



Public Health Nutrition Intervention Management



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Educators Guide

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ADDITIONAL COPIES

This Educator's guide and the associated suite of 18 Public Health Nutrition Workforce Development units developed by the JobNut Project are available for downloading at the following website:

<http://www.medicine.tcd.ie/nutrition-dietetics/jobnut/>

DISCLAIMER

This workforce development unit has been produced as part of the JobNut Project, supported by the Leonardo Da Vinci Program, Education & Culture, European Commission. The opinions and conclusions expressed in this paper are those of the author(s) and no official endorsement by the funder is intended or should be inferred.

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Introduction

Public health nutrition as a field of professional practice is developing worldwide in response to a recognition of the social, economic and health imperatives of disease prevention. This awareness comes in response to the increasing burden of chronic lifestyle diseases. There are numerous national action plans worldwide that provide a mandate for government and societal action to address prioritised public health nutrition issues (such as obesity, maternal and infant nutrition, fruit and vegetable consumption). A recent analysis of European action plans related to or directly focused on public health nutrition has demonstrated that workforce development is a neglected strategy that if ignored undermines the capacity of nations to effectively implement the range of actions required to address public health nutrition issues. These mandates help identify the work required, but mostly fall short on providing direction on how this work will be performed and by whom.

There is a dearth of research to inform strategic workforce development as a capacity building response in facilitating the implementation of community-level responses to public health nutrition problems. This has prompted support from the EU Leonardo Da Vinci program to fund a research and training project in the area of public health nutrition workforce development (JobNut). A work package within this project has led to the development of these learning modules that focus on integrating intervention management and capacity building approaches underpinning public health nutrition practice.

Why focus on intervention management and capacity building?

Intervention management and capacity building have been identified as core functions and competency expectations of the public health nutrition workforce. Whilst many programs include project management coursework in PHN training programs, few include capacity building learning and teaching and few integrate the two. This is a major gap in workforce preparation.

The limited available evidence from investigations of the European PHN workforce suggest an under-developed and disorganised workforce. Developing practitioners with the competencies to work with communities to develop sustainable solutions to PHN problems is a workforce development priority. The effectiveness of public health nutrition interventions is largely determined by the capacity of communities, organisations and their workforces to implement strategies as planned. A failure to integrate capacity building strategies into broader intervention management processes will therefore limit intervention effectiveness. The intentional integration of capacity building approaches to intervention management is a response to this need.

Intervention management defined

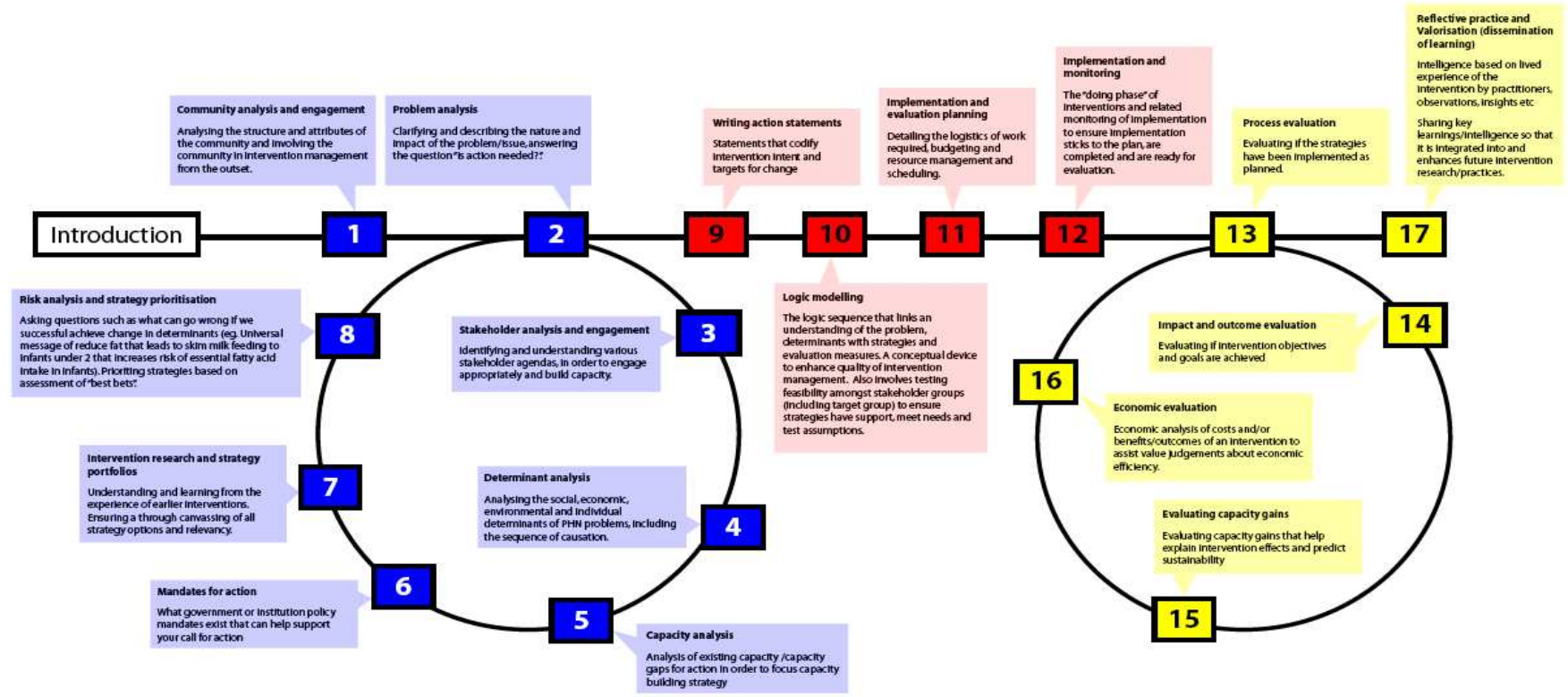
Intervention management as a focus of practice is based loosely on the Triple A cycle of public health practice (Analysis, Action and Assessment) first developed in the 1970s to address malnutrition in Africa. It comprises a breadth of processes, strategies, planning and strategic effort including:

- Analysis of community-based nutrition issues and determinants
- Capacity building to support effective action
- Strategy portfolio planning based on intelligence and clear logic flows (logic modelling)
- Strategy implementation and evaluation, and
- Valorisation, ensuring intelligence dissemination and integration.

The public health nutrition intervention bi-cycle

This step-by-step model has been developed to facilitate good public health practice and learning. It builds on well known cyclical practice models and explicitly integrates capacity building processes, so that it becomes an overt rather than covert aspect of practice.

Figure 1: The Public Health Nutrition practice bi-cycle



From Hughes & Margetts. Public Health Nutrition: A Practitioner's Handbook. Blackwell Publishing, 2009.



