



JobNut

Public Health Nutrition Intervention Management



Funded by



Education and Culture

Leonardo da Vinci



PERMISSION FOR USE AND COPYING

Intellectual property rights for this material rests with the Authors.

Permission to use and copy this resource is freely granted for educational purposes. These Units are designed to be delivered intact as complete Units, however there may be situations where use of part of the Unit is warranted in educational contexts. If you are reproducing in part only, please credit:

Hughes R, Black C, Kennedy NP. *Public Health Nutrition Intervention Management: Writing Action Statements*. JobNut Project, Trinity College Dublin. 2008.

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

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.

ACKNOWLEDGEMENTS

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

This Unit has been developed by Professor Roger Hughes, Christina Black and Dr Nick Kennedy of the Unit of Nutrition and Dietetic Studies, School of Medicine, Trinity College Dublin.



TRINITY COLLEGE DUBLIN
COLÁISTE NA TRÍONÓIDE, BAILE ÁTHA CLIATH

Intelligence

Action > Writing Action Statements

Evaluation



Action

Unit 9 - Writing Action Statements

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



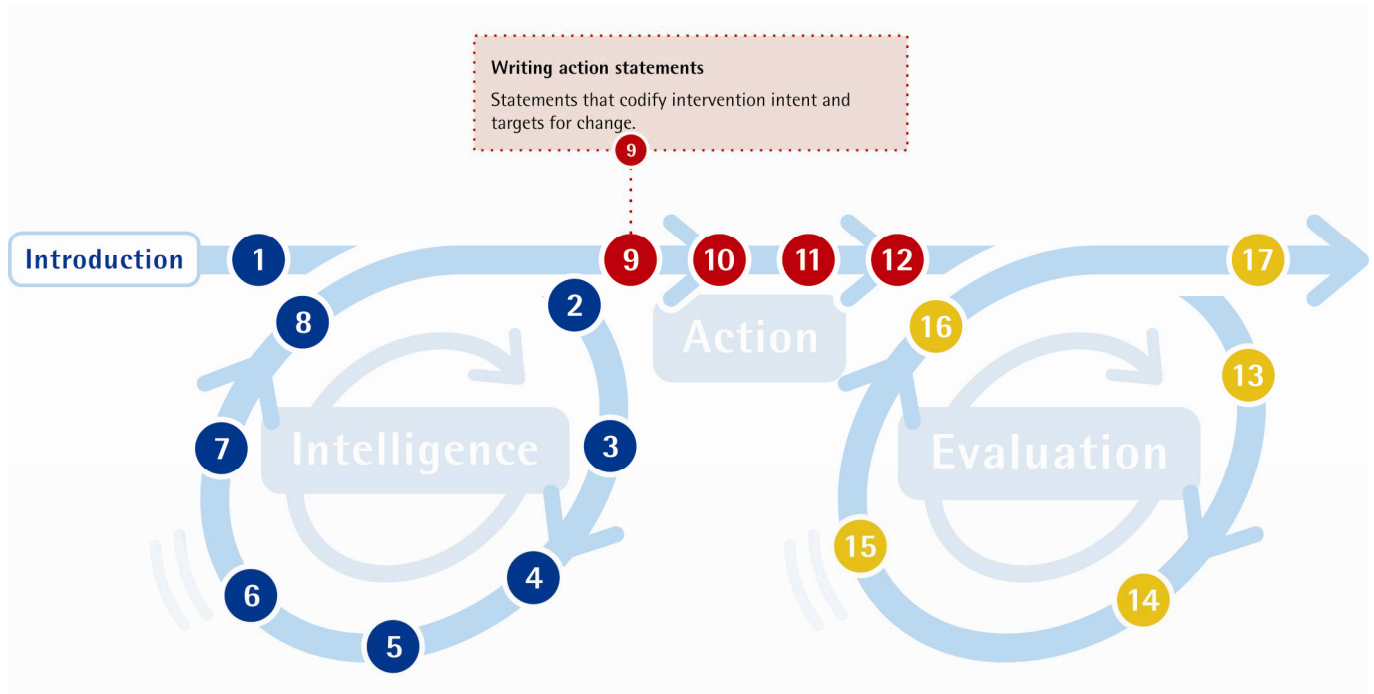
Unit Readings

- Naidoo, J. and Willis, J. Planning health promotion interventions. In *Health Promotion - Foundations for Practice*. 2nd Ed. 2000, Harcourt Publishers Limited, London. p.347-367.
- Lawrence, S., Peterken, R. and Burns, C. 2007. Fresh Kids: the efficacy of a Health Promoting Schools approach to increasing consumption of fruit and water in Australia. *Health Promotion International*. 2007. 22(3): 218-226.
- Pro Children project. <http://www.univie.ac.at/prochildren/>



Contents:

	Page No.
Intervention Planning	5
Action Statements	6
Linking Problem and Determinant Analysis to Action Statements	8
Writing Intervention Goals	10
Writing Intervention Objectives	12
• Short-Term versus Long-Term Objectives	13
Types and Level of Change	14
Summary of key points	23
Additional Resources and Readings	23
References	24



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



Writing Action Statements

Preamble

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 solution generation, where the intelligence from the first stage is used to develop an organised and coherent mix of strategies to address or change the determinants that are 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.

Intervention Planning

Intervention planning is essentially the process of solution generation. It codifies a vision of the future, the mission of the intervention, so that multiple stakeholders have a clear blueprint for implementation and evaluation. Planning is an iterative process of generating orderly forward-looking action towards desired results. Intervention planning helps reduce uncertainty about the future and helps direct resources and effort in a coordinated manner to have the greatest impact (1).

The purpose of planning is to develop an intervention that is appropriate to the identified population nutrition problem, within the available resource limits, and which will have the best chance of achieving the desired change. Intervention planning is a collaborative process, gaining support from and drawing upon the expertise of the Project Management Committee, the community or population, key stakeholders and relevant organisational managers.

