

Department of Human Services

Public Health Nutrition Program
Food and Health Development Section
Public Health Group
Rural and Regional Health and Aged Care

PROJECT BRIEF

**Development of an Education Framework for
Enhancement of Public Health Nutrition Activity at a
Local Community Level**

1. Introduction

The current public health workforce in Victoria includes many non-specialist health promoters, whose occupational and professional roles within communities enable them to contribute to the education or empowerment of others. It is important that these professionals, as well as the health promotion specialists, are adequately skilled and supported by their organisations to establish effective programs that will realise health gain.

A key priority area of the Victorian Government Department of Human Services (DHS), Public Health Group, is the strengthening of the public health nutrition workforce in Victoria. This is seen as essential in increasing the capacity to deliver and strengthen public health nutrition programs at the regional and local level. This focus is aligned with the national strategy developed by SIGNAL (the Strategic Inter-Governmental Nutrition Alliance) under *Eat Well Australia: An Agenda for Action for Public Health Nutrition 2000 – 2010*. Within this strategy, workforce development has been identified as a priority area for action.

Two DHS Public Health Group projects currently provide a basis for further development of the public health nutrition workforce in Victoria:

- The Health Promotion Workforce Development Program aims to improve the capacity for, and effectiveness of, health promotion efforts in Victoria through the development of a public health workforce infrastructure, enhancement of professional skills and leadership. This development will enhance the capacity of organisations to undertake health promotion action and help individuals acquire the attitudes and expertise to fulfill their health promotion potentials.
- The Public Health Nutrition Workforce project aims to develop a strategic plan to strengthen and further develop Victoria's public health nutrition

workforce. Within the Primary Care Partnership framework in Victoria, a component of this project identifies the public health nutrition workforce education needs for four groups within the workforce, namely:

- Managers/funders/decision makers
- Nutrition experts (dietitians and nutritionists)
- Non-nutrition health workers
- Non-health workers with a potential role in the delivery of public health activity.

The project detailed in this brief aims to further the work currently underway and will focus on the enhancement of public health knowledge and skill of non-nutrition health workers employed at a local community level.

2. Project Aim

To develop an education framework for enhancement of public health nutrition competency amongst non-nutrition health workers employed at a local community level.

3. Rationale

Significant evidence exists that relates poor nutrition and inappropriate eating patterns across all age groups to the development of nutrition-related illnesses such as obesity, cardiovascular disease, diabetes and cancer. The Victorian *Burden of Disease* study (DHS, 1999) states that the leading causes of overall disease was cardiovascular (20%), Type 2 diabetes (3%) and colorectal cancer (3%). These diseases are all diet related. Major risk factors contributing to the overall burden of disease include physical inactivity (6.7%), obesity (4.3%), inadequate consumption of fruit and vegetables (2.7%) and high blood cholesterol (2.6%). Regional variations of the causative and influencing factors of morbidity and mortality exist within Victoria. This emphasises the need for public health nutrition programs to be developed with a regional focus.

It is anticipated that the development an education framework for increasing nutrition competency of non-nutrition health workers that focuses on their own working environment and issues will:

- Provide local relevance to their public health nutrition education.
- Engage the workforce to initiate nutrition programs at the local community level with greater confidence.
- Provide linkages with regional dietitians with expertise in public health nutrition for ongoing support and guidance.
- Provide more resources for local communities to undertake nutrition related programs.

The current Primary Care Partnership (PCP) framework provides a structure at local government level to address issues pertaining to the population within the individual PCP catchment areas. This project will utilise the PCP structure as a basis for

developing and piloting of the education framework but the outcomes will have flexibility to transfer to other local health related organisational structures.

4. Project Tasks

The consultant for the project will be required to undertake this project in two phases:

Phase 1

This phase of the project will involve:

- Development of core public health nutrition functions and competency requirements for non-nutrition health workers to enable these workers to participate in the planning and facilitation of nutrition-related programs at a local community level.
- Based on the developed competencies, planning of an education framework with an associated teaching and learning program. It is anticipated that this teaching and learning program will be experiential in nature and include the identification of health issues pertaining to the individual communities and associated program development to address the identified needs.
- Piloting of the education framework in a minimum of two PCP catchment areas (number to be negotiated), but including at least one rural and one metropolitan PCP catchment area.
- Implementation of the developed education framework.
- In consultation with the DHS Project Manager, undertaking of an evaluation of the education framework. A component of the evaluation should relate to assessment of health promotion outcomes.
- Revision of the education framework as required.

