

# Session 2 Exercise: Mapping Interventions to Journey Stages



1

INTERVENTION  
ELEMENTS

What are the elements of your intervention?  
Use another worksheet for additional elements.

Element 1

Element 2

Element 3

2

JOURNEY STAGES

Check the stages that each element is acting upon.

| Healthcare<br>Provider<br>Interaction                                                                         | Prescription by<br>Provider                                                                                     | Food & Meal<br>Planning                                                                                         | Food<br>Selection                                                                                               | Purchase                                                                                                        | Acquisition                                                                                                     | Preparation                                                                                                     | Consumption                                                                                                     |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <br><input type="checkbox"/> | <br><input type="checkbox"/> | <br><input type="checkbox"/> | <br><input type="checkbox"/> | <br><input type="checkbox"/> | <br><input type="checkbox"/> | <br><input type="checkbox"/> | <br><input type="checkbox"/> |
| <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        |
| <input type="checkbox"/>                                                                                      | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        | <input type="checkbox"/>                                                                                        |

3

OUTCOMES

What evidence are you looking to  
generate at each stage of the journey,  
including health outcomes?

Health Outcomes



What health outcomes are you  
measuring? What is the measure?