

Inside

the life of a

Health Promotion Consultant

Sally arrived at her desk on Wednesday morning, opened her email, and realized her entire morning needed rearranging. The municipal vote on the smoking by-law was coming up, the lobbyists had descended, the Medical Officer of Health was in the line of fire, and he needed a report from her to prepare for a press conference that afternoon.

As a health promotion consultant, Sally collaborated with Public Health staff to plan, run and evaluate Public Health programs, and to give support to policy development. She had been involved in developing the city's policies on smoking in public spaces from the outset, so she knew the issues and statistics on second-hand smoke inside-out. In the past year-and-a-half she had done an extensive review of the available literature, crunched statistics, applied them to her



municipality, collaborated with agencies like the Cancer Society and the Heart and Stroke Foundation, and on the basis of all that had helped formulate a policy recommendation to eliminate smoking from restaurants.

The proposed by-law seemed so sensible to her, so obviously in the public interest – but now restaurateurs perceived that their livelihood might be threatened, smokers were

advocating for a right to choose, and Sally felt caught up in a politically charged debate in which conflicting agendas had escalated the issue into front page news. But she certainly knew how to present research in a coherent and compelling fashion, so she got down to it. Within a couple of hours the document was ready, and she breathed a sigh of relief as she pushed the 'Send' button.

Sally then turned her attention to the afternoon. She had two meetings scheduled. The first was with city staffers who had been running a Chronic Disease Prevention program, wanted to apply for funding, and needed help in evaluating the program's success. When Sally arrived at the meeting room, she was pleased to see everyone present and ready to go. As she began to ask questions, though, she felt her heart sinking. The staffers had obviously thought that she could just come in and give them a set of guidelines by which they could evaluate what they were doing, so they could get on with their funding request. The problem was, you can't just evaluate a program – it needs to be set up from the outset with explicit and measurable objectives.

Sally hated to discourage anyone, especially when they were so obviously dedicated; so she talked to the group about what a program evaluation was, what it required, and what steps they could take to achieve it. By the end of the meeting, the group was already strategizing around how to structure an evaluation of their program's success, and Sally left the meeting confident that they would come up with an assessment entirely adequate for their funding request.

Sally's second meeting of the day was with a group of girls aged 13-17 who were involved in a program promoting physical activity. One of the driving principles behind Public Health was to identify groups who were at risk – whether because of income levels, cultural barriers, age or a lack of support – and to find a way of reaching those groups with programs that were relevant, responsive, and effective. The goal, as always, was access and equity. For instance, research showed that beginning at the age of twelve, girls – unlike boys – typically became less and less physically active so that, by the time they were seventeen, only 11% are still active enough to benefit their health.



In response to this alarming trend, a program was established. But of course, to reach these young women effectively, the program had to be appealing to them – and Sally knew that to be appealing, the ideas for the program had to come from the girls themselves. Not only that, but by making the program “by girls, for girls”, it would empower them, teach them skills in

leadership and collaboration, and generally help them to feel better about themselves. As Sally liked to say, “The girls are the brains, I am the hands”.

This afternoon Sally was meeting with a group of girls who had worked with community partners to organize an all-day, all-girl workshop full of activities and events they themselves had thought up. The workshop had been a great success, and

everyone was keen to tackle the next project. There was a lot of lively discussion around what that might be, as well as about what a difference the program had made in their lives. They talked about how much more confidence they had, and how differently they felt about their bodies and about being girls, and how much fun they'd had along the way.

“ ... by making the program “by girls, for girls”, it would empower them, teach them skills in leadership and collaboration. ”

Eventually the discussion turned to the idea of holding an all-girl bowling event with food, prizes and music, a big event that could allow 200 girls to participate. By the end of the meeting everyone was fired up about it, and committed to making it happen. As the girls were getting ready to leave, Sally listened to them excitedly chatting and laughing, and she realized anew just why she loved her job so much.

This is one in a series of fictionalized role stories sponsored by Toronto Public Health and the Ontario Public Health Association, and funded by the Ministry of Health and Long-Term Care.

For further information contact:

www.opha.ca