WELLBASED

Deliverable 2.2:
General framework of the
Urban Programme

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LNV

WP2 – Definition of the urban programme framework and adaptation

29/11/2021

WP No.: 2

Deliverable No.: 2.2

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Level of Dissemination: Public

Revision History

Versions:

Version No.	Person in charge	Partner (acronym)	Date	Specifications
Version 0 - First content draft	Victoria Pellicer	(LNV)	26/08/21	
Version 0 - Internal review and feedback	Elena Rocher	(LNV)	01/09/21	
Version 1 - First draft D2.2	Victoria Pellicer	(LNV)	07/09/21	
Version 2 - Second draft D2.2 after suggestions from all the partners during workshop (Herleen meeting)	Victoria Pellicer Elena Polo		14/09/21	
Version 1 – First draft Mural	Elena Polo	(LNV)	27/10/21	
Version 1 – Section Target Population	Elena Rocher	(LNV)	03/09/21	
Version 3 – Internal review D2.2, Mural and Annexes	Victoria Pellicer Noemí García Elena Polo	(LNV)	15/11/21	
Version 3 – Final version D2.2	Victoria Pellicer	(LNV)	29/11/2021	

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Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

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List of acronyms

- D2.2 – Deliverable 2.2
- EC – European Commission
- EP – Energy Poverty
- EU – European Union
- H2020 – Horizon 2020
- LNV – Las Naves
- WP – Work Package
- WUP – WellBased Urban Programme

Executive summary

The Deliverable 2.2 (D2.2) defines a common methodology and framework for the seven WellBased Urban Programmes (WUP) based on the social ecological model. This report contains guidelines and templates with the double objective of (1) helping pilots further define their programmes and (2) standardising WUP descriptions so that they can be shared amongst all the Wellbased team members. This report therefore contains instructions to describe key WUP features (target population characterization, WUP objectives and indicators, main actions to be implemented, preliminary timelines, etc.)

Deliverable Keywords

Energy poverty; urban framework; Social Determinants of Health; social ecological model

Chapter 1: Introductory section

The present deliverable is the result of the second task of Work Package 2 "Definition of the urban framework & adaptation". This document is promoted by Las Naves (LNV) alongside with the key contributions of the project partners and pilot partners. The Deliverable 2.2 (D2.2) is a report type that defines a common methodology and the framework for the urban health programmes based on the social ecological model. The report will also contain guidelines to adapt the common framework developed by pilot sites.

1.1. Scope and objectives of the Deliverable

This task aims to define:

- The general framework of the Wellbased Urban Programme (WUP) for each pilot city: It will include, at least:
    - o The overall intervention approach
    - o The definition of specific objectives and actions
    - o Indicators to evaluate impact on citizens' health and wellbeing
    - o A preliminary analysis focused on the identification of health determinants and a broad social characterisation of the area of intervention to establish what kind of people are targeted by the pilot, and what their social circumstances entail.

- A common methodology to be able to share the 7 WUP's among all pilot sites.