Table: Steps in the public health nutrition practice bi-cycle

	Steps	Brief Description	
Intelligence	1	Community analysis and engagement	Analysing the structure and attributes of the community and involving the community in intervention management from the outset.
	2	Problem analysis	Clarifying and describing the nature and impact of the problem/issue, answering the question “is action needed?”
	3	Stakeholder analysis and engagement	Identifying and understanding various stakeholder agendas, in order to engage appropriately and build capacity.
	4	Determinant analysis	Analysing the social, economic, environmental and individual determinants of PHN problems, including the sequence of causation.
	5	Capacity analysis	Analysis of existing capacity /capacity gaps for action in order to focus capacity building strategy
	6	Mandates for action	What government or institution policy mandates exist that can help support your call for action
	7	Intervention research and strategy portfolios	Understanding and learning from the experience of earlier interventions. Ensuring a thorough canvassing of all strategy options and relevancy.
	8	Risk analysis and strategy prioritisation	Asking questions such as what can go wrong if we successful achieve change in determinants (e.g. Universal message of “reduce fat” that leads to feeding skimmed milk to infants under 2y, increasing the risk of poor essential fatty acid intake in infants). Prioritising strategies based on assessment of “best bets”.
Action	9	Writing action statements	Statements that codify intervention intent and targets for change
	10	Logic modelling	The logic sequence that links an understanding of the problem, determinants with strategies and evaluation measures. A conceptual device to enhance quality of intervention management. Also involves testing feasibility amongst stakeholder groups (including target group) to ensure strategies have support, meet needs and test assumptions.
	11	Implementation and evaluation planning	Detailing the logistics of work required, budgeting and resource management and scheduling.
	12	Implementation and monitoring	The “doing phase” of interventions and related monitoring of implementation to ensure implementation sticks to the plan, are completed and are ready for evaluation.
Evaluation	13	Process evaluation	Evaluating if the strategies have been implemented as planned.
	14	Impact evaluation	Evaluating if intervention objectives and goals are achieved
	15	Evaluating capacity gains	Evaluating capacity gains that help explain intervention effects and predict sustainability
	16	Economic evaluation	Economic analysis of costs, benefits and outcomes of an intervention to assist value judgements about economic efficiency.
	17	Reflective practice and Valorisation (dissemination of learning)	Intelligence based on lived experience of the intervention by practitioners, observations, insights etc. Sharing key learning and intelligence, so that it is integrated into and enhances future intervention research and practices.



Pedagogical rationale

Competencies can be defined as the knowledge, skills and attitudes required to effectively perform the required work. Competencies focus on performance in the work context. This includes not only *knowing*, but *knowing how* and *showing how*.

There is a limited pedagogical literature on the strategies, process and evaluation of public health nutrition competencies. Evidence from qualitative studies with PHN practitioners suggests that the most appropriate mix of learning and teaching strategies includes the following attributes:

- Emphasis on experiential learning (learning by doing)
- Problem-based or solution generation-type learning
- Group work
- Reflective learning, and
- Peer-review

Intervention management as a focus of practice and competency development is process-orientated and systematic, making it conducive to step-wise exposure to content, examples and exercises that lead to a progressive accumulation of learning and assessment materials that can be evaluated as evidence of performance (competence).

The JobNut Project Intervention Management Learning Modules

This suite of learning modules has been developed to reflect a 17-step process of intervention management that:

- systematically and practically works through intervention management processes
- requires students to practice at all levels of the process using hypothetical or actual problem scenarios
- challenges students to explore and apply intelligence in a way that supports logic modelling and strategy portfolio decision making
- results in student produced outputs that form the basis of competency assessment, and
- exposes students to the realities of intervention management and grantsmanship that reflect PHN practice (experiential learning).



Features

This suite of learning modules has been designed to be adopted and integrated into:

- Existing coursework at individual academic discretion
- Packaged and offered as short continuing professional development courses/seminars
- Packaged and offered as intensive short courses (e.g. summer schools) or
- Packaged and offered as suite of integrated courses

E.g.

Option	Example
Integrate into existing courses	An individual academic who runs a course related to programme planning in a nutrition program integrates part of the module on logic modelling into the existing course as part of ongoing course review and redevelopment.
Professional continuing development	A nutrition team leader identifies a need for a workshop on capacity building as part of her teams continuing professional development programme. She runs the capacity building strategy module as a 3-hour half-day workshop.
Intensives	A week-long summer school built on 6-8 modules
Integrated series of courses for a program or sub-program qualification	3-4 courses (5 ECTS each) that become part of a programme or sub-programme award (Graduate Certificate)

Recommended text

These learning modules have been developed to complement the following text, recommended as a supporting text for learning and teaching.

- *Hughes R & Margetts B. Public Health Nutrition: A Practitioner's Guide. Blackwell Publishing. 2009.*



Student workload

Each module has been allocated an estimated total student workload hours level in the following table. Educators should note that this is an estimate only and may vary depending on method of delivery and the extent of additional exercises and assessment that may be added by educators to suit their context.

		Total student workload hours estimate
0	An introduction to public health nutrition: A framework for practice	12
1	Community analysis and engagement	10
2	Problem analysis	10
3	Stakeholder analysis and engagement	10
4	Determinant analysis	10
5	Capacity analysis	10
6	Mandates for action	10
7	Intervention research and strategy portfolios	16
8	Risk analysis and strategy prioritisation	16
9	Writing action statements	12
10	Logic modelling	10
11	Implementation and evaluation planning	16
12	Implementation and monitoring	16
13	Process evaluation	10
14	Impact evaluation	10
15	Evaluating capacity gains	10
16	Economic evaluation	10
17	Reflective practice and Valorisation (dissemination of learning)	10
	Total	198

Unit packaging

We recommend that the introductory unit is always included as a core unit, as it is important in setting the context for learning in public health nutrition.

The 18 units in this learning package can be delivered in a number of combinations ranging from:

- Full implementation of the complete set of 18 units
- An Intelligence module (Introduction + units 1-8)
- An Action module (Introduction + units 9-12)
- An Evaluation module (Introduction + units 13-17)
- A Capacity-Building module (Introduction + units 1, 3, 5, 15)



Learning and teaching tools

A number of learning and teaching tools have been utilised to assist students develop knowledge, skills and attitudes relevant to public health nutrition intervention management. These are summarised below.

Case Study

Examples of field interventions or practice summaries used to help exemplify points made in the learning modules. Academics are encouraged to draw on their own case examples to illustrate points and to put practice in a local or cultural context.



Practice Note

Practice notes are anecdotes from experience in practice, designed to prompt students to consider a range of issues relevant to intervention management.



Intelligence

Reading and intelligence sources

Readings, websites, book chapters and other intelligence sources are included in each module to complement the curriculum notes and provide an intelligence base for students to assist assessment tasks.



Exercises

Exercises are included in each unit to expose students to the work required to complete the step-wise intervention management bi-cycle. These focus on experiential learning (learning by doing).



Assessment

The cumulative assessment focuses on the development of a detailed intervention plan. This process can be guided by hypothetical scenarios or ideally draw on actual issues in local communities. The purpose of scenarios is to focus analysis and problem solving processes to assist experiential learning.





Scenarios as a basis for experiential learning and problem based learning

Academics are encouraged to develop local scenarios to contextualise learning and enable real communities to be the setting for intervention management learning. The following two scenarios provide broad examples and some preliminary intelligence leads required, and may serve as scenarios for student practice learning when local examples are not available. Academics are encouraged to draft locally relevant scenarios based on real or likely situations, to enable contextually relevant experiential learning.