Whilst there are no defined rules about how much time program planning should take, however thorough intervention planning is essential to ensure intervention effectiveness and efficiency. Recommendations by Oshaug (1992), highlight that intervention planning in community nutrition work should take a high priority in daily practices such that planning should be prioritised above day-to-day activities. Planning is vital for successful health promotion, ensuring systematic and objective processes by which programs can be implemented, evaluated and revised.

Intelligence

Action > Writing Action Statements

Evaluation



Usual practice in intervention planning

Total time available - time for daily routine work = time available for planning

Ideal practice in intervention planning

Total time available - time for planning = time available for daily work

Source: (2)

Note: intervention planning refers to all of the formative analytical aspects of planning (Units 1-8).

An intervention plan is a blueprint for the intervention and provides essential guidance for the development, implementation and evaluation of intervention strategies. Intervention planning should be based on what has been learned from analysis of the problem and its determinants, the capacity and commitment of key stakeholders, and potential strategies for action. Careful collaborative planning and documentation of ideas and expectations of the intervention can enhance successful and sustainability of nutrition interventions because the plan helps to focus and direct action (3). The written plan outlines the key aims and methods of the intervention, a timescale of what is to be achieved, funding budget details, who is responsible for what task and how the intervention will be evaluated and findings reported and disseminated (1). Intervention plans need not be verbose or large documents, but rather should be clear, concise and used as a tool for managing intervention activities.

Intelligence

Reading

Naidoo, J. and Willis, J. Planning health promotion interventions. In *Health Promotion - Foundations for Practice*. 2nd Ed. 2000, Harcourt Publishers Limited, London. p.347-367.



Action Statements

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 (the logic model- covered in more detail in a later unit), and are essential to the development of the evaluation plan. Goals provide the framework for program planning and must reflect the population of interest. Objectives provide a statement specifying the intended impact of the intervention and should be specific, realistic and measurable (4).



The action statements for PHN interventions (that reflect the nature of change desired) should be feasible and based on projections from the intelligence gathered during problem, determinant and capacity analyses. When writing action statements, the desired level is commonly the ideal, and when what is technically feasible in the context is discussed, more realistic statements are then generally agreed to (5). Planning therefore often requires a compromise between lofty ideals and the realities of feasibility.