1.2. The social ecological model: a theoretical approach to define the WUP's

The intervention model within the WELLBASED project follows the structure proposed by Whitehead, co-author of the social ecological model, intervening on four layers as shown in the Figure 1. The social ecological model proposed by Dahlgren and Whitehead (1991) maps the relationship between the individuals, their environment and health. The health and well-being of individuals and populations across all age groups are influenced by a range of factors both within and outside the individual's control. The model has been developed to describe the social and ecological determinants of health – the way in which elements of the social, economic and physical environments interact with individuals' biological factors and behaviours and shape health status. The model defines different layers of influence, such as individual lifestyle factors, community influences, living and working conditions and more general social conditions.
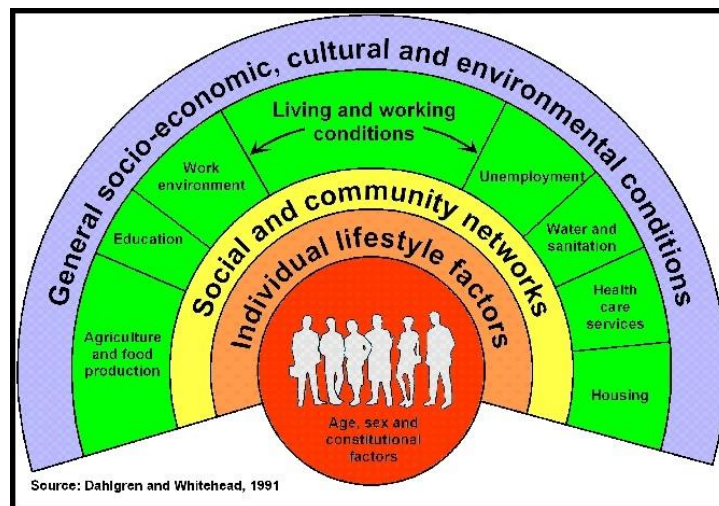
Figure 1. The four layers of Social Ecological model (Dahlgren and Whitehead, 1991)

The definition of the WUP's will follow the theoretical basis of the socioecological model. More concretely, the Dahlgren and Whitehead model will guide the definition of:

- o The preliminary analysis focused on identification of health determinants and the social characterisation of the area of intervention
- o The specific objectives and actions
- o Indicators to evaluate impact on citizens' health and wellbeing

1.3. Relation to other WP and Deliverables

With regards to the relation of this task to other WP and Deliverables, we can say that D2.2 will settle the framework for the next stages of the project. This deliverable is the first stage for the deliverables 2.3, 2.4 and 3.1. In particular:

- Relation with **D2.3: Seven (7) adapted urban programme**. A report containing, for each pilot, their concrete urban plans to face energy poverty, pilot-specific indicators to evaluate impact on citizens' health and wellbeing and information on data gathering, use and availability. While D.2.2 is a guideline, D.2.3 is the result of fill in D2.2, by each pilot.
- Relation with **D2.4: Report from the focus group created.** A report containing the main results emerging during the focus group held with stakeholders and potential users. These results will feed the section of Actions and Interventions presented in this deliverable.
- Relation with **D3.1: Implementation plan for each pilot site**. A report containing the individual implementation plans in each pilot site including the adaptation of the general framework and the recruitment strategy in each pilot site. This deliverable will be an improvement of D2.3. It will include information from the recruitment strategy, from the monitoring strategy and from any modification which could have appeared from February 2020 to July 2022.

Moreover, this WUP framework links to several WP namely:

- **WP3 Pilots preparation & implementation** due to the relation with D2.3.
- **WP4 Evaluation and data analysis** because D2.2 asks to define the type of interventions at specific pilots' indicators, which is relevant information for the definition of the evaluation framework
- **WP5 Policy recommendations**, scale-up and transferability as the WUP presents the actions and interventions which may be potentially replicated.
- **WP6 Dissemination, Communication, City engagement and exploitation** due to the fact that energy poverty is a multidimensional phenomenon that we have to address from a multilevel governance perspective and cross-sectorial cooperation, in which communication and engagement are key to disseminate the achievements of the project.

1.4. Structure of the Deliverable

The structure of this deliverable is divided in two additional chapters and two Annexes:

- **Chapter 2** includes the framework and guidelines for pilots to provide the general information of their WUP, including main identification data, thematic scope, target population characterisation and analysis, objectives, actions overview and impact indicators.
- **Chapter 3** includes the framework and guidelines for pilots to provide detailed information of each action to be implemented in the WUP and their timeline.
- **Annex 1** provides the Mural template image delivered to pilots, an online tool to summarise the main ideas of the WUP.
- **Annex 2** provides the summary of WellBased impact indicators, extracted from the Grant Agreement, as a support material for the specific pilot indicators definition.

