INTERVENTION DESCRIPTION

***MLHU Definition:***

***Intervention:*** *a combination of activities performed to assess, improve, maintain, promote and/or modify health outcomes for individuals, target populations, or entire populations. Interventions can be implemented in multiple settings using multiple strategies. Examples include Smart Start for Babies, Food Safety Inspections, Active and Safe Routes to School, School-Based Immunization Clinics, etc.*

The **Intervention Description** will support you in taking the information you gathered from the “PLAN” phase and turning that into an actionable intervention. The **Intervention Description** will help clarify all the elements and intended outcomes of the intervention. The summary from the **Intervention Description** can be input into the **Program Description**, under the intervention table, for the more broad program. The **Intervention Description** and **Logic Model** often work together; the **Logic Model** is a visual of the **Intervention Description**.

For a new intervention within a program, an **Intervention Description** can be developed after the decision has been made to implement the intervention. In the Planning and Evaluation Framework, this is after the PLAN phase has been completed and at the beginning of the IMPLEMENT phase in the *Describe Program* stage.

For an existing intervention, an **Intervention Description** can be developed/used to support the *Establish Key Indicators* stage of IMPLEMENT or during the *Focus Evaluation* stage of EVALUATE.

Instructions:

* Complete information as directed.
* The **Intervention Description** should be updated as new evidence becomes available and the intervention changes.
* Record updates to the **Intervention Description** in the table provided and track versions in the document footer.
* After completing this tool, assess the intervention’s logic.
	+ Do the activities relate to the short term outcomes identified?

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| Intervention Details – Priority |
| * **Associated Program**
 |  | **Manager Name**  |  |
| * **Lead Team**
 |  | **Budget** |  |
| * **Supporting Team(s)**
 |  | **FTEs** |  |
| * **Supporting Manager(s)**
 |  | **Public Health Function** *(if applicable)*[Ontario Public Health Standards (p. 11)](https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf) | [ ] Assessment & Surveillance[ ] Health Promotion & Policy Development[ ] Health Protection[ ] Disease Prevention[ ] Emergency Management[ ] Clinical Services |

[ ]

| Brief Description – Priority*Provide a summary about the intervention* |
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| Lights On with solid fill**Key Tips*** This Brief Description will be included in the Program Description and the Annual Service Plan.
* Word Count limit: 100
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| *When was the intervention first implemented?*  |  |
| *Was a planning process completed?*If yes, provide link to Evidence Summary or other key planning document(s)  | [ ] Yes [ ] No | If yes, when:Links: |
| *Has the intervention been evaluated?* If yes, provide links to evaluation documents | [ ] Yes [ ] No | If yes, when:Links: |

| Intended Intervention Outcomes - Priority |
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| Lights On with solid fill**Key Tips*** Outcomes should be listed on the Program Description and Program Logic Model
* Record the outcomes that are directly related to this intervention.
* Ensure the source of the outcome is identified (e.g. OPHS, Strategic Plan)
* Use the Intervention Logic Model to help you visualize your intervention.
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| Long-Term outcomes: * *Population Health Outcomes*
* *Align with Goals in the Ontario Public Health Standards (OPHS)*
 |  |
| Intermediate*outcomes:* * *Related to behaviour, policies, practice*
* *Linkage between short- and long-term outcomes*
* *Program Outcomes in the OPHS*
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| Short-Term*outcomes:* * *Related to awareness, knowledge, attitudes, and skills*
* *Program Outcomes in the OPHS*
* *Are directly related to the program and participants*
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| Intervention Rationale and Relevant Guidelines, Protocols or Standards - Priority |
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| ***Describe the rationale, evidence or theory that is essential to the intervention.*** This section provides quick highlights of key planning and decision elements that led to the implementation of this intervention.  |
| Why is this intervention needed? **Identify the public health need**  | [ ] Don’t Know | List key data points (including source, year) that demonstrate need. |
| *Why was this intervention selected?***Identify the rationale for intervention choice***Are there directives within the* ***OPHS/Ministry Protocols/Legislative requirements*** *to conduct this intervention?* |  |  |
| [ ] Yes[ ] No[ ] Don’t Know | If yes, list specific source documents and provide links where appropriate: |
| *Is this intervention responding to* ***organizational goals or objectives*** *(e.g. MLHU Strategic Plan, Division specific)?* | [ ] Yes[ ] No[ ] Don’t Know | If yes, list specific goals and objectives. |
| *Is there* ***research evidence*** *to support this intervention?* | [ ] Yes[ ] No[ ] Don’t Know | If yes, identify research evidence or provide link to “Evidence Summary” or other key planning documents. |
| *Is there a* ***theory of change*** *or* ***conceptual framework*** *that supports the implementation of this intervention* | [ ] Yes[ ] No[ ] Don’t Know |  |
| *Is/was there* ***community context*** *and/or* ***political climate*** *that impacted the decision to implement this intervention?* | [ ] Yes[ ] No[ ] Don’t Know | If yes, describe and/or provide link to background documents such as a “Briefing Note” or “Board of Health” report. |
| *What were the key elements of the decision to implement this intervention?* | [ ] Don’t Know | Identify who made the decision and date of decision if possible. |

| Target and Priority Populations |
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| Who do we need to reach?For each target and priority population, provide:1. A description of the population and how they were identified;
2. The associated social determinants of health and/or health inequities; and
3. Sources of evidence to support why these populations were selected as Target Populations, Priority Populations, and/or Intermediary Groups.
4. Identify any gaps or assumptions being made.