The development of goals and objectives should be based upon what has been learned from the intelligence stage, about the extent of, reasons for, and factors causing nutrition-related problems within the community or population. Using this information, all the key stakeholders should work together to write and agree on the intervention action statements (3).

Intelligence

Reading

Lawrence, S., Peterken, R. and Burns, C. 2007. Fresh Kids: the efficacy of a Health Promoting Schools approach to increasing consumption of fruit and water in Australia. *Health Promotion International*. 2007. 22(3): 218-226.



Exercise 1.

After reading the article by Lawrence et al (2007), identify the goal and objectives of this intervention. Briefly explain how these action statements set the premise of the intervention design, intervention strategy selection and evaluation plan.



Workshop/tutorial option:

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



Linking Problem and Determinant Analysis to Action Statements

Goals and objectives set out the assumptions and relationships between the population nutrition problem and its determinants, and between the intervention strategies or action required to address these factors and the methodology of that action.

The determinant analysis, created in step 4 (determinant analysis), has been used to define potential intervention points and understand what factors need to be changed to reduce the identified population nutrition problem. The determinant analysis thus provides the foundation for writing action statements and clearly specifying the intervention goal and objectives. Figure 1 illustrates how the determinant analysis can be used to develop action statements - a useful tool to key stakeholders in the action statement development process.

The basic concept of Figure 1 implies that:

- The intervention goal should reflect how to change the population nutrition problem - in this case increase fruit and vegetable intake.
- The objectives address the direct determinants
- The sub-objectives address the indirect determinants

Using the determinants analysis also illustrates a causal cascade assumption; if strategies are effective at achieving sub-objectives, there will be a positive flow-on towards the objectives being achieved and ultimately the goals being achieved.

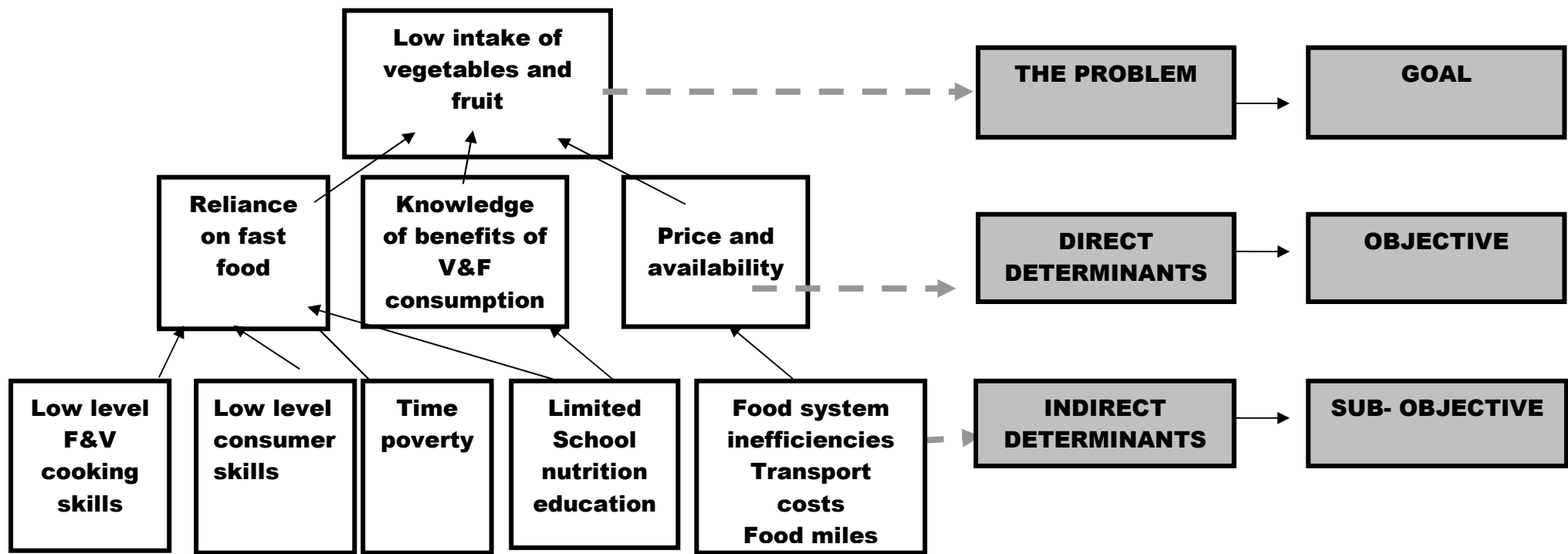
Depending on the complexity of the problem there may be many objectives and sub-objectives, reflecting the numerous determinants identified in the intelligence stage.