Note these scenarios should not provide exhaustive intelligence and students can be expected to identify questions that need answering and processes needed to capture the necessary intelligence. **Academics will be required to build the students case scenario by responding to student-initiated questions with real or hypothetical data.**

Cumulative and Summative assessment of intervention plan

The *intervention plan template* provides the document structure that students should use to progressively populate with text that develops as a result of unit specific student exercises.

Intelligence

Action

Evaluation >



Scenario 1: Infant feeding in a regional community

You are assigned to a job as a public health nutritionist servicing a predominantly urban population of approximately 500,000 people. Consultation with front-line health workers including child health nurses indicates professional concern about early breastfeeding cessation and inappropriate infant feeding (such as early introduction of solids).

A regional breastfeeding study has been completed recently, providing intelligence about factors influencing breastfeeding duration. For the purpose of this exercise, use the following paper (attached pdf) and assume these are the data relevant to your hypothetical community.

- Scott J, Landers M, Hughes R, Binns C. Factors associated with breastfeeding initiation and duration in two Australian populations. *Journal of Paediatrics and Child Health*, 37, 2001, 254-261.

Focus group interviews with groups of young mothers derived from your community suggest that the main determinants of breastfeeding cessation are:

- Perceptions that breastmilk supply is inadequate
- Sore nipples
- Perception that breastfeeding is too time consuming and bottle feeding can be a shared task
- A need to return to work

Scenario 2: Fruit and vegetable promotion in inner city

You are assigned to a job as a public health nutritionist in a public health team servicing an inner city London community of 250,000 people. This community is socio-economically disadvantaged, with a large proportion of low income, single parent families.

A recent study by your public health team has identified low intakes of fruit and vegetables in this community relative to recommendations for cancer prevention (see AICR/WCRF report) and prevention of other lifestyle-related diseases.

The community is serviced by numerous small food outlets (SPAR etc), including a number of fruit and vegetable shops. There is a good availability of fruit and vegetables but prices are high relative to more processed foods.

Intelligence

Action

Evaluation >



Intro: An introduction to public health nutrition: A framework for practice

Background for educators

Public health nutrition (PHN) is a rapidly growing multidisciplinary specialty (1) with public health nutritionists working in many surroundings including government, health/medical/scientific organisations, food industry, academic institutions etc (2).

Defining the field of PHN practice is important to contextualise practice and ensure students and practitioners are basing their learning on a consistent conception of what PHN practice involves. Recent research undertaken in the European Union (3) demonstrated that PHN as a term describing a discipline of professional nutritional practice is quite ambiguous, having a different meaning across countries, professionals and individuals.

Developing consensus about what PHN is, what it involves and how it differs from well-established types of professional nutrition practice can be challenging. Practitioners who have knowledge and experience of professional practice in a medical model (such as clinical dietitians or medical practitioners), but may have not yet experienced a systematic and population-based approach to developing, implementing and evaluating nutrition interventions. Practicing in PHN often requires considerable change in approach. Different modes of practice often require a different combination of knowledge, skills and attitudes to be applied to adequately perform the required work.

This unit focuses on developing a clear conceptualisation of PHN as a practice area, the work that this involves and the competencies required for effective performance. The unit then introduces the basic intervention management framework (bi-cycle) that underpins PHN practice, and forms the basis of the remaining 17 units of this learning package.

Learning objectives

On completion of this unit, students should be able to:

- Define public health nutrition as a field of practice distinct from other professional nutrition and broader public health practice, with reference to core work functions and competency requirements
- Describe the step-wise and integrated approach to public health nutrition practice
- Explain why this approach to PHN practice can help prevent intervention failure



Intelligence

Action

Evaluation >



Delivery options

Unit packaging

This unit may be delivered as

- a stand-alone introductory unit for students/practitioners wanting to learn about PHN (unit 1)
- the introductory unit in the full 18-unit learning package on PHN intervention management (with units 1-17)
- the introductory unit to modules such as
 - Intelligence (with units 1-8)
 - Action (with units 9-12)
 - Evaluation (with units 13-17)
 - Capacity Building (with units 1, 3, 5, 15)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion (recommended for continuing professional development (CPD))

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of **16** student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 5 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Defining PHN
- Core functions of PHN
- PHN competency assessment
- Professionalism assessment
- Socio-ecological determinants of nutrition-related health issues

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Unit 1 is the only unit that does not contribute to the completion of the intervention management plan.

Intelligence

Action

Evaluation >



Unit 1 Community engagement and analysis

Background for educators

This module emphasises the importance of putting the public at the forefront of public health nutrition intervention management. Best practice public health nutrition (PHN) practice necessarily involves engaging the community or population at the formative stages of intervention management, particularly in problem identification and priority setting. Effective PHN practitioners are those that act as catalysts for community action and empower others to develop intelligent strategies to deal with identified determinants of nutrition-related health problems. A successful public health nutritionist provides initial leadership, develops the systems, networks and organisational environment, and empowers the community or population to successfully self-manage their nutrition problems. Preventive health interventions are commonly dependent on the participation and support of the community or population for attainment of effective and sustainable outcomes. Interventions planned by health professionals without consulting stakeholder groups about what the problem is, and what solutions are needed, often result in misguided, unsuccessful interventions. Similarly, health professionals with an expertise in a particular field that believe they know what is best for the community are at risk of making the mistake of not adequately engaging communities. Looking at a problem through the lense of educational and socio-economic privilege (such as is often the case with health professionals) can tend to lead to solutions that do not adequately address the lived experience of our community. Implementing interventions based on normative or expert knowledge rather than engaging in egalitarian relationships with stakeholder groups, sharing knowledge and encouraging participation in the development of intervention strategies. This unit focuses on introducing the concept and highlights the importance of engaging the community/population as the vital first step in successful public health nutrition intervention management. Community engagement, consistent with community development principles of participation, empowerment, equity and resource mobilisation, builds capacity for PHN effort to achieve sustained intervention outcomes. Capacity building is a core component of PHN practice and is detailed further in unit 5 (Capacity Assessment) and unit 15 (Evaluating Capacity Gains) of this learning package.

Learning objectives

On completion of this unit, students will be able to:

1. Explain the importance of community and stakeholder engagement at the outset of the intervention management
2. Describe the various constructs and concepts underpinning community development
3. Identify key dilemmas and influences of community development
4. Demonstrate how community development and empowerment builds capacity for effective action on public health nutrition issues
5. Describe strategies for community engagement in the context of public health nutrition intervention management
6. Conduct a community analysis

Intelligence

Action

Evaluation >



Delivery options

Unit packaging

This unit may be delivered as

- the initial step in the public health nutrition intervention management bi-cycle or the second unit in the full 18 unit learning package on PHN intervention management (introduction + units 1-17)
- the second unit in the capacity building module (introduction + units 1, 3, 5, 15)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 10 student work hours. Educators are encouraged to design delivery to suit the learning context

Assessment summary

Assessment for this unit consists of 4 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Community development for effective intervention management
- Community development and capacity building strategies
- Community development competencies
- Top-down and bottom-up approaches to health promotion

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 2 Problem analysis

Background for educators

Needs assessment is commonly considered the starting point in intervention management cyclical frameworks because assessing population need helps direct the development and implementation of an intervention. In the public health nutrition (PHN) intervention management bi-cycle, needs assessment is encapsulated in two steps; problem analysis (step 2) and determinant analysis (step 4). Problem analysis involves a detailed assessment of the population's need or problem, including both general issues and specific nutrition-related health problems. Determinant analysis examines the upstream determinants causing the problem.

