



JobNut

Public Health Nutrition Intervention Management



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ADDITIONAL COPIES

The complete suite of 18 Public Health Nutrition Workforce Development units developed by the JobNut Project and the related Educator's Guide are available for downloading at the following website:

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

DISCLAIMER

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ACKNOWLEDGEMENTS

Funding to support the JobNut Project was provided by the Leonardo Da Vinci Program, Education & Culture, European Commission.

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Intelligence

Unit 7 - Intervention Research and Strategy Options

Learning Objectives

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



1. Apply health promotion strategic frameworks to identify strategic approaches to address the determinants of public health nutrition problems
2. Identify and analyse intelligence from prior public health nutrition and broader intervention research and evaluation to inform intervention design and strategy selection
3. Identify and justify strategy options to assist intervention design decision making.

Intelligence

Unit Readings

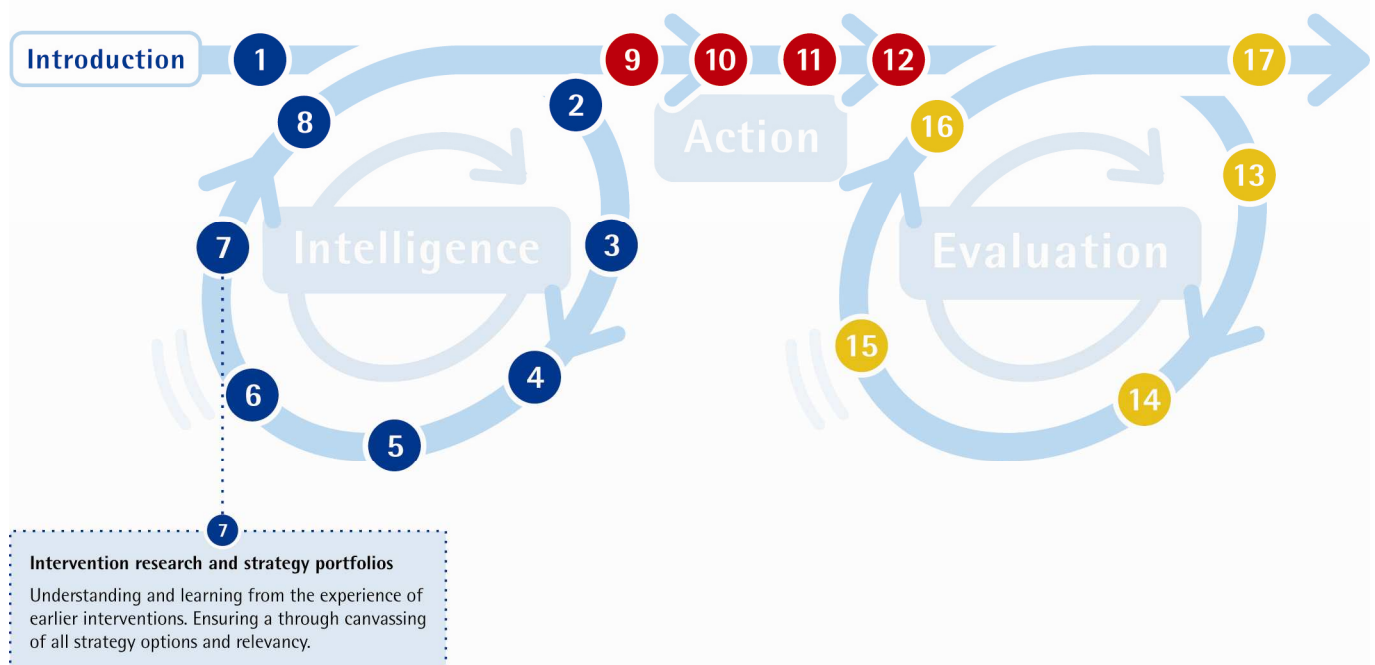


- Swinburn, B. Obesity prevention: the role of policies, laws and regulations. *Australian and New Zealand Health Policy*. 2008. 5:12.
- Magnusson, R. What's law got to do with it Part 2: Legal strategies for healthier nutrition and obesity prevention. *Australian and New Zealand Health Policy*. 2008. 5:11.
- Finkelstein, E., French, S., Variyam, J., Haines, P. Pros and cons of interventions designed to promote healthy eating. *American Journal of Preventive Medicine*. 2002. 22 (4S): 73-107
- Kahn, E., Ramsey, L., Brownson, R., Heath, G., Howze, E., Powell, K., Stone, E., Rajab, M., Corso, P. and the Task Force on Community Preventive Services. The effectiveness of interventions to increase physical activity. *American Journal of Preventive Medicine*. 2004. 27 (3S): 163-171.