Intelligence

Action > Writing Action Statements

Evaluation

Figure 1. Example determinant analysis linked with action statements





Writing Intervention Goals

A goal is a statement that describes in broad terms the desired direction or outcome the intervention will achieve. The goal should describe the general intent of the intervention and provide an indication of the value underpinning the intervention (6). Many PHN interventions have a single goal however more complex interventions may have several goals. There are a number of challenges for writing intervention goals in PHN, for example:

- Most data are disease-based (PHN is interested in promoting *health*)
- The field is still exploring intervention effectiveness
- Accountability and direct measurement of intervention is becoming increasingly important (4).

Disease prevention assumes a linear relationship between disease and health however, health can also be considered as a state independent of disease. PHN interventions should be striving to create positive health-orientated goals. Bear in mind that many funding agencies and decision-makers are seeking reductions in costly disease states! This ideological vision needs to be tempered by the political and organisational realities.

Tools



Intervention Goals - key points

- A goal is the “other side” of the problem. A written goal is a positive statement of what would exist if the problem was no longer there. For example, a goal might be “to reduce the number of premature deaths related to a high-fat diet.” Goals should be future oriented, easily understood, and broad.
- A goal is a statement of direction, general purpose, or wide interest that reflects what changes in the problem are desirable. Goals describe what the program will accomplish and not a description of the service/ project.
- Goals provide the program planning framework- so need to reflect reality. Involvement of community and target group representatives in goal development is important. Goals can be categorised as short and long term. The development of meaningful program goals is contingent on an accurate analysis of the health problem.
- Goals tend to be broad, all-encompassing ideals because they are derived from values. The formulation of general goals is essential because many of the most important human goals can adequately and meaningfully be stated only in abstract terms.
- Goals should be developed by the planning group to consensus (particularly amongst target group representatives). If consensus cannot be reached then the planning group or goals may need to be restructured.
- Goals reflect the problem (i.e. If a problem is a lack of fruit in school children’s lunchboxes, then the goal might be to increase the proportion of kids who bring at least one serving of fruit to school in their lunch boxes each day).



Exercise 2.



Critique the following goal statements reflecting on the key points above. Identify inconsistencies based on these general principles

Example 1 : *problem-orientated goals*

‘To reduce obesity through promoting change in the dietary habits and increased regular physical activity’ (7)

Example 2: *health-orientated goals*

‘To improve the nation’s health by ensuring that breastfeeding is the norm for infants and young children in Ireland’ (8)

Workshop/tutorial option:

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

Ideally, goals should be written in terms of outcomes to be achieved, with measurable indicators. In some circumstances, innovation or a new approach is needed or there are conflicting goals between stakeholders, goals that state the direction of the intervention are agreed to. Goals should be developed by the Project Management Group (project leadership or governance group) to consensus (particularly amongst target group representatives). If consensus cannot be reached then the group or goals may need to be restructured.

Practice Note



A goal is a statement that describes in broad terms the desired direction or outcome the PHN intervention will achieve.

When writing goals remember to include information about:

- What you are trying to change
- Who will be affected
- How they will be affected
- Where the change will take place
- The target completion date

Example: *community nutrition intervention goal*

‘To reduce the number of Stordalsbu Primary School children who are overweight or obese by 5% within 3 years of commencing the intervention’.



Exercise 3.



Considering your selected scenario and the determinant diagram you developed in unit 4, draft the goal/s for your identified problem.

Consider the following questions:

- Does the goal adequately reflect the identified problem?
- Is there a change statement included?
- Have you identified the target group or population?