Phase 2

This phase of the project will involve the development of strategies for statewide implementation of the education framework for enhancement of public health nutrition activity at a local community level and will include:

- Recommendation of a process for statewide implementation and ongoing maintenance of the education framework so that it is sustainable and cost neutral.
- Identification of competencies and education/upskilling requirements for regional dietitians/nutritionists to implement the developed nutrition framework.
- Identification of the infrastructure requirements for dietitians/nutritionists to implement the developed nutrition framework and a structure to provide this support.

An additional component of this phase will be to make recommendation regarding the transferability of this framework to other content areas of public health activity at a local community level.

5. Guidelines for Methodology

The consultant will be required to be rigorous in the identification and provision of a solid methodology framework to undertake this project. This will include:

- Investigation, development and implementation of a competency based education framework.
- Development of an education framework with potential transferability to address education needs in other content areas of public health activity.
- Implementation strategies to ensure effective outcomes of the project.
- A sound process for evaluation of the pilot implementation component of the project to ensure accuracy and appropriateness of data collection and analysis.
- Incorporation of the need for outcomes to be self-funded and sustainable in the longer term.

6. Intended Products

Product 1:

A written report is required detailing the processes and outcomes of Phase 1 of the project. This will include details on the development, implementation and evaluation of the public health nutrition education framework, and copies of any materials developed as resources to support the teaching and learning program.

Product 2:

A written report is required detailing the outcomes of Phase 2 of the project. This will include a strategic plan for statewide implementation of the education program and infrastructure requirements. Recommendations' regarding transferability of the education framework to address other content areas is also required.

One hard copy of each product is required. Products are also required to be delivered on computer disc and prepared using Microsoft Word.

7. Selection Criteria for the Consultant

- A sound knowledge of the development and implementation of competency based education programs.
- A sound knowledge of public health nutrition principles.
- Demonstrated understanding of the health promotion/public health nutrition education needs of people health workers employed at a local community level.
- Demonstrated ability to establish sound methodology for, and to conduct health promotion/public health nutrition education programs to health workers.
- Excellent verbal and written communication skills.
- Demonstrated understanding of the brief and required outcomes and a capacity to deliver the required outcomes within the agreed timeframe.

8. Roles and Responsibilities

Management

The Department of Human Services will be the contract manager of the project. A Department of Human Services project manager will be identified for the day-to-day management issues.

Project Advisory Group

A Project Advisory Group will be formed by the Health Development Section, Public Health Group, Department of Human Services, and will provide the consultant with advice on various project issues, including communication with key stakeholders, budget issues and project accountability. The Project Advisory Group will also be available to read and provide comments on early and final drafts of the products.

Consultant

Guided by feedback from the Project Advisory Group, the consultant will be required to complete all tasks necessary to achieve the intended products and outcomes (as articulated in Section 6). The consultant will be required to sign a Standard Department of Human Services contract.

The consultant will attend Project Advisory Group meetings providing project status reports. An early draft version of the final products to be submitted to the Project Advisory Group prior to the end of the contract period.

9. Budget

Funding of up to \$50,000 is available for the project. This funding is to cover all work, products and other costs required for the successful completion of the project, exclusive of GST.

A detailed budget is to be included as a part of the submission.

10. Timeline

The project will need to be completed in a within in an 12 month period from commencement of the project.

12. Submissions

- Written submissions are required to include the following sections: *Project Title, Background, Proposed Methodology, Project Timetable and Budget Justification. Curriculum vitae of person/persons to be directly involved in the project are required.*
- Potential consultants that are short listed within this process may be required to give an oral presentation of their proposal to a panel selected from the Project Advisory Group.
- Three copies of written submissions are required.
- Closing date for submissions is 25 March 2002.

- Submissions to be forwarded to:

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