A failure to adequately analyse and clarify the nature, size and scope of PHN problems is a recipe for inefficient resource allocation and strategy application. Conducting a problem analysis involves using a variety of intelligence sources. Intelligence refers to the various types of information required to accurately assess a population's need or problem. Intelligence is a more expansive concept of evidence than what is commonly referred to as evidence in health (such as evidence from randomised control trials or other reductionist or rigid research methods). Intelligence also includes information derived from consultation with the population, experts and practitioners. This reinforces the logic of active community engagement early in the intervention management process. Using a variety of intelligence sources expands the understanding of the problem and its causes.

In this unit the process of conducting a problem analysis is outlined with detailed information about the types of health needs assessed, methods for gathering appropriate intelligence, as well as prioritising and defining the PHN problem. Information in this unit provides the foundation for unit 3 (stakeholder analysis) and unit 4 (determinant analysis).

Learning objectives

On completion of this unit, students will be able to:

1. Identify sources of qualitative and quantitative public health nutrition intelligence
2. Describe methods of collecting and analysing qualitative and quantitative public health nutrition intelligence
3. Apply problem analysis techniques to identify public health nutrition problems
4. Apply and explain the importance of problem analysis in a public health nutrition intervention management

Intelligence

Action

Evaluation >



Delivery options

Unit packaging

This unit may be delivered as

- the second step in the public health nutrition intervention management bi-cycle or the third unit in the full 18-unit learning package on PHN intervention management (introduction and units 1-17)
- the third unit in the intelligence module (introduction + units 1-8)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of **10** student work hours. Educators are encouraged to design delivery to suit the learning context

Assessment summary

Assessment for this unit consists of 4 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Intelligence sources
- Intelligence gathering planning
- SWOT analysis
- Describing public health nutrition problems

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 3 Stakeholder analysis and engagement

Background for educators

There is increasing recognition of the central role of stakeholders - individuals, groups and organisations - who have an interest (or stake) and the potential to influence the actions and aims of a project or policy direction (1). By collecting and analysing data on stakeholders, an understanding of who will be affected or concerned by the identified PHN issue can be reached. It also enables an assessment of interest and influence in developing solutions and identifies stakeholder alliances or conflicts that can assist with managing stakeholder relationships throughout the intervention. Stakeholder engagement builds upon the work already achieved from community engagement and uses these relationships with community stakeholders to identify additional stakeholders of relevance to the identified PHN issue. It is a critical stage in developing capacity building partnerships that are so often important in developing effective population based interventions.

A stakeholder analysis is best undertaken during the intelligence phase of intervention management as stakeholder participation throughout the process can greatly increase capacity to achieve successful and sustainable intervention outcomes.

This unit focuses on introducing the concept of stakeholder analysis and works students through the process. As the third stage in public health nutrition intervention management bi-cycle, it builds upon the contextual considerations already addressed in the intelligence and action stages of the bi-cycle.

Learning objectives

On completion of this unit, students will be able to:

1. Explain why stakeholder analysis and engagement is important in public health nutrition intervention management
2. Identify stakeholders relevant to public health nutrition issues and problems
3. Apply stakeholder analysis techniques to understand the agendas of stakeholders
4. Demonstrate how stakeholder analysis assists with public health nutrition problem resolution and successful intervention management

Delivery options

Unit packaging

This unit may be delivered as

- the third step in the public health nutrition intervention management bi-cycle or the fourth unit in the full 18-unit learning package on PHN intervention management (intro + units 1-17)
- the fourth unit in the intelligence module (introduction + units 1-8)

Intelligence

Action

Evaluation >



Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 10 student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 4 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Stakeholder identification
- Stakeholder analysis
- Stakeholder engagement

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 4 Determinant analysis

Background for educators

The basic assumption that underpins determinant analysis as a stage in the analysis phase of the intervention bi-cycle is that problems can't efficiently be addressed without understanding its causes. Most problems or issues we have to deal with in public health nutrition are not random events but have multiple causes or determinants. Public health nutrition (PHN) practice is concerned with addressing the determinants or causes of nutrition-related health problems. Determinant analysis is an extension of problem analysis, community engagement and stakeholder engagement and uses the intelligence collected to identify and analyse the causes of the specific population nutrition problem. Intelligence gathered from the literature, community and stakeholder consultation can all be applied during determinant analysis. Determinant analysis is consistent with the *upstream* strategy focus explicit in preventative approaches to health.

Considering the socio-ecological determinants of the identified population nutrition problem is a critical analytical and conceptual exercise in the formative stages of designing preventative interventions. Various models, based on the socio-ecological approach to health, exist to assist with determinant identification and classification (such as the *precede-proceed* model). The use of classification models that characterises determinants by their effect, level and causal link is another logical approach that enables intervention points to be selected based on analysis of determinant sequencing and causal flows (2).

In this unit, the process of conducting a determinant analysis is outlined. Information about the use of theoretical models for identifying determinants and methodologies to ascertain intervention points is also covered. Information in this unit builds upon the foundation provided in units 2 (problem analysis) and 3 (stakeholder analysis and engagement).

Learning objectives

On completion of this unit, students will be able to:

1. Identify proximal and contributory determinants of public health nutrition problems
2. Describe causal and associative relationships between determinants of public health nutrition problems
3. Identify intervention points based on analysis of determinant sequencing and causal flows

Intelligence

Action

Evaluation >



Delivery options

Unit packaging

This unit may be delivered as

- the fourth step in the public health nutrition intervention management bi-cycle or the fifth unit in the full 18-unit learning package on PHN intervention management (introduction and units 1-17)
- the fifth unit in the intelligence module (introduction + units 1-8)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of **10** student work hours. Educators are encouraged to design delivery to suit the learning context

Assessment summary

Assessment for this unit consists of 3 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Precede/Proceed model
- Determinant classification
- Determinant interaction and causal pathways

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 5 Capacity assessment

Background for educators

Capacity building refers to the *process* by which individuals, groups, organisations and societies increase their ability to perform solve problems, define objectives, understand and deal with development needs to achieve objectives in a sustainable manner (2). Building capacity therefore is a logical focus of public health nutrition work. Capacity building is of relevance to many of the core functions of public health practice including; workforce development, intervention management and partnership development, and involves the target community or population, organisations and systems.

A community's ability to effectively address public health nutrition challenges (hereafter referred to as **capacity**) will be determined by many factors. A failure to adequately assess capacity and its determinants in the formative stage of intervention planning will increase the chances that existing resources, ideas, skills, commitment etc will not be identified and utilised, compromising intervention effectiveness and the quality of public health nutrition practice.