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From: Hughes R, Margetts B. *Public Health Nutrition: A Practitioners Handbook*. Blackwell Publishing, 2009.

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Intervention Research and Strategy Options

Preamble

Critical analysis of the range of strategies available and the ability to develop a mix of strategy options that best addresses the determinants of public health nutrition (PHN) issues is a key task in intervention management. An understanding of the different strategy options and levels of action are important pre-requisites for critical intervention research. Intervention research is an intelligence gathering process that helps with decision making in the intervention design process.

By this stage (step 7) in the bicycle there should be a good understanding of the problem, its causes and which determinants are priorities for intervention. (If you are not, further investigation of the issue may be required before a solution can be developed.) The next task is to decide what strategies can be applied to address the determinants of the issue. Strategies are the activities to be undertaken as part of the intervention to resolve the issue. It is important to know how others have addressed similar issues, the strategy mix used, the sequence of strategies, key lessons from others' efforts, and how this can be used to fine tune the strategies to be used for your situation. You don't want to reinvent the wheel but rather improve it!

Strategic Frameworks for Health Promotion

There are a number of strategic frameworks for health promotion that are useful when considering the types of strategies to employ in public health nutrition (PHN) interventions. These frameworks highlight the importance of delivering intervention with a mix of strategies across the health promotion action areas. The evidence in health promotion and PHN practice illustrates that to maximise health outcomes a mix of health promotion strategies such as policy change, education and training, marketing and promotion, and capacity building, is required (2).

The Ottawa Charter

The **Ottawa Charter for Health Promotion** was developed at the First International Conference on Health Promotion in 1986. The Ottawa Charter provides five key action areas that have been widely used and are considered central to effective health promotion practice. Table 1 below outlines these five action areas and provides an example of their application in public health nutrition practice.

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Table 1. Ottawa Charter for Health Promotion

Ottawa Charter Action	Application in public health nutrition practice
Building Healthy Public Policy	<p>Involves putting nutrition and health on the agenda of policy makers in all sectors and at all levels (national/local government, childcare, schools, workplaces, food industry), directing them to be aware of the health consequences of their decisions and accept their responsibilities for health.</p> <p><i>Health promotion policy includes legislation, fiscal measures, taxation and organisational change.</i></p>
Creating Supportive Environments	<p>The inextricable link between people and their environment constitutes the basis for a socio-ecological approach to health. Work and leisure should be a source of health for people. We have a responsibility to take care of each other, our communities and our national environment. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.</p> <p><i>The availability and accessibility of fruit and vegetables in schools, workplaces, and communities is an important environmental factor relevant to nutritional health.</i></p>
Strengthening Community Action	<p>Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and become the core implementers to achieve better health.</p> <p><i>At the heart of this process is the empowerment of communities - community ownership and control over determining the nutrition-related health issues of importance to them.</i></p>
Developing Personal Skills	<p>Health promotion supports personal and social development through providing information, education for health and enhancing life skills. Information, education and skills can increase the options available to people to exert more control over their own health and over their environments.</p> <p><i>Producing, selecting, preparing and consuming foods that promote good health are dependent on knowledge and skills. Improving knowledge and skills in selecting and preparing healthy foods can improve an individual's diet or food caterer's menu options.</i></p>



Table 1. *Continued*

Reorientating Health Services	Health services need to embrace an expanded mandate that supports the needs of individuals and communities for a healthier life, and opens channels between the health sector and broader social, political, economic and physical environmental components. <i>Re-orientating health services requires a change from an individual, down-stream curative approach to population-based prevention strategies. Community dietitians reducing the hours they spend providing out-patient clinics for weight reduction and using those hours to work with the community to implement community-based strategies to address the communities overweight issue provides an example of health service re-orientation.</i>
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Source: (3)

The Jakarta Declaration

The Jakarta Declaration on Leading Health Promotion into the 21st Century was developed at the Fourth International Conference on Health Promotion in 1997. It builds on the Ottawa Charter and further endorses the need for comprehensive approaches, participation by families and communities, and across-sector partnerships (including the private sector). This declaration clearly confirms the importance of considering capacity building strategies and securing adequate social resources, infrastructure and responsibility when implementing health promotion interventions (4). The key priorities for health promotion in the 21st century as stated by the Jakarta Declaration are presented in Table 2.