1.5. Common methodology

The methodology followed for the definition of the WUP's has been based on the following principles:

- **Respect different pilots' rhythms**, being aware of the diversity and the specific situation of each one.
- **Facilitate ideas** and other examples that could serve as inspiration. This was the objective of the Deliverable 2.1 *"Review Public Policies and Interventions to reduce Energy Poverty"* and the Online Expert Talk *"Tackling Energy Poverty: Public Policies and Interventions in Europe"* held on the 26th October 2021.
- **Collaboration and Active listening** to pilot's suggestions. The first proposal of this deliverable was presented and discussed in a workshop during the Heerlen Consortium meeting (9th – 10th September 2021). Additionally, individual meetings with each pilot were run.
- **Share WUP's with all pilots** to learn from others and to build a collective understanding of Wellbased project impact. For this aim, a template has been prepared with the collaborative tool

Mural. See Annex 1 and the links to each Pilot Mural: Valencia, Herleen, Edirne, Leeds, Obuda, Jelgava and Skopje.

1.6. How to use this document

This document provides a common framework and guidelines to help pilots reflect on and share their WUPs at their current state of progress, including specific questions to answer (as already explained above, D.2.3 will be the result of filling in D2.2).

Please, kindly follow the instructions provided in each section, in bold and underlined.

To help you in some tasks, a table or template is embedded in the same section. You can complete it using as much space as you need (taking into consideration the expected extension).

Once the report has been completed with your information, please remove the guidelines and instructions from the original document.

As part of this deliverable, we encourage pilots to also fill in the Mural collaborative online tool as a way to summarise the WUP information and share it with the rest of the pilots (Mural links available in Section 1.5). Please, in D2.3, annex an image of your Mural once completed in substitution of Annex 1.

Chapter 2: Pilot WUP_General Information

This chapter will provide the general information of the WUP, and it should include the following information.

2.1. Identification of the WUP

Here each pilot will provide the main identification data of its WUP.

In this section, please describe:

- **Title**
- **Period it covers**
- **Responsible authority** (Who is the main authority in charge of the WUP?)
- **Governance** (Who coordinates? Who monitors? Which are the actors who play a key role? Which is the role of Local Alliance?)

Please, also kindly fill in the Mural collaborative tool with this information (links available in Section 1.5).

2.2. Thematic scope of the WUP

Here each pilot will explain the specific situation of energy poverty in their city/country.

In this section, please describe:

- **Social context of the city**
- **Energy poverty data** (%, main causes, main consequences)
- **Current policy to face energy poverty** (if it exists; national definition, if any)
- **Integration (**How this WUP is integrated in other plans, strategies or other background experiences? Which is the added value of this WUP?)

(Extension expected: between 1 and 1,5 pages).

Please, also kindly fill in the Mural collaborative tool with this information (links available in Section 1.5).

2.3. Target population

Here each pilot will describe the main needs and assets[1] of the WUP target population.

Through this analysis we expect to obtain a deep understanding of the individuals, as well as the communities and the living context of the area we are intervening on with the pilot. This will allow us to better adapt our pilot design and maximize the impact of our actions. These characteristics should be identified having in mind the different layers of socio-ecological model.

2.3.1. Target population data collection and classification under the socio-ecological model

On the one hand, not modifiable demographic characteristics are at the centre of the Rainbow Socio-ecological Model, thus, demographic characterisation of the pilot area of intervention is the starting point of the analysis. Hence, pilots must collect data about population at least on sex, age, ethnicity and migration since these are also considered axes of inequality.

Therefore, you can consider collecting the following sociodemographic and socioeconomic data about your area of intervention:

- Total population
- Structure/distribution for age and sex
- Population/ demographic trends
- Percentage of migrant population and distribution for age, sex, country of origin
- Dependency ratio
- Ageing rate
- Vegetative population growth
- Average income/ economic status
- Poverty index/rates – comparison with city average
- Is there any group especially vulnerable?
- Other strategic or key data about the area

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[1] Asset-based approaches are a means to enhance people's health and wellbeing, and promote their resilience and Independence. Morgan and Ziglio (2010) define a 'health asset' as, "any factor (or resource), which enhances the ability of individuals, groups, communities, populations, social systems and/or institutions to maintain and sustain health and well-being and to help reduce health inequities. These assets can operate at the level of the individual, group, community, and/or population as protective (or promoting) factors to buffer against life's stresses" (Morgan A, Davies M, Ziglio E. Health assets in a global context: Theory, methods, action: investing in assets of individuals, communities and organizations. London: Springer; 2010).