Workshop/tutorial option:

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

Writing Intervention Objectives

Objectives state the change that must occur for the goal to be achieved. Objectives are much more specific and precise than goals and should be stated in terms of specific results rather than general terms (6).

Objectives reflect the determinants of the nutrition-related health problem and highlight the most important determinants that require changing to improve the health problem (1). It is common for several objectives that reflect the determinants of the problem, to be associated with one goal.

Objectives for PHN interventions must be tangible, recognisable and achievable within the available resources. Intelligence from the previous stage, particularly the capacity analysis, strategy research and prioritisation should be used to inform the construction of objectives.

Objectives are concrete statements that are used to measure the effectiveness of intervention strategies, stating what is to be accomplished by a given point in time. Objectives provide the main energising and directive force for intervention action, and guide and direct intervention evaluation (3).

Characteristics of good intervention objectives include; specificity, credibility, measurability, continuity, compatibility and freedom from data constraints. The acronym SMART is an easy way to remember the key features of well-written intervention objectives (4).

Ensure objectives are SMART

S – specific (describe the place, target group)

M – measurable (define an amount that can be measured in evaluation)

A – achievable (consider the circumstances and context)

R – realistic change (rather than ideal)

T - time specific (timeframe provided for achievement of objectives)

Intelligence

Action > Writing Action Statements

Evaluation



Objectives are considerably easier to measure when applied to the SMART process. Once good intervention objectives have been constructed the success of the related intervention action can be determined in a reliable and observable way by merely noting whether or not the objective has been achieved (6).

Short-Term versus Long-Term Objectives

Whether an objective is short or long-term is relative to the length of time needed to achieve the program goal. As a general rule of thumb, the time frame for short-term objectives can be as short as 2-3 months up to 2 years. The time frame for the achievement of long-term objectives is usually 2-5 years.

Short-term objectives specify the short-term, or intermediate, results that need to occur to bring about sustainable long-term changes. For example, changes in knowledge need to take place to bring about long-term changes in health-related behaviours, or levels of support for a healthy public policy among decision makers need to increase before the policy can be implemented (4).

Examples:

- *At the end of the first year of the program, 90% of teenage mothers in Stockholm will know where to get assistance for breastfeeding problems.*
- *By the end of the first year, 80% of participating parents will have increased access to affordable, nutritious food through participation in the community kitchen program and the bulk-buying club.*

Long-term objectives specify the outcomes or changes needed to achieve program goals, such as the reduction in the incidence of a health problem, or changes in health status resulting from the implementation of a healthy public policy or environmental supports (4).

Examples:

- *By the end of the third year, the incidence of breastfeeding cessation amongst teenagers in Stockholm will decline by 50%.*
- *To reduce the incidence of social and developmental problems associated with poor child nutrition in Suburb X by 2002.*

Outcome objectives consider the changes needed to achieve the intervention goal (3). Outcome objectives can refer to the educational, behavioural, policy, process or environmental outcomes the intervention will achieve:

- Educational objectives consider changes in knowledge, changes in attitudes and beliefs or acquisition of new competencies and skills.
- Behavioural objectives relate to changes in lifestyle behaviours
- Policy objectives concern changes in existing or the development of new relevant policies
- Process objectives consider levels of participation and working relationships or partnerships
- Environmental objectives relate to changes to the environment to make it more health promoting (1).

Example:

- By June 2010, the knowledge of grade 10 students about the dietary guidelines will have increased 10% over baseline.



Process objectives describe what will be changed or implemented to achieve the outcome objectives (3). Process objectives relate to the short-term or intermediate results that need to occur to bring about sustainable long-term changes. For example, levels of support for a healthy public policy among decision makers needs to increase before the policy can be implemented (4).

The development of intervention objectives should be a collaborative process and involve the Project Management Committee, key stakeholders and most importantly the primary and secondary target groups towards which the objectives are directed. Objectives more commonly are directed towards secondary target groups to bring about the desired change to the primary target group specified in the intervention goal.

Example:

- By December 2009, at least 2 of the following interventions will be implemented to enhance nutrition-related school health education:
 - nutrition-related learning experiences are integrated into a course of instruction in each successive class level.
 - Training for teachers and other school staff on health promotion and nutrition education is health at least once per semester.
 - A series of extra-curricula workshops for students, staff and parents are conducted on preparing specific healthy and safe meals and completing dietary self-assessment.

