

Inside

the life of a

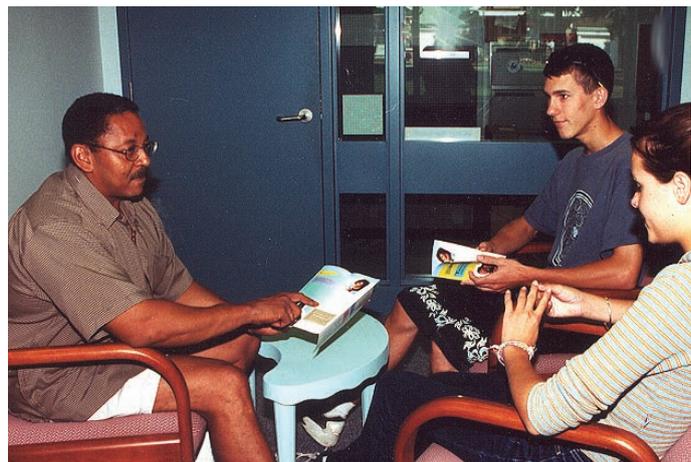
Program Evaluator

The question was an interesting one, and Pascal had been working on it all morning: might physical activity for mothers and mothers-to-be who had quit smoking help to keep them from starting again? It was one of those funny issues that conventional wisdom held to be likely, but for which there was not much evidence. As a program evaluator for Public Health, Pascal's job was to ensure that the planning, assessing or modifying of programs was evidence-based, and where no evidence existed, his job was to gather it. So this morning he was working to determine the feasibility of a pilot project to find out whether exercise for moms might help to reduce the damage done to babies by second-hand smoke.

At the moment, Pascal had fourteen projects on the go, all in different stages of development or implementation. The mandate of Public Health was

enormous, but its resources were limited. Using those resources effectively was critical – but how could you know whether you were doing that? That was the essence of Pascal's work. It required measurable indicators, logic models, sound research, and an ability to organize and analyze data. It was exacting work, but he found it gratifying.

One of Pascal's projects, for instance, had been the evaluation of a program for improving the nutritional choices for women in high-risk groups. The program had actually been running for some time, and had been evaluated before – but the structure of the program had changed to such an extent



that those earlier evaluations were no longer relevant. As a result, the women getting into the program weren't necessarily the ones who would most benefit. The program's screening tool was selecting women according to income rather than nutritional needs. Pascal reviewed the literature, talked to experts, conducted focus groups and did pilot tests, and over time developed a screening tool that would select the women who most needed the program.

At 11:00 Pascal left his office



for a meeting about another pilot project: a Point-of-Decision Prompt, as it was called. The idea was to find a staircase and an escalator that were side-by-side in a mall, and place a sign between them with a simple message such as “Do yourself a favour – take the stairs.” They planned to count the number of people between 10 and 11:30 on a Thursday morning taking stairs or escalator without the sign, and then do the same a week later with the sign. Furthermore they would ask every fifth person taking the stairs whether they had seen the sign and whether it had affected their decision. If the sign was effective, it could be adopted in public buildings, subways, shopping malls – wherever a staircase and escalator ran side-by-side. It was one of those little things that, over time, could help a lot of people.

“ It was one of those little things that, over time, could help make a big difference. ”

After lunch Pascal had a meeting for a much broader initiative. It had begun five years ago, when evidence for effective Public Health youth programming was not available, and the programming lacked a coordinated approach. They had taken a popular “Don’t do it” approach, whether addressing the risks of tobacco, drugs, bullying or sex. Unfortunately, the age group being addressed sometimes took such messaging as an incitement rather than a deterrent.

The team Pascal was