On the other hand, other relevant information can be collected and classified under the four layers of the socio-ecological model. You can find some examples below:

- **Layer 1: Individual Lifestyle factors**

Data or information about non-healthy lifestyles such as smoking, alcohol consumption, drugs consumption, lack of physical activity or sedentary behaviour, as well as other related information that can provide an overview of this first layer for the target population or area of intervention of the pilot, as well as other related information that can provide an overview of this first layer for the target population or area of intervention of the pilot.

Population by educational level and gender can be included here.

In this layer, please also highlight or identify those items that can be considered as assets or resources for health/wellbeing and development.

- **Layer 2: Social and Community networks**

Data or information to characterise or identify social assets such as the level of social capital, social cohesion, level of solidarity, intergenerational mutual support, desire to make change happen, current social or community networks in the area of intervention.

For example:

- Support community networks and community initiatives (on social, cultural, leisure, issues …)
- Associations + NGOs… (associative network)
- Citizenship participation
- Intergenerational mutual support
- Solidarity initiatives,
- Social supports
- Community services
- Citizenship or neighbourhood initiatives
- Loneliness and Social isolation situations
- Strong community-based projects in the area
- Community meeting spaces
- Community pride, sense of history
- Other strategic or key data about the area on this issue

In this layer, please also highlight or identify those items that can be considered as community assets or resources for health/wellbeing and development.

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- **Layer 3: Living and working conditions**

Data or information about working and living context of the area of intervention, relevant to your project. For example:

Characterisation of working conditions of target population in area of intervention:

- Main economic activities of the area (description)
- Levels of employment/ unemployment/ Population unemployed and how this relates to gender
- Main sectors of employment/ activity sectors of population and how this relates to gender
- Type of jobs/employment and how this relates to gender
- Entrepreneurship levels
- Others...

And their living conditions:

- Housing conditions (those related to energy poverty): quality of housing (e.g. age of buildings), owned or rented, access to heating, lighting
- Healthcare services in the area (health centers, social services centres, mental health services, others), number, distribution per population and provision compared to the rest of the city (over average or less endowed)
- Education equipments (primary, secondary, university, VET, etc public or private). Number, distribution per population and provision compared to the rest of the city.
- Cultural equipments (kind of equipments or infrastructures in the area). Related to the rest of the city. Cultural initiatives
- Libraries
- Sport facilities and spaces for physical activity
- Water and sanitation (access, quality,...)
- Food production, urban vegetable gardens
- Places of worship
- Parks and green areas
- Transports and communications networks
- Bike lines
- Municipal local markets
- Urban planning and design: density, urban design (narrow streeets, open, residential, combination of uses, etc..), spatial distribution of buildings, etc....

In this layer, please also highlight or identify those items that can be considered as assets for health/wellbeing and development.

- **Layer 4: General socio-economic, cultural and environmental conditions**

Data or information related to more general environmental conditions, such as:

- Climate conditions: average temperatures, max, min, humidity, air quality
- Natural environment: Green-blue areas: natural spaces, gardens, parks, etc. This can also be compared with the rest of the city
- Nature based solutions
- Supportive policies
- Social and economic development policies for the pilot area or the city
- Local policies to tackle with climate change
- Mobility policies
- Energy costs
- Others...

In this layer, please also highlight or identify those items that can be considered as assets or resources for health/wellbeing and development.

In this section, please, kindly fill the table in the following page with the data available in your city.

Please, bear in mind that no direct research (preliminary data obtained from participants) is required at this stage. You can find information in statistical centers, research studies, urban vulnerability areas classification or viewers from your region, etc.

Please, take the table as a guide, using the space you need.

Please, also kindly fill in the Mural collaborative tool with this information (links available in Section 1.5).