Types and Level of Change

There are several levels where change can occur in PHN interventions. Basic example objectives (these examples are yet to be made SMART) are listed below which address individual level, network level, organisational level and societal levels factors. These examples may provide a useful foundation for drafting objectives for PHN interventions.

Individual Level Objectives

- To increase awareness of risk factors
- To increase awareness of personal susceptibility
- To increase awareness of solutions
- To increase awareness of health problems
- To increase knowledge of ideas and/or practices
- To increase recall about ideas and/or practices
- To increase comprehension about ideas and/or practices
- To increase knowledge of local services, organizations, etc
- To change (increase positive, decrease negative, or maintain) attitudes
- To increase motivation for making and sustaining change
- To increase information seeking behaviour
- To increase perceived social support
- To increase confidence about making behaviour changes (self-efficacy)
- To increase thinking about a topic
- To improve skills
- To change behaviour (4)



Network Level Objectives (e.g., social groups, families, professional groups, church groups)

- To increase knowledge of opinion leaders/champions
- To increase prevalence of favourable attitudes held by opinion leaders/champions
- To increase supportive activity (e.g., number of conversations about the health issue) by opinion leaders
- To increase number and kinds of health-related interactions within networks
- To increase favourable social influences/norms within networks
- To increase social support for positive changes by network members (4)

Organisational Level Objectives

- To increase the number of gatekeepers, decision-makers and/or other influential people in organisation
- To consider policy changes or adopting specific programs
- To increase the number of gatekeepers, decision-makers, other influential people and/or organisational members (or students, employees, etc) who feel that the issue is important and change is necessary
- To increase the quantity and quality of information regarding the issue and the policy change required
- To increase organisational confidence and competence in making health-related policy changes
- To change/implement policy and/or adopt/change program (4)

Societal Level Objectives

- To increase the importance communities and society attach to an issue, by increasing media coverage
- To increase societal/public values and norms (attitudes and opinions) which are supportive of the policy change you are recommending
- To increase activity directed to producing policy change, such as collaboration among community groups
- To increase the number of politicians who support the policy change you are recommending
- To change/implement a policy (4)



Practice Note



The general guidelines for formulating an objective is to state the objective in terms of specific results, not in general terms. Objectives must be tangible and recognisable so they can be communicated to and understood by all those involved in planning, implementation and evaluation. Objectives must also be achievable within the available resources and context.

Objectives contain four common elements:

- The name or indicator of the nutrition problem being addressed
- The target audience (may be the primary or secondary target group)
- A time frame for completion
- The standard to be reached or the amount of change expected in either the indicator or the target audience.

There are two formulas to assist with writing good intervention objectives:

1. **To (action verb) (desired result in the problem or indicator) (target audience) by (timeframe) (resources required).**

e.g. 'To increase the proportion of parents of children at Stordalsbu Primary School who intentionally purchase fruit for school lunchboxes from 10% to 20% within 6 months'.

2. **By (date) the following results (numerical) on (target) will have been accomplished.**

e.g. 'By the end of Semester 1, 35% (up from 28% in 1995) of Stordalsbu Primary School children will consume fruit at morning tea break.'



Intelligence

Reading

Pro Children project. <http://www.univie.ac.at/prochildren/>



Exercise 4.

Explore the web-site above regarding the Pro Children Project funded by European Commission and the information in Table 1 on improving objectives. Considering the objectives and expected results of this project review and redraft the project objectives applying the SMART principles. Discuss your thoughts with your classmates or colleagues.