Capacity assessment involves identifying and building upon existing capacities at each of the various levels of capacity building (individual, managerial, organisational and systematic), to focus needed capacity building strategy development and to establish baseline measures for capacity building evaluation. Capacity analysis involves numerous measurement issues and challenges. Selecting tools and strategies that are contextually appropriate and use of a multi-method process can be used to overcome challenges and enable a comprehensive capacity assessment.

This unit builds upon the intelligence already collected from the previous steps in the intelligence stage of the public health nutrition intervention management bi-cycle, particularly step 1 (Community analysis and engagement) and step 3 (stakeholder analysis and engagement), and outlines the process and strategies for conducting a capacity assessment.

Learning objectives

On completion of this unit, students will be able to:

1. Describe the role and importance of capacity building capacity analysis in the public health nutrition intervention management process
2. Discuss the measurement issues and challenges associated with capacity building needs analysis
3. Describe and apply the various capacity building needs analysis methods and tools to assess organisational capacity needs, training needs and capacity gaps
4. Describe how capacity building strategies can be integrated within the intervention management cycle

Intelligence

Action

Evaluation >



Delivery options

Unit packaging

This unit may be delivered as

- the fifth step in the public health nutrition intervention management bi-cycle or the sixth unit in the full 18-unit learning package on PHN intervention management (Intro + units 1-17)
- the sixth unit in the intelligence module (intro + units 1-8)
- the fourth unit in the capacity-building module (intro + units 1, 3, 5, 15)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of **10** student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 3 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Capacity building conceptual framework
- Capacity analysis strategies
- Training needs analysis

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 6 Mandates for action

Background for educators

As much of the action required in public health nutrition practice is within the responsibility or jurisdiction of government (public health being a common core function of government in many if not most societies), policy level commitments are important. Without government commitment via policy to improving population nutrition problems, change is difficult to achieve. Practitioners may consider that policy is beyond an individual professional's practice, however policy exerts a powerful influence on practice because it affects service delivery models, resource allocation and supports or resists actions required to promote public health. It is important therefore to gain an understanding of how policies influence the priorities in society that affect the work of a PHN.

Governments across Europe and the world, with the ever expanding global obesity epidemic, are realising their responsibility in addressing population nutrition issues through and developing national nutrition policies and action plans. National nutrition policies set the priorities, strategic direction and provide the framework for PHN action in local communities.

In PHN intervention management, it is necessary to acknowledge national and organisational mandates in intervention plans and funding submissions. Highlighting how the specific intervention will contribute to priorities action areas and work plans demonstrates an understanding of the policy context and highlights the interventions role in supporting the broader public health objectives. Most importantly in this context, alignment of interventions with policy mandates such as Action Plans makes it easier for government bureaucracies that manage resource distribution for public health action to support your submissions.

In this unit the concept of policy and the policy context is outlined, with the importance of considering national nutrition and organisational policy documents discussed with reference to PHN intervention management. This unit complements the previous intelligence collected in units 1-5, and will be revisited in unit 9 when action statements are developed.

Learning objectives

On completion of this unit, students will be able to:

1. Identify and describe existing local, national, pan-European and global policy mandates that support public health nutrition intervention management
2. Describe the importance of knowing the broader policy context when developing public health nutrition interventions
3. Apply an understanding of policy mandates supporting public health nutrition action in the development of interventions plans and funding proposals

Intelligence

Action

Evaluation >



Delivery options

Unit packaging

This unit may be delivered as

- the sixth step in the public health nutrition intervention management bi-cycle or the seventh unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the seventh unit in the intelligence module (introduction + units 1-8)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 10 student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 3 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- National nutrition policy documents
- Mandates for action in PHN
- Critical analysis of how national action plans reflect capacity for implementation

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 7 Intervention research and strategy options

Background for educators

Considering the risks associated with action (or inaction) to address public health nutrition issues is a professional and ethical responsibility in practice. The maxim of health care “first do no harm...” applies as much in prevention approaches as it does to clinical intervention. Risk analysis (the initial phase of a process of managing risk) essential focuses on considering the risk associated first with doing nothing, and secondly the risks associated with effective implementation of strategies (and the changes in determinants desired). Sometimes, the best intentions can lead to other problems that may be greater than those we originally set out to address. Risk assessment enables practitioners to foresee and therefore plan to manage risks as well as clearly identify the anticipated benefits of intervention. If risks outweigh benefits, there is no good reason to persist with the intervention in its current form.

A key challenge in intervention management in the field of public health nutrition is to prioritise and select the best mix of strategies to address determinants effectively, within context and sustainably. To appropriately select and prioritise intervention strategies, the risk or benefit associated with the determinant needs to be analysed and acknowledged. Whether the determinant becomes a focus of a PHN intervention should be a function of the measurable or estimated risk or benefit associated with that determinant. Risk refers to the probability a hazard will result in an adverse health event while benefit refers to the probability a protective / promotive factor will result in a positive health event. Risks and benefits are revealed by considering the nature, likelihood and severity of adverse effects and positive factors on health.

Strategy prioritisation is the decision making task of ordering identified strategies to assist with the later development of a strategy portfolio. Strategy prioritisation is best developed through a collaborative decision making process, where key stakeholders consider all the available information on the health problem and the known interventions to address the problem. Agreeing on priorities and selecting strategies for an intervention is a complex task with several challenges and dilemmas. A number of tools are available to assist with systematic analysis and prioritisation of the strategy. Three useful tools include: the Assessment Protocol for Excellence in Public Health, the Angelo Framework and the ACE process.

In this unit the concept of assessing the risks and benefits of determinants is considered as part of the process for prioritising and selecting appropriate intervention strategies. Several tools for strategy prioritisation are introduced and illustrated by examples of fruit and vegetable intake and obesity. This unit builds upon and utilises the previous intelligence collected in units 1-6 in the intelligence module of the PHN intervention management bicycle.

Intelligence

Action

Evaluation >



Learning objectives

On completion of this module, students will be able to:

1. Apply risk management concepts and processes to predict and manage potential positive and negative effects of public health nutrition interventions
2. Understand and explain the importance of risk identification and management in public health nutrition intervention management
3. Apply transparent decision making processes to aid prioritisation of strategies when designing public health nutrition interventions
4. Identify key dilemmas and challenges of strategy prioritisation

Delivery options

Unit packaging

This unit may be delivered as

- the seventh unit in the public health nutrition intervention management bi-cycle or the eighth unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the eighth unit in the intelligence module (intro + units 1-8)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of **10** student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 3 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Risk and benefit assessment
- Levels of evidence
- Strategy prioritisation process

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 8 Risk management and strategy prioritisation

Background for educators

Considering the risks associated with action (and/or inaction) to address public health nutrition issues is a professional and ethical responsibility in practice. The maxim of health care “first do no harm...” applies as much in prevention approaches as it does to clinical intervention. Risk analysis (the initial phase of a process of managing risk) essential focuses on considering the risk associated first with doing nothing, and secondly the risks associated with effective implementation of strategies (and the changes in determinants desired). Sometimes, the best intentions can lead to other problems that may be greater than those we originally set out to address. Risk assessment enables practitioners to foresee and therefore plan to manage risks as well as clearly identify the anticipated benefits of intervention. If risks outweigh benefits, there is no good reason to persist with the intervention in its current form.