Table 2. Jakarta Declaration on Leading Health Promotion in the 21st Century.

Jakarta Declaration Action	Description
Promote social responsibility for health	Decision makers must be firmly committed to social responsibility. Both the public and private sectors should promote health by pursuing policies and practices that; do not harm individual health, protect the environment, restrict production and trade of inherently harmful goods, safeguard citizens in the marketplace and workplace, and include equity-focused health impact assessments in policy development.
Increase investments for health development	Current investment in health is commonly inadequate and ineffective. Increasing investment for health development requires a multi-sectoral approach, where investments reflect the needs of particular groups such as indigenous, older people and marginalised populations.



Table 2. *Continued*

<p>Consolidate and expand partnerships for health</p>	<p>Health promotion requires partnership across sectors and at all levels of governance and society. Partnerships should offer mutual benefit for health through sharing of expertise, skills and resources, and be based on respect, agreed ethical principles and transparency.</p>
<p>Increase community capacity and empower the individual</p>	<p>Health promotion is carried out by and with people, not on or to people. It improves both the capacity of the individual and society to take action and influence the determinants of health.</p> <p>Building community capacity requires practical education, leadership training and access to resources.</p>
<p>Secure an infrastructure for health promotion</p>	<p>Incentives should be developed to influence the actions of governments, non-government organisations, educational institutions and the private sector to maximise the resources and funding for health promotion.</p> <p>Networks should be developed to facilitate inter-sectoral collaboration and information exchange on effective strategies in particular settings. Documentation of experiences in health promotion research and evaluation should increase to improve intervention planning, implementation and evaluation.</p>

Determinants as Leverage Points for Intervention

In step 4 of the public health nutrition intervention management bi-cycle (determinant analysis), determinants were identified. Determinants represent the factors that need to be changed in order to facilitate improvements in the problem being addressed and therefore represent intervention points that can help focus strategy selection. Table 3 summarises determinants of food choice as leverage points for population-based nutrition interventions. The determinants of food choice are classified against the ecological model of health.

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Table 3: Determinants of food choice as leverage points for intervention in public health nutrition practice

Intrapersonal	Biological	Gender Age Race/ethnicity
	Psychological	Self-efficacy Expectations Values Perceived norms Perceived barriers Stress
	Behavioural	Food-related skills Dietary behaviours PA behaviours TV viewing Transportation choices
Social environment	Social community	Mass-media programs Community nutrition programs Cultural food practices Neighbourhood socio-economic status Worksite environment and policies
	Demographic	Employment Income Education
Physical environment	Physical community	Food availability Food prices Point-of-sale food promotions Food accessibility
	Demographic	Household structure
Policy context	Policy	Food related policies and programs Transport policies

Source: Adapted from (6)



Levels of Intervention

PHN interventions may be directed at various levels including, entire populations within a community, the systems that affect the health of these populations and/or the individuals and families within these populations known to be at risk. These levels of intervention are consistent with the socio-ecological approach to addressing health problems whereby the systems focused interventions target determinants within the policy context or physical environment, community focused interventions address social and cultural determinants, and individual focused interventions consider intrapersonal determinants of a health problem. Table 4 presents the three levels of intervention and provides an example of a public health nutrition intervention.

It is important to note that all three levels of intervention are usually required for a comprehensive approach to addressing a PHN problem, and that the best mix of interventions is dependent upon the situation and the resources available.

