cities for better health

Co-designing interventions for urban health



novo

Delivery Associates

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About

Cities for Better Health

Cities for Better Health (CBH) is a global network led by Novo Nordisk and made up of over 50 cities committed to addressing the root causes of chronic disease in urban areas, with a focus on children and underserved groups. The programme brings together government, academic and community partners to drive action in schools, communities and city-wide to promote access to nutritious food and inclusive physical activity. We are guided by the core belief that everyone should have the opportunity to live a healthy life, no matter who they are or where they live.

The Childhood Obesity Prevention Initiative

The Childhood Obesity Prevention Initiative (COPI) is a multi-year project under CBH, launched in 2024. COPI operates in six cities across the world: Campinas (Brazil), Mississauga (Canada), Chiba City (Japan), Johannesburg (South Africa), Madrid (Spain) and Logan (Australia). COPI is built on a global framework with design and monitoring and evaluation (M&E) requirements, but coalitions are shaped to fit the local context. Through COPI, local coalitions design, test and scale packages of community-based interventions to improve health and well-being by increasing access to healthy food and opportunities for physical activity, focusing on children aged 6-13. COPI is implemented in partnership with local governments, academic institutions, non-governmental organisations (NGOs) and communities, with support from Delivery Associates and the Behavioural Insights Team, acting as the Global Implementation Partners (GIPs).

Building Blocks for Better Health Series

Building Blocks for Better Health is the technical publication series capturing operational learning from Cities for Better Health. The first edition, Creating & Sustaining Coalitions for Urban Health, explores how local partners build the trust, ownership and governance needed for collective action and why effective coalitions take different forms across contexts.

This edition builds on the previous publication. It follows three COPI cities – Mississauga, Campinas and Chiba City – as each coalition combines evidence on approaches to preventing childhood obesity with knowledge of local needs, existing programmes and services and delivery conditions. This helps the coalitions decide which interventions to pursue, how to adapt and combine them into a coherent intervention package, and what would be needed to move the resulting package into delivery.

As our programmes continue to evolve and generate new learning, we invite partners, peers, and others building coalitions for health to engage in conversations about what works, what does not and what we are learning about community health promotion. Go to **www.citiesforbetterhealth.com** to stay up to date and engage further.

Executive summary



Once a coalition is in place, what comes next?

Bringing the right people together in a coalition creates the foundation for coordinated action towards shared goals. The next challenge is turning the coalition's combined knowledge, relationships and capabilities into clear decisions about which local problems to address, which interventions to pursue and what it will take to deliver them. **This publication refers to the process of working through these questions as 'intervention design'.**

This publication follows three COPI cities – **Mississauga**, **Campinas** and **Chiba City** – as they work through that challenge. Each coalition works towards a coherent intervention package: a connected set of interventions designed to improve children's access to healthy food and opportunities for physical activity and shaped around local needs, existing city programmes and services, and delivery conditions.

A common foundation guided local decision-making

COPI provides cities with a common starting point through an evidence-informed Menu of Interventions and four requirements for every package. Each package has to address nutrition and physical activity, be shaped with communities, keep equity in focus and combine support for children and families with changes to the places and systems around them. Each coalition then translated this foundation into choices suited to their local needs, building on existing programmes and services, and taking account of what partners could realistically deliver. The COPI Menu of Interventions has been consolidated and dapted for broader use across CBH and beyond, based on COPI learnings, as the CBH Priority Actions.



That common foundation took unique forms in each city

Across the three cases, the intervention design process moved from defining the local problem to reviewing what was already in place, identifying opportunities to expand or strengthen existing interventions, and considering where new interventions were needed. Local data, community experience, technical expertise and delivery insight helped coalitions test assumptions, assess options for impact, reach and feasibility, and determine which interventions could move forward and which required further work.

The same approach looked different in each city. **Mississauga** used broad community participation to shape its package. **Campinas** began with an evidence-informed hypothesis and tested it across participating territories. **Chiba City** combined specialist proposals with institutional review to understand how interventions could fit local systems and routines. Across all three, the intervention package continued to develop as coalitions learned more. New input led coalitions to adapt, combine, or sequence interventions differently, while delivery planning brought partnerships, approvals, resources and capacity into sharper focus. See Chapter 3 for the full city pathways.

The final chapter draws seven lessons from applying COPI's intervention design approach across the three cities. They show why coalitions need to identify capability gaps, involve the right people at the right points, turn different sources of input into clear decisions, test feasibility early, keep structural interventions visible, prioritise a coherent starting package and plan for continued refinement during delivery. See Chapter 4 for the practical lessons.

1 Why intervention design matters



Coalition building brings people together around a shared goal. Intervention co-design turns that goal into a locally relevant package of actions and activities that the coalition believes can improve children's health, by defining which local challenges to address, who each action should reach and what partners will need to deliver it. COPI provides every city coalition with the same evidence-informed foundation, including the "Menu of Interventions" and four requirements. Each coalition then selects, adapts and adds to those options based on local needs, existing programmes and services and what partners can realistically deliver.

The shared evidence base is important because cities are not being asked to design interventions from scratch. It provides a common technical foundation and a set of evidence-informed approaches that cities can consider, while leaving room to determine how those approaches should be adapted to local needs, existing assets and delivery conditions.

Selecting and prioritising interventions will happen after a city is selected, success by 2026 is defined, and local coalition partners are engaged

Onboarding and initiation

Define vision of success and onboard local project owners and coalition of local partners

Mobilisation & design

Prioritise interventions, co-design delivery plan, identify & collect baseline data

Interventions & monitoring

Launch interventions, monitor and ensure adherence to the project

1st year reporting & sustainability planning

1st data collection follow-up, initial result analysis, process publications, and transition plan to sustain interventions beyond initial support

2nd year reporting & preparing for scaling

Continue interventions year 2, conduct 2nd collection follow-up, wrap programme for final analysis

Beyond '26 TBC

Potential to extend, expand or scale



Coalition relationships shape whose knowledge informs intervention design

The first Building Blocks for Better Health publication explored how coalitions create the relationships, governance and shared ownership that partners need to work together to prevent childhood obesity. Those relationships and structures continue to shape how the intervention package is developed. Trust determines whether coalition members can speak openly, share local knowledge and challenge emerging ideas. Governance determines how priorities are agreed and who can move them forward. Shared ownership affects whether partners see the package as something they are jointly responsible for delivering.

The intervention design process draws on local data, technical expertise, institutional authority, delivery experience and knowledge of the nutrition and physical activity challenges that children and families experience in their daily lives within each city context.

These inputs help coalitions go beyond the numbers to understand how the problem is experienced locally: what is already working, where gaps remain, which assets and programmes can be built on, and which challenges are most important to address. This local knowledge helps the coalition identify the problems worth tackling and shape evidence-informed options around the realities of the city.

To support this process, COPI provides an evidence-informed set of intervention options that local coalitions can consider, ranging from support for children and families to changes in schools, public spaces and wider environments. Coalitions used COPI's Menu of Interventions to identify what might be expanded, improved or introduced in their own context.

Co-design brings these different forms of knowledge and experience into how evidence-informed intervention options are interpreted, adapted and shaped for a particular setting.

A shared framework keeps intervention packages aligned while allowing local adaptation

The Menu of Interventions offers evidence-informed options to consider, while the co-design toolkit (see explainer below) guides coalitions from defining the local problem to finalising their intervention package.
Four global requirements set the standards every package must meet:

- address both nutrition and physical activity
- be shaped with local communities, reflecting their needs, priorities and strengths
- focus on groups facing greater disadvantage and the conditions that make healthy choices harder
- combine support for children and families with changes to the places and systems around them



> the process should be seen more as guidance than a prescription. The road does not follow a fixed sequence; it goes through different iterations depending on the local context, the processes already in place, and what partners are equipped to do.
>
> **Thomas Hilberg Rahbek**
> Novo Nordisk

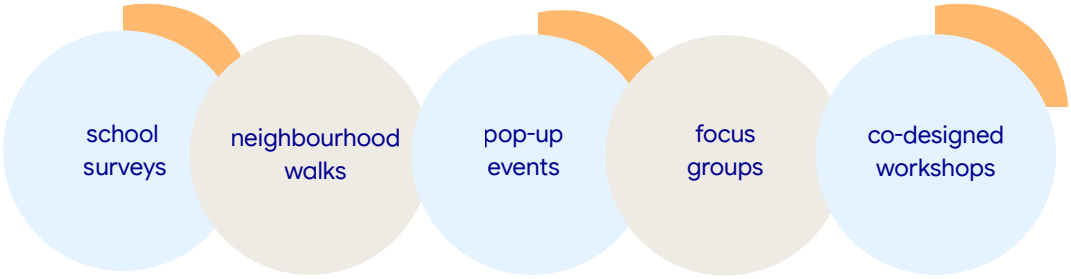


These requirements give coalitions a common quality check for their emerging intervention packages. They provide a shared standard against which proposed interventions could be tested, while leaving room for each city to select and adapt options locally.