A key challenge in intervention management in the field of public health nutrition is to prioritise and select the best mix of strategies strategies that address determinants effectively, within context and sustainably. To appropriately select and prioritise intervention strategies, the risk or benefit associated with the determinant needs to be analysed and acknowledged. Whether the determinant becomes a focus of a PHN intervention should be a function of the measurable or estimated risk or benefit associated with that determinant. Risk refers to the probability a hazard will result in an adverse health event while benefit refers to the probability a protective/ promotive factor will result in a positive health event. Risks and benefits are revealed by considering the nature, likelihood and severity of adverse effects and positive factors on health.

Strategy prioritisation is the decision making task of ordering identified strategies to assist with the later development of a strategy portfolio. Strategy prioritisation is best developed through a collaborative decision making process, where key stakeholders consider all the available information on the health problem and the known interventions to address the problem. Agreeing on priorities and selecting strategies for an intervention is a complex task with several challenges and dilemmas. A number of tools are available to assist with systematic analysis and prioritisation of the strategy. Three useful tools include: the Assessment Protocol for Excellence in Public Health, the Angelo Framework and the ACE process. In this unit the concept of assessing the risks and benefits of determinants is considered as part of the process for prioritising and selecting appropriate intervention strategies. Several tools for strategy prioritisation are introduced and illustrated by examples of fruit and vegetable intake and obesity. This unit builds upon and utilises the previous intelligence collected in units 1-7 to complete the intelligence stage of the PHN intervention management bicycle.

Intelligence

Action

Evaluation >



Learning objectives

On completion of this module, students will be able to:

1. Apply risk management concepts and processes to predict and manage potential positive and negative effects of public health nutrition interventions
2. Understand and explain the importance of risk identification and management in public health nutrition intervention management
3. Apply transparent decision making processes to aid prioritisation of strategies when designing public health nutrition interventions
4. Identify key dilemmas and challenges of strategy prioritisation

Delivery options

Unit packaging

This unit may be delivered as

- the eighth unit in the public health nutrition intervention management bi-cycle or the ninth unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the ninth unit in the intelligence segment (intro + units 1-8)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of **16** student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 3 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Risk and benefit assessment
- Levels of evidence
- Strategy prioritisation process

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 9 Writing action statements

Background for educators

Writing action statements is the first step in the second (action) stage of the public health nutrition (PHN) intervention management bi-cycle. The first stage of the bi-cycle (units 1-8) has involved gathering intelligence to define and prioritise the population nutrition problem and its determinants. The second stage of the bi-cycle is the process of generating solutions, where the intelligence from the first stage is used to develop an organised and coherent mix of strategies to address or change the determinants causing the population nutrition problem.

Writing action statements is the initial task in solution generation and guides intervention planning. Intervention planning is essentially the process of codifying a vision of the future (the intended effects of the intervention). Intervention plans are like intervention blue-prints, that provide a logical deconstruction of the action needed so that the plan is transparent and clearly able to be implemented and evaluated. Planning is a collaborative process that guides intervention development that is appropriate to the identified population nutrition problem, addresses key determinants within the available resource limits, and which will have the best chance of achieving the desired change.

Action statements are the goals and objectives of PHN interventions that state what outcome and impacts the intervention is intending to achieve. Setting goals and objectives is important for understanding the premise of the intervention design, and are essential to the development of the evaluation plan. The development of goals and objectives should be based upon what has been learned from the intelligence stage, particularly the determinant analysis where identification of determinants and potential intervention points provides the foundation for writing action statements.

In this unit the process of constructing action statements, namely goals and objectives, is outlined. Various tools to assist writing action statements are presented including SMART principles for objective development.

Learning Objectives

On completion of this unit, students should be able to:

1. Describe the importance and relevance of developing well structured action statements for public health nutrition intervention management.
2. Explain and recognise the different structural attributes of goals and objectives.
3. Systematically construct action statements (goals and objectives) that guide action to address a population nutrition problem and its determinants.
4. Consistently apply SMART principles to ensure all characteristics of good action statements are incorporated.

Intelligence

Action

Evaluation >



Delivery options

Unit packaging

This unit may be delivered as

- the ninth step in the public health nutrition intervention management bi-cycle (units 1-17) or the tenth unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the second unit in the action module (introduction + units 9-12)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 12 student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 4 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Action statements for intervention planning
- Writing intervention goals
- Writing intervention objectives

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 10 Logic modelling

Background for educators

Public health nutrition practice has a strong focus on building capacity for effective intervention. Building this capacity often requires practitioners to have advanced grant-writing and other communication skills, in order to communicate a vision for interventions as solutions to public health nutrition problems. Logic models and the process of logic modelling in PHN intervention practice is a very useful device to achieve this objective.

Logic models are useful tools to describe the underlying theory of action of the intervention and outline how the intervention strategies are expected to influence the determinants of the problem. Logic models detail the casual and associative relationships in population nutrition issues and identify where the intervention activities will impact on the causal sequence. Logic modelling in PHN intervention management practice therefore draws upon the determinant analysis process completed in the Intelligence Module of the PHN intervention management bi-cycle, and provides the basis for the development of evaluation indicators (unit 11: Intervention and Evaluation planning).

Logic models come in various shapes and forms, depending on the nature of the intervention the needs and preferences of the stakeholders. Although there is no standard format for logic models, they are usually depicted in chart form, with lines or arrows delineating the relationship between key intervention features (strategies, objectives, target population, partnerships etc), usually presented in boxes or ovals.

Logic modelling is a key tool for PHN intervention planning and evaluation. The process of developing a logic model applies the intelligence gathered during the bi-cycle steps 1-8 to illustrate a sequence of cause-and-effect relationships between determinants of health problems, strategy interventions and outcomes to communicate the path towards a desired result. Logic model development should involve extensive consultation with stakeholders, as considerable stakeholder participation leads to increased understanding and insights, agreement with the intervention design and participation in intervention implementation.

In this unit the process of constructing a logic model for a population nutrition problem is explained. Information in this unit will assist with implementation planning in step 11 of the PHN intervention management bi-cycle.

Intelligence

Action

Evaluation >



Learning objectives

On completion of this unit, students will be able to:

1. Describe the relevance and role of logic models in public health nutrition intervention management.
2. Explain the various types of logic models and the process for developing a logic model.
3. Apply logic modelling principles and processes in public health nutrition intervention design and justification.
4. Demonstrate how logic models are used to focus evaluation efforts in public health nutrition intervention management.

Delivery options

Unit packaging

This unit may be delivered as

- the tenth step in the public health nutrition intervention management bi-cycle (units 1-17) or the eleventh unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the third unit in the action module (intro + units 9-12)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 12 student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 3 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Logic modelling development and review.

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 11 Implementation and evaluation planning

Background for educators

Planning interventions (Units 9 & 10) focuses on questions of “what to do” but does not adequately detail the “how, when, by who and with what” type questions important for strategy implementation. These later questions are the focus of intervention planning covered in this unit.