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TARGET POPULATION OF YOUR WUP
Population: individual characteristics
Sociodemographic characterisation of the pilot area of intervention
Layer 1: Individual Lifestyle factors
Data or information about non healthy lifestyles such as smoking, alcohol consumption, drugs consumption, lack of physical activity or sedentary behaviour....
Layer 2: Social and Community networks
Data or information to characterise or identify social assets such as the level of social capital, social cohesion, level of solidarity, intergenerational mutual support, desire to make change happen, current social or community networks in the area of intervention...
Layer 3: Living and working conditions
Data or information about working and living context of the area of intervention, relevant to your project   *(Working conditions)*
(Living conditions)

Layer 4: General socio-economic, cultural and environmental conditions
Data or information related to more general environmental conditions related to your project such as environmental parameters, energy costs...

2.3.2. Target population data analysis and conclusions

As conclusion stemming from the analysis, we invite you to identify and list those main/key needs or weaknesses/deficits of the area / affecting target population, that have to be tackled with the WUP. Try also to identify those main/key assets for health/wellbeing that can be considered as strengths for the area of intervention, and thus to be promoted or maximised through the WUP interventions.

In a further step, to make the context of your pilot more comprehensive and comparable with the other pilots, and using the previous data collection and analysis, you can make a deeper reflection on the causes of Energy Poverty in your specific target population / area of intervention and its effects on health (this can be complemented from the information collected at Focus Groups). With that purpose, we suggest you trying to answer, in a first approximation, the question: *Why your target population ends up with Energy Poverty in your pilot site?*

In this section, please write down your conclusions based on the previous guidelines.

(Expected extension: 1 page maximum)

Please, also kindly fill in the Mural collaborative tool with this information (links available in Section 1.5).

2.4. Objectives of the WUP

The intention here is that each pilot creates its own shared vision on how to tackle the problem and translated it into general and specific objectives of its WUP.

2.4.1. Objective of the WUP

In this section, please describe briefly what your WUP aims to achieve, including who it is oriented to and how you plan to realise it.

(Extension expected: 15 lines maximum).

Please, also kindly fill in the Mural collaborative tool with this information (links available in Section 1.5).

2.4.2. Tomorrow's newspaper

To help envisioning the impact of your WUP, we suggest imagining how a newspaper would talk about it in four-five years from now. We invite you to write down the headline and sub-headline of this imaginary article (and if possible, an image)

In this section, please fill in the following template (Please, modify the template as you need).

We will share these news between all the partners, hoping this will help creating a shared vision among the Wellbased team.

YOUR HEADLINE HERE

Short paragraph describing the news...

Add your image here

"a quote about the situation" who said that...

2.5. Overview of Actions

Here pilots are meant to list the actions that they will implement to achieve the objectives of the strategy. Detailed information about each action will be given in chapter 3.

Actions will be defined for each layer of the socio-ecological model. Based on its guidelines, it is recommended to design actions belonging to each of the four layers to maximize the scope and benefits of the project.

An action is understood as an intervention that leads to the realisation of one or more outputs that directly contribute to the objective(s). For example, energy audits, which contribute to the objective of promoting individual change behaviour related to energy efficiency (Layer 1).

Here below are listed some examples of actions, classified under the socio-ecological model.

- **Layer 1: Individual Lifestyle factors**

Practices oriented to improve individual lifestyles regarding health, energy efficiency, energy costs, residential comfort, etc.

- Individual energy advice (energy offices, home visiting services, telephone-based assistance...)
- Energy debt advice
- Optimization bill support
- Training to energy vulnerable people
- Energy audits
- Educational materials
- Energy Efficiency Toolkits
- Self-monitoring health Toolkits
- Energy monitoring through Apps
- Others….

- **Layer 2: Social and Community networks**

Activities oriented to strengthen communities, mainly those oriented to promote community support and mutual aid, and therefore moving from individual to collective support approach.