Workshop/tutorial option:

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



Table 1. Examples of how to improve on draft objectives

	Draft Objective	What kind of objective is this?	How could this objective be improved?
1.	To provide affordable, nutritious, accessible (easy to store, heat & serve) food to disabled and senior tenants within the Community Housing Unit on a weekly basis by December 2007.	Process objective	This well-written objective might be improved by specifying the number of disabled and senior tenants, thus showing the full scope of the activity. A related outcome objective would speak to changes in the behaviour of the tenants.
2.	To increase the hours of care available to residents in long-term care in Ontario from 2.5 hours to 3.5 hours per day, by December 2007.	Process objective	This is a well-written process objective, as it indicates an increase in the available services.
3.	To increase the number of individuals in contact with community services by attending a health fair. Target population is high risk prenatal. Long-term goal is to decrease behaviours linked to poor pregnancy outcomes (e.g. alcohol consumption, material smoking).	Goal	The logic in this objective seems to be: If high-risk prenatal individuals attend a health fair, then they will “connect with” community services then use the services, then decrease risk behaviours. If this logic is correct, the outcome and process objectives can be clarified and separated and in the following possible ways: 1. Clarify the terms ‘connect’ and ‘high risk prenatal’. 2. An example of a related process objective could be: To conduct/participate in X number of health fairs by mmm/dd/yyyy, where information about community services is provided to women at high risk of poor pregnancy outcomes. 3. Outcome objectives could be developed around changes in the target population. For example, increased awareness and knowledge of services, increased use of services, or actual behavioural changes.

Intelligence

Action > Writing Action Statements

Evaluation



Table 1 Continued

	What kind of objective is this?	How could this objective be improved?	Draft Objective
4.	Create more programs that are geared towards Addictions and Mental Health.	As written, this is fairly general and could be considered part of an overall vision or mission statement, or a goal.	To make it into an objective one should state a target date and audience.
5.	To develop a series of workshops aimed to inform youth of their legal rights presented by a youth action committee that will have a high number of active participants, with little or no turnover.	A process objective	This process objective could be improved by adding to, or replacing 'to develop' with 'to deliver'. A number or even a range to clarify 'series of workshops' would help to make this objective more specific. Adding a date would also make it more specific.
6.	To increase knowledge among HIV+ women on services available for HIV positive women in X region upon completion of the project.	This is the core of a outcome objective	This objective could be improved by: Setting a specific target: from x % to y%; and Setting a target date.
7.	To deliver quality programming to high needs clients.	This is a goal	This important goal could generate a number of specific process objectives by indicating the type of programming, numbers offered, time frame.
8.	To increase the number of seniors accessing advanced computer & technology classes by 300%, by August 2008.	Outcome objective	This outcome objective includes the four core aspects of a good outcome objective: target, population, indicator, date.

Intelligence

Action > Writing Action Statements

Evaluation



Table 1 Continued

	What kind of objective is this?	How could this objective be improved?	Draft Objective
9.	To increase AIDS service providers (in targeted organizations) self-reported level of comfort with accessing and providing HIV treatment information to a level of “high” or “very high” by the end of the project (Oct 2008).	Outcome objective	<p>This is a nicely written outcome objective for interventions that might include training, network development and other support activities.</p> <p>As written, it implies 100% achievement. It could be clarified to increase the percentage of providers reporting to 90% or another number.</p> <p>It might also be improved by separating the objectives referring to ‘accessing’ and ‘providing’ as the combination of the two may be confusing.</p>
10.	To conduct 10 Friendly to Seniors Assessments at Toronto Hospitals by December 2007.	Process objective	This well written process objective outlines the nature, number of services, target population, date.
11.	<p>Environmental NGO professionals (manger/program & project level) increase their capacity for internally conducted evaluations of their programs and projects by 2009.</p> <p>Participant note: I’m not into putting a % improvement into capacity-building goals. Perhaps the number could be:</p> <ul style="list-style-type: none"> a) number of enviro staff who report increased capacity b) number of eval projects they complete 	As written, it is a goal addressing outcomes among the target population.	<p>As first written, it is a goal, rather than an objective, because the term ‘capacity’ is too broad to be considered an indicator, which is a necessary part of an objective.</p> <p>Depending on the situation, capacity might be broken down into more focused outcomes such as increased funding, increased skill-level at doing evaluations, etc.</p> <p>Option ‘a’ could be used as an indicator. Combined with the clear date, this could form an “open-ended” objective.</p> <p>Option ‘b’ could also be used as an indicator, forming the basis of an outcome objective.</p> <p>A sample process objective could be to deliver 5 professional training sessions focused on evaluation skill building to environmental NGO professionals by the end of the fiscal year.</p>

Source: (4)

Intelligence

Action > Writing Action Statements

Evaluation



Exercise 5.