Intervention planning is a form of “reverse engineering” in the sense that we start with a broad strategy structure and work to break it down into its components so that we can identify what resources (time, money, expertise etc) are required to fabricate the strategy in a way that ensures that it actually works. In this process the implementation planning process develops a “blueprint “for action. These blueprints should be adequately transparent and detailed to enable someone else to use as a guide to strategy implementation.

Implementation planning starts with the strategy mix described in earlier Action phase steps and systematically works through a process of:

1. Deconstructing strategies into activities (or work packages)
2. Considering the time and resources required to do this work
3. Scheduling the sequence of work, and
4. Assigning responsibilities for work completion.

The details and development of a work package should be undertaken by the intervention player responsible for implementing the activities and tasks. Developing work packages for intervention outputs allows transparency in intervention activities and identification of key milestones for each work package.

Detailed work packages are also key risk management tools, assisting to reduce disruption if staff-turnover or partner departure occurs as the details of the tasks to be undertaken are available and can be implemented by another individual or team if necessary.

Evaluation planning should occur in parallel with implementation planning to ensure the two processes are linked (evaluation after all involves considerable work). This also encourages stakeholders to view evaluation as a crucial, inseparable component of the intervention that is worthwhile of their participation. Evaluation assesses whether intervention objectives have been met, determines if the methods used were appropriate and well-organised, and feeds these findings back into planning process to improve PHN practice (adding to the intelligence base). The various levels of evaluation include formative, process, impact and outcome. Indicators are used as criteria against which to determine achievement of intervention objectives and strategies.

In this unit the process of developing an implementation plan and evaluation indicators is outlined. Various tools to assist creating an intervention timeline and budget are presented. Information in this unit is the basis for implementation of PHN interventions and provides the foundation for the third (Evaluation) stage of the PHN intervention management bi-cycle.

Intelligence

Action

Evaluation >



Learning Objectives

On completion of this unit, students should be able to:

1. Describe the importance of implementation planning and evaluation planning in public health nutrition intervention management.
2. Identify and apply a process for planning the implementation of strategies in a public health nutrition intervention.
3. Deconstruct strategies into work packages that clearly define the work and resources required for implementation
4. Describe and employ techniques for developing work schedules (timelines) in public health nutrition intervention management.
5. Describe and employ techniques for developing and designating budgets in public health nutrition intervention management.

Delivery options

Unit packaging

This unit may be delivered as

- the eleventh step in the public health nutrition intervention management bi-cycle (units 1-17) or the twelfth unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the fourth unit in the action module (introduction + units 9-12)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 12 student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 4 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Developing intervention timelines
- Developing intervention budgets
- Developing evaluation indicators and plans

Intelligence

Action

Evaluation >



These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Unit 12 Implementation and monitoring

Background for educators

The effectiveness of public health nutrition practice is inexplicably linked to the quality of strategy implementation. Incomplete or mal-implementation (aka ‘Implementation failure’) is a major cause of ineffective practice-so attention to active monitoring strategy implementation is a critical stage in the PHN intervention bi-cycle.

One of the risks in PHN practice is that so much attention can be devoted to development of objectives, strategies to address the problem and planning an intervention that the type and purpose of implementation may be overlooked (1). There are several approaches to implementation that can be taken including; pilot approach, phased-in approach and immediate implementation.

Monitoring the progress of implementation is important and includes regular intervention management/ steering group meetings, risk management, partnership satisfaction analysis, intervention milestone monitor and evaluability assessment:

- Management or Steering committees play an important role in the intervention by taking responsibility for the business associated with an intervention, ultimately ensuring delivery of intervention activities and appropriate risk management (ensuring issues are adequately addressed and kept under control).
- Many situations in health promotion involve decision making in the presence of high risk, often due to imperfect information or personal preferences and biases. Risk analysis and management involves following a five step analysis process to identify the outcome and probability of risks, taking and documenting preventative or recovery action.
- If partnerships are to be successful as a strategy aligned with capacity building practice, they must have a clear purpose, add value to the work of the partners and be carefully planned and monitored. The *partnership analysis tool* can be used to assess, monitor and maximise the ongoing effectiveness of partnerships.
- The planned achievement dates of milestones can change overtime. A milestone history monitor is a tool that can be used to show how milestones have been rescheduled during the intervention.
- Evaluability assessment is the process of assessing whether or not the intervention is ready for evaluation, and establishing whether the critical pre-conditions for evaluation are present.

In this unit the process and factors involved in implementing is outlined. Various tools to assist with governance, risk management and monitoring milestones and partnerships are outlined.

Intelligence

Action

Evaluation >



Learning objectives

On completion of this unit, students will be able to:

1. Describe the various approaches the implementation of public health nutrition intervention
2. Describe the importance and role of governance in public health nutrition interventions, and apply key strategies of a good governance model
3. Identify and apply tools for risk management in public health nutrition interventions
4. Identify and apply tools for monitoring the progress of public health nutrition interventions implementation

Delivery options

Unit packaging

This unit may be delivered as

- The twelfth step in the public health nutrition intervention management bi-cycle (introduction + units 1-17) or the thirteenth unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- The fifth unit in the action module (units 9-12)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 10 student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 3 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Intervention governance
- Risk management
- Partnership analysis

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 13 Process evaluation

Background for educators

Poorly planned and executed evaluation of public health nutrition practice is a major weakness and a priority for workforce development. In practice, there are many pragmatic reasons for justifying limited evaluation effort (limited time being the most often cited by practitioners). Unfortunately, a failure to evaluate and disseminate evaluation results contributes to a limited sharing of intelligence and learning from intervention efforts.

Evaluation focuses our practice as public health professionals on developing evidence to support judgements about an interventions success or failure. These judgements are often contextual and measured against levels and type of change defined in the intervention planning process. Central to the logic of evaluation is accountability and quality assurance. Most interventions require access to societal resources (often taxpayer funds) so an account of intervention achievements relative to costs is a reasonable and often compulsory expectation in practice. Commitment to evaluation is a critical attribute of professional practice. It helps us build the intelligence about *what* interventions work, *in what context, why and how*, so that future practice is “fine-tuned” and made more effective and efficient. This includes reflection on why interventions fail to achieve the expected changes considered necessary for health improvement.

There are a number of levels of evaluation and multiple methods of collecting and interpreting evaluation data central to competent evaluation in public health nutrition practice. In this unit the methodology and purpose of process evaluation in PHN intervention management is explored. Various tools that can be used to undertake process evaluation in practice and examples of published PHN interventions where process evaluation has been an identified feature are outlined.

Learning objectives

On completion of this unit, students will be able to:

1. Demonstrate an awareness of the importance of process evaluation in public health nutrition intervention management
2. Identify the intervention players and participants involved in process evaluation of public health nutrition interventions
3. Apply a process evaluation framework to public health nutrition interventions to measure and improve intervention delivery.