The COPI Intervention Co-design Toolkit – a step-by-step guide that helps local teams develop their intervention package – organises the process into six broad tasks: define the local problem, identify possible interventions, prioritise them by likely impact and feasibility, gather feedback, refine the package and finalise it. Chapter 2 explores these tasks and how coalitions applied them in practice.

Adaptation is therefore how the common framework was applied in different contexts.

IN MISSISSAUGA
each activity informed the next



Understanding the local landscape turns broad options into specific interventions

Before considering specific interventions, coalitions first work towards a shared understanding of the key drivers of children's health in their city. Issue trees help partners align on the problem and its contributing factors. Only then do coalitions move from understanding the problem to considering possible solutions and how they might address those drivers. The COPI Issue tree template can be found in Annex A of this publication.

Once a coalition identifies options that could address the local problem from the Menu of Interventions, it still needs to decide what each one would look like in its city. The co-design toolkit asks teams to check whether an option addresses the local problem, whether similar programmes already exist, and whether it is likely to have an impact and be feasible to implement. This helps coalitions decide whether to expand an existing intervention, improve it or introduce something new.

For example, the Menu includes options to introduce or renovate green spaces for physical activity. Choosing this option would not determine which space to change, what changes to make, who would use it, who would maintain it or what resources and approvals would be needed. The coalitions still have to shape those elements around local data, existing programmes and assets, the people who would use the intervention and those responsible for delivering it.

By the end of the design process, coalitions have a clearer view of who each intervention will reach, where it will take place, what it will involve and which partner organisations might lead delivery. However, final confirmations of delivery partners, approvals, resources and implementation arrangements often require additional delivery planning.

IN CAMPINAS

How local feedback shaped the intervention

Give families more predictable access to fresh food close to home

What co-design revealed

Administrative steps and paperwork were discouraging families from using programmes that help them access fresh food

What the coalition considered

A simpler digital sign-up process

More distribution points at

schools | health centres | community centres

How this helped

Families could register more easily

Families could collect fresh food closer to home

Early delivery planning makes interventions more feasible

Early delivery planning often reveals practical constraints that require interventions to be adapted.

This is especially important for ‘structural’ interventions: those that seek to change the settings or systems that shape children’s choices and opportunities, for example, by improving school food environments or reducing exposure to unhealthy food and drink marketing. These changes can reach many children, but they often require decisions from several institutions and take longer to put in place.

Some structural interventions remain important even when they cannot be implemented immediately. Coalitions can therefore use intervention design not only to identify what can be delivered within the programme period, but also to surface longer-term structural opportunities that require additional authority, partnerships, resources, or policy change.

To assess whether the interventions made a difference to children’s health, local academic partners collected data on body mass index (BMI), health-related quality of life and related health behaviours before implementation, with a plan to collect the same data after implementation to identify any changes. This gave coalitions a set period in which to launch and run their interventions.

In Campinas, co-design workshops asked teams to identify a strong, coherent version of each intervention that could be tested locally, who would lead it and what they would need. The intended result was a group of interventions ready for short-term testing and adaptation.



IN CAMPINAS
From co-design workshops to a package ready to test

Each intervention, defined in the workshops

A strong, coherent version to test locally

Who would lead it

What they would need

Intended result
A group of interventions ready for short-term testing and adaptation

Each city's minimum viable package, or MVP, combines intervention options that a coalition considers ready to begin within the available time, capacity and delivery conditions, while leaving room to develop more complex components over time. The aim is to put a meaningful package into practice while generating evidence, learning and buy-in that can support further development.

Questions for coalitions designing an intervention package

Drawing on COPI's experience, coalitions can ask:

- Have local data and experience shaped which interventions were chosen and how they are designed?
- Does the package meet COPI's four requirements?
- Is it clear who will deliver each intervention and what approvals, time and resources are needed?
- Which interventions are ready to form the minimum viable package (MVP), and what must happen before more complex interventions can follow?
- Which parts of the package have clear potential to be strengthened as evidence and delivery experience accumulate?

Key takeaway:
Good intervention design starts with a strong evidence base, but the final package is shaped by local context, experience, delivery capacity and engagement of local partners. The goal is to develop something that is relevant to the local problem, builds on what already exists and can move into practice — while leaving room to learn and adapt.

Chapter 2 explains how COPI coalitions moved from defining the local problem and identifying possible interventions to prioritising, refining and finalising their intervention packages.

2 The COPI approach to intervention design

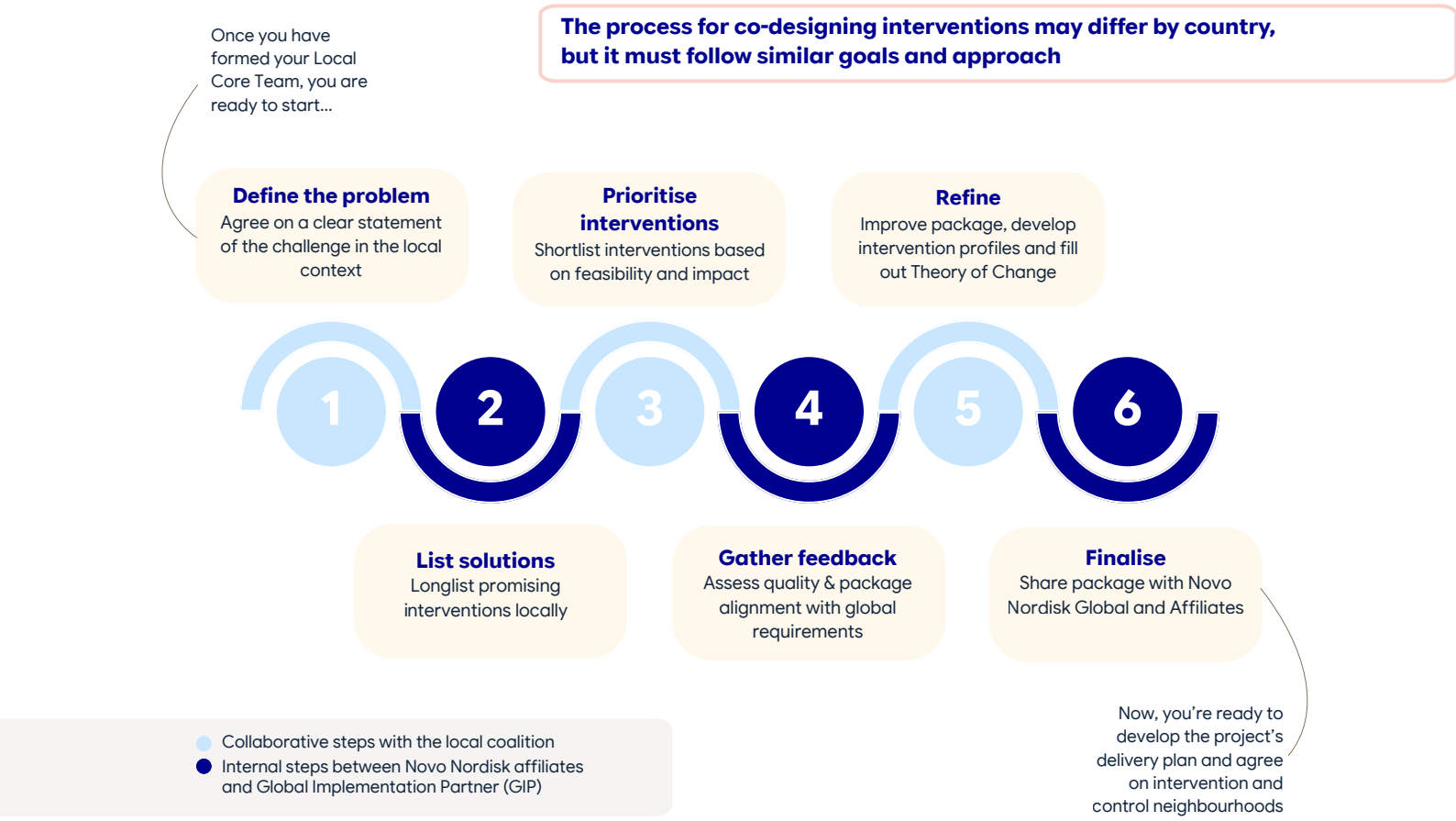
Shared principles, adaptive pathways

This chapter follows how COPI coalitions moved from defining the local problem to developing an intervention package that could move towards delivery.

