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Article

ARTICLE

Lessons learned from the facilitation, monitoring and adaptation of the implementation of the Dutch Good Affordable Food programme

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Abstract

Promoting the implementation of evidence-based interventions is crucial to achieving impact. This requires strategies that address important determinants at each stage of the implementation process, including adoption, implementation, continuation, scaling up, and de-implementation. One important implementation strategy is creating interventions that can be adapted to unique contexts. This article describes the lessons learned from action-oriented research on the implementation strategies and outcomes of the Good Affordable Food programme. Our conclusion is that the implementation process requires a systematic approach at every stage, commitment from the programme team, close contact with local implementers, and monitoring of local implementation and adaptation processes.

Key words: Implementation strategies, adaptation, nutrition education, action-oriented research

Promoting the implementation process of evidence-based interventions has been a research topic for decades and, like initial intervention development, calls for a systematic approach (Bartholomew Eldredge et al., 2016). Interventions can only have the intended impact on the target group if they are properly implemented in practice by sufficient intermediate users. Different stages in the implementation process typically require active promotion. These stages include the adoption, actual and continued use of the intervention by intermediate users, but also processes to sustain the intervention and scale it up to a larger group of users and even de-implementation (where the intervention is ineffective) (Glasgow et al., 1999; Greenhalgh and Papoutsi, 2019; Nilsen and Bernhardsson, 2019). Implementation models, and more specifically determinant of implementation models and theories, provide insight in the many different determinants that can promote or hinder implementation processes in each of the stages and in each specific implementation context (Milat et al., 2015; Nilsen and Bernhardsson, 2019; Tabak et al., 2012). Categories of determinants relate to the implementation context (e.g., funding, stakeholder collaboration), the intermediate user (e.g., attitude, skills), the organization employing the user (e.g., management support for implementation), and the intervention (e.g., complexity, compatibility) (Bodkin and Hakimi, 2020; Horodyska et al., 2015). The determinants of implementation may differ at each stage, but may also be interrelated and overlap (Aarons et al., 2010). For example, a positive attitude of the intermediate user towards the implementation of the intervention is an important determinant for the decision to adopt the intervention, but if problems arise during actual use this can negatively influence the user's attitude towards continued use. Lack of new funding can be a barrier to scale up to new groups or settings.

Implementation interventions, that are usually referred to as strategies in the implementation phase, need to be developed and applied to optimize the implementation process. Together, these strategies are combined in an implementation plan. Many possible types of strategies have been identified, such as financial strategies (e.g., subsidies for use), education (training of users), cooperation (a consortium of stakeholders), evaluation and monitoring (monitoring of use) or participation (close involvement of the target group). These strategies can either target specific determinants in specific stages or the overall implementation process (Fernandez et al., 2019; Powell et al., 2015). For example, user support strategies specifically target self-efficacy of the user towards intervention implementation, while financial strategies are often preconditions for the implementation process as a whole. A comprehensive combination of strategies is recommended for each overall implementation process.

When promoting implementation processes, special attention should be paid to adaptation (Moore et al., 2021). Intervention developers are often challenged by mismatches between the original intervention, the constantly changing implementation context, and unique and new implementation settings, users and target groups within this broad implementation context. Lack of time and resources, participant retention and resistance lead to adaptations by local implementers (Moore et al., 2013). Although unintended adaptation can threaten the effectiveness of interventions, systematic adaptations to the needs and culture of the new target population and the circumstances in the local context may do the opposite (Escoffery et al., 2018; Wiltsey Stirman et al., 2019). Instead of pulling back and letting local implementers decide how evidence-based interventions should be adapted, intervention developers should work together with stakeholders to optimize this process. First, this requires designing adaptive interventions, and distinguishing between elements that must be implemented and elements that can be adapted, also known as defining the intervention function (i.e., the underlying theorized mechanism of change) and the form (the specific elements that support the function) (Hawe et al., 2004; Terrana et al., 2024). Furthermore, they must support local implementers in optimizing

local adaptations (Moore et al., 2021). Finally, this calls for studying and facilitating the "evolvability" of interventions: the long-term investment in continuously adapting interventions ánd implementation strategies to the changing implementation context (Powell et al., 2015; Shelton et al., 2020).

This article illustrates how the implementation process of the Good Affordable Food programme (see Box 1) has been and is being promoted. It also describes some important findings from action-oriented research that provide insight in the implementation process and implementation outcomes over the years.