Table 4. Levels of intervention

Levels of population based intervention	Description	Example from public health nutrition practice
Community focused practice <i>Social/cultural</i>	Community-focused practice changes community norms, community attitudes and community behaviours. Directed at entire communities and measured in terms of what proportion of the population changes.	Use of social marketing strategies (posters, advertising) to challenge negative community attitudes about breastfeeding in public
Systems focused practice <i>Policy/ environmental</i>	Interventions at this level change environments, organisations, policies, laws and power structures and the focus is on systems that affect health. Changing systems is often more effective and long-lasting than individual change approaches.	Changing the nutritional composition of takeaway food by training takeaway retailers in best practice chip cooking methods
Individual focused practice <i>Intrapersonal</i>	Change knowledge, attitudes, beliefs, practices and behaviours of individuals. This practice level is directed at risk-identified individuals, social networks like families or other community groups.	Up-skilling community members in food budgeting skills to address food insecurity amongst low socio-economic groups

Source: (7)



Exercise 1.

Consider your assigned problem scenario and based on your understanding of the determinants (as potential leverage points for intervention), make a list of strategy options you think are most applicable. Categorise your strategies in the following table in terms of level of intervention.



Workshop/tutorial option:

Complete the exercise in small groups followed by a whole-class debriefing

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Problem summary	
	Strategy options
Community level	
Systems level	
Individual level	

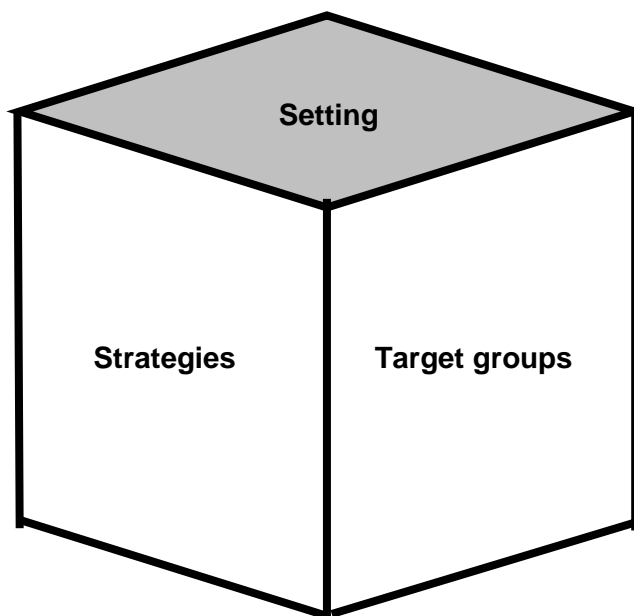


Strategy Selection Matrix

PHN interventions are often most effective when they are multi-strategy and multi-dimensional (8). One way of conceptualising and developing a multi-dimensional mix of strategies is to consider strategies using a matrix. A strategy selection model for public health practice has been developed for intervention planning and development that is useful for PHN practice (9). This model involves a three dimensional matrix of options:

- strategies,
- settings and
- target group (Figure 1).

Figure 1. Strategy selection matrix



Strategies

Strategies are the actions or mix of actions used in the intervention. There are a number of well developed and effective strategies that can be used in a multi-strategy intervention portfolio, these strategies are outlined below. In working out what comprehensive action to take on a population nutrition issue, the full range of intervention types needs to be considered.

- **Health public policy** - efforts to influence government and organisational policies, operating procedures, by-laws, regulations and legislation that have a direct impact on health. For example, school cafeteria policies help ensure young people eat more nutritious foods and less unhealthy foods.



- **Environmental change**- the physical environment influences the way we behave (what we eat, when and how we do physical activity, what information we are exposed to etc). Strategies that change the environmental determinants of health have great potential.
- **Community mobilization and development** - communities mobilise and work together to improve health through projects such as community gardens, healthy lifestyle community projects. Some community activities such as healthy lifestyle projects are designed to help people change behaviour, while others such as community gardens address the determinants of poor health.
- **Social marketing** - campaigns that use traditionally marketing tools and techniques such as advertising campaigns, slogans, logos, posters and media stories to influence attitudes and encourage social change. Some social marketing campaigns strive to make certain behaviours such as eating large amounts of junk food socially unacceptable, while others work to make practices such as taking 30 minutes of physical activity regularly more common.
- **Education** - most simply includes fact sheets, brochures, newspaper and magazine articles, and television programs that help people become more knowledgeable about health. Seminars and workshops organised by professionals or community members. Education aims to help people understand health information and act on it.
- **Skill development** - working with people to develop the knowledge and skills they need to improve their health. Skill development is commonly combined with education for example, providing a brochure about the national dietary guidelines or food guide and healthy recipe ideas at a cooking demonstration (10).

