5.4 Which risks should we prioritise?

Risk factor	Importance	Likely prevalence*	Changeability
Behaviour **1. No reliable B12 intake**	**High**	**High**	**High**
2. Delaying help for symptoms	High	Medium	Medium
Environment **1. Few affordable fortified options**	**High**	**Medium**	**High**
2. Unsupportive social norms	Medium	Medium	Medium
Health services **1. No clear B12 advice or follow-up**	**High**	**High**	**High**
2. Cost or difficulty accessing care	High	Medium	Medium

*Provisional planning estimates, not measured prevalence. Check at baseline using a student survey and service/menu review.

Other risks

Poor absorption: gut disease, autoimmune gastritis or gastrointestinal surgery.

Medicines: metformin and long-term acid suppression.

Identify and refer.

Education alone cannot correct these causes.

6 What should change by month 4?

Participating vegetarian and vegan university students in Estonia

Priority	Proposed target	How we check
Reliable B12 intake	**80%** follow an adequate B12 food or supplement plan for the previous 4 weeks.	Baseline and month-4 questionnaire; product, amount and frequency checked against the plan.
Affordable fortified options	**3 canteens** offer a labelled B12-fortified vegan option every opening day, at no extra price versus a comparable option.	Baseline and month-4 menu, label and price review.
Clear advice and follow-up	**90%** receive an individual B12 plan. Anyone with suspected deficiency is offered clinical assessment.	Counselling records; referral offers recorded when indicated.

Adequate intake means enough B12, not simply eating one fortified product. Vegans need reliable fortified foods and/or a supplement.

7.1 Predisposing factors

What students know, believe and feel able to do

Understand the need → Choose a reliable B12 routine

Priority factor	What we want to change	Proposed target by month 4
1 **Knowledge and beliefs**	*"A varied vegan diet automatically gives me enough B12."* Explain reliable sources and why symptoms need attention.	**80%** identify two reliable B12 sources and know to seek advice for possible deficiency symptoms.
2 **Confidence in choosing a plan**	*"I don't know which product to choose or how often to take it."* Practise using a professionally checked plan.	**80%** correctly explain their own product, amount and schedule using their plan.

Check with the same short knowledge quiz and plan-explanation task at baseline and month 4.

7.2 Reinforcing factors

Support that helps students keep the habit

Trusted advice + social support → Keep the routine going

Priority factor	What we want to change	Proposed target by month 4
1 **Consistent professional support**	Advice from a pharmacist, nurse or doctor is clear and consistent. A follow-up contact helps resolve problems.	**90%** of students given a B12 plan are offered a follow-up within 4 weeks.
2 **Supportive peers and role models**	Friends and plant-based role models treat B12 prevention as normal, not as a failure of the diet.	**70%** report encouragement from at least one friend, family member or peer educator.

Check follow-up records and repeat the same student-support question at baseline and month 4.

7.3 Enabling factors

Practical access and skills that make the habit possible

Affordable products + clear labels → A routine students can use

Priority factor	What we want to change	Proposed target by month 4
1 **Affordable access**	Students can obtain the product in their B12 plan. Participating canteens keep fortified options available.	**90%** report being able to obtain and afford their planned B12 source.
2 **Label-reading skills**	Students can find B12 per serving and match servings or supplement frequency to their plan.	**80%** correctly complete a practical label-reading task.

Proposed campus rules: a written fortified-food standard and a clear route to clinical assessment. Check access, skills and implementation at month 4.