Box 1: The Good Affordable Food course

Good Affordable Food (GAF) is an educational programme for groups of people coming from a lower socioeconomic background (Bessems et al., 2020; Van Gestel et al., 2024). GAF is a programme by the "Partners GAF", i.e., Maastricht University, Public Health Service South Limburg and Dietician Practice Lomme. Representatives from each partner form the programme team. The programme consists of two course sessions, led by a professional course leader (a dietician or lifestyle coach). The aim is for participants to change their food-related behaviours in such a way that they spend less or the same amount of their budget on food, while at the same time increasing their fruit and vegetable intake and reducing their intake of saturated fats. Methods and practical applications include peer information, taste tests, estimating the cost of different food brands and drawing up action plans. The programme includes fixed programme components and optional assignments to adapt it to the specific needs of the participants. All dietary advice and assignments in the programme take costs into account. GAF uses a highly practical approach using visual materials (such as real food products) that make it realistic and appealing to people with limited health literacy. GAF has been available for over 25 years. Although eating healthily on a limited budget remains a challenge of all times, the context in which GAF is implemented has changed drastically over the years. GAF is currently implemented as a stand-alone programme, but can also be integrated into local initiatives, such as debt repayment courses or combined lifestyle interventions for high-risk groups. Since 2015, an e-learning module has been available on the GAF website to prepare local course leaders, such as dieticians and lifestyle coaches, for organizing and implementing the course.

Implementation Strategies

Supplementary table 1 (`https://ehps.net/ehp/index.php/contents/article/view/3497/1378`) provides an overview of the most important targeted determinants and related implementation strategies for the different implementation stages. The determinants and strategies were identified and selected based on research conducted by students on the implementation of GAF (Blom, 2022; Shan, 2024; Van Stijn, 2024) and the implementation science research literature (Bartholomew Eldredge et al., 2016; Bessems et al., 2022; Brownson et al., 2017; Koorts et al., 2018)

Adoption

Various strategies focus on ensuring that professionals become familiar with GAF, are encouraged to make an adoption decision and can prepare for actual use. The publicly accessible part of the GAF website and various publicity initiatives (see scaling up stage) aim at enrolling adopters in the e-learning module. This can be prospective course leaders, but also regional project leaders. The website begins with an instructional video and then emphasizes that the goal of reducing costs on groceries and the practical set-up fit the needs of the target groups.

The programme team checks if applicants meet the prerequisites of having a degree in a relevant field and arranges that applicants receive an account with access to the e-learning module in the closed part of the GAF website. The e-learning module can be completed independently by the professionals but the programme team provides support on demand (helpdesk). The e-learning module aims at increasing knowledge, outcome expectations, self-efficacy and skills with regard to the preparation and implementation of the GAF programme. It includes information about the characteristics of the target groups (such as low literacy, poverty, dietary habits), the programme itself (function and form) and the applicability of GAF to local target groups. After completing the e-learning module prospective course leaders are asked to prepare an implementation plan for GAF including planned adaptations in the delivery mode in their local context. The programme team (helpdesk) provides feedback and assesses the implementation plan as part of quality control. Assessment criteria include the feasibility of the implementation plan, whether proposed adaptations in the delivery mode are in line with GAF's function, and the expected outcomes of GAF. After passing this assessment, the helpdesk provides a certificate and registers the applicant as certified course leader on the publicly accessible GAF website. The new course leader can use the completion of the e-learning module to earn academic credits.

Actual use

As there is no fixed funding for local implementation of GAF, the programme team provides acquisition support to local course leaders to facilitate them in the organization of GAF courses in their own region. An acquisition manual provides information about regional and national collaborative structures and funding opportunities. The manual also provides guidance on preparing the acquisition, recruitment of participants, setting up network collaboration (e.g., for referral of participants), and scheduling GAF sessions, and includes practical tools (such as an example of a recruitment message and a draft funding application).

To prevent course leaders from giving their own undesirable spin on the programme and using their own materials, the GAF website offers ready-to-use, up-to-date, user-friendly, and free of charge course materials, as well as clear instructions on methods and practical applications, and the determinants to be targeted, tips from other course leaders, and a time schedule for the successive activities during the sessions. To support desirable local adaptations of GAF though, adaptation options with also ready-to-use materials are provided, while clearly differentiating between intervention function and form. For example, the course leader decides which sub-assignments are used (e.g., a sugar test on soft drinks or showing a daily menu) and in what form (showing the real products or pictures or a menu in a PowerPoint presentation).