The broad stages were shared across cities, but coalitions had flexibility in how they approached them — including who contributed, how deeply different questions were explored, and what needed to be revisited along the way. The sections below follow those stages and the practical questions that shaped the package as it developed.

COPI organised this work into six broad stages: **define the problem**, **identify possible interventions**, **prioritise them**, **gather feedback**, **refine the package** and **finalise it**.





A clear problem definition guides which interventions are considered

Each city's problem definition begins with a clear statement of its local childhood obesity challenge. The GIPs help prepare an initial analysis using findings from the landscape assessment, feasibility analysis and discussions held during the in-country kick-off. Those findings show how widespread childhood obesity is in the city, whether it affects some groups more than others and what local factors are contributing to that.

The GIPs then organise the findings into an issue tree – a visual tool that breaks a broad problem into smaller questions so that possible contributing factors can be examined one by one. Coalition members review each question using local data and what they know about children's daily lives in the city. Local data provides the starting picture. Coalition knowledge, community experience, delivery insight and knowledge of existing programmes and assets helped test that picture and identify where the most relevant opportunities and gaps lie. This helps them agree on a problem statement that reflects the local challenge and identify which contributing factors the intervention package can address. The COPI issue tree template is available in **Annex A**.

IN CHIBA CITY
From a broad challenge to the factors a coalition can investigate

Problem statement: Increasing rates of childhood obesity in Chiba City.

Main issue	Sub-issues	Sub-sub-issues
Rates of childhood obesity in Chiba City are rising due to an increase in unhealthy habits outside of the school environment	**Lack of fun and engaging opportunities to learn healthy habits**	**Emphasis on teaching sports skills rather than promoting fun in physical activities** 74% of boys and 61% of girls in elementary school find physical education (PE) class "fun"
		Nutrition education focusing on guidance rather than hands-on experiences Current learning style characterised as one-directional and lacks practical experience component
	Lack of conducive settings for fostering healthy habits	**Limited time for physical activity and regular meals** Long school hours, packed after-school schedules, increasing number of dual-earner families
		Growing alternatives to physical activity, such as video games 37% of children play video games at home compared to 28% who play outside after school
		Easy access to unhealthy snacks and sugary drinks Abundance of convenience stores and vending machines in the school vicinity
	Lack of resources or tools to empower children to manage their own healthy habits	**Minimal physical activity outside of physical education classes** 11% of boys and 24% of girls have less than 60 minutes of physical activity per week outside of PE class
		Healthy eating habits taught at school not being consistently practised at home 5–10% of students do not eat breakfast every day
	Lack of active involvement from parents and communities in supporting children's healthy habits	**Polarization of children's exercise habits** Tendency for parents to prioritise academic success over healthy lifestyle (e.g., exercise, diet, sleep)
		Limited engagement from adults in promoting healthy habits The Board of Education pointed out the need for stronger schools-community-parent coordination

Source: Healthy Future City Chiba Plan, MEXT, Renaissance, Ryosekkei, Gakken

After agreeing on the problem and the factors contributing to it, each coalition reviews the programmes and services already available in the city. This shows where an existing intervention can reach more children or work better, and where a new intervention might be needed. The three routes below help coalitions turn that review into intervention options.

Route	Question for the coalition
Expand	Where is an existing intervention working or relevant but not reaching enough people or places?
Optimise	Where could an existing intervention work better with changes to its design or delivery?
Introduce	Is there an important gap that the existing interventions do not address?

Different forms of local input help refine intervention options

Once coalitions have identified the issues and initial intervention options, they use different forms of local input – from community pop-ups, surveys, focus groups, workshops and discussions with experts, delivery partners and public institutes - to test how well those options fit the problem, the people affected by them and the realities of delivery. The mix of inputs varies across cities and reflects local context, ways of working and institutional culture.



Children and families can speak to how an idea fits their daily lives and whether it is acceptable or practical from a user perspective. School staff and delivery partners can identify the workloads, resources and operational constraints. Technical specialists can assess the evidence and intervention logic. Public institutions can clarify responsibilities, approvals, and implementation requirements.

This feedback helps coalitions decide which intervention options to develop further, how to adjust them to local needs and delivery conditions, and which questions still need answers before delivery. Many of these contributors are not external consultees but part of the coalition itself, bringing technical expertise, institutional authority and delivery experience directly into the design process. See the Mississauga case in the next chapter, City pathways, for how different forms of input were gathered, synthesised and used.

Different inputs, different contributions

Who contributed	What they brought
Children & families	Lived experience, acceptability and everyday realities
Schools & delivery partners	Operational realities, capacity and resources
Technical / specialist partners	Evidence, intervention logic and technical considerations
Public institutions	Responsibilities, approvals and system requirements



Intervention options are reviewed as a package across individual, community and structural levels...

After coalitions have tested and refined each intervention option, they review the shortlisted interventions as a package. They consider whether the package combines support for children and families with changes to the places where they spend time and the wider conditions shaping healthy eating and physical activity. This shows whether the shortlist relies too heavily on one level or leaves a gap at another.

COPI grouped interventions into three levels:

- **Individual interventions** provide children and families with information and tools to support healthier eating and physical activity habits within their existing surroundings.
- **Community interventions** change the places where children spend time, such as schools, neighbourhoods and public spaces, to make healthier choices easier.
- **Structural interventions** make broader changes to the conditions around children to remove or reduce barriers to healthy eating and physical activity.

Some interventions focus mainly on one level, while others combine activities across more than one.

In Chiba City, the peer-supported lifestyle challenge app used shared challenges and virtual rewards to help families build healthier routines, while planned upgrades to local parks aimed to encourage physical activity and play. The Kids Health approach was still under development and had not yet been fully tested at the time of publication. Possible directions included providing healthier food and drink options in after-school settings or working with supermarkets to make these options more accessible and visible.



The balance is therefore assessed across the package, not within each intervention. If the package relies mainly on efforts to change children's and families' knowledge or habits, the coalition can strengthen it by adding or adapting interventions at the community or structural level. The ambition across COPI is to consider change at multiple levels and look at how interventions can reinforce one another as a package.

More structural options can be harder to surface during the design process because they often require a level of system change, authority and coordination beyond the immediate mandate and day-to-day experience of many of the actors involved. In some cases, structural options are difficult to make concrete within the realities of the people and institutions participating in the process.

This is important for how COPI approaches prioritisation. The ambition of the overall package remains important, but coalitions also have to consider feasibility and the longer-term conditions required to develop structural interventions with the potential for wider impact.

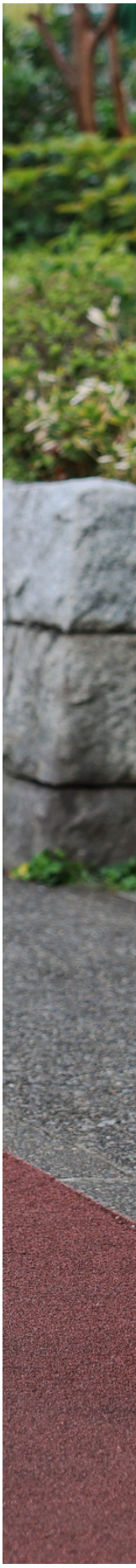
...and are then prioritised according to impact, reach and feasibility

A coalition will usually have more promising ideas than it can implement at once. That is a design reality. Prioritisation helps make the trade-offs visible and determine which options are ready to move, which need further development, and which may represent longer-term opportunities.