Interventions need to be supported by infrastructure and resources. In public health practice, decision-makers have a responsibility to provide the required infrastructure and resources as the same infrastructure can support multiple public health and health promotion strategies, including PHN practice. Infrastructure and resources includes (11):

- Identification, monitoring and surveillance of health indicators and determinants
- Information and knowledge management systems
- Adequate workforce
- Research and development capacity
- Equipment and commodities
- Management infrastructure



Practice Note



There are few published reports of policy or legislative interventions addressing PHN issues, and few economic evaluations of PHN interventions. Policy and legislative interventions often hold greater potential to be effective than other strategies, while economic evaluations illustrate the financial savings from improving a nutrition problem, such as improved productivity or healthcare cost savings, that are enticing to funding agencies, organisational management and decision-makers.

The obesity epidemic that has swept the globe in the past decade has stimulated debate about the use of legislative interventions to address determinants of obesity, particularly those that relate to the food supply and marketing. The reluctance to introduce legislation generally lies in the lack of consensus by the numerous stakeholders (food retailers and manufacturers, marketing sector, consumers, health organisations etc), making legislation politically unpopular.

Intelligence



Reading

Swinburne B. Obesity prevention: the role of policies, laws and regulations. Australian and New Zealand Health Policy 2008, 5:12

Magnusson R. What's law got to do with it, Part 2: Legal strategies for healthier nutrition and obesity prevention. Australian and New Zealand Health Policy 2008, 5:11.

Exercise 2.



Read the 2 papers by Swinburne and Magnusson. Describe how legislative strategies might be applicable to the 2 the PHN issues you identified intervention strategies for in Exercise 1.

Workshop/tutorial option:

Complete the exercise in small groups followed by a whole-class debriefing



Settings

Settings offer opportunities for comprehensive interventions which can be directed both at health behaviour change and environmental change to achieve improved health outcomes. Settings also offer an opportunity to reach specific target populations such as mothers through child and maternal health clinics and teenagers through schools.

Successful health promotion through different settings will be characterised by comprehensive interventions achieving change in both behavioural and environmental determinants of health.

Settings of relevance to PHN practice:

- Childcare centres
- Communities
- Food service - take-away, restaurants, caterers
- Food supply - retailers, manufacturers, producers
- Health institutions - hospitals, nursing homes
- Schools
- Social marketing/ media
- Tertiary institutions
- Workplaces

Target groups

A focus on particular population groups or target groups allows for better targeting of health problems which are more common among different groups, and may facilitate greater participation in interventions.

Addressing health problems among disadvantaged populations may also encourage interventions which address underlying social, cultural, economic and political determinants of health such as poverty, culture and employment status, and can assist in reducing health inequalities. To address a health problem in a particular population (primary target population) interventions may need to be achieved through a different target group (secondary target population). For example, an issue of childhood obesity may require engaging and working with parents and carers, childcare centre staff and local government decision-makers rather than working specifically with the children of the community.

Intervention success will be defined in terms of opportunities for community participation, and the achievement of change in the structural determinants of health or behaviour.



Strategy Options to Address PHN Determinants

The aim of intervention research is to identify strategy options to change the determinants of the PHN issue being addressed. Ensuring a mix of strategies is essential for a comprehensive approach to determinant change and intervention development.

Presenting intervention research results in tables for each determinant of the identified issue can provide a good basis for discussion of the range of possible interventions (12), and help to summarise (abstraction) and clearly identify what strategies may be useful to adopt in your situation. Each table should include a mix of strategies identified from the intelligence review to address the identified nutrition issue.

Taking a setting approach to completing intervention tables for each identified determinant that considers a mix of health promotion strategies is a useful approach for identifying the likely setting and target population the intervention will involve (commonly not the target population for the population nutrition problem).

An example of intervention results for the ‘availability of fruit and vegetables’, an environmental determinant of adequate fruit and vegetable intake, are illustrated in Table 5.