Finally, on a regular basis, small-scale literature studies and action-oriented research feed the adaptation of the programme and implementation strategies to new developments and scientific knowledge (e.g., revised dietary guidelines and policies, new evidence on methods and practical applications), and to identified needs of course leaders and participants.

Continued use

The main strategy for promoting the continued implementation of GAF by certified course leaders is to facilitate support between and for course leaders and to promote knowledge exchange. The programme team organizes online networking events for practicing and new course leaders on barriers encountered by practitioners, such as acquiring funding and recruiting participants, for demonstrating new or improved assignments resulting from societal changes (e.g., responding to rising energy costs) and the needs of course leaders and target groups, but also support in finding a balance between the intervention function and local adaptations of GAF. In addition, there is the helpdesk and a WhatsApp group where course leaders can share experiences and questions.

Scaling up and sustaining the intervention

To scale up GAF, publicity is generated in various ways and through various communication channels (of network partners), such as factsheets, news items in newsletters, and presentations at conferences. There is also a GAF LinkedIn page. The publicity includes sharing experiences of course leaders and regional project leaders with potential new users.

Every five years, GAF is submitted to the Dutch National Institute for Public Health and the Environment for recognition and inclusion in the national intervention database (Rijksinstituut voor Volksgezondheid en Milieu [RIVM], 2025). This increases the likelihood that potential adopters will find GAF and that funding will be found for GAF, as recognized programmes are often a prerequisite for obtaining funding for new projects. Another strategy is to organize GAF pilot sessions for health promotion professionals, who can refer potential course leaders to GAF or link GAF with other local initiatives. By experiencing what GAF entails, these professionals find it easier to refer to GAF in their work.

A final strategy for scaling up is to keep GAF up to date and thus adapt it to the ever-changing implementation context. This is achieved through literature research and action-oriented studies (see also actual use), either by students for small updates or by lobbying for additional funding for major updates and implementation impulses. The implementation strategies are managed by the programme team. The continued existence of the programme team is therefore a prerequisite for the continuous provision of GAF nationwide. The three organisations involved have therefore formally joined forces as “Partners GAF”. Maastricht University and the Public Health Service have reserved a small budget (in-kind) for the helpdesk and publicity tasks.

De-implementation

De-implementation of GAF, i.e., stopping the implementation, may be important if the programme is implemented in a context where it is inappropriate or harmful (Walsh-Bailey et al., 2021). The stage of de-implementation is not included in Table 1 because we have not yet been able to investigate the need for de-implementation. Therefore, de-implementation has not yet been part of the implementation plan of GAF. However, examples of important determinants of de-implementation and de-implementation strategies can be found in the literature (Patey et al., 2021; Walsh-Bailey et al., 2021).

Some main findings on the implementation process and its outcomes

Certified course leaders over time

Helpdesk records show that since the launch of the e-learning module in 2015, 65 new certified course leaders have been successfully trained in 11 of the 12 provinces of the Netherlands (Van Rooijen, 2024). These are mainly dieticians and lifestyle coaches. Between 2020 and 2024, there was an increase in the number of certified course leaders, which can be explained by the fact that professionals took more online training courses during the restrictive measures of the pandemic, the e-learning module was made available free of charge from 2020 onwards, and the programme team obtained additional funding to invest in scaling up.

Table 2

Number of certified course leaders over time

2017	2018	2019	2020	2021	2022	2023	2024	April 1 2025	Total
2	0	1	10	14	12	19	5	4	67
3,0%	0%	1,5%	14,9%	20,9%	17,9%	28,4%	7,5%	6,0%	100%

Gaining insight into the actual use of GAF by course leaders is challenging. We conducted a short questionnaire study among all certified course leaders in 2024, but the number of responses was limited (n=17; 27,4%). Of these 17 course leaders, 13 self-reported that they had implemented GAF between January 2023 and April 2024. The most frequently mentioned barriers to implementation were acquiring regional funding for GAF and recruiting participants.