COPI's prioritisation framework helps coalitions assess and compare intervention options across three dimensions:

- **Impact**: Does it address the problem meaningfully?
- **Reach**: Who can benefit, and who might otherwise be missed?
- **Feasibility**: Can the coalition realistically deliver it?

Coalitions can adapt the criteria used to assess each dimension locally by specifying, for example, which population groups an intervention needs to reach, how quickly it can be introduced, which local partners and resources need to be available and whether it can be sustained or scaled over time. The COPI impact, reach, and feasibility framework can be found in Annex B.



IN CAMPINAS
How Campinas prioritised intervention options

Options grouped using Impact | Reach | Feasibility

Transformational

Examples

- Restrictions on unhealthy food outlets near schools
- Restrictions on advertising in public spaces

Potential to address wider conditions affecting children's health, but required political support, decisions by public authorities and coordination among several organisations

Pilot-ready

Examples

- Gamified activities
- Community gardens
- Food education for families

Could be developed and tested sooner because schools and community partners had greater control over the practical decisions required for delivery

Scalable but not strategic

Examples

- Walking school buses
- Social recreational activities

Feasible and could complement the package, but less closely aligned with the main local challenges

This categorisation does not automatically determine the intervention package. Instead, it makes the main trade-offs visible. Some options can address wider conditions contributing to the problem but need more time, authority and coordination. Others can be tested sooner but address a narrower part of the problem. The coalition can then agree which interventions to deliver first, which need further design or approval, and which should remain a lower priority.

COPI's intervention profiles define how prioritised options work

Once an option is prioritised, coalitions still need to turn it into a clearly defined intervention that can be planned and delivered. COPI uses intervention profiles to do this.

An intervention profile is a short, city-specific brief that answers a consistent set of questions about each selected intervention.

For each one, the profile records:

- what the intervention will do and why it is needed
- how it relates to existing programmes, gaps or opportunities
- who it is intended to reach and what change it is expected to support
- where it will be delivered and at what scale
- what success will look like and the main milestones for achieving it
- who will lead delivery and what people, time, funding or technology will be required
- which questions or gaps still need to be resolved

Completing a profile also tests assumptions made during prioritisation. An option that appears feasible might, for example, have no confirmed organisation to lead delivery or depend on an approval, resource or technical capability that has not previously been identified. The coalition can then revise the design, gather the missing information or involve a potential delivery partner before finalising it.

COPI also uses a local Theory of Change (ToC) to map the logic of each city's intervention package. Building on the issue tree's analysis of the problem and its drivers, the ToC maps how planned activities are expected to lead to immediate outputs, shorter-term outcomes and longer-term impact. Using this logic, coalitions can assess whether their intervention package offers a credible response to the problem and decide what progress to monitor.



IN CAMPINAS
Local Theory of Change

	Poor nutrition	Low levels of physical activity
Drivers of obesity	**Limited access to fresh and healthy foods** Inequity in food supply Schools as an isolated nutritional safety net Intergenerational modelling **High exposure and consumption of UPF** Marketing and social normalisation of UPFs Local food environment dominated by UPF products	**Underutilization of existing public spaces and program** Lack of activation and programming Short-term or sporadic initiatives **Limited time, motivation, and family routines for active lifestyle** Exhausting daily routines Screen-based entertainment replacing play
Interventions (If...)	Strengthen access to fresh and healthy foods in vulnerable territories Gamified school activities to encourage healthy habits School garden and food education for children Family food education workshops Behavioural nudges via WhatsApp Strengthen engagement with healthy living communication campaigns Engage local businesses to reduce exposure to UPF	Upgraded play zones in schools Upgraded play zones in parks After-school sports programmes
Outputs (Then...)	In vulnerable areas, fresh and affordable foods become more visible and accessible for families, making healthy choices easier in their daily lives Children and families build practical skills, confidence, and motivation to eat better, learning through school gardens, workshops, and challenges that help sustain healthy practices at home	Public spaces become safer and more welcoming for movement, encouraging children and families to be active in their daily lives Families regularly take part in fun and motivational activities, integrating short bursts of physical activity into daily routines
Outcomes	**Children eat healthier diets**	**Children are more physically active**
Impact	**More children living with a healthy weight and experiencing a better quality of life**	

Finalising the package establishes a starting point for delivery and continued learning

Once the intervention profiles and local ToC have been completed, coalitions confirm the intervention package and set out how it will be delivered. This includes agreeing timelines and milestones, clarifying roles and responsibilities, and identifying any assumptions still to be tested or outstanding approvals, resources and partner agreements.

As implementation begins, delivery data and feedback from partners and participating communities generate new evidence about what is working, what has stalled and what needs to change. Coalitions then consider this evidence at regular stocktakes (structured review points for assessing progress), revisit assumptions in the Theory of Change, and agree any changes needed to intervention content, sequencing, delivery arrangements or resource needs.

With the packages established as a starting point for delivery, Chapter 3 turns to how the shared intervention design journey unfolded in three city contexts - **Mississauga**, **Campinas** and **Chiba City**. The cases show where the cities followed similar stages, where their routes differed and how local conditions shaped what interventions became.



3 City pathways

How design unfolded in Mississauga, Campinas and Chiba City

Mississauga, **Campinas** and **Chiba City** worked from COPI's shared evidence base, programme expectations and design principles, then adapted the design process to their local contexts. Local relationships, institutional structures, decision-making cultures and delivery conditions influenced who contributed, how intervention options were tested and what each coalition needed to resolve before delivery.

Each city's pathway can be understood through five shared markers: **Map, Listen, Explore, Shape and Prepare**. These markers trace how a coalition moved from understanding the local problem to agreeing on an intervention package and preparing it for delivery. These were not fixed or strictly linear stages. Input and testing sometimes led cities back to earlier questions as they learned more about local priorities, how interventions could work and what delivery would require.

Five shared markers connect the city pathways

Each marker represents a point on the pathway and the question the intervention design process sought to answer.

Pathway marker	COPI design focus	Guiding question
Map	**Define the local problem**	What local evidence and knowledge are needed to build a clear picture of the problem and its drivers?
Listen	**Gather local input**	Whose knowledge, experience and authority are needed to inform the response?
Explore	**Identify and test intervention options**	Which intervention options could address the problem, and what assumptions need to be tested locally?
Shape	**Prioritise options and refine the intervention package**	How should the options be assessed, adapted and combined into a coherent package?
Prepare	**Prepare the package for delivery**	What roles, resources, approvals and partnerships are needed to move the package towards delivery?

The shared pathway then took a unique form in each city:

Mississauga

Participation-first and community-facing

Schools, families and communities helped shape the intervention package

Campinas

Hypothesis-led, tested and adaptive

Evidence-informed ideas were tested in territories and adapted for delivery

Chiba City

Expert-informed and institutionally sequenced

Expert-developed proposals were refined with city departments, educational authorities and schools

The three city pathways at a glance

Mississauga, Campinas and Chiba City worked through the same pathway markers, but each followed a route shaped by its local challenges, coalition capabilities, participation norms and delivery systems. The comparison below shows how each pathway marker unfolded across the three cities.