Table 5. Strategy options table - example determinant: fruit and vegetable intake

Determinant: Availability of fruit and vegetables Setting: Childcare centres Primary target population: children				
	Environmental and policy	Community Action	Social marketing	Education and skill development
Intervention	Nutrition policy guidelines in national or local government jurisdictions for minimal F&V provision	Advocacy action by passionate parents to members of parliament	Awareness campaign for parents and carers	Education of management and centre staff in nutrition policy
Secondary target population	Decision-makers	Parents and carers	Parents, carers and community	Centre executive and staff

Source: (Adapted from 10)

Developing strategy option tables against determinants is good preparation for the logic modelling process, step 10 of the PHN intervention management bi-cycle.



Intelligence

Reading



Finkelstein, E., French, S., Variyam, J., Haines, P. Pros and cons of interventions designed to promote healthy eating. *American Journal of Preventive Medicine*. 2002. 22 (4S): 73-107

Kahn, E., Ramsey, L., Brownson, R., Heath, G., Howze, E., Powell, K., Stone, E., Rajab, M., Corso, P. and the Task Force on Community Preventive Services. The effectiveness of interventions to increase physical activity. *American Journal of Preventive Medicine*. 2004. 27 (3S): 163-171.

Exercise 3.



Complete the strategy options tables below for each determinant of your identified population nutrition issue from the scenario you have been allocated. Be sure to consider the secondary target population for each strategy and that a mix of strategies is included.

Note you will need to spend time searching, reading and critically reviewing relevant publications. If appropriate, consider the approaches proposed by Kahn et al (2004) and the recommendations from Finkelstein et al (2002).

Workshop/tutorial option:

Complete the exercise in small groups followed by a whole-class debriefing

CPD option:

Conduct the above exercise in the context of your current work role and a population nutrition issue of relevance.



Exercise 3: Aligning strategies with determinants

Problem statement	Determinants	Strategy type (Ottawa Charter etc)	Description	Assumptions about why this will work
Eg. High prevalence of obesity amongst school age children	Food bought from home (lunchbox) high fat and high sugar	Developing personal skills	Healthy Lunchbox packing education sessions for children and parents. Designed to be 15 minute “super sessions” to coincide with children being collected after school. Sessions complemented with “how to” fridge magnet cards that are marketed to children as “parents homework”.	Earlier consultation with parents indicated a need for skills development relative to selecting and preparing lunchbox contents that were consistent with dietary guidelines. Parents expressed limited time, knowledge of best food options as lunch food and were amenable to short education sessions coinciding with pick-up.

Replicate this table as required

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Intervention Research

Intervention research is an important source of intelligence about the features of health promotion intervention success. Researching previous and current interventions serves to help identify what works, when and in what circumstances. Details about the various strategy options available that may be used or modified to the context of your particular scenario can be identified, listed and appraised in a systematic manner to reveal an appropriate strategy mix for your intervention.

Intervention research is interested in answering the following questions:

- What strategies can be applied to address the determinants of the identified population nutrition issue?
- How have others addressed a similar issue? What strategy mix and sequence of strategies was used?
- What was the logic applied in their strategy selection? Was there a clear link between the problem analysis and strategy intent?
- What change did their intervention demonstrate?
- What resource investment was required to achieve their intervention results?
- What challenges were others presented with? How can their lessons be used to improve the strategy implementation in your intervention?

Intervention research focuses on taking an evidence-based approach to PHN practice by utilising evidence from health promotion research and program evaluation. Strong evidence of intervention and strategy effectiveness can be found in systematic reviews, where the evidence is commonly derived from experimental or quasi-experimental studies. However there are very few randomised-control-trials (RCTs) available measuring public health nutrition intervention effectiveness largely because the key strategies of participation, community empowerment, policy development and environmental change present a greater challenge for robust evaluation than individually orientated behaviour change (3). It has also been noted that there is commonly a mix-match between the types of interventions that have been rigorously evaluated and those used in community-based practice which further limits the relevance of the evidence-base for practitioners (1).