Appreciation of the e-learning module by course leaders

A study based on the evaluation forms completed by 40 participants of the e-learning module showed that course leaders appreciate the e-learning module well (Shan, 2024). They particularly appreciate the usefulness of the content of GAF for their work in general (mean score 1.65; scale -2 to 2; very poor to very good), the combination of learning methods for course leaders (mean score 1.48) and the acquisition manual (mean score 1.65). There is room for improvement regarding the opportunity for course leaders to acquire new knowledge and skills (0.85), and the clarity of the e-learning materials (0.93). Some mention issues with the amount of preparatory work for the first GAF course, such as printing all online materials, preparing a daily menu in natura and choosing assignments for the sessions.

Appreciation of GAF by participants

In 2024, an evaluation study was conducted among five course leaders who organized six courses for 67 participants between January 2023 and April 2024 (Van Rooijen, 2024). The courses included four community courses for people who were interested in healthy diets with a limited budget and/or experienced financial difficulties, one for lower-educated support staff at a care institution and the last one was organized for health professionals who support clients in maintaining a healthy and affordable diet. We received

61 completed evaluation forms from participants, who rated the programme with a 7.8 (sd=0.51) and the course leader with an 8.3 (0.49) on a scale of 1-10. One participant summarized the course as follows: *''It's all very interesting and fun. As a parent, you shouldn't set the bar too high. By participating in the activities and exchanging experiences, you become aware of how you can make small changes, and that is very valuable''.*

Adaptations by the programme team

Examples of two adaptations to GAF are the inclusion of the topic of energy-efficient cooking in response to rising energy prices in 2024 (Mulder et al., 2024), and the full integration of the topic of the environmental impact of food choices in response to changes in national dietary recommendations (Hegener, 2025; Kromhout et al., 2016).

Implementation plans by course leaders

In 2024, we evaluated 36 local implementation plans from prospective course leaders (Shan, 2024). In terms of the target group, the future course leaders mainly wanted to implement the course among adults aged 18-75 with a lower socio-economic background and/or low income. Some specified this further into women, parents, adults with a Moroccan background, adults with a chronic disease condition, welfare recipients and/or food bank clients. With the exception of the chronically ill adults, these are all intended target groups of GAF. With regard to adaptations in the delivery mode, some planned to extend the length of the sessions, the number of sessions, or the period between the sessions. The most frequently mentioned intended adaptation was cherry picking, i.e., the selective choice of activities and the integration of GAF activities into other interventions, such as a supermarket safari, food exchange activities (e.g., bringing and sharing own meals), combining it with a lunch/cooking session or integrating it into a language intervention. Some also mentioned organizing GAF in presence of other professionals, such as a social worker (e.g., to discuss financial issues). Finally, regarding cultural adaptations proposed to address important differences between the original and new local target group members (Wiltsey Stirman et al., 2019), one-third of the course leaders wanted to leave room in the sessions for participants to share experiences, to increase the use of visual material or videos or even hire an interpreter, because of expected language issues. Other cultural adaptations included adapting some dietary examples to the dietary intake of the intended participant groups and considering ways to incorporate hospitality into the assignments.

Lessons learned

We have experienced that a systematic approach, i.e., an Intervention Mapping approach, is indeed necessary to address the important stages in or aspects of the implementation process of an intervention. The importance of the tasks recommended in Step 5 of the Intervention Mapping approach, including identifying determinants of implementation, using implementation theories and frameworks, using empirical evidence, and making programmes easier to adapt, has been confirmed during the implementation of GAF. We have further found that the sustainable implementation of GAF requires continuous and intensive commitment from the programme team to assure the programme and its implementation strategies remain available for local implementers. This is for example evident from the increase in certified course leaders during the period in which the programme team was able to invest in scaling up thanks to additional funding, and the decline in growth in the period with no additional funding that followed. As others, our programme team has little or no structural funding and does not have the manpower to have full focus on all implementation strategies on a continuous basis. Despite the support provided by the programme team to course leaders, acquiring local funding and the recruitment of participants remain the main obstacles to actual use of the programme. Reconsidering how existing evidence-based interventions are funded at a national level is required. At local level, introducing GAF in existing groups attending local community of primary care initiatives seems most successful.

Finally, major challenges lie in monitoring and evaluation, i.e., keeping track of the number of courses that are actually implemented and monitoring the quality of implementation. In fact, we learned that it is necessary to monitor local implementation and adaptation processes for assurance and required adaptations. Regularly conducting action-oriented research among and with implementers, programme participants and other stakeholders, but also sharing and interpreting the findings together, enables us to be alert and critical about what is and is not going well in the implementation process and to adjust our approach accordingly.

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