- Collective advice support
- Peer to peer learning (e.g. Citizen schools, Green Open Homes...)
- Citizen assemblies
- Training to key actors' "identifiers" (doctors, teachers, social workers…)
- Volunteer on energy advice support
- Self-financing communities
- Campaigns to raise awareness

- "Community catalysts" programs (training and mobilising of volunteers, unemployed, students, immigrants... to give energy/health services to the community)
- Cross-generational programs e.g. involving youth and elderly people
- Community Energy groups

- **Layer 3: Living and working conditions**

Practices oriented to improve the access to a dignified work and life conditions, e.g. comfortable and healthy homes and workplaces.

- Monetary support to energy bill
- Housing energy efficiency measures
- Renewable energy as a tool to guarantee affordable energy
- Fuel debts support
- Grants for refurbishment
- Employment opportunities e.g. through professional trainings on energy efficiency or rehabilitation
- Energy building rehabilitation
- Emergency alerts service (air quality, extreme temperatures...)

- **Layer 4: General socio-economic, cultural and environmental conditions**

Practices and policies that aim to make structural changes on the socio-economic context, mainly referring to both energy and to household policies.

- Protection against disconnection
- Social tariff
- Democratic access to energy
- Observatories
- Healthcare system protocols
- Access to renewable energy
- Manifesto and recommendations for policymakers

More ideas and inspiration for defining the actions may be found in:

- Deliverable 2.1, Section 4 (Actions and interventions classified from socio-ecological approach)
- Conclusions from your focus group session (Task 2.4)

In this section, please kindly fill the table in the following page with a list of your planned actions (use as much space as you need). Do not worry if some of your actions fall under more than one layer of the socioecological model. Choose one that you consider adequate.

LIST OF WUP MAIN ACTIONS
Layer 1: Individual Lifestyle factors
Practices oriented to improve individual lifestyles regarding health, energy efficiency, energy costs, residential comfort, etc.
Layer 2: Social and Community networks
Activities oriented to strengthen communities, mainly those oriented to promote community support and mutual aid, and therefore moving from individual to collective support approach.
Layer 3: Living and working conditions
Practices oriented to improve the access to a dignified work and life conditions, e.g. comfortable and healthy homes and workplaces. *(Working conditions)*
(Living conditions)

Layer 4: General socio-economic, cultural and environmental conditions
Practices that aim to make structural changes on the socio-economic context, mainly referring to both energy and to household policies.

2.6. Impact indicators

As established in the Grant Agreement PART B (Impact section), Wellbased project will measure its impact through several indicators, common for all pilots. These indicators, classified into the four layers of the socio-ecological model, reflect on: (1) the improvement of behavioural and lifestyle factors; (2) the strengthening of communities and social networks; (3) the improved access to life-enhancing public services; (4) raised adoption of urban policies; and (5) outcomes for cost-effectiveness. The full summary table of WellBased indicators is available in Annex 2 of this document.

Additionally, each pilot will mention here if there are pilot-specific indicators to evaluate impact on citizens' health and wellbeing (other than the common indicators that will be used in all pilots). E.g., Number of buildings rehabilitated, high-efficiency appliances replacement, trainings to health services providers, research studies specific to each pilot, realisation of guides, focus on some specific segments of target population or stakeholders, etc.

In this section, please list your pilot-specific indicators. You can use the social ecological model for indicators' classification if you find it useful for your analysis.

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Chapter 3: Pilot WUP_Detailed planification

This is the core section of the WUP: Its implementation plan. Here pilots will fill in the following information **for each action identified in section 2.5.**

In this section, please:

- **Complete the following table with information about the actions you plan to do in your WUP** (Please, copy the table for each action, using as much space as you need).
- **Fill the following timeline with your actions and sub-actions** (some boxes have already been filled as an example, please replace them with yours and use as much space as you need).