It is important to use a variety of intelligence sources when conducting intervention research. Three principal forms of intelligence include:

- i. **Published literature** - Published intervention research can provide strategy utilisation and evaluation insights, particularly for common intervention settings such as schools and childcare centres. However finding PHN community-based evaluation evidence can be difficult because of the limited capacity to publish intervention research. Literature reviews on other health promotion issues with intervention success, such as smoking, can be a useful prompt for innovation and new approaches. Databases such as the Cochrane Collaboration and NHS Centre for Reviews and Dissemination can be useful.
- ii. **Grey literature** - The development of the world-wide-web has increased access to non-peer reviewed reports that can be a rich source of PHN intervention research intelligence. Try surfing the net or searching useful websites such as <http://www.cdc.gov>.

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- iii. **Professional networks** - Using professional networks to scan for information about strategy options is also recommended. Colleagues are likely to have tried different strategies and have experience and a lot of unpublished intelligence that may be applicable to your situation. Contacting colleagues by phone, emailing questions through list-serves or contacting university-based colleagues with intelligence from student projects or their own research are all useful ways of adding intelligence to your intervention research. It is important to note that your intervention evaluation will contribute to the PHN intelligence pool and will be an important source of intelligence for future intervention planning.

Practice Note

When conducting intervention research it is useful to start by searching for systematic reviews on your particular issue or problem. Try the Cochrane Collection at www.cochrane.org. Systematic reviews can be limited in the area of public health nutrition so it is also valuable to conduct key word searches (based on your identified determinants) in data bases such as PubMed and Medline. It is also worth considering searching in databases outside the health sector of relevance to your determinants. Areas such as urban planning, transport, food industry or marketing can provide useful examples of interventions that are addressing the same determinants that effect health. Remember to also conduct a keyword search in the world wide web to find unpublished literature and to pick up the phone or email colleagues about interventions they have tried or are aware of. All this intelligence will help identify a range of strategy options for your intervention.





Assessment



Based on this intervention review and earlier sections on strategy options/frameworks, draft a 250 word summary describing the key lessons and strategy options for your assigned scenario. Note that this description can be inserted into your submission template in the strategy justification section (see template). This discussion should address the following questions

- What strategies can be applied to address the determinant identified
- How have others addressed similar situations, what strategy mix, sequence of strategies
- What was the logic applied in strategy selection (was there a clear link between what strategies were trying to do and the analysis of the problem)
- What sort of change did other interventions demonstrate
- What sort of resource investment was required to achieve these results
- What lessons (intelligence) can be gleaned from others efforts, and how can this be used to fine tune the strategies used for your situation?

Append the strategy options (abstraction) tables completed in Exercise 4 to your submission template (appendix).

Key Points



- An understanding of the different strategy options and levels of action are important pre-requisites for critical intervention research. Strategies are the activities to be undertaken as part of the intervention to resolve the health issue. There are a number of well developed and effective strategies that can be used in a multi-strategy PHN intervention. In working out what comprehensive action to take on a population nutrition issue, the full range of intervention types needs to be considered.
- Intervention research is an important source of intelligence about the features of health promotion intervention success. Researching previous and current interventions serves to help identify what works, when and in what circumstances and focuses the strategy options available for use or modified to your PHN situation.
- It is important to use a variety of intelligence sources when conducting intervention research. Three principal forms of intelligence include published literature, grey literature and professional networks.
- Presenting intervention research results by compiling tables of strategies, their settings and target group against each of the determinants of the identified issue can provide a good basis for discussion of the range of possible interventions to address the identified population nutrition issue.

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Additional Resources and Readings

Strategy frameworks for health promotion

- World Health Organisation/ Canadian Public health Association/ Health and Welfare Canada. *Ottawa Charter for Health Promotion*. 1986. First International Conference on Health Promotion: Ottawa. Visit http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf
- World Health Organisation. *The Jakarta Declaration on Leading Health Promotion into the 21st Century*. 1997. Fourth International Conference on Health Promotion: Jakarta. Visit http://www.who.int/hpr/NPH/docs/jakarta_declaration_en.pdf.

Intervention research

- The Cochrane Collaboration www.cochrane.org
- Review of health promotion and education online (RHP&EO) <http://rhpeo.org>
- NHS Centre for Reviews and Dissemination www.york.ac.uk/inst/crd
- Centre for Disease Control and Prevention <http://www.cdc.gov>

Strategy abstraction examples

- Gill T, King L, Webb K. Best options for promoting healthy weight and preventing weight gain in NSW. 2005; www.cphn.mmb.usyd.edu.au



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