Refer to the PEF Situational Assessment Stage Guide, Program Description, and the Health Equity Concept Guide. | ***Not required in 2022***Target Population(s): Priority Population(s): Intermediary Group(s):  |

| Key Partners  |
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| Lights On with solid fill**Key Tip*** Refer to the [Engage Stakeholders Concept Guide](https://www.healthunit.com/uploads/pef-0.0.3-engage-stakeholders-concept-guide.pdf) and the [Stakeholder Analysis Tool](https://www.healthunit.com/uploads/pef-4.0.3-stakeholder-analysis-tool.docx) in the PEF for definitions of partner roles and levels of engagement.
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| Who do we need to engage and at what level? Please name the community partners to be engaged for the delivery of the intervention, and/or community partners who are impacted by the intervention.Include a description of the: * **Partner roles**
	+ Core
	+ Involved
	+ Supportive
	+ Interested
* **Level of engagement**
	+ Inform
	+ Consult
	+ Collaborate
	+ Empower
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| ***Not required in 2022*** |
| Key Partner: |
| Role: | Engagement: |
| Key Partner: |
| Role: | Engagement: |
| Key Partner: |
| Role: | Engagement: |
| Key Partner: |
| Role: | Engagement: |
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| Role: | Engagement: |

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| Intervention Delivery – Priority |
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| Lights On with solid fill**Key Tips*** If your intervention is made up of multiple components, complete this table for each component.
	+ Simply copy and paste this table for each component and include the name/description of the component in the top row of this table.
* **Keep your descriptions brief. This is a high-level overview of the intervention/component.**
* Use the Intervention Logic Model to visualize the linkages between components, activities, outputs, and outcomes.
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| **Component** (if applicable): |  |
| Identify the **key activities** of this intervention/component. |  |
| *Identify the* ***key outputs*** *of this intervention/component.* |  |
| Describe the **mode(s) of delivery** (e.g. face-to-face, internet, telephone, group setting) of the intervention/component. | ***Not required in 2022*** |
| Describe the **type(s) of location(s**) the intervention/component occurs in.  | ***Not required in 2022*** |
| Describe the necessary **equipment, resources, and physical or informational materials** that are used during the intervention/component, including those provided to the participant or are those used in intervention/component delivery. | ***Not required in 2022*** |
| *Describe the* ***number of times the intervention*/*component is delivered, over what time period*** *including the number of sessions, their schedule, the duration, and dosage. If this is variable, describe the rationale for decisions.* | ***Not required in 2022*** |
| *Describe the* ***key elements*** *of this intervention/component* ***that need to be followed*** *to ensure this intervention*/*component is implemented as intended.* *Note: Look to directives in ministry protocols and/or the research evidence to identify these key elements of intervention/component delivery. These elements will vary considerably from intervention to intervention – they could be mandated, or they could be identified as best practice through evidence.* *Some possible examples include:** *Clients attended at least 4 classes;*
* *Two follow-up calls made;*
* *Reporting to Ministry completed within 24 hrs*
 | ***Not required in 2022*** |
| *If the intervention*/component *is* ***personalized or adapted****, describe what, why, when and how this occurs. Include sources of* ***evidence or rationale*** *to support why the intervention/component was personalized or adapted.* | ***Not required in 2022*** |

| Intervention Providers |
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| For each category of intervention provider (e.g. Public Health Nurse, Public Health Inspector, Health Promoter, Family Home Visitor), describe the FTE that are allocated to the intervention and any specific training that is required |

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| ***Not required in 2022*** |
| Role: | FTE: |
| Training: |
| Role: | FTE: |
| Training: |
| Role: | FTE: |
| Training: |
| Role: | FTE: |
| Training: |

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| Key Assumptions |
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| What assumptions are being made about the way the intervention will work?*In public health, assumptions are made when evidence is lacking or conflicting. It is important to document these assumptions so that as new evidence comes forward to validate or refute the assumptions, the intervention can be modified.* | ***Not required in 2022*** |

| Intervention Challenges & Risks  |
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| Describe any challenges, issues and/or risks that are being faced by the intervention, its priority populations, target groups, key partners and stakeholders, and the impact these challenges have on program decisions, intervention and service delivery and/or achieving the intended outcomes of this intervention. | ***Not required in 2022*** |

| Intervention Data and Indicators |
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| Lights On with solid fill**Key Tips*** Refer to [Program Indicator Tool](https://www.healthunit.com/uploads/pef-2.2.1-indicator-development-tool.docx) in the PEF
 |
| **Standard Activity Reporting Indicators** | ***Not required in 2022*** |
| **City of London Indicators** | ***Not required in 2022*** |
| **Other Indicators currently being collected/reported** | ***Not required in 2022*** |

| Intervention Resources |
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| What is the budget for this intervention? |

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| ***Not required in 2022*** |
| Travel |  |
| Program Supplies |  |
| Staff Development |  |
| Professional Services |  |
| Furniture and Equipment |  |
| Other Program Costs |  |

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| Areas to Investigate |
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| Lights On with solid fill**Key Tip*** Describe potential areas for further investigation that were identified during the process of completing this Intervention Description.
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| Are there areas of the intervention description that you identified as future projects or areas for improvements? | *Optional* |

# Updates to the Intervention Description

| **Date** | **Description of Updates** | **Updates made by:** |
| --- | --- | --- |
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**References**

Hoffmann T, Glasziou P, Boutron I, Milne R, Perera R, Moher D, Altman D, Barbour V, Macdonald H, Johnston M, Lamb S, Dixon-Woods M, McCulloch P, Wyatt J, Chan A, Michie S. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ. 2014;348:g1687