ACTIONS OF YOUR WUP
Title (and number) of the action
Description
Outputs of the action

Stakeholders involved	**Period it covers** **(develop it on the next chart)**

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Budget and resources
(from Wellbased project or from other sources)

TIMELINE OF WUP ACTIONS

	Aug. 22	Sep. 2022	Oct. 2022	Nov. 2022	Dec. 2022	Jan. 2023	Feb. 2023	Mar. 2023	Apr. 2023	May. 2023	Jun. 2023	Jul. 2023	Aug. 2023	Sep. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024
ACTION 1	■	■	■	■	■	■	■	■	■									
SUB-ACTION 1.1	■	■	■															
SUB-ACTION 1.2			■	■	■	■												
SUB-ACTION 1.3						■	■	■										
ACTION 2							■	■	■	■								
SUB-ACTION 2.1							■	■										
SUB-ACTION 2.2								■	■	■								
...																		
...																		

Annexes

List of Annexes:

- Annex 1: Mural template for WUP planning

- Annex 2: Table of WB Impact Indicators

Annex 1

Mural template for WUP planning

Template elaborated with the online collaborative tool *Miro* for helping pilots define and share their WUPs.

Each pilot needs to fill in it **on-line** in its specific virtual workplace**:** Valencia, Herleen, Edirne, Leeds, Obuda, Jelgava and Skopje. Please, do not hesitate to ask for our help to complete it if needed.

Please, include here a screenshot of your Mural once filled.

Annex 2

Table of WellBased Impact Indicators

Summary of the WELLBASED impact indicators common to all pilots, extracted from Grant Agreement, part B, section 2.1.

Strengthened individuals: behavioural and lifestyle factors				
Raised Quality of Life		20%		Quality of Life (HRQoL)
Enhanced self-reported satisfaction with life	10%			Satisfaction with Life Scale (SWL)
Mental health status: reduced depression, anxiety, stress	10%		Depression and Anxiety Stress Scales (DASS/BSI)	
Improved physical activity from everyday life tasks		20%		SF-36
Improved physical exercise (deliberately performed physical activities)		5%		Clinical data and interviews
Respiratory & cardiovascular function indicators (and wellbeing perceived)	Improvement in peak-flow (>10%) Improvement in SpO2 (>3%) Blood pressure control (<140/90 mmHg) (>20%) Sleep quality: hours and percent of deep sleep (>7% each)			Home control devices
Reduction in the necessity to use Emergency Department or Hospital admission		30%		EHR, local databases
Improved Self Perceived multidimensional impairments (ie. frailty)		10%		SELFY-MPI Index
Reduction of household income spent on energy bills		-30%		Self-reported by beneficiaries
Energy savings after the intervention		-15-20%		Data extracted from platform
Increase in household comfort	20%		Data extracted from platform (temp./humidity)/questionnaires	
Empowerment factor		20%		Qualitative interviews
Environmental awareness		20%		NEP[1]
Strengthened communities: social and community networks (Neighbourhood level)				
Reduction in collective energy expenditure (at district level)	10%		Reports of providers (energy companies) or data extracted	

Citizen groups created/community networks active for energy poverty interventions	6	Project reporting

Improved access to life-enhancing public services: living and working conditions		
Energy monitors installed & supporting services	700	Project reporting
New business models identified	4	Project reporting
IoT-DT devices installed at citizens homes in pilot cities & supporting services	465	Project reporting
Open data & services for data sharing with research, business and citizens	6	Project reporting, interactive reports and dashboards running at Smart City Monitor at each pilot city
Intercity policy benchmarking tools online for authorised stakeholders	1	Smart City Monitor benchmarking tools comparing individual city KPIs

Raised adoption of urban policies: general socio-economic, environmental and cultural conditions		
Successful intervention models to transfer	>4	
Recommendations and guidelines able to be scaled-up at European level	>6	Project reporting
Nº of cities that commit to WELLBASED Manifesto to tackle energy poverty and improve health and wellbeing of citizens	>10	

Outcomes for cost-effectiveness analysis		
QALYs gain	0,03	Health-economics evaluation
Reduced Freq. Readmissions	-5%	
Reduced use of health services: primary attention	-15%	Administrative data
Reduced use of health services: emergencies	-10%	
Reduced use of health services: specialised care	-5%	