Complete the table below using your draft goal/s and objectives to ensure your action statements align with your problem and determinant analysis. Remember that action statements should be clear, tangible and achievable so they can be easily communicated to all stakeholders and used to guide intervention development, implementation and evaluation.

Workshop/tutorial option:

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

Keep this completed table on hand as we will revisit and validate in the logic modelling process in Unit 10.

Assessment



Considering your selected scenario and your responses to Exercises 3 and 5, complete the goals and objectives section of the Intervention Management Template. Ensure your objectives are SMART.

Workshop/tutorial option:

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

TIP - Once you are happy you have drafted objectives that meets goal drafting criteria (run this by your peers to get feedback).... you can insert into the intervention plan template under intervention goal. Note that you will need to periodically adjust these statements (particularly after the logic modelling unit)



Intervention Action Statements

	Description		Planning statements
Health Problem		Goal	
Direct Determinants		Objectives	
Indirect Determinants		Sub-objectives	



Intelligence

Action > Writing Action Statements

Evaluation



Key Points



- Intervention planning is essentially the process of solution generation and creates a vision of the future, the mission of the intervention. Planning is a collaborative process that guides development of an intervention that is appropriate to the identified population nutrition problem, 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. 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.
- Goals provide the framework for program planning and must reflect the population of interest. The goal should describe in broad terms the desired direction or outcome the intervention will achieve and provide an indication of the value underpinning the intervention.
- Objectives provide a statement specifying the intended impact of the intervention and are stated in terms of specific results rather than general terms. Objectives state the change that must occur for the goal to be achieved and are much more specific and should be specific, realistic and measurable.

Additional Resources and Readings

Intervention Planning

- Tones, K. and Green, J. A systematic approach to health promotion planning. In Tones, K. and Green, J. *Health Promotion: planning and strategies*. 2004. SAGE Publications: London.
- Egger, G., Spark, R. and Donovan, R. Putting it all together: planning and developing health promotion initiatives. In Egger, G., Spark, R. and Donovan, R. *Health Promotion: strategies and methods*. 2005. McGraw Hill: Canberra.

Writing Action statements

- World Health Organisation/ Food and Agriculture Organisation/ Education International. *Who Information Series on School Health - Document 4: Healthy Nutrition: An Essential Element of a Health-Promoting School*. 1998. World Health Organisation: Geneva.
- The Health Communication Unit. *Introduction to Health Promotion Program Planning*. 2001. Centre for Health Promotion, University of Toronto: Toronto. pp. 26-32.

Intelligence

Action > Writing Action Statements

Evaluation



References

1. Naidoo, J. and Willis, J. *Health Promotion - Foundations for Practice*. 2nd Ed. 2000, Harcourt Publishers Limited, London.
2. Oshaug, A. *Planning and managing community nutrition work: Manual for personnel involved in community nutrition*. 1992. World Health Organisation Regional Office for Europe: Copenhagen.
3. World Health Organisation/ Food and Agriculture Organisation/ Education International. *Who Information Series on School Health - Document 4: Healthy Nutrition: An Essential Element of a Health-Promoting School*. 1998. World Health Organisation: Geneva.
4. The Health Communication Unit. *Introduction to Health Promotion Program Planning*. 2001. Centre for Health Promotion, University of Toronto: Toronto. pp. 26-32.
5. Hyman, H. *Health Planning: a systematic approach*. 2nd Ed. 1982. Aspen Systems Corporation: Maryland.
6. Tones, K. and Tilford, S. *Health Promotion: effectiveness, efficiency and equity*. 2001. Chapman and Hall: London.
7. Ministerio de Sanidad y Consumo. *The strategy NAOS: a strategy for nutrition, physical activity and obesity*. 2005. Centre de Recerca en Economia i Salut (CRES): Barcelona.
8. Department of Health and Children. *Breastfeeding in Ireland: A five year strategic action plan*. 2005. Department of Health and Children: Dublin.