Intelligence

Action

Evaluation >



Delivery options

Unit packaging

This unit may be delivered as

- The thirteenth step in the public health nutrition intervention management bi-cycle or the fourteenth unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the second unit in the evaluation module (introduction + units 13-17)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 10 student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 3 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Process evaluation methodology
- Assessing readability

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 14 Impact and outcome evaluation

Background for educators

Impact and outcome evaluation involve measuring the effects of an intervention, investigating the direction and degree of change. Impact and outcome evaluation test the proposed causal change or logic model of the PHN problem by examining change in the identified determinants of the nutrition problem such as behaviour, knowledge, attitudes, health status, environmental and societal factors etc.

Impact evaluation is concerned with the assessment of the immediate effects of the intervention and usually corresponds with the measurement of the intervention objective.

Outcome evaluation is concerned with measuring the longer-term effects of the intervention and this usually corresponds to the intervention goal. The key difference between impact and outcome evaluation is not what is being measured but is rather defined by the sequence of measurement. Whether a factor is measured in impact or outcome evaluation is entirely dependent upon the causal chain of events postulated and what aspects of this causal chain the intervention is aiming to address.

In this unit the process of completing impact and outcome evaluation is outlined. Various tools to assist with measuring evaluation indicators, design types and technical considerations required for evaluation are explained.

Learning Objectives

On completion of this unit, students should be able to:

1. Describe the importance of impact and outcome evaluation in public health nutrition intervention management
2. Explain the difference between impact and outcome evaluation
3. Apply an impact evaluation framework to public health nutrition interventions to measure achievement of intervention objectives
4. Apply an outcome evaluation framework to public health nutrition interventions to measure achievement of intervention goals

Delivery options

Unit packaging

This unit may be delivered as

- The fourteenth step in the public health nutrition intervention management bi-cycle or the fifteenth unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the third step in the evaluation module (introduction + units 13-17)

Intelligence

Action

Evaluation >



Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 14 student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 4 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Timing of intervention effects
- Impact and outcome evaluation strategies and tools
- Statistical analysis

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 15 Evaluating capacity gains

Background for educators

Earlier units (1, 3, 5) have emphasised the critical importance of a capacity building approach to public health nutrition practice. Capacity building is a strategy and capacity gain is an outcome. Capacity building as a strategy needs to be evaluated, so that judgements can be made about the effectiveness of capacity building strategies. Given the critical importance of capacity (the ability to achieve stated goals and objectives) in effective strategy implementation, evaluation of capacity gain is too important to ignore. Surprisingly, it has been a much neglected aspect of PHN practice (in fact most health promotion practice). This module revisits capacity assessment (covered in Unit 5) and details how to assess capacity gains, justify and describe the intelligence used to make assessments and visually represent this data.

Learning objectives

On completion of this unit, students will be able to:

1. Evaluate capacity gains using a multi-modular framework for capacity evaluation
2. Descriptively summarise and justify assessments of capacity gain using examples and evidence
3. use visual representations of capacity evaluation data to illustrate effectiveness of capacity building strategies

Delivery options

Unit packaging

This unit may be delivered as

- The fifteenth step in the public health nutrition intervention management bi-cycle or the sixteenth unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the fourth unit in the evaluation module (introduction + units 13-17)
- the fifth unit in the capacity-building module (introduction + units 1, 3, 5, 15)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Intelligence

Action

Evaluation >



Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of **10** student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 4 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- **To insert.....**

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 16 Economic evaluation

Background for educators

Economic evaluation is an under-used but arguably essential component of public health nutrition (PHN) intervention evaluation. This is because it considers assessment of intervention effects in economic terms, which is often of great interest to fund allocators. Economic evaluation requires a considerable degree of expertise that is often outside the scope of an individual public health nutritionist's personal competencies, however, it is important to consider economic evaluation opportunities in the context of evaluation planning and practice.

Intervention evaluation involves two measures; (i) the health effects or effectiveness of the intervention (impact, outcome and capacity gain measures), and (ii) the value or efficiency of the effects (economic evaluation). Performing economic evaluation of PHN interventions is important to enable comparisons between interventions with similar and different outcomes, and help decision makers prioritise society's scarce health care resources. Economic evaluations can show public health and health promotion interventions in a comparable measure of value with treatment interventions.

Economic evaluation involves identifying, measuring and valuing both the inputs (costs) and outcomes (benefits) of the intervention/s and their selection is dependent upon the problem being addressed and the perspective of the study. Economic measurement can have a narrow/provider perspective or a societal perspective and can be partial or full economic evaluations. Full evaluations consider both inputs (costs) and outcomes (benefits), and compare both aspects across alternative interventions. Partial evaluations include only some elements of inputs and outcomes. There are four distinct types of full economic evaluation: cost-minimisation, cost-effectiveness, cost-utility and cost-benefit.

In this unit the process of completing economic evaluation is explained and various tools to assist with identifying, measuring and valuing costs and benefits are outlined. The issues surrounding efficiency and equity are also discussed. This unit is complementary to the previous evaluation units (Units 13, 14 and 15).

Learning objectives

On completion of this unit, students will be able to:

1. Describe the value of economic evaluation in public health nutrition intervention management
2. Identify and detail the different types of economic evaluation
3. Apply an economic evaluation framework to public health nutrition interventions to measure intervention efficiency
4. Explain the relationship between effectiveness, efficiency and equity in economic evaluation



Delivery options

Unit packaging

This unit may be delivered as

- The sixteenth step in the public health nutrition intervention management bi-cycle or the seventeenth unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the fifth unit in the evaluation module (introduction + units 13-17)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 10 student work hours. Educators are encouraged to design delivery to suite the learning context

Assessment summary

Assessment for this unit consists of 4 workbook exercises that can be completed individually, in small groups or large group discussion. The exercise topics include:

- Type of economic evaluation
- Economic evaluation methodology
- Efficiency and equity

These exercises are based on the unit content and readings and either draw on current professional practice (CPD delivery option), or the professional scenarios provided may be used (graduate delivery option).

Intelligence

Action

Evaluation >



Unit 17 Reflective practice and valorisation

Background for educators

Evaluation and competent practice involves reflecting on what you have done or are doing as part of the professional learning process. At the end of the public health nutrition (PHN) intervention management bi-cycle the PHN practitioner should be looking ahead with the wealth of experience that looking behind has provided. Reflective practice prompts self evaluation that improves and heightens the quality of the activity undertaken.

Learning Objectives

On completion of this unit, students should be able to:

1. Describe the importance of reflective practice in public health nutrition intervention management
2. Apply a reflective practice framework to public health nutrition interventions in order to measure intervention efficiency
3. Identify and apply the tools and processes for valorisation of public health nutrition intervention outcomes



Delivery options

Unit packaging

This unit may be delivered as

- The last step in the public health nutrition intervention management bi-cycle or the last unit in the full 18-unit learning package on PHN intervention management (introduction + units 1-17)
- the sixth and final unit in the evaluation module (introduction + units 13-17)

Teaching style

There are 3 teaching style options for this unit:

- Self-directed reading and individual completion of exercises in workbook
- Lecture style and individual/small group completion of exercises in workbook in tutorial
- Workshop style and small group completion of exercise followed by large group discussion

Expected student workload

For ECTS calculation purposes, this unit is anticipated to require an average of 10 student work hours. Educators are encouraged to design delivery to suite the learning context

Intelligence

Action

Evaluation >