Pathway marker	Mississauga	Campinas	Chiba City
Map	Local evidence and partner knowledge identified barriers, differences across schools and neighbourhoods, and existing assets	Landscape analysis, policy and programme review and an issue tree established an initial problem hypothesis	Local evidence and institutional knowledge defined the problem and identified broad intervention areas
Listen	Students, caregivers, school staff and residents tested whether the initial evidence reflected their experiences and priorities	Stakeholders from participating territories reviewed the issue tree and initial intervention options through workshops, site visits and follow-up fieldwork	City departments (including the Board of Education and Parks Management Department) and schools reviewed proposals; parents and children contributed during delivery
Explore	COPI's Menu of Interventions and findings from community engagement informed a longlist of intervention options, which schools, communities and delivery partners tested locally	COPI's Menu of Interventions and existing city programmes informed a longlist of intervention options tested against the issue tree and territory contexts	COPI's Menu of Interventions and specialist expertise turned broad intervention areas into detailed proposals
Shape	Community priorities and COPI's impact, reach and feasibility framework helped select, adapt and combine options into five connected interventions	COPI's impact, reach and feasibility framework and local insights helped adapt, combine or deprioritise options into five intervention options	COPI's impact, reach and feasibility framework and institutional review adapted proposals around cost, maintenance, schedules, workload and approvals
Prepare	Intervention profiles and delivery-planning discussions clarified lead partners, delivery settings and remaining resources, approvals and partnerships	Implementation began in four territories while intervention profiles, delivery partners and approval routes continued to be developed	The intervention package was sequenced by readiness: the peer-supported app was deployed first while other interventions progressed through approvals and planning

Case 1
Mississauga



Broad community-facing pathway

Mississauga's intervention design process started with leveraging partner knowledge to understand key challenges likely to emerge and identifying opportunities from COPI's global evidence base that were relevant to the local context. Then, the coalition began listening to the people who knew the community's schools and neighbourhoods best to validate assumptions with local evidence. Students, caregivers, school staff, residents and local partners were brought into the process to help the coalition understand how opportunities for healthy eating and physical activity differed across schools and neighbourhoods.

The coalition also looked at what children and families were already experiencing and what each community had to build on, including existing programmes, school resources, community services and facilities. These inputs helped the coalition identify where existing provision could be strengthened and where additional support was needed.

Mississauga's pathway was iterative and not strictly linear...

The five pathway markers below describe the broad route followed in Mississauga. In practice, the stages overlapped, with learning from one stage informing the next as intervention options were developed and refined.

Pathway marker	How it unfolded in Mississauga
Map *Define the problem*	School asset surveys, neighbourhood diagnostic walks and partner knowledge identified both existing assets and locally specific barriers. Schools generally had large, paved areas, grass fields and usable gyms, but many had limited play, shade and seating structures. Programme and equipment costs, limited opportunities for inclusive play and gaps in access to nutritious food also constrained participation.
Listen *Gather local input*	Pop-up engagements, focus groups and listening sessions reached students, caregivers, school staff and residents through different settings. These activities tested the initial analysis, identified which options attracted interest and brought in perspectives from people who might not attend formal workshops. The pop-ups were especially useful for identifying emerging preferences across schools and communities.
Explore *Identify and test intervention options*	The coalition began with evidence-informed options drawn from COPI's Menu of Interventions and partner knowledge rather than asking communities to design from a blank page. Community members assessed these options and introduced additional ideas, while the coalition considered whether they addressed the identified barriers and could work across different school and neighbourhood settings.
Shape *Prioritise options and refine the intervention package*	Several rounds of prioritisation balanced community interest against impact, reach and feasibility. Popular ideas were not always retained as standalone interventions. Cooking classes, for example, attracted interest but required suitable space and facilitators and could reach relatively few participants. Hands-on nutrition learning was instead incorporated into broader before- and after-school programming.
Prepare *Prepare the package for delivery*	Intervention profiles and package reviews clarified who would lead each intervention, where it could be delivered and what schools and partners would need to put it into practice. The package was then tested with school teams to build ownership and refine school-specific requirements, including scheduling, use of space, external facilitation, approvals and partnerships.

...and gave the community different ways to participate

Across 10 participating schools and their surrounding neighbourhoods, more than 1,230 students, parents and community members contributed through 21 pop-up engagements with 3,725 sticker votes cast and 13 focus groups. The coalition also used school asset surveys, neighbourhood diagnostic walks, and co-design workshops. Each method served a different purpose: mapping what already existed, observing how spaces were used, hearing from people who might not attend formal workshops, and developing emerging ideas with schools and communities.

Community insight shaped design choices

Community engagement helped the coalition understand the changes children, families, school staff and residents wanted to see across their schools and neighbourhoods. The coalition then considered these ideas alongside impact, reach and feasibility, adapting promising options around the realities of different schools and delivery settings. **See example below:**

Community priority	What the coalition learned and considered	How the design evolved
Standalone cooking classes	There was interest in hands-on cooking and nutrition learning, but a standalone programme would require suitable space and facilitators and would reach fewer children across different schools.	Nutrition learning was incorporated into more flexible before- and after-school programming. Schools with the right space and delivery partners could still offer cooking activities.

The resulting package

Applying this approach across intervention options, the coalition arrived at five connected interventions that strengthened existing school and community programmes and introduced new support where children and families faced barriers to nutritious food and physical activity.

Mississauga intervention package

Healthy food access and learning	Introduce or strengthen school nutrition programmes so more students could access fresh, nutritious food and take part in nutrition learning
Movement during the school day	Improve school compliance with provincial mandate of 20 minutes of daily physical activity through teacher and student facilitator trainings, equipment, resources and school-wide scheduling to support inclusive, non-competitive activities
Schools as places for movement	Improve indoor and outdoor school spaces and organise activities that encourage their use for physical activity throughout the year
Accessible programming	Offer free before- and after-school programmes for inclusive physical activity and hands-on nutrition learning
Communities as places for movement	Establish community lending libraries that give families free access to sports and play equipment and information about local programmes and facilities

> One of our original ideas was developing inclusive intramurals in schools, run during the school day by teachers. As we went through co-design, we recognised two needs/values – additional opportunities to be active outside the school day and building stronger connections between schools and their surrounding community. This led us to prioritise opportunities for inclusive before/after school activities – including programmes held in nearby community spaces, or community partners delivering programmes on school grounds alongside teachers.
>
> **Efe Ekperigin,**
> Delivery Associates



By the end of the design process, the coalition had agreed the five interventions, identified lead partners and established whether each would be delivered through schools, community settings or both. The final intervention package was tested with schools to strengthen buy-in by closing the loop on initial engagements, and aligning on school-specific needs to deliver each intervention. This gave partners a clear basis for detailed delivery planning.

Delivery planning across all schools has also focused on approvals for changes to school spaces, supporting schools in securing alternative, longer-term funding for school food programmes, identifying community partners for before- and after-school programmes, and securing partnerships with the City and Region to deliver lending libraries and provide additional nutrition expertise to move the nutrition elements forward.

What the Mississauga pathway made possible

In Mississauga, broad community participation shaped both the interventions selected and how they would work in different local settings. Regular co-design checkpoints helped the coalition bring that input together, make the necessary design decisions and agree on a package that schools and partners could take forward and adapt during delivery.

Case 2
Campinas



Start with a hypothesis, then test it locally

Campinas integrated COPI into Passos Para uma Vida Melhor, an existing municipal health-promotion programme, and mobilised a cross-sector coalition spanning the city's health, education, sport, culture, communications, and early childhood departments; the Municipal Secretariat for Development and Social Assistance; and CEASA, Campinas' municipal food supply and wholesale market agency. Schools already provided universal meals and physical education, but healthy routines were harder to sustain outside school. In underserved areas, families often had limited access to affordable fresh food, while ultra-processed foods were widely available and convenient. Children also had fewer safe and accessible opportunities for physical activity.

Landscape analysis, policy review and cross-sector knowledge gave the coalition an initial view of the local challenge. The local GIP team organised this into an issue tree, a set of intervention hypotheses and developed a local Theory of Change (ToC) as part of the initial diagnostic and design process. The intervention hypotheses were then tested through diagnostic interviews, site visits and five co-design workshops involving stakeholders from the participating territories.

The process gave the coalition direction while leaving room for territorial knowledge to change the emerging ideas.



Campinas kept testing the intervention options as it moved towards delivery...

In Campinas, the pathway markers overlapped as the coalition continued refining its understanding of the local challenge while developing and testing intervention options through workshops and site visits. Feedback from early implementation then showed where individual interventions needed to be adjusted before wider rollout.

Pathway marker	How it unfolded in Campinas
Map *Define the problem*	Local data, policy and programme reviews, and knowledge from city departments were brought together in an issue tree. It connected childhood obesity to limited access to fresh food, widespread consumption and marketing of ultra-processed foods, low physical activity, unsafe or underused spaces and inequalities across vulnerable areas.
Listen *Gather local input*	Stakeholders from the participating territories reviewed the issue tree and initial intervention options. They provided local insights about family routines, food environments, public safety, school capacity and existing facilities, confirming some assumptions and challenging others.
Explore *Identify and test intervention options*	Using COPI's Menu of Interventions and a review of existing city programmes, the coalition developed a longlist of intervention options. Central and local workshops examined which options addressed the issue tree, complemented current programmes and could work across the participating territories.
Shape *Prioritise options and refine the intervention package*	The coalition assessed the intervention options using COPI's impact, reach and feasibility framework as well as the partners, resources, approvals and policy decisions each required. Local feedback was used to adapt, combine or deprioritise options and build a coherent package.
Prepare *Prepare the package for delivery*	Implementation began in four pilot territories where schools and partners were ready, using interventions that could show early value and sustain engagement. Delivery partners, intervention profiles and approval routes continued to be developed, while feedback from early delivery informed adjustments before rollout to the remaining territories.

...and local insights continued to shape intervention delivery

Five co-design workshops brought together stakeholders from participating territories with 3-4 territories represented in each session. Site visits and follow-up fieldwork showed where there were differences in facilities, safety, school capacity and delivery conditions specific to each territory. The coalition then used those insights to adapt the proposed interventions.

The value of this process became clearest when local knowledge challenged an initial assumption. See example below:

Starting hypothesis	What local stakeholders added	How the design evolved
Outdoor advertising was an important route of children's exposure to ultra-processed food marketing	Educational stakeholders pointed to digital channels as a more prominent part of children's everyday lives. Families wanted practical guidance for navigating everyday food environments, while the city had limited capacity to enforce restrictions. Stakeholders saw cooperation as more workable than penalties	The design shifted towards using existing health-centre WhatsApp groups to reach families with practical healthy-living prompts and challenges that could support healthier routines at home

This was more than feedback on a finished proposal. The local insight changed the hypothesis that had shaped the proposal in the first place. **The hypothesis gave the conversation a starting point. Territorial experience made it more accurate.**

The resulting package

The coalition agreed a five-part package spanning food access, school-based behaviour change, active spaces, practical food education and family engagement.

Campinas intervention package

Healthy food access	Develop partnerships to help families navigate and access existing healthy food and social-support programmes through health centres, social assistance services and other local partners
Healthy habits through play	Use gamified activities, challenges and age-adapted materials to encourage active lifestyles and healthier habits, with the implementation partner supporting delivery
School play zones	Introduce low-cost improvements to school play zones, such as ground markings, jump circuits, small equipment and activity prompts, to make active play easier
Food education & school gardens	Establish school gardens and run hands-on food-education workshops for children and families throughout the school year
Healthy habits at home	Share short weekly messages and challenges through health-centre WhatsApp groups to help families practise healthy routines at home

The package linked school-based activity with ways of reaching children and families beyond school. In some cases, the intervention itself continued to be refined as the coalition learned more about what worked in different settings and for different groups. For example, early school feedback indicated that gamification needed to be differentiated for different age groups.

Starting small created room to learn...

At the outset, delivery partners were in place for four of the five interventions. The coalition began with WhatsApp prompts, school-garden activities and food-education sessions in four pilot territories where schools and partners were ready. This created an early opportunity to test and refine the package before wider rollout.

Other elements required more preparation. For example, the school play-zone upgrades needed a clear approval route while expansion to the remaining eight territories had to be coordinated with schools around their existing priorities and capacity.

Delivery partners are now in place for all five interventions but this phased approach enabled ready interventions to begin and generate learning while giving the coalition time to work through the approvals, coordination and delivery arrangements required for wider rollout.

What the Campinas pathway made possible

In Campinas, an evidence-informed hypothesis gave the coalition a clear starting point. Local insights refined the intervention options, while beginning delivery in four territories revealed what needed to be adapted before wider rollout. The package continued to evolve as the coalition learned from delivery.



Case 3
Chiba City



Expert-informed and feasibility-tested pathway

Chiba City started from a relatively strong foundation. Schools already provided universal nutritious meals, physical education and nutrition education, but local data showed childhood obesity rates were increasing. Busy family and extracurricular schedules, screen use, easy access to convenience foods and fewer opportunities for spontaneous activity made it harder for children to maintain healthy routines beyond school.

The coalition combined city data and institutional knowledge to define the problem. Expert delivery partners then developed concrete proposals for addressing the identified problem, which relevant city departments – including the Board of Education and Parks Management Department, as well as schools reviewed against local requirements and delivery conditions.

Chiba City's pathway was deliberately sequenced...

The local COPI team, expert delivery partners, relevant city departments, and school leaders and staff each contributed at different points as the intervention options moved through technical development, institutional review and delivery planning. The process therefore became more detailed as proposals moved closer to implementation.

Pathway marker	How it unfolded in Chiba City
Map *Define the problem*	Local data showed childhood obesity rates rising despite universal school meals and established physical education and nutrition education. The issue tree identified a central challenge: children struggled to sustain healthy routines outside school. It highlighted several contributing barriers such as limited opportunities for engaging, practical learning; gaps in health literacy among parents and the wider community; busy schedules and screen-based routines; local environments where unhealthy snacks and drinks were readily available and limited spaces for spontaneous physical activity.
Listen *Gather local input*	During the design process, input came mainly from relevant city departments, including the Board of Education, schools and expert delivery partners. They contributed knowledge of school routines, public spaces and infrastructure.
Explore *Identify and test intervention options*	Using COPI's evidence base, Menu of Interventions and delivery partner expertise, the coalition developed a longlist of proposals for schools, parks, digital platforms and community settings. These detailed proposals could then be tested against local conditions.
Shape *Prioritise options and refine the intervention package*	The coalition used COPI's impact, reach and feasibility framework to prioritise options. Feedback from relevant city departments, schools and expert delivery partners then refined the proposals around cost, maintenance, permissions, school schedules, staff workload, delivery conditions and approval requirements. Options requiring more complex support were adapted, deprioritised or scheduled for later.
Prepare *Prepare the package for delivery*	The intervention package was sequenced according to readiness. The peer-supported family app was deployed first, while school, park, nutrition-focused interventions continued through contracting, approvals and detailed planning.

...and institutional feedback shaped both the interventions and how and when they moved into delivery

In Chiba City, design input was distributed across the process. Expert delivery partners developed the proposals; relevant city departments tested institutional fit; and schools brought the realities of schedules, spaces, maintenance and staff workload into the discussion.

Shaping proposals	Expert delivery partners added technical and delivery expertise
Test system fit	City departments examined permissions, policy alignment and institutional requirements
Surface school realities	School leaders and staff identified implications for spaces, schedules, maintenance and workload
Prepare for delivery	Delivery partners and City teams clarified coordination, sequencing and permissions

The proposals became progressively more specific as they moved through this process. That allowed stakeholders to comment on practical questions that were difficult to resolve when the ideas were still broad: where an activity could happen, who would run it, what it would require from schools and which approvals were needed.

One example of how institutional and school-level feedback changed the intervention itself was the proposed approach to active play in schools.

Initial intervention option	What local insights showed	How the design evolved
Install large play equipment and integrate structured activity into lesson time	Large equipment would be costly to install and maintain. Activities during lessons would also be difficult to fit within curriculum requirements and school workloads	The proposal shifted to lighter-touch ground markings and activities designed around existing school breaks, reducing infrastructure and staff demands while creating more opportunities for everyday movement

This was more than a delivery adjustment: the feedback changed the intervention's format, timing and resource requirements.

The resulting package

The Chiba City intervention package comprised eight interventions grouped across five areas that combined family-facing digital support, school and community activities, and changes to physical and food environments.

Healthy food access	Work with food and beverage manufacturers and retailers to increase the availability and visibility of healthier choices in community settings. **Note**: At the time of publication, this intervention was still under development and its proposed design was being revised in response to changing circumstances.
Movement during the school day	Use gamified school challenges to make movement enjoyable and part of daily school routines
Places for play	Add ground-marked play zones and other light-touch installations in school grounds and public parks
Practical health learning and engagement	Offer interactive healthy-eating workshops, the COPI Ambassador Programme and family events combining nutrition and physical activity
Support at home	Provide a peer-supported app that helps families undertake shared challenges and build healthy routines together

The package therefore combined interventions that could operate through schools and families with changes to the wider environments in which children eat, play and spend time.



> It wasn't a case of designing everything first and then moving into implementation. As we discussed the interventions with schools and partners, the content and delivery approach continued to evolve
>
> **Yukina Matsumoto**
> Delivery Associates

Learning from early delivery

Initial uptake of the peer-supported app was low, so the coalition began exploring stronger promotion through school communication channels, referrals, community events and a partnership with the Chiba Lotte Marines, a professional baseball team based in the city. This created another opportunity to learn about the intervention and its delivery route while the wider package was still being prepared.

School- and park-based interventions required further coordination, contracting and approvals across schools and relevant City departments including the Board of Education and the Parks Management Department. Food and beverage manufacturers and retailers and family-facing activities also required additional partner alignment and delivery planning.

Moving in stages allowed learning to begin without waiting for the entire intervention package to be ready.

What the Chiba City pathway made possible

Expert delivery partners turned broad intervention areas into concrete proposals, while institutional review determined how each could fit local systems and when it could move forward. Sequencing allowed a ready intervention to begin while more complex components worked through approvals, with direct feedback from children and families becoming increasingly important during delivery.

The city cases show how a shared design process can provide a common structure while allowing each coalition to make decisions suited to its context. Each coalition combined evidence, local and institutional knowledge, and delivery realities to develop an intervention package that responded to local needs and had a credible route into delivery.

Chapter 4 draws on these city experiences to set out practical lessons for coalitions adapting intervention design to their own contexts.

4 What COPI learned from the city pathways

Chapter 3 showed how the five pathway markers unfolded differently in each city. For COPI, the three city cases reveal seven practical lessons about the choices coalitions need to make as they develop an intervention package. They highlight how coalitions can build the capabilities they need, bring different forms of input into the process, turn that input into clear design choices, test feasibility early, maintain structural ambition, prioritise what can move first, and continue learning as interventions enter delivery.



Seven lessons from applying COPI's intervention design approach

Lesson 1: Ensure the coalition brings together the capabilities and expertise needed to support the full ambition of the intervention package.
See Chapter 1, 'Coalition relationships shape whose knowledge informs intervention design.'

Lesson 2: Decide who needs to contribute at each stage of the co-design process, based on the knowledge, experience and perspectives needed to shape the intervention within local contexts.
See Chapter 2, 'Different forms of local input helped refine intervention options.'

Lesson 3: Use regular review points to bring different sources of input together and turn them into clear design choices.
See the Mississauga case in Chapter 3, 'Mississauga's pathway was iterative and not strictly linear.'

Lesson 4: Involve delivery actors early so feasibility insights can strengthen intervention options before key decisions are finalised.
See Chapter 1, 'Early delivery planning makes interventions more feasible.'

Lesson 5: Use prioritisation to establish both a coherent minimum viable package and a route for developing what comes next.
See Chapter 2, '[Intervention options]...were prioritised according to impact, reach and feasibility.'

Lesson 6: Keep structural interventions visible and identify the partners, approvals and longer-term planning needed to move them forward.
See Chapter 2, 'Intervention options were reviewed as a package across individual, community and structural levels.'

Lesson 7: Plan from the outset for feedback from users and delivery partners to influence the intervention package and use that to continue refining the package even during delivery.
See Chapter 2, 'Finalising the package established a starting point for delivery and continued learning.'

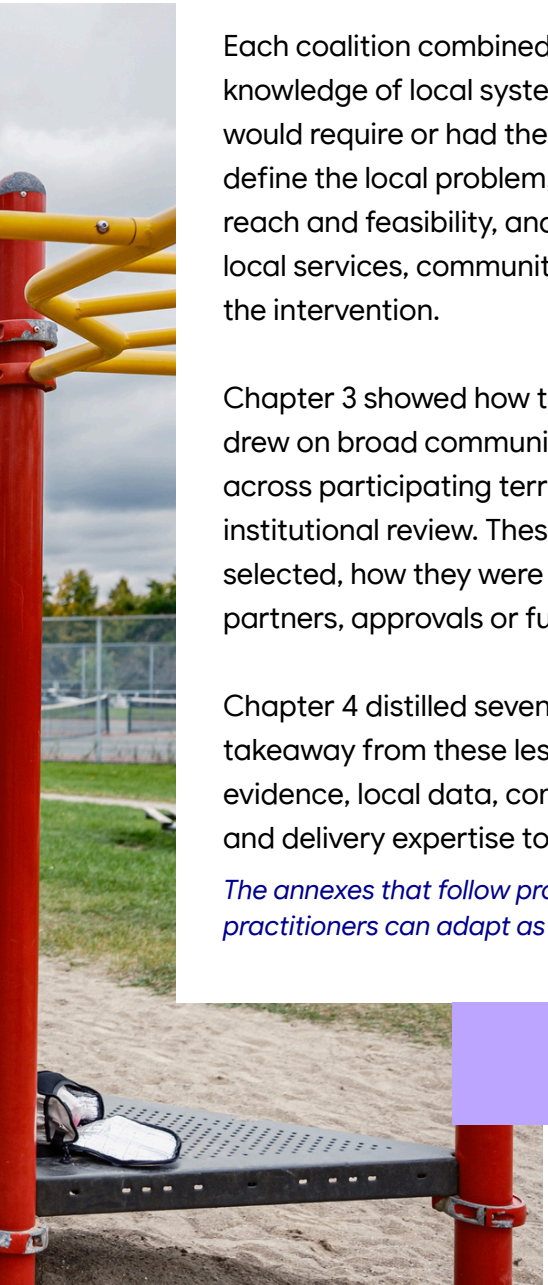
These lessons show that intervention design is not a one-off exercise. It is a continuous process of combining evidence with local and institutional knowledge, making trade-offs explicit, establishing a credible route into delivery and adapting the package as implementation generates new learning.

Conclusion

Strong intervention design helps coalitions build inclusive, locally relevant intervention packages

This edition of the Building Blocks for Better Health series shows how the three city coalitions combined evidence on childhood obesity prevention with locally defined priorities to develop a coherent intervention package that could move into practice and continue evolving over time.

Chapters 1 and 2 showed how COPI's intervention design approach gave coalitions a common foundation: evidence on approaches to preventing childhood obesity; a Menu of Interventions that helped them consider whether to expand or strengthen existing interventions or introduce new ones; and four requirements to ensure every package addressed nutrition and physical activity, reflected community needs and strengths, kept equity in focus and combined interventions at multiple levels of change.



Each coalition combined this foundation with local data, community perspectives, knowledge of local systems and input from partners who understood what delivery would require or had the authority to approve it. These inputs helped coalitions define the local problem, identify and test intervention options, assess their impact, reach and feasibility, and prepare a coherent package for delivery through schools, local services, community settings, public spaces and digital channels, depending on the intervention.

Chapter 3 showed how this approach took a different form in each city. Mississauga drew on broad community participation, Campinas tested an initial hypothesis across participating territories, and Chiba City combined specialist proposals with institutional review. These different routes influenced which interventions were selected, how they were adapted, which could begin first and which still needed partners, approvals or further development.

Chapter 4 distilled seven practical lessons from these experiences. The central takeaway from these lessons is that strong intervention design draws on global evidence, local data, community perspectives, institutional knowledge and technical and delivery expertise to guide design decisions throughout the process.

The annexes that follow provide tools and prompts other coalitions and programme design practitioners can adapt as they work through these decisions in their own contexts.

COPI Annex

Practical tools for intervention design

Three practical tools supported COPI coalitions to define the local problem, identify possible interventions and prioritise a coherent intervention package. Two are included as annexes to this publication; the Menu of Interventions is available as a linked resource.

1. Issue Tree - Annex A
Structures the local problem into contributing issues and testable hypotheses, helping coalitions identify the underlying factors they need to address.

2. Menu of Interventions - CBH Priority Actions
Provides an evidence-informed starting point for identifying potential interventions to address child marriage. Drawing on COPI learnings, the menu was consolidated and adapted into the CBH Priority Actions for broader use across CBH coalitions and beyond.

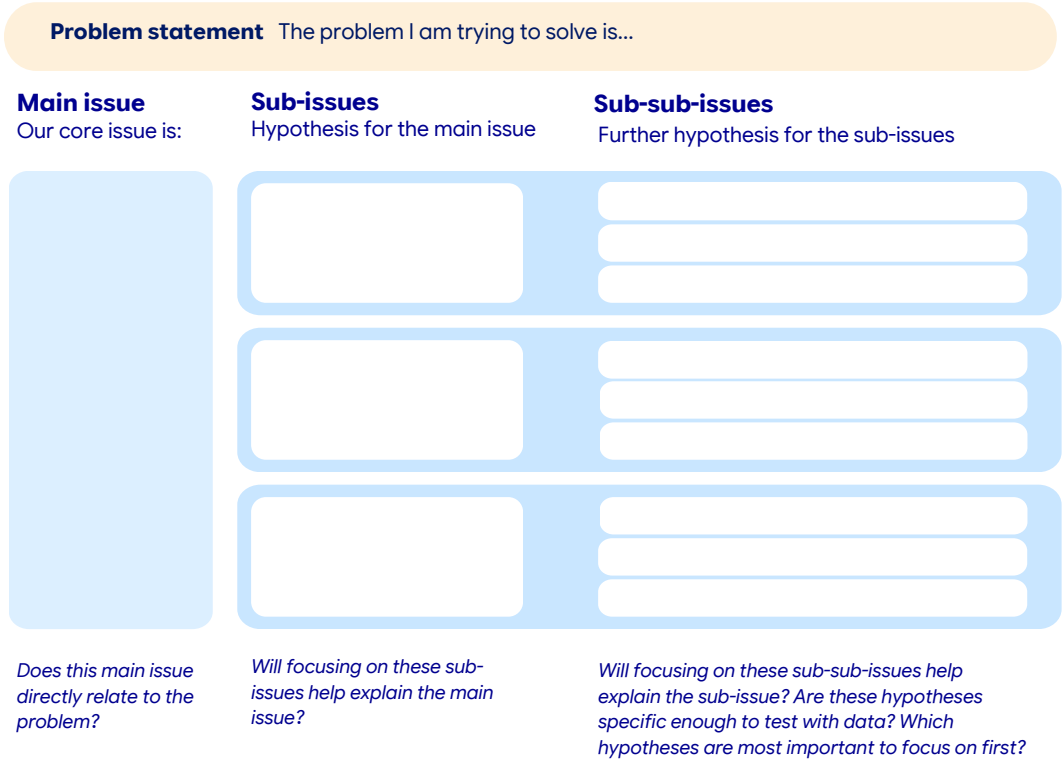
3. Intervention Prioritisation Framework - Annex B
Helps coalitions assess potential interventions against impact, reach and feasibility, make trade-offs, and prioritise a coherent package of actions.



A. Issue tree

An issue tree is a way of structuring and organising a problem so that it can be tackled logically and simply. The COPI issue tree includes:

- Problem statement: the problem the coalition is trying to solve.
- Main issue: the core issue that needs to be understood.
- Sub-issues: hypotheses that help explain the main issue.
- Sub-sub-issues: further hypotheses that help explain the sub-issues and can be tested with data and local expertise.

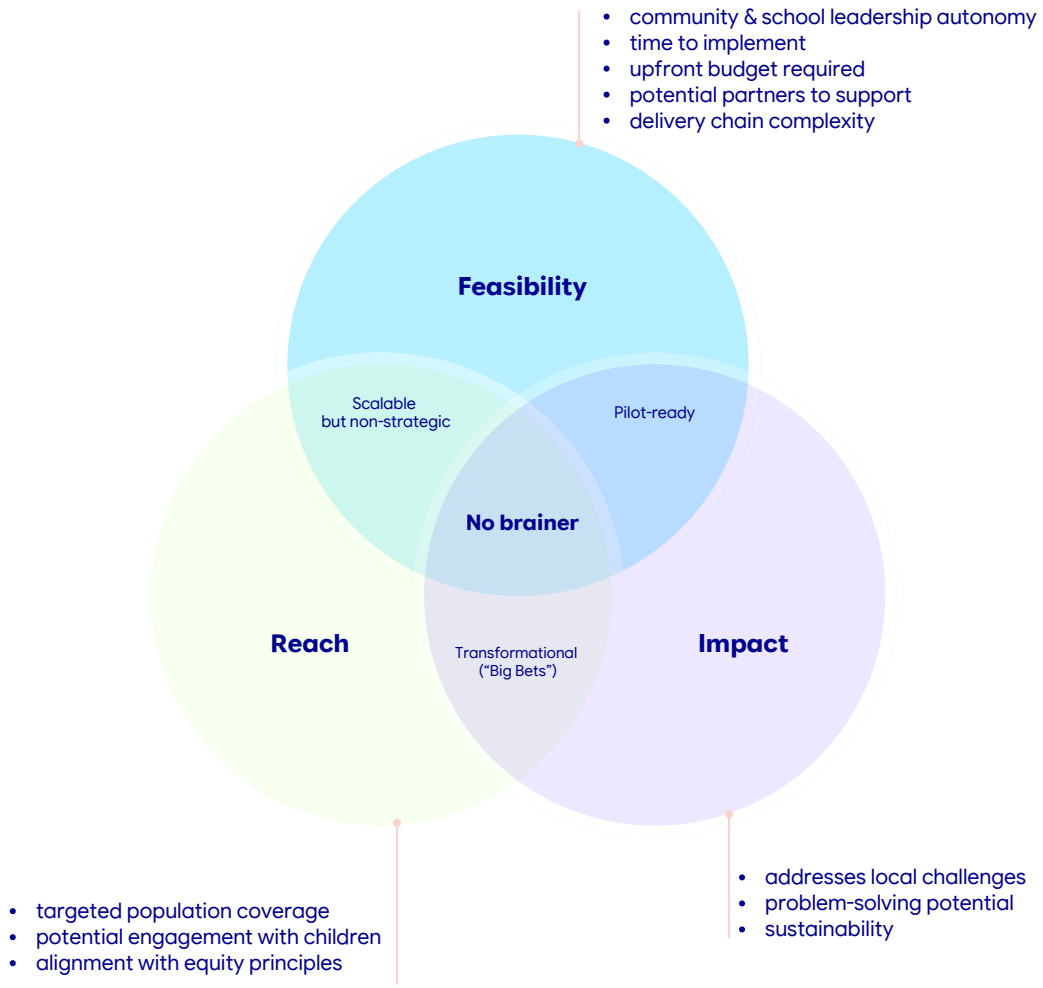


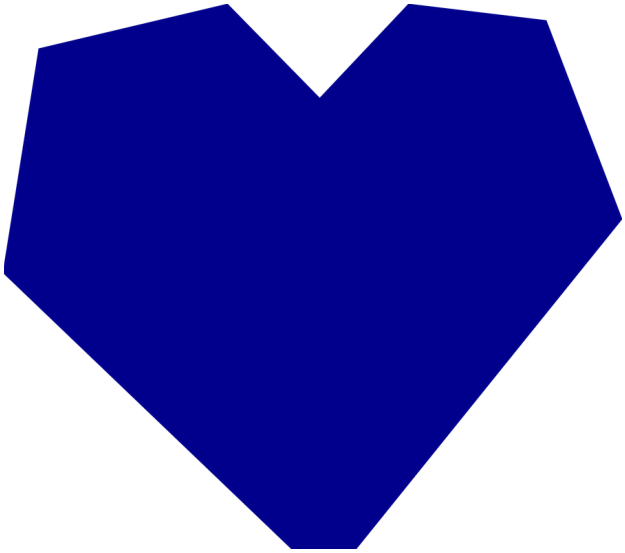
B. Intervention Prioritisation

Classify the interventions using the prioritisation framework which assesses their feasibility, impact and reach. The framework supports discussion of intervention strengths and challenges and helps coalitions make trade-offs visible when shaping the intervention package.

- Feasibility: community and school leadership autonomy; time to implement; upfront budget required; potential partners; and delivery-chain complexity.
- Impact: the extent to which the intervention addresses local challenges, its problem-solving potential and its sustainability.
- Reach: target population coverage, potential engagement with children and alignment with equity principles.

The framework groups interventions into the archetypes used in the COPI toolkit, including Transformational, Pilot-ready and No Brainer. Its purpose is to support prioritisation and package design.





For more information or to get in touch with the CBH team, please visit **www.citiesforbetterhealth.com**.

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