matching →

Match stakeholders relevant to the problem statement to expand your working group.

2.2 Build a coalition →

Build a coalition that includes a diverse range of stakeholders with direct knowledge of why the problem is occurring and a willingness to address it.

2.3 Develop a logic model →

Based on the intervention goal, develop a logic model and identify the behavioural and environmental change targets that will help achieve the goal.

Tools

A tool to find and match relevant stakeholders to the problem defined.

A guide for building a coalition, including a governance model and a plan for engaging coalition members.

A guide to set targets for the changes needed to achieve the intervention goal.

Output

The output from step 2 is a logic model that provides the basis for designing intervention activities. The logic model will also serve as a basis for addressing all future steps during the lifecycle of the intervention.

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Task 2.1
Conduct a stakeholder matching

Successfully delivering an intervention is dependent on having the relevant stakeholders provide buy-in and support. Equally important is having stakeholders from different sectors agree and facilitate the implementation of the intervention.

Consequently, understanding which stakeholders are relevant to the success of your intervention and how they can work together to enable implementation is a critical consideration for how you develop and expand your working group. Ask yourself the following questions to establish a broad stakeholder base and strengthen the impact of your intervention:

- Who are the potential stakeholders, and are they beyond the 'usual suspects'?
- What interests do they represent?
- What is in it for them?
- Have they supported or opposed interventions such as yours in the past?
- Can they benefit (directly or indirectly) from the change you are seeking? If so, how?

- What is the impact of their voice in the public sphere?
- Why does the problem matter to your stakeholders?

*Use the **Stakeholder matching tool** to find and match relevant stakeholders to the problem defined. You are also encouraged to revisit the*

***Context alignment tool** from step 1 and extend the analysis to include all newly identified stakeholders.*
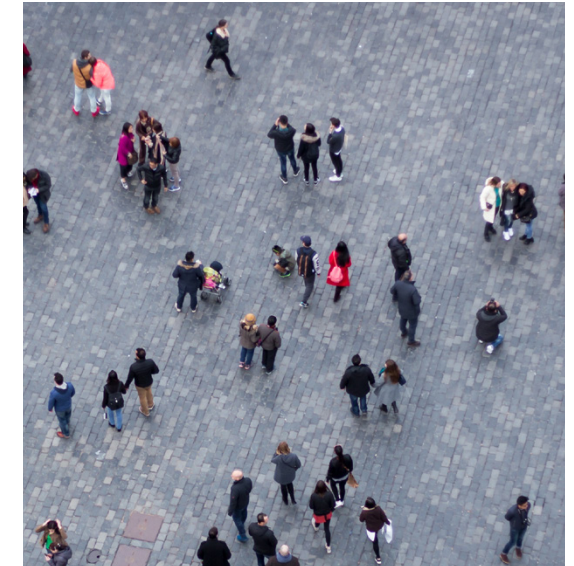
Valuable insight
Be aware of your possible biases or preconceived notions about who the best stakeholders might be. Build on the learnings from step 1 and consider stakeholders with new or different perspectives on the problem. Remember to take an outside perspective. Consider asking other stakeholders for recommendations for who to include.

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Task 2.2
Build a coalition

Consider how different stakeholders should be involved in the development of the intervention and what role each one could play. Determine the number, affiliation and role of stakeholders that should be involved throughout the process of developing the intervention. Key questions you should ask yourself before convening stakeholders include:

- What do you expect from each stakeholder?
- Are you seeking their support, input or influence?
- How will you get them on board?
- How will the work be conducted, and what are the roles and responsibilities?
- How will the coalition operate and be governed?

Establish a governance structure
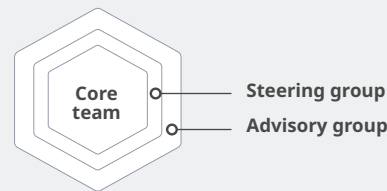The size and composition of your coalition depend on the nature as well as the complexity of the problem. It is recommended that you formalise a governance structure to determine roles and responsibilities and rules about decision-making.

Infobox 2 presents a three-tier governance model, where a core team makes decisions, collaborates and draws on the skills of other groups, for example technical know-how or target group experience.

Setting up the coalition and potentially adding new stakeholders will bring new, valuable perspectives to help broaden your understanding of the context. This will allow you to strengthen the problem statement.

Once the coalition and potential working groups are in place, you should ascertain that everyone is aligned with the problem statement and knows what you are trying to achieve.

*Use the **Build a coalition tool** to for building a coalition, including a governance model and a plan for engaging coalition members.*

Infobox 2: Three-tier coalition governance model example

Core team — Steering group
— Advisory group

Tier 1: Core team
A coalition core team with responsibility for the day-to-day operation
(leading or co-leading its development)

Tier 2: Steering group
A steering group with a diverse range of stakeholders to review and provide feedback

Tier 3: Advisory group
An advisory group stakeholder group engaged in bringing different and local perspectives and providing advice

Valuable insight
Listen to local people, as they are most likely to understand the issues and are more inclined to take ownership of the intervention if they are involved in the process from the beginning. Engaging a respected person from the community, for example, may help avoid problems down the line or provide access to other people or resources within the community.

Task 2.3
Develop a logic model

One of the first tasks for the coalition is to reach collective agreement about how the intervention goal will be achieved. Using the insights from the problem statement, you need to consider what changes are required to address the problem. This will enable you to compile a list of possible changes or outcome targets for realising the intervention goal.

Defining outcome targets
This requires that you understand the relationships between determinants, risk factors and behaviours underlying the problem and what should change or happen instead to help solve the problem. Your targets must focus on driving the changes in risk factors (behavioural, environmental etc) that need to occur if the intervention goal is to be achieved.

If you have not already set an intervention goal in step 1, this should be done prior to setting the targets.

For example, suppose you have identified that lack of access to physical activity options is

leading to low physical activity levels and, in turn, contributing to high levels of obesity. In that case, consider formulating the outcome targets for improved access to physical activity options and a target for physical activity levels.

It is important to remember to define both short- and long-term outcome targets. Long-term outcome targets are critical to the sustainability of the intervention, but short-term outcome targets provide momentum and small victories that boost morale.

By the end of this step, your coalition should have developed a logic model and have agreed on a set of outcome targets to be used to design the activities of the intervention and bring about the desired changes.

*Use the **Logic model guide** to create an overview of the logic that explains what changes are needed to achieve the intervention goal.*

Valuable insight
Consider using **SMART** goals to make sure your goals are clear and attainable. Each goal should be:

⬡ **S**pecific
⬡ **M**easurable
⬡ **A**chievable
⬡ **R**elevant
⬡ **T**ime-bound

Secure commitment

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Task checklist

Ensure that you have:

Task 2.1
- ◯ Understood the stakeholder landscape related to the problem
- ◯ Engaged relevant stakeholders and assessed how to involve them.

Task 2.2
- ◯ Set up a coalition and governance structure and initiated engagement process
- ◯ Considered revisiting the problem statement based on new insights
- ◯ Ensured the involvement of the target population.

Task 2.3
- ◯ Developed a logic model of change
- ◯ Created an overall goal for intervention, if you have not done so already (in step 1)
- ◯ Agreed on key measurable targets.

Sampletown

AN ILLUSTRATIVE EXAMPLE OF STEP 2

Leverage local influencers and form a coalition
Potential stakeholders were identified through existing social structures and local government. To help define the initiative, a drop-in event was held, promoted via an e-mail invitation featuring a short video, combined with a local poster campaign. The e-mail was sent to 100 targeted stakeholders and the poster campaign gained the approval and participation of supermarkets, schools and houses of faith.

The invitation was well received, and a coalition representing a broad spectrum of stakeholders was convened at a neutral setting (town library) to form a steering group. The steering group included the leader of a local youth club, parents from two parent–teacher associations at local primary and secondary schools, and church and mosque leaders from a multi-faith food bank initiative. Although the congregations of the faith institutions were not the target (ageing demographic and declining attendance), the food bank initiative was seen as an effective conduit into the most at-risk elements of the community. Together with the assembled stakeholders, the steering group defined the logic model for the intervention. It made sure all parties were heard and that everyone was committed to the task at hand.

💡 **Valuable insight**
If you are struggling to depict how change can occur, it can be helpful to apply a theory to help explain how the change is expected to work. Examples of behavioural change theories include **COM-B** (**C**apability, **O**pportunity, **M**otivation and **B**ehaviour)[1] and the **T**heory of **R**easoned **A**ction (**TRA**)[2].

1. Michie S, van Stralen MM, West R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science.* 2011;6(1):42. **2.** Heller LJ, Skinner CS, Tomiyama AJ, et al. Theory of Reasoned Action. In: Gellman MD, Turner JR, eds. *Encyclopedia of Behavioral Medicine.* New York, NY: Springer New York; 2013:1964–1967.

Secure commitment

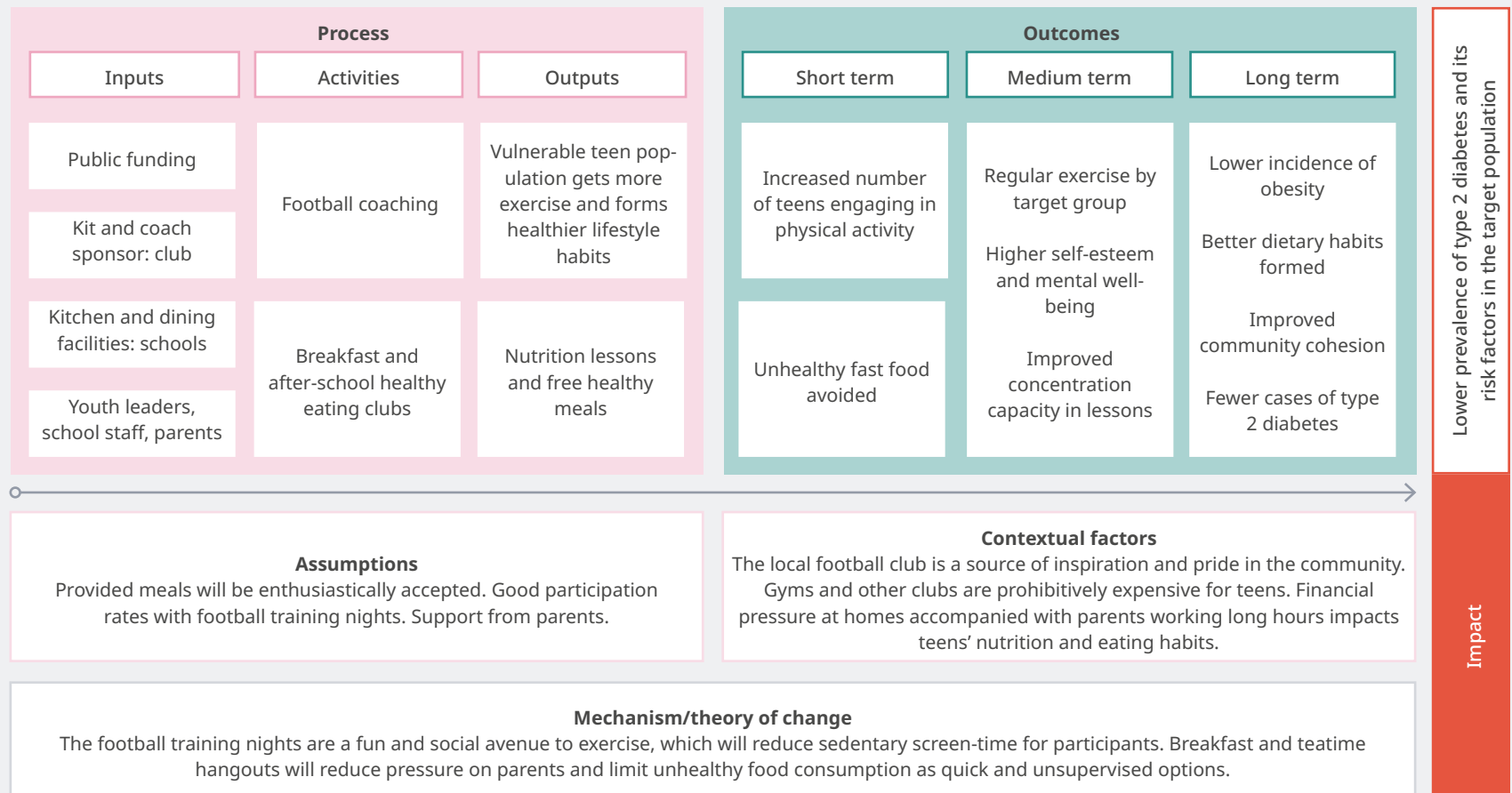Step 1

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Sampletown

Their logic model looks like this:

Process			Outcomes		
Inputs	**Activities**	**Outputs**	**Short term**	**Medium term**	**Long term**
Public funding	Football coaching	Vulnerable teen population gets more exercise and forms healthier lifestyle habits	Increased number of teens engaging in physical activity	Regular exercise by target group Higher self-esteem and mental well-being	Lower incidence of obesity Better dietary habits formed
Kit and coach sponsor: club					
Kitchen and dining facilities: schools	Breakfast and after-school healthy eating clubs	Nutrition lessons and free healthy meals	Unhealthy fast food avoided	Improved concentration capacity in lessons	Improved community cohesion Fewer cases of type 2 diabetes
Youth leaders, school staff, parents					

Lower prevalence of type 2 diabetes and its risk factors in the target population

Impact

Assumptions
Provided meals will be enthusiastically accepted. Good participation rates with football training nights. Support from parents.

Contextual factors
The local football club is a source of inspiration and pride in the community. Gyms and other clubs are prohibitively expensive for teens. Financial pressure at homes accompanied with parents working long hours impacts teens' nutrition and eating habits.

Mechanism/theory of change
The football training nights are a fun and social avenue to exercise, which will reduce sedentary screen-time for participants. Breakfast and teatime hangouts will reduce pressure on parents and limit unhealthy food consumption as quick and unsupervised options.

STEP 3

Design the intervention

In this step, you will look at what has achieved desirable results elsewhere, generate new ideas and prioritise the best ideas for addressing the problem. The result will be a description of the activities.

What you will do in this step:

- Explore options for activities
- Discuss and prioritise possible activities
- Populate the logic model with activities

Design intervention

Tasks

3.1 Explore activity options

Explore what has worked elsewhere with similar problems and generate ideas for potential interventions.

3.2 Analyse and prioritise intervention activities

Together with your coalition, brainstorm, discuss and prioritise activities that can work as mechanisms for change to help achieve your targets.

3.3 Finalise the intervention design

Describe how the chosen activities are going to work and be delivered, and include them in your logic model.

Tools

A tool to help explore possible intervention options that might bring about the desired outcomes.

Worksheets to help discuss, co-create and eventually ascertain the quality of your potential activities.

A guide to outline what details should be considered for the chosen activities.

Output

The intervention design entailing an updated logic model with the activities described. The description should detail how the intervention will bring about the desired change. It should be clear what the content of the intervention is, as you will use this to develop your action plan for how to deliver the intervention in the next step.

Design intervention

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Task 3.1
Explore activity options

You now need to focus on which activities your intervention should contain to achieve the intervention targets.

Review the literature on your chosen problem to discover what has and has not worked elsewhere. This allows you to leverage the work of others and demonstrate that your approach is viable.

Use the **Intervention options overview** to better understand how various types of intervention activity can be used as mechanisms for change. This will guide you in your activities research (Infobox 3). When dealing with complex problems with several root causes, it is common to combine several activities to achieve an outcome target.

Work with the coalition to decide on the most relevant activity ideas. Ensure that you build on learnings from the literature review and involve coalition members. Update the logic model with the descriptions, and ensure these correspond to the targets set.

💡 **Valuable insight**
Listen to the local stakeholders – they understand the issues and are more likely to take ownership of the intervention if they are involved in the process from the beginning. Pay attention to what is said about political priorities and existing initiatives. These can act as barriers or enablers for the implementation.

*Use the **Intervention options overview tool** to help explore possible intervention options that might bring about the desired outcomes.*

Design
intervention
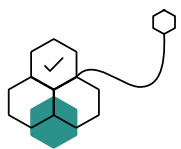
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Infobox 3: Nine different types of intervention options overview[B]

Intervention type	Definition	Examples
Education	Increasing knowledge and understanding by informing, explaining, showing and providing feedback	Providing information to promote healthy eating
Persuasion	Using words and images to change the way people feel about a behaviour to make it more or less attractive	Using imagery to motivate increases in physical activity
Incentivisation	Changing the attractiveness of a behaviour by creating the expectation of a desired outcome or avoidance of an undesired one	Using prize draws to induce attempts to quit smoking
Coercion	Changing the attractiveness of a behaviour by creating the expectation of an undesired outcome or denial of a desired one	Raising the financial cost to reduce excessive alcohol consumption
Training	Increasing the skills needed for a behaviour by repeated practice and feedback	Offering advanced driver training to increase safe driving
Restriction	Constraining the performance of a behaviour by setting rules	Prohibiting sales of solvents to people under the age of 18 to reduce their use for intoxication
Environmental restructuring	Constraining or promoting a behaviour by shaping the physical or social environment	Providing on-screen prompts for GPs to ask about smoking behaviour
Modelling	Showing examples of the behaviour for people to imitate	Using TV drama scenes involving safe-sex practices to increase condom use
Enablement	Providing support to improve ability to change in a variety of ways not covered by other intervention types	Offering behavioural support to quit smoking, medication for cognitive deficits, surgery to reduce obesity or prostheses to promote physical activity

B. Adapted from Michie et al. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*. 2011;6(1):42.

**Design
intervention**
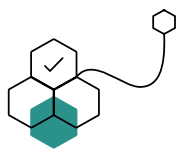
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Task 3.2
Analyse and prioritise intervention activities

With a list of potential activity options, you should now engage relevant stakeholders in brainstorming, discussing and prioritising activities to be included in the intervention. Ensure that you keep in mind the outcome targets that the activities need to contribute towards achieving.

Use simple tools such as the **Change mechanism planner** (Infobox 4), which is included in the **Activity analysis worksheets**, to provide a

useful format for structuring the information. What target are you trying to achieve? What determinant(s) is/are associated with the target? What does the activity do, and how does it achieve change? Based on your understanding of the evidence and the local context, consider the likelihood that the chosen change mechanism will achieve the desired target.

Consider categorising activity ideas based on the targets. Discuss which activities are most popular in order to narrow down the number of activities to a selected few. Consider different quality criteria to help prioritise the most suitable activities.

Examples of possible quality criteria include:

Is it affordable?

Is it practical?

Is it effective and cost-efficient?

Is it locally acceptable?

Does it have potential negative side-effects?

Is it scalable?

Does it impact different population groups in an equitable way?

*Use the **Activity analysis worksheets** to help discuss, co-create and eventually ascertain the quality of your potential activities.*

Infobox 4: Change mechanism planner

Change target	Behavioural problem (determinant)	Change mechanism (catalyst)	How likely is it to work?
Eating wholesome nutritious meals before and after school	For example, the habit of eating fast food and snacks before and after school	Environmental restructuring and persuasion, creating breakfast clubs and access to leisure spaces while communicating benefits	Likely, but it will need support from parents and teachers in order to work as intended

Valuable insight
Conducting literature searches and other forms of desktop research is an excellent way to draw insights from proven, successful intervention examples that have helped bring about behavioural change similar to what you are trying to achieve. Well-documented cases will teach you how the intervention was set up, what worked well and what failed.

Design intervention

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Task 3.3
Finalise the intervention design

Your coalition must reach a consensus on the selected activities and the mechanisms for change for each intervention. Having shortlisted the best activities, you should create a detailed description of what they entail and how they will impact the target behaviour.

Add the activities to the logic model and adjust it if you come across new learnings as you are designing the activities. Your logic model, updated with the activities and their intended mechanisms for change, is the backbone of your intervention and determines how you will achieve your goal.

Create clear descriptions of the activities, as you will need this in the next step. In the **Activity description sheets**, you will find guidance on how to describe the different aspects of the intervention and activities.

Consider sharing the descriptions of the intended intervention activities and use short surveys or roundtables to ask different stakeholders from the target group and delivery staff what they think about the selected activities.

*The **Activity description sheets** to outline what details should be considered for the chosen activities.*

Task checklist

Ensure that you have:

Task 3.1
- ⬡ Explored intervention activity options using literature reviews and consultations with stakeholders
- ⬡ Created a list of potential activity options for the intervention.

Task 3.2
- ⬡ Engaged a broad range of stakeholders to an idea generating process
- ⬡ Considered the viability of the intervention activities based on their compatibility with the local context, the targets of the logic model and community support
- ⬡ Analysed the different options and prioritised the most relevant ones.

Task 3.3
- ⬡ Updated the logic model by adding the chosen intervention activities
- ⬡ Refined the descriptions of the activities based on the co-creation process with stakeholders
- ⬡ Considered validating the viability of the activities locally using short surveys or roundtable meetings.

Sampletown

AN ILLUSTRATIVE EXAMPLE OF STEP 3

Focus on what needs to change
From a pool of many suggestions, two risk factors were deemed priority action points by the steering group:

1. *Children's activity levels:* Input from the community demonstrated that parents felt the area lacked suitable supervised activities and safe outdoor leisure spaces. Increased gaming and more exposure to streamed TV at a younger age were replacing physical activities. This was driving a more sedentary lifestyle among all cohorts of school-age children.

2. *Poor nutrition:* Low average incomes are a chief contributory factor to unhealthy dietary habits. In Sampletown, cheap and widely available fast food was being consumed for many meals, including breakfast on the way to school and unhealthy food bought after or on the way home from school.

Context: Access to leisure space
The town previously had sports clubs, including a mountaineering and outdoor pursuits club and a popular football club. Due to austerity cuts, these had lost their funding and had closed in 2016. With external sponsorship and community volunteers, it was deemed the football club would be most inclusive and cost-effective, and activities could restart at modest levels.

Context: Dietary habits in Sampletown
Qualitative research in step 2 demonstrated that children from the lowest economic cohorts, and therefore most at risk of developing obesity, were not receiving adequate nutrition at home. These children were often fed fast food on the way to and after school. It was decided to target these meals as intervention opportunities to improve nutrition, slash sugar consumption and reduce meal anxiety for the most financially distressed parents and caregivers.

Design
intervention
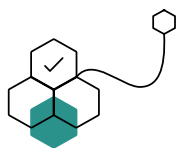
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Sampletown

Activity description:
A breakfast club and teatime hangout immediately before and after school were deemed practical intervention opportunities to provide low-sugar, highly nutritious fresh food alternatives at times when children were most susceptible to unhealthy choices. The breakfast club and teatime hangout would have an educational slant and focus on developing health literacy and healthy dietary habits.

Using community leverage, it was established that indoor facilities could be provided cheaply by the local authority during winter. Furthermore, if a minimum sponsorship threshold could be attracted, then football training nights could be free to attend for up to a hundred 12–18-year-olds, split over two nights per week. Having free football training nights would be an incentive for the target group to participate.

Having decided on the Activity description, the steering group described the intervention according to its dimensions.

Their intervention and activity description worksheet looks like this:

Dimension	Description
Content What is delivered?	The intervention is to deliver a breakfast club and teatime hangout and use indoor facilities to enable football training nights.
Provider Who is delivering the content?	The content will be delivered by the school and by the local sports club.
Setting Where will the content be delivered	The breakfast club and teatime hangout will be delivered at the school, and the local football training nights will take place at municipal sports facilities.
Recipients To whom will the content be delivered?	The recipients are 12–18-year-olds.
Intensity Over how many contacts will it be delivered (how many times)?	It is planned that the breakfast club and teatime hangout will occur daily, and the football training nights are scheduled to take place twice a week.
Duration Over what period will the content be delivered?	It is planned that the breakfast club and teatime hangout will initially last for six months. Then the coalition will evaluate the project and take action according to the findings. The football training nights are set to run during the winter, and additional activities will be proposed based on the initial degree of success.
Fidelity To what extent can it be delivered as intended?	There are no immediate obstacles to the two projects, and there should be no problem in carrying them through other than low turnout.
Mode of delivery How will it be delivered (telephone, f2f, online etc)	Both interventions are face-to-face interventions and will be promoted during school hours and via a message to parents.

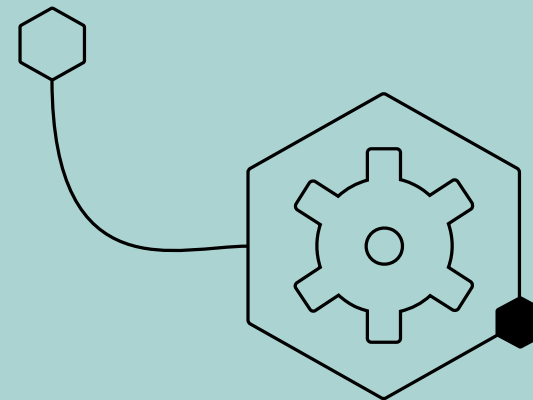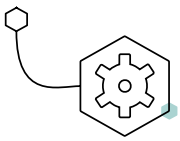Step 1   Step 2   Step 3   **Step 4**   Step 5   Step 6
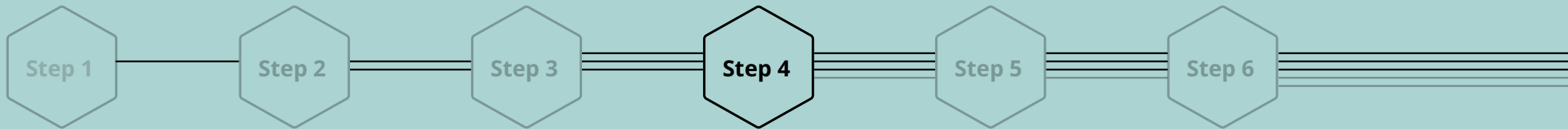
STEP 4

Prepare a plan

For your intervention activities to function as intended, they need to be delivered in the right way. In this step, you will assess available resources, create an action plan that outlines how, when and where to deliver the intervention, and monitor and evaluate it.

What you will do in this step:

- Assess the available resources and capacity
- Create an action plan for delivering the intervention
- Set up a monitoring and evaluation system

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Tasks

4.1 Assess the resources and capacity available

Assess the available resources and capacity, including budget, time and competences to deliver the intervention.

4.2 Create an action plan for delivering the intervention

Outline how, where, when and by whom the intervention will be delivered.

4.3 Design a robust monitoring and evaluation system

Decide how you will evaluate the intervention, and how you will monitor and collect data along the way.

Tools

A template for assessing the capacity and resources available for the intervention.

A template to help you determine who does what, when and where.

A guide to determining how your intervention should be monitored and evaluated, and how the findings from this process can be used.

Output

An action plan and a system for monitoring and evaluation that will serve as a guide for implementing and delivering the intervention and for how it should be monitored and eventually evaluated.
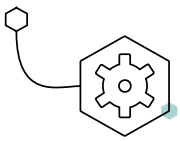
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Task 4.1
Assess the available resources and capacity

You need to conduct an assessment of the resources and capacity available to the coalition in order to create a feasible action plan. If necessary, you may need to determine how the coalition is going to secure additional resources.

Consider what resources and capacity are needed to deliver the activities as intended. Evaluate which roles and responsibilities members of your coalition can assume, based on their available skills and capacity. Each stakeholder should have a clear idea of how they will contribute to the action plan. Remember that the strength of a coalition lies in its diversity: make sure you are aware of the specific skill sets, areas of influence and capacity its members have to offer.

The amount of resources needed is different whether you are conducting a pilot project or you are building immediately to scale. In your assessment you should reflect on this, to align with the overall prospect for the intervention.


*The **Resource and capacity assessment** is a template for assessing the capacity and resources available for the intervention.*

💡 **Valuable insight**
Partnerships that leverage existing assets, strengths and expertise in their communities – sometimes using these resources in new and innovative ways – tend to be better able to sustain that effort over time. Ensure that your action plan and your assessment of what resources are required are as detailed as possible. Remember that it is always better to have an excess, rather than a deficit, of resources[1].

1. Robert Wood Johnson Foundation. County Health Rankings & Roadmaps: Guide to maximizing resources. 2020.
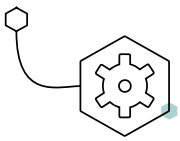
**Prepare
a plan**

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Task 4.2
Create an action plan

Creating an action plan requires you to outline the who, what, where, when and how for delivering the intervention. Think of your action plan as an implementation guide that will provide directions for all the stakeholders involved in delivering the intervention activities. It should include the following:

- Detailed descriptions of intervention activities
- Target group(s) and setting(s)
- Timeline of the intervention
- Roles and responsibilities
- Mode of delivery
- Materials, resources and preparation required
- Potential barriers and opportunities
- Guidance for internal and external communication about the intervention.

*Use the **Action plan template** to help you determine who does what, when and where.*

Valuable insight

When developing your action plan, consider the views of your stakeholders and the people who will implement the intervention. Here are some questions worth asking:

- Does readiness for change exist?
- Do your stakeholders and target population perceive the proposed intervention as adequate and productive?
- Are there any constraints – project fatigue, strained resources, poor timing, past experiences – that might hinder the implementation of the intervention?
- How will your intervention activities interact with existing initiatives already active in the target population and/or the local context? Your project should work in synergy with existing initiatives – not against them.
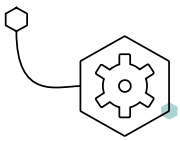
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Task 4.3
Design a monitoring and evaluation system

An essential component of a well-executed intervention is a monitoring and evaluation system. This enables you to assess how well the intervention is faring according to predefined indicators. In this task, you will build on the intervention goal and outcome targets, and establish indicators against which to gauge the success of the intervention. The monitoring and evaluation system will also provide the core team with early progress indications, enabling early adjustments to the intervention activities if needed.

The intervention goal and outcome targets outlined in the logic model provide key initial indicators for measuring the success of the intervention. Engage stakeholders with an interest in the results of the intervention evaluation early on, to ensure that you design the evaluation with their needs in mind. They may also be interested in a series of process indicators related to the activities that assess whether the activities are being delivered as planned.

You should also use the monitoring and evaluation system to assess the processes that support the intervention activities and help the team to achieve the defined targets. By closely monitoring these processes, you will be able to identify areas with insufficient – or improperly used – resources and take action accordingly. The framework should give you a good understanding of why some of the intervention components are failing or stalling, and why others are proving to be successful.

Finally, monitoring and evaluation are also critical for communication and sharing purposes, both internally and externally. Internally, they will highlight potential pitfalls and provide insights into the mechanisms that speed up or slow down intervention activities. In addition, celebrating

small wins along the way is an effective way of maintaining momentum and boosting coalition morale. Externally, the documentation process will allow you to demonstrate intervention results, what made the intervention work and how you managed to overcome the challenges you faced along the way.
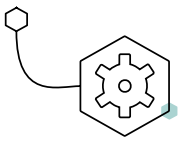
*Use the **Monitoring and evaluation system guide** to determine how your intervention should be monitored and evaluated, and how the findings from this process can be used.*

Infobox 5: Monitoring and evaluation framework

A monitoring and evaluation framework can assist you in understanding and analysing an intervention. It can also help with developing a sound monitoring and evaluation plan as well as guide the implementation of monitoring and evaluation activities.

Inputs → Activities → Outputs → Short-term → Medium-term → Long-term

Process/implementation   Outcome/effectiveness

**Prepare
a plan**

Step 1

Step 2

Step 3

Step 4

Step 5

Step 6

Task checklist

Ensure that you have:

Task 4.1
- ⬡ Assessed the available resources within your coalition
- ⬡ Acknowledged the potential need for additional resources, capacity building and staff training
- ⬡ Dedicated sufficient resources to documenting the intervention throughout the development process.

Task 4.2
- ⬡ Created an action plan
- ⬡ Consulted relevant stakeholders during the development of your action plan
- ⬡ Allocated sufficient resources for implementation in order to be able to deliver the intervention as intended.

Task 4.3
- ⬡ Created a monitoring and evaluation framework based on the intervention goal and targets
- ⬡ Come to a shared understanding of the importance of monitoring and evaluating the intervention across your coalition.

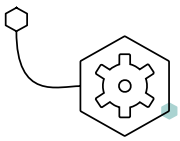# Sampletown

AN ILLUSTRATIVE EXAMPLE OF STEP 4

Planning for success
Parents and grandparents had strong affection for the local football club, despite the fact that match-day attendance was deemed prohibitively expensive or clashed with work obligations for many families. To leverage its potential positive influence in the community, the club was approached to assist with an after-school initiative, helping the most deprived residents with a safe and healthy childcare activity.

Facilities and staffing were the chief requirements. A combination of volunteering, sponsorship and local authority funding could make the activity possible.

A 'Tuesday Teens' session was set up, with the training kit donated by the club. Between September and February, the local leisure centre could be used 4–6 pm, and between March and July, local pitches could be floodlit, with the cost shared between the initiative and the club. The steering group had already described the intervention, but set out to create an action plan to assess the capacity and resources within the group.

Prepare
a plan

Sampletown

Their summary table of their action plan looks like this:

Intervention activities	Activity 1	Activity 2
Target group and setting	An exercise intervention anchored in the local football club with support from the municipal government	An education intervention anchored in the school that aims to educate children on dietary habits and improve food literacy.
Timeline	Start: the intervention is set to start at the beginning of the school year in September. Duration: it will run throughout the winter and then be adapted.	Start: the intervention is set to start at the beginning of the school year. Duration: it will run for six months and will then be adapted following an evaluation.
Stakeholders	The local sports club will manage the activities. Teachers will promote them at the breakfast club, at the teatime hangouts and in the classroom. Parents also have a role in promoting physical activity and attending the football team's matches.	Teachers will manage the activities. Parents should encourage their children to attend the breakfast clubs and the teatime hangouts.
Resources and capacity	In place: existing facilities will suffice, and the sports club has allocated the necessary training resources. Still needed: the pitch needs to be floodlit, but it has been agreed that the funding will be jointly covered by the initiative and the club.	In place: existing facilities will suffice, and the school has secured funding to cover teacher supervisors.
Mode of delivery	Face to face	Face to face
Materials and preparation	Local ad in the newspaper. Newsletters to parents	Posters to be displayed around the school
Potential barriers or resistance	Attending the matches is either prohibitively expensive or clashes with work hours. This can lead to fewer children attending the football training nights because of lack of attendance by the parents.	Some children might not want to attend the breakfast club or the teatime hangouts. Parents may not believe their children will be adequately nourished if they refuse to eat fruit and vegetables at home.

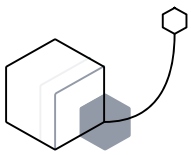Step 1   Step 2   Step 3   Step 4   **Step 5**   Step 6
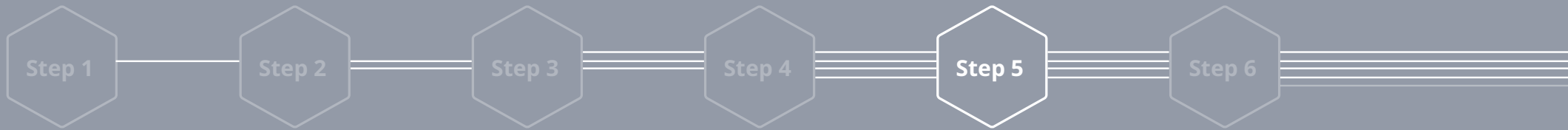
STEP 5

Implement and monitor

You are now ready to implement your intervention. To ensure smooth implementation, you must mobilise your coalition, execute your action plan and monitor the implementation process to identify any issues and make adjustments along the way.

What you will do in this step:

- Implement the intervention
- Start monitoring
- Discuss progress and challenges
- Make adjustments based on learnings

Implement and monitor

Tasks

5.1 Implement the intervention

→

Mobilise the intervention delivery staff to carry out the tasks assigned to them and initiate ongoing monitoring.

5.2 Assess and prioritise adjustments

→

Engage with stakeholders, intervention adopters and delivery staff regarding the implementation process and discuss what is and is not working based on the monitoring system's findings.

5.3 Ensure ongoing adjustment and communication

Adjust the intervention on an ongoing basis based on the learnings from the monitoring and insights from stakeholder discussions, and communicate the learnings.

Tools

→

A guide to establish clear communication structures and to ensure that everyone in the coalition has adequate access to information about the progress of the intervention.

→

Use the system you have put in place to monitor the intervention (from Step 4 – Plan a plan).

Output

An intervention that is implemented according to plan, and that is monitored, evaluated and adjusted along the way.

You should have tested and refined your intervention or pilot if you are aiming to evaluate for assessing scalability.
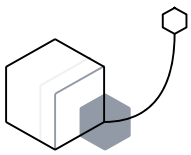
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Task 5.1
Implement the intervention

Use the action plan and mobilise stakeholders to begin the implementation. In this task, ensure that the intervention activities are being adopted and that the intervention is being implemented according to plan.

Mobilise the intervention stakeholders to carry out the tasks that have been assigned to them. If needed, adjust the action plan and roles and responsibilities based on feedback gathered during ongoing monitoring.

Communication is crucial. Strive to keep communication lines with all the parties involved open, and be transparent about the status of the intervention. To achieve this, the core team should regularly share information updates with the broader coalition. Make sure that you restate the intervention goal and targets throughout the process, so that all coalition members are working with a purpose-driven mindset.

Observe and monitor
Continuously monitor intervention activities and the progress of their implementation. This will give you a clear overview of whether or not the activities are on track. It will also provide actionable insights into the attainment of milestones that you can share with the coalition as status updates.

*Use the **Communication guide** to establish clear communication structures and to ensure that everyone in the coalition has adequate access to information about the progress of the intervention.*
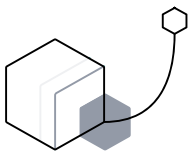
*Set up a **Monitoring and evaluation system** that can help you track and report the progress of the intervention.*
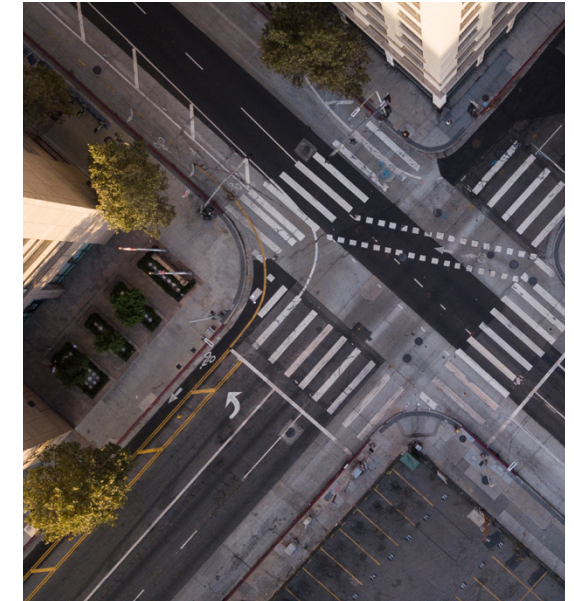
Valuable insight
Lead with people, not solutions. Focus on how to mobilise the people delivering the intervention on their terms, and talk to or with them, not at them.

Task 5.2
Engage with stakeholders to improve implementation

If certain aspects of the intervention implementation process are not working, engage with stakeholders, adopters and implementers to discuss how to do things differently. The learnings gathered through the monitoring system, along with other informal observations, should fuel these discussions.

In addition, consider the perspectives of those delivering and those receiving the intervention activities – they are vital to understanding what works and what works less well, and how processes could be improved.

If things are not going according to plan, it may be worth taking a closer look at how the coalition is working.

Make sure to also keep in mind what is working and what is not, if you are looking for how the intervention can later be scaled up.

Some key questions to ask include:

- Is it functioning in a balanced manner, or are some areas underprioritised?

- Is there alignment between those who are driving the intervention, those who are overseeing its implementation and those at whom it is aimed?

- How is the input of those members who take a critically constructive view of the processes being utilised?

*Use the **Communication guide** to establish clear communication structures and to ensure that everyone in the coalition has adequate access to information about the progress of the intervention and the right information to communicate about and promote the intervention with their stakeholders.*

Valuable insight
Hold regular status meetings with stakeholders to keep them updated on the progress of the intervention and to make them aware of any developments or challenges along the way.

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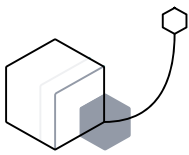
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Task 5.3
Ensure ongoing adjustment and communication

You need to put a plan in place to ensure that adjustments are being made to address problems identified during the implementation phase. Information about this plan should be communicated to all relevant stakeholders. Set up regular check-in meetings with stakeholders across various communication platforms – virtual meetings, e-mails, calls – and monitor the level of engagement from stakeholders to ensure all voices are heard. To create and maintain a trustful environment, make sure that communication is proactive, transparent and concise.

Ensure that all communication – internal and external – supports the continued implementation of the intervention. Provide clear internal communication channels for stakeholders to flag dysfunctional processes or weaknesses, and make sure any misalignments are translated into concrete actions and adjustments.

Start thinking about whether to sustain, scale or stop based on how the intervention has worked.

*Use the **Communication guide** to establish clear communication structures and to ensure that everyone in the coalition has adequate access to information about the progress of the intervention and the right information to communicate about and promote the intervention with their stakeholders.*

*Use the **Monitoring and evaluation system guide** to ensure that your monitoring and evaluation system is adequately tracking the implementation of the intervention activities and that you will be able to report on short-, medium- and long-term outcomes.*

💡 **Valuable insight**
Remember that the goal of external communication is to raise awareness of the intervention, so avoid the use of jargon and field-specific terminology. When communicating, keep the language, concepts and messages simple, so that they are accessible to professionals from other fields and the general public. If possible, engage local champions (community leaders, youth movements etc) to endorse your intervention and communicate its value and benefits to a broader audience.
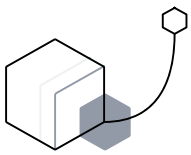
Task checklist

Ensure that you have:

Task 5.1
- ⬡ Mobilised the relevant stakeholders to implement the action plan
- ⬡ Ensured that there are clear channels of communication within the coalition and to the users, delivery staff and supporters of the intervention
- ⬡ Put in place a monitoring system.

Task 5.2
- ⬡ Used learnings about any dysfunctional processes to engage with stakeholders
- ⬡ Considered multiple perspectives on how processes and implementation could be improved
- ⬡ Paid attention to the functioning of your coalition.

Task 5.3
- ⬡ Made the necessary adjustments to your action plan
- ⬡ Communicated with all stakeholders about the adjustments
- ⬡ Communicated with an external audience about the progress of the intervention.

Sampletown

AN ILLUSTRATIVE EXAMPLE OF STEP 5

Staying agile and preparing for friction
Having secured volunteers and funding and generated enthusiasm for the initiative, it was essential that both the education intervention and the exercise intervention were launched well.

The steering group had sought feedback from the community, and some results were surprising. A small but influential group of parents were unhappy at what they saw as taking over their right to feed their children adequately. Due to ingrained habits, many parents found it hard to believe their children would eat the healthy alternatives being offered and were therefore preloading children with snacks in the morning, or packing additional unhealthy snacks in their schoolbags.

To combat this, parents needed their concerns addressed early on. A poster campaign at the school gates invited them to a drop-in stall at morning drop-off and afternoon pick-up, where community ambassadors were available to answer questions and explain the initiative and the importance of maintaining healthy eating outside of school hours. This additional level of communication was effective and, after the first month, the extra snacks and preloading were deemed minimal.

> **Valuable insight**
> Continuously monitor intervention activities and the progress of their implementation. This will give you a clear overview of whether or not the activities are on track. It will also provide actionable insights into the attainment of milestones that you can share with the coalition at status updates.
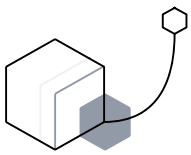
Sampletown

Their communication plan looks like this:

External communications plan	Audience	Communication objective	Message	Mode of delivery	When
Before launch	Parents and children	To raise awareness of what the intervention offered	Times, places, and content and benefits of the intervention	Posters at school	Poster displayed in the school four weeks prior to the launch and throughout the intervention
	Parents	To create awareness and enthusiasm about the intervention	Presentation of the aim and benefits of the intervention, Q&A session	Evening meeting at the school	Two weeks prior to the launch
At launch	Parents	To create understanding about what was happening and where and when	Information about the start of the intervention and its schedule	Newspaper, school message system and social media	Week prior to and week of the launch
	Children	To create excitement and interest	Two players from the local football team to join first breakfast club as role models	Face to face	First breakfast club
During the intervention	Parents	To keep parents informed	News about the coming week's activities	School messaging system updates	Every Sunday
	Parents	To respond to questions and uncertainties	Community ambassadors available to answer questions	Drop-in stall at the school	Drop-off and pick-up each day
	Children	To connect with children so that they attend the football training nights	Social media groups share invites to football training nights and pictures from the last ones	Social media	Every Sunday

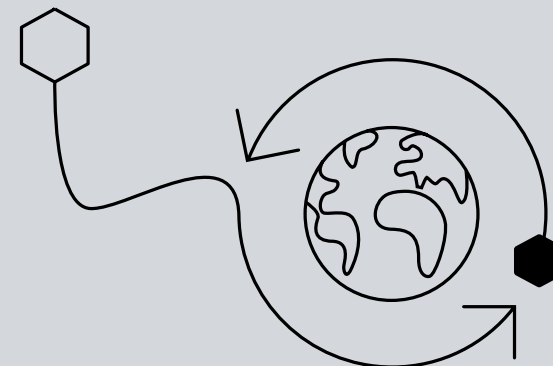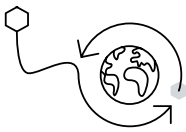Step 1 —— Step 2 ≡ Step 3 ≡ Step 4 ≡ Step 5 ≡ **Step 6** ≡
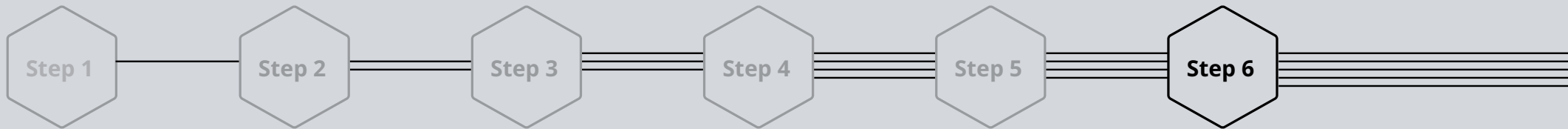
STEP 6

Evaluate and sustain

After the intervention has been running for some time, you will start to collect data in accordance with your evaluation design. The data should be analysed according to your predetermined plan, and interpreted and documented in an appropriate format to ensure the best possible uptake. Make sure that you share and discuss the findings, and consider the sustainability and scalability of the intervention.

What you will do in this step:

- Collect and analyse data
- Interpret and document findings
- Share and discuss implications
- Decide to sustain, scale up or stop

Evaluate and sustain

Tasks

6.1 Conduct the evaluation

Collect and analyse data based on your chosen design. Use the findings to draw conclusions about the progress of the intervention, delivery on targets and impact.

6.2 Report, share and discuss findings

Present findings in the most useful format, share with key stakeholders and discuss the implications with them.

6.3 Decide to sustain, scale up or stop

Assess both the sustainability and the scalability of the intervention. Your findings will inform decisions on how to adjust, strengthen, scale up or replicate your intervention in the future.

## Tools

Use the evaluation system to collect and analyse data (**Evaluation guide** from Step 4).

A guide to help assess sustainability and scalability potential and make a decision.

Output

An evaluation to document the findings of the intervention and report to relevant stakeholders. The findings should be used to inform decisions on whether to sustain, scale up or stop the intervention.

Evaluate and sustain
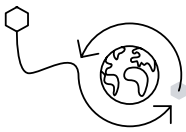
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Step 6

Task 6.1
Conduct an evaluation

Collect and analyse data on the intervention
Based on your ongoing monitoring, you should have some idea of whether or not your intervention has been working as intended. To develop this understanding further, answer the questions you outlined during the development phase about the goal and targets:

- Can you measure a change?
- What is the difference between the pre- and post-intervention status?
- What conclusions can you draw from the data you have collected?

Using the evaluation guide tool, analyse the data you collected during the implementation phase. Look at each implementation activity and internal process, and consider how these could be improved.

- Measure the **levels of achievement** to determine whether the intervention has delivered as expected on the overall goal, the targets of the logic model and the action plan.

- Be aware of any serious **unintended effects** of the intervention (such as increased social inequalities) that may indicate that the intervention needs to be stopped.

- Evaluate the **levels of cooperation and collaboration**. This will showcase the degree of cross-sector collaboration, engagement with local stakeholders and co-creation processes.

- Assess your **leadership**. Did you have enough support from both public and private partners? Did you implement the intervention holistically? Did you build on the experiences of others to strengthen the intervention?

*Use the monitoring and evaluation system established in Step 4 (**Monitoring and evaluation system guide**) to collect and analyse data.*

💡 **Valuable insight**
Before beginning your evaluation, consider the following:

- **Utility:** who will use these results?

- **Feasibility:** how much time and effort can be devoted to stakeholder engagement?

- **Propriety:** in order for it to be an ethical evaluation, which stakeholders need to be consulted?

- **Accuracy:** how broadly do you need to engage stakeholders to paint an accurate picture of this intervention?

Evaluate and sustain
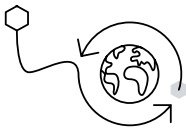
Task 6.2
Report, share and discuss findings

Use an appropriate format for your findings
When documenting your findings, be sure to support each conclusion with well-sourced and verifiable data. Data-based evidence is a critical component of credibility. Present your findings, assemble a detailed overview of the project lifecycle and craft a compelling story. This combined narrative will strengthen your case, dissuade critics and win you a broader base of support – aspects which will prove essential for internal and external goals.

Documenting findings can take many formats: use one that is appropriate for your audience. Consult key stakeholders and those who are likely to use the results to discover the optimal format and means of dissemination. The format and general packaging of the findings can affect usability.

Communicating the findings
Communicate the findings from your evaluation to both internal and external audiences.

⬡ Internal audience (within the coalition): identify and celebrate victories, big and small, to sustain good coalition morale and engagement. There is also an opportunity for members to consider future resource allocation and potential changes to the project.

⬡ External audience: city administrations, politicians and organisation leaders are accountable to their communities and constituents. By sharing data-based findings, you are more likely to secure their future commitment and funding. Be transparent and accountable: this will earn the trust of the broader public.

Use the design you set up for the evaluation in Step 4 to document and report on findings.
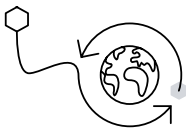
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Task 6.3
Decide to sustain, scale up or stop

The evaluation findings should inform decisions about the future of your project or intervention. Whether you have tested out a small-scale pilot project or a city-wide intervention, you should consider the following:

○ Is the intervention working as intended, and how could it be strengthened?

○ Can and should it be sustained in the same set-up?

○ Should it be scaled up or replicated elsewhere?

○ Does it need additional time or investigation to prove its effectiveness?

Sustainability
Highlight what accelerated or slowed down efforts to meet the intervention goal, and be honest about the challenges you encountered along the way. By striving for transparency, you will pave the way for sustaining and scaling up the intervention, as other stakeholders and organisations will be able to see the results of your intervention and

your approach. This can kickstart productive alliances and partnerships, and encourage others to emulate your project in their contexts. By utilising good findings and strong support, you can consider how and whether you should sustain the intervention. The **Guide to sustain and scale** gives advice on how to navigate this process.

Scalability
Considering whether your intervention is scalable, and to what extent, depends on the current scale of your intervention. Whether it is operating at a meso (one location), micro (community or neighbourhood) or macro (city, region or national) level will form the basis for the decision whether to go one level up within the same city or to expand, but on the same level, to a different city. You need a good case of strong findings, a good story and broad support to make the argument for scaling up the intervention. In the **Guide to sustain and scale**, you will find advice on how to build that case.

*The **Guide to sustain and scale** provides advice on how to build the case for sustaining and scaling up the intervention.*

💡 **Valuable insight**
There are many benefits to being part of a coalition. Members gain access to more knowledge, first-hand experience, more study and intervention results and more findings from similar projects. This includes intervention methods, tools, roadmaps and ideas about goals and objectives. Exposure to projects with similar aims ensures better decision-making further down the road. Through mutual learning, you will boost your chances of success for your intervention and increase the chances of success for others too.
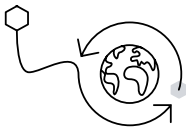
Task checklist

Ensure that you have:

Task 6.1
- Collected data for the evaluation
- Analysed and interpreted data for the evaluation
- Established findings about your intervention.

Task 6.2
- Used learnings about any dysfunctional processes to engage with stakeholders
- Considered multiple perspectives on how processes and implementation could be improved
- Paid attention to the functioning of your coalition.

Task 6.3
- Made the necessary adjustments to your action plan
- Communicated with all stakeholders about the adjustments
- Communicated with an external audience about the progress of the intervention.

Sampletown

AN ILLUSTRATIVE EXAMPLE OF STEP 6

Evaluate and evolve

Quantitative evidence which would provide direct evidence regarding the programme was deemed complex and sensitive to collect. It had already been agreed that the children would not be subjected to any form of direct monitoring or weigh-in.

Instead, parents were invited to rate the initiative after three months, and asked whether they would like it to continue. Evidence from the parents and other stakeholders was overwhelmingly positive, and the steering group reported high levels of satisfaction among parents and caregivers, with a perceived or, in some cases, demonstrable improvement in healthy living (quantifiable participation) and better outcomes at school (test scores compared with the previous year).

'Tuesday Teens' football was able to demonstrate that the initiative had grown in popularity. Over time, it is hoped that the local authority will demonstrate reduced levels of obesity and childhood type 2 diabetes for the most financially distressed parents and caregivers.
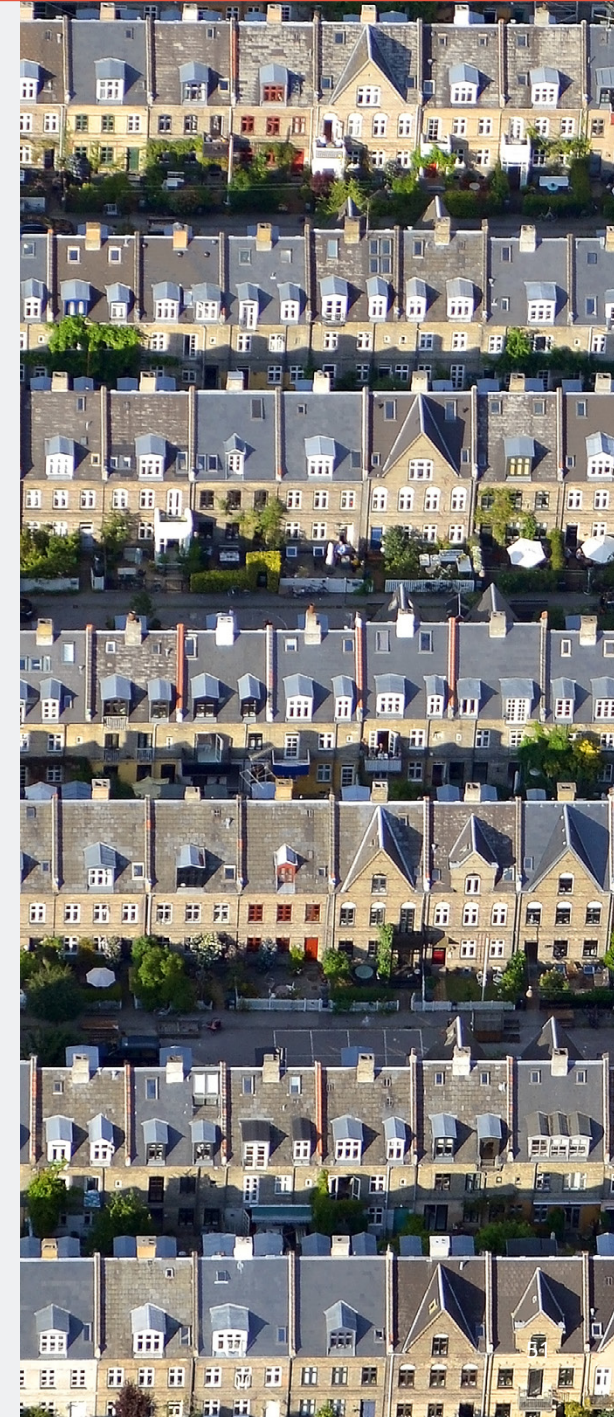
resource toolbox

Tools to support the development of public health interventions are provided with each of the six steps in the Urban Diabetes Action Framework. The tools have been developed based on the experience gathered from Cities Changing Diabetes programme actions in the field and with input from the partners engaged in the programme.

The tools are not final and will evolve as we learn more about what works and what does not. New tools will be developed based on feedback and inspiration from the work of leading organisations.
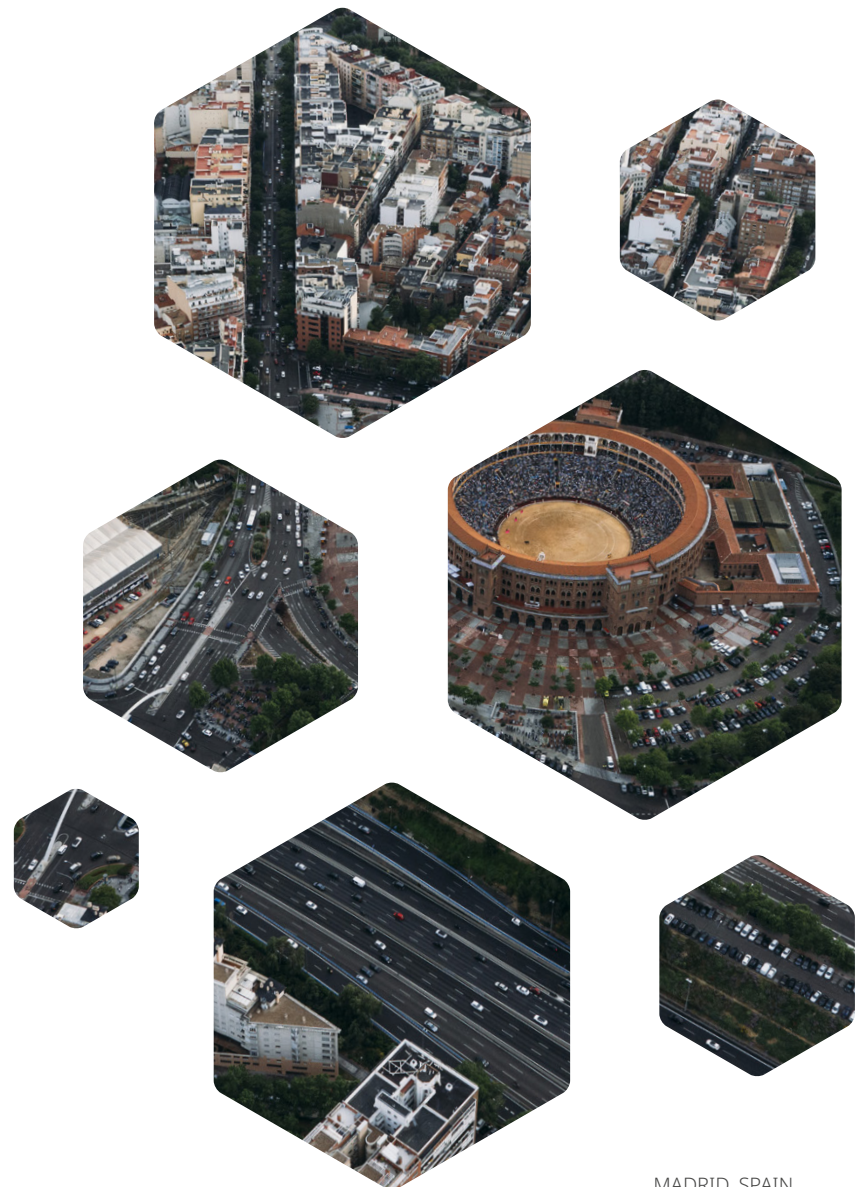
MADRID, SPAIN

Tools

Step 1
Define the problem

Helps you assess and understand the different aspects of the problem and what causes it.

Helps you organise and understand the context in which the problem exists.

Helps turn your data analysis conclusions into a problem statement and define the goal of your intervention.

Step 2
Secure commitment

A tool to find and match relevant stakeholders to the problem defined.

A guide for building a coalition, including a governance model and a plan for engaging coalition members.

A guide to set targets for the changes needed to achieve the intervention goal.

Step 3
Design the intervention

A tool to help explore possible intervention options that might bring about the desired outcomes.

Worksheets to help discuss, co-create and eventually ascertain the quality of your potential activities.

A guide to outline what details should be considered for the chosen activities.

Tools

Step 4
Plan a prepare

A template for assessing the capacity and resources available for the intervention.

A template to help you determine who does what, when and where.

A guide to determining how your intervention should be monitored and evaluated, and how the findings from this process can be used.

Step 5
Implement and monitor

A guide to establish clear communication structures and to ensure that everyone in the coalition has adequate access to information about the progress of the intervention.

Step 6
Evaluate and sustain

A guide to help assess sustainability and scalability potential and make a decision.

case catalogue

The philosophy behind the Urban Diabetes Action Framework case catalogue is simple – share, learn and improve. In the case catalogue, you can find examples of how other cities are working to tackle urgent public health problems.

→

LISBON, PORTUGAL

Case overview

Amsterdam
The Netherlands

The Amsterdam healthy weight programme

An integrated city ecosystem approach to eradicating obesity by 2033.

Amsterdam →

Copenhagen
Denmark

Tingbjerg Changing Diabetes: Mobilising communities for social and health actions

Harnessing the community to deliver lifestyle and nutritional improvements.

Tingbjerg →

Houston
United States

Faith & Diabetes: Houses of faith as a setting for diabetes education and prevention

Outstanding example of a super-setting approach.

Houston →

Leicester
United Kingdom

Preventing type 2 diabetes with Healthy Goals

Levelling up health inequality through a highly accessible local sports initiative.

Leicester →

Munich
Germany

Cycling Without Age: Pedal power improves mobility and social cohesion in Munich

Agile organiser overcomes pandemic challenges to engage vulnerable elderly citizens.

Munich →

EXTERNAL CASE

Amsterdam
Copenhagen
Houston
Leicester
Munich

Amsterdam, The Netherlands

The Amsterdam healthy weight programme

Summary
Amsterdam's approach to healthy weight mainstreams a major food systems challenge throughout the whole city government. Rather than considering childhood obesity a public health matter, it requires all departments to contribute through their policies, plans and day-to-day working. To ensure efficacy, and to provide sound evidence to support continuing political commitment across electoral cycles, impacts are continuously monitored, and adjustments are made to the policy where necessary.

Key lessons learned
- The role of top-level political support is important. The Alderman van den Burg played a key role in instigating the programme and secured political commitment
- It is important to have a strategic and integrated ways of cross-departmental ways of working
- Listening to community has encouraged take-up of services by those who need it the most
- The programme is part of a 30-year strategy and breaking it down into shorter periods that correspond with election cycles supports ongoing political commitment

Outcomes
While it is still somewhat early to judge the success of the programme, the indications so far are promising. Outcomes monitoring has shown that overweight and obesity prevalence is levelling off, with a 10% decrease in prevalence in children of all age groups between 2012 (just before the programme began) and 2014. There was an even greater decrease, of 18%, among very low social economic groups. A causal relationship with the Amsterdam Healthy Weight Programme is not certain; however, and national data from the Dutch Bureau of Statistics indicate a levelling out of the percentage of children and adolescents (age 4–20) affected since 2012.

Stakeholders
Mayor and college of Alderpersons, Department of Social Development, Public Health Service, Department of Physical Planning, Sarphati Amsterdam, Schools, Academics, Board of Education, Department of Housing and Social Support, Department of Sports Work and Income.

Amsterdam

Copenhagen

Houston

Leicester

Munich

CITIES CHANGING DIABETES CASE

Copenhagen, Denmark

Tingbjerg Changing Diabetes: Mobilising communities for social and health actions

Summary
Tingbjerg Changing Diabetes is a long-term community intervention initiative to promote health and prevent diabetes in the socially deprived neighbourhood of Tingbjerg in Copenhagen, Denmark. It is a place-based approach that includes numerous coordinated interventions driven by multiple stakeholders across various everyday settings.

Key lessons learned
- Working together with trust is key for partnership formation. You get to know each other and build trust, and eventually these relationships turn into partnerships.
- Start with the low-hanging fruit – focus on how you can support the community rather than how the community can support your project. Go into the community and explore its needs – and do not be afraid of getting your hands dirty.
- Start with and among those who are interested and motivated, and expand from there. Begin building a small 'coalition of the willing' by focusing on those who are eager to collaborate instead of those who are not.
- Start where there is energy – others will join at a later stage.
- Start in one setting and expand from there.

Stakeholders
Steno Diabetes Center Copenhagen, the social housing associations FSB, KAB and SAB, Copenhagen Hospitality College, five departments of Copenhagen Municipality (culture, daycare, employment, health and social services), the large organic production farm Svanholm Gods, Brønshøj–Husum District Political Committee, the Danish Society for Nature Conservation, the self-governing food institution Madkulturen, Gerlev Centre for Play and Movement, the University of Aalborg, the University of Copenhagen and the University of Southern Denmark.

Outcomes
To date, Tingbjerg Changing Diabetes has managed to:
- Establish a strong, dynamic partnership alliance, working with the shared purpose of developing Tingbjerg's community and supporting its residents to live healthy lives
- Establish a vibrant physical setting where residents engage in social activities and the social development of the local community, including urban gardening, food workshops, a community restaurant and youth activities
- Foster participation and engagement in joint activities among residents of all ages, genders and ethnicities
- Mobilise and retain socially marginalised residents, including families with children
- Foster the commitment of a wide and flexible stakeholder network to support and sustain activities and projects.

CITIES CHANGING DIABETES CASE

Houston, US

Faith & Diabetes: Houses of faith as a setting for diabetes education and prevention

Summary
The Faith & Diabetes programme seeks to empower diverse communities of faith in Houston to better understand and address diabetes awareness, prevention, and management with particular attention to religious belief, practice and community life. The programme is co-created directly with community stakeholders and has produced a flexible and impactful learning framework in which faith and health are linked. The initiative has been able to elevate awareness by drawing upon the unique capability of faith communities to enrich health education and positively influence people's lives.

Key lessons learned

- Houses of faith are sometimes challenging to work with because trust with academia, medicine, and industry has been broken in the past. Persevere - it's worth it.
- Process must be run on the terms of the houses of faith, not lead organisations.
- Homework prompts self-reflection and deep curiosity about traditions, even for those who are lifetime adherents
- It is tempting to instrumentalise faith communities (and faith itself), but we must resist this impulse
- From the outset ask how health can enhance faith, not only other way around
- Promote interfaith dialogue - the fundamental challenge and desired outcomes are universal. This is most effective when encouragement is implicit, not explicit.

Outcomes
The community health leaders inspired and trained by Faith & Diabetes have, to-date, become empowered to serve a population of more than 75,000 Christian, Muslim and Hindu residents, many of whom are living with diabetes. The initiative has flourished from concept to reality and continues to gain momentum. Solid foundations for the future have been laid and the evidence from attendees shows a positive correlation between desired goals and health outcomes. The initiative has effectively connected with hard-to-reach-groups and has inspired a culture of health.

Stakeholders
Institute for Spirituality and Health, TMF Health Quality Institute (formerly Texas Medical Foundation), Cities Changing Diabetes Houston, University of Texas School of Public Health, Houston Diabetes Peer Support Networkg, the University of Copenhagen and the University of Southern Denmark.

CITIES CHANGING DIABETES CASE

Leicester, UK

Preventing type 2 diabetes with Healthy Goals

Summary
Healthy Goals is an education and physical activity programme that helps South-Asian communities in Leicester prevent the rise of type 2 diabetes. It spans twelve weeks and focuses on education, lifestyle changes, and physical activity.

Key lessons learned
- Programme design is optimal when it adapts to the local context and to the stakeholders involved in the delivery and the reception of the programme
- Community and peer support were critical in the success of the programme
- Igniting a sense of personal responsibility and fostering confidence and capability to look after one' health is highly effective, when combined with the right kind of education and support
- Reaching individuals rather than expecting individuals to come to the programme'

Outcomes
Though based on small numbers at present (24), measures for weight, blood pressure, body fat, fat mass, body mass index (BMI) and waist circumference had reduced amongst participants from baseline readings to follow-up.
When looking at the 15 individuals who provided full baseline and follow up data, we can see that they were statistically significant reductions in waist circumference, systolic blood pressure and diastolic blood pressure, but only a borderline significant reduction in BMI. Other measures were not significant. This could be down to small numbers who provided full data.

Stakeholders
Leicester Diabetes Centre, Centre for Black and Minority Ethnic Health, Leicester City Council, University Hospitals of Leicester NHS Trust, University of Leicester, Leicester City Clinical Commissioning Group, Leicester City in the Community Club, local neighbourhood centre, local medical centre, Novo Nordisk.

Amsterdam

Copenhagen

Houston

Leicester

Munich

CITIES CHANGING DIABETES CASE

Munich, Germany

Cycling Without Age: Pedal power improves mobility and social cohesion in Munich

Summary
The Cycling Without Age initiative helps to tackle the overlooked risk factor of loneliness and isolation for the elderly and people living with and vulnerable to develop diabetes in Munich. Volunteers offer the elderly free rides on a specially designed bicycle called a trishaw, which helps them to reconnect to the world beyond their living quarters, improves their social connections, and strengthens community ties in the later years of life.

Launched on the eve of the COVID-19 global pandemic and catering to people most at-risk, the programme saw six months of standby, demanding agility and ingenuity of project managers stay engaged and deliver on its purpose.

Key lessons learned

- Ensure low barriers to entry - Make it easy to understand. It is rewarding for pilots, passengers and support staff. The easier it is to engage and get started, the better.
- There's a universal appeal - The fundamentals – wheels, nature, community engagement and the chance to build relationships -- transcend regional and national boundaries. This project could work in most urban areas.
- Administration takes time - Depending on the context, there may be more administrative work than anticipated. Remember to ask for help and engage people familiar with the setting.
- Digital advocacy - Online spend with social media does not have to be a significant investment. Let it be visual and story-driven, the concept appeals to many people.

Outcomes
In three months, a new chapter was launched in Munich, including two trishaws, the training of 26 volunteers, and increased media attention focusing on elderly care. Even though the initial launch and rides had to be put on hold due to covid-19, three outcomes still manifested:

- Trained volunteers - By engaging to serve the elderly and contributing to their communities, the volunteers gained a strong sense of fulfilment and satisfaction over both being physically active and doing some good.
- Built a network of support - The project brought together a strong network of organisations and people, who were determined, innovative and full of goodwill in the face of the challenges of the global pandemic.
- Mindset shift - Many of the critical stakeholders experienced an important shift in mindset early in the development of the project regarding how much is possible with the elderly.

Stakeholders
Cycling Without Age, Radlen Ohne Alter (Cycling Without Age Germany), Cities Changing Diabetes, Fritz Kistler Haus, ASZ Obermenzing.

about

The Urban Diabetes Action Framework has been developed to help you and your organisation develop a public health intervention that delivers impactful results.

It supports decision-makers, public health project managers, commissioners, researchers and other practitioners who work in the field of health promotion and prevention related to obesity and diabetes.

HANGZHOU, CHINA

Feedback and updates

Online version

The Urban Diabetes Action Framework is available on **citieschangingdiabetes.com**.

Here you will find all the steps content, toolbox and cases. You will also find an executive summary version containing just the overview and summaries for each step.

Feedback and updates

Any feedback about the Urban Diabetes Action Framework in general or about any particular materials is very welcome. You are encouraged to send an e-mail to **info@citieschangingdiabetes.com** mentioning "UDAF" in the subject line.

Make sure that you check the Cities Changing Diabetes website regularly, to receive news and updates on the Urban Diabetes Action Framework.

You can also follow **@citiesdiabetes** on Twitter, to be notified when new updates or news related to the Urban Diabetes Action Framework are posted.

The Cities Changing Diabetes programme

Today, not enough is known about the dynamics of how urban environments can impact healthy living, or how potential health benefits to city living can be delivered.

To address this, Steno Diabetes Center Copenhagen, University College London and Novo Nordisk launched Cities Changing Diabetes in 2014. The programme is designed to address the social and cultural factors that can increase vulnerability to type 2 diabetes among certain urban populations. Today, the programme has established local partnerships in more than 30 cities.

The Cities Changing Diabetes programme has three interconnected elements: mapping, sharing and acting. The Cities Changing Diabetes programme enables cities to contextualise their own urban diabetes situation, set goals to halt the rise of type 2 diabetes in their city,

and work across sectors and disciplines to unite stakeholders behind a common cause and initiate concrete actions on the ground. The Urban Diabetes Action Framework has been developed as an asset for cities to 'act' by providing guidance on how to design and implement concrete interventions.

Through the programme, participating cities can get a global overview of the associated challenges and learn from possible solutions tested in partner cities around the world.

The programme has created a wealth of materials to inspire and assist work in the field of obesity and diabetes in cities. The Cities Changing Diabetes briefing books present projects from the participating cities, and the Urban Diabetes Toolbox contains tools to help map the local burden and provide city shapers with an understanding of the challenges of urban diabetes.

All tools and reports are available on **citieschangingdiabetes.com**

cities changing diabetes

Programme partners

Founding partners

University College London (UCL)
Over the last few years, University
College London has put its weight behind
understanding the impacts of urbanisation.
Under its 'Grand Challenge' commitments to
global health, sustainable cities, intercultural
interaction and human well-being, a
cross-disciplinary group contributes to
urban sustainability by identifying health
vulnerabilities and addressing the impact
of NCDs globally. The expertise of applied
researchers at the University College London,
together with global partners, will underpin
Cities Changing Diabetes. They aim to ensure
sustainable impact, bringing new momentum
to this global initiative.

Steno Diabetes Center Copenhagen
Steno Diabetes Center is a world-leading,
not-for-profit institution specialising in diabetes
care and prevention. Established by Nordisk
Insulinlaboratorium (now Novo Nordisk)
in 1932 as Niels Steensens Hospital, the
organisation works in partnership with the
Danish healthcare system. As a global partner
in Cities Changing Diabetes, Steno Diabetes
Center Copenhagen draws on its experience
creating innovative and sustainable approaches
to tackling diabetes at community level,
training healthcare professionals around the
world and in providing care in Copenhagen.
The centre expects to make a significant
contribution to the fight against urban
diabetes.

Novo Nordisk
Novo Nordisk is at the forefront of discovery,
development and manufacturing of
next-generation medicines for the treatment
of diabetes and is committed to making them
accessible wherever they are needed. But
living with chronic disease requires more than
medicine, which is why Novo Nordisk helps
people achieve the right outcomes through
improved disease management. Novo Nordisk
is committed to fighting diabetes on all fronts,
and Cities Changing Diabetes is at the heart of
this commitment.

Programme partners

Global partners

C40
Created and led by cities, C40 is focused on tackling climate change and driving urban action that reduces greenhouse gas emissions and climate risks, while increasing the health, well-being and economic opportunities of urban citizens. In late 2015, Novo Nordisk and C40 formed a research-based partnership aimed at ensuring that urban climate action is beneficial to both the environment and the health of urban citizens. This collaboration aims to generate new insights into a range of benefits of climate action – in particular the health of city populations. At the heart of the partnership lies the pivotal role of cities in the fight against climate change and poor health.

EAT
EAT is a non-profit organisation founded by the Stordalen Foundation, Stockholm Resilience Centre and the Wellcome Trust to catalyse a food system transformation. EAT is the science-based global platform for food system transformation with a vision of a fair and sustainable global food system for healthy people and planet – leaving no one behind. EAT's mission is to transform the global food system through sound science, impatient disruption and novel partnerships. In June 2018, Novo Nordisk and EAT entered a strategic partnership to work towards a healthier future for all people and the planet.

Programme partners

Global partners

BLOXHUB
Cities Changing Diabetes is a member of Bloxhub, a community of organisations, companies and others working with urban sustainability. The Bloxhub Urban Partnerships programme is a knowledge-sharing platform that connects people with the same passion for solving urban challenges.

The Urban Partnerships Packages offer global and local matchmaking with partners and projects. Through workshops and counselling, the programme helps projects and businesses get to the next level. In 2021, Cities Changing Diabetes and Bloxhub will work together on challenges related to health in cities.
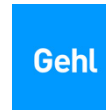

Gehl
Gehl are committed to actively creating the future we want to live in. GEHL is continually building upon our understanding of life and form, and the shared systems that help us to have an even greater impact on Health, Climate and Equity.

Gehl wants a future where people have control over their health and where inclusive neighborhoods and places are designed to make it easy for people to take meaningful climate action.

Additional resources

Step 1
Define the problem
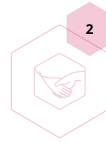
Step 2
Secure commitment

Step 3
Design the intervention
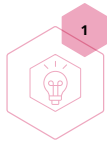
Urban Diabetes Toolbox – Find additional tools for mapping the local burden of diabetes.

Intervention Mapping Chapter 4 – Find in-depth guidance on understanding the local context of the problem and defining a goal.

GEHL public life tools – Find tools to help measure the local experience, use, and feedback on life in public spaces.

Inclusive Healthy Places – Find tools to understand how to shape public space that supports health equity and inclusivity.

C40 Inclusive engagement playbook – Find a practical guide to engage communities, particularly the hard-to-reach and often excluded groups.

National Institute for Health and Clinical Excellence (NICE) presents guidelines on prevention within public health initiatives.

How to build a coalition – Find a deep-dive guide on how to build an effective coalition, by the Prevention Institute .

Focus on logic model – Find additional support to develop a logic model from Public Health Ontario

Walking and cycling benefits tool – Try our calculator, built in partnership with C40, that assesses the health, climate and economic impact of moving people from passive to active transportation.

Achieving behaviour change – Find support to select, quality-check, and deliver different intervention types , by University College London and Public Health England.
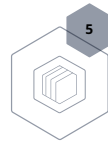
Additional resources

4

Step 4
Plan a prepare

CDC evaluation Manual – Find help in
this guide by the CDC to set up, conduct
and document evaluation.

Action plan – Find help with examples
of action plans and templates from the
Community Toolbox.

5

Step 5
Implement and monitor

Communicate – Find materials and tools
from County Health Rankings to assist
in developing and delivering effective
communication.

Test & refine – Find a guide with tips and
examples on how to test and refine your
intervention.

6
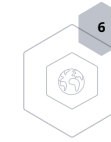
Step 6
Evaluate and sustain

Beginning with the end in mind - Find
guidance on planning pilot projects
and other programmatic research for
successful scaling up.

**A guide to scaling up population health
interventions** – Find helpful guidance on
how to assess, plan, prepare and scale
interventions.

Reporting of interventions (TIDieR)
– Find guidelines for how to report on
the intervention to good standard and
transparency.

Glossary

Action plan
The manual or document that describes how the intervention will be delivered. Sometimes referred to as the intervention plan/implementation plan (in research interventions, sometimes referred to as the protocol).

Change target
Change target refers to targets set in step 2, that are measurable indicators of change desired by the intervention developers. These often concern key determinants of behaviours.

Coalition
The broader group of stakeholders involved in some way in the development process.

Context
Encompasses any relevant feature of the circumstances in which an intervention takes place.

Core team
Core team refers to the principal leads of the development. Sometimes referred to as intervention planners or developers.

Delivery
How the intervention is delivered by practitioners or others during the implementation and evaluation steps.

Determinants
The term refers to the underlying causes of the problem, that determine behaviours or risk factors. Sometimes referred to as root causes or determining factors.

Delivery staff
The staff delivering the intervention according to the action plan. Examples include practitioners, teachers, coaches, social/community workers and others. Sometimes referred to as implementers/front line personnel.

Evaluation design
Evaluation design refers to the focus of the evaluation, ie what questions will be asked, how and when and by who.

Fidelity
The intervention is working being delivered as intended.

Intervention
A health intervention is an act or coordinated set of activities performed for, with or on behalf of a person or population at a given time and place whose purpose is to assess, improve, maintain, promote or modify health functioning or health conditions through a hypothesised or known mechanism.

Intervention goal
This term refers to the goal set in step 1, which conveys the purpose, aim or overall objective of the intervention.

Intervention activities
The components of the intervention that serve as mechanisms for change. Also known as types or functions.

Intervention planners, developers, core team
The daily operations team in charge of developing the intervention.

Logic model
A logic model is a diagram of how an intervention is proposed to work, showing the mechanisms by which an intervention influences the proposed outcomes.

Outcome target
Outcome target refers to targets set in step 2, that are the expected changes related to the overall problem and result of the achievement of the change targets.

Risk factors
A factor that is associated with the increased probability of a, mostly negative, outcome.

Scalability
Scalability refers to the ability of a health intervention shown to be efficacious on a small scale and/or under controlled conditions to be expanded under real world conditions to reach a greater proportion of the eligible population while retaining effectiveness.

Setting
A place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being.

Sustainability
Sustainability refers to the available human, financial and physical resources needed to keep intervention running or extend it.

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The evidence foundation of this document is built on a rapid literature review identifying relevant intervention development frameworks within health promotion and public health. This was supplemented by additional frameworks related to urban development, food security and urban climate change planning and consultation of partners of the Cities Changing Diabetes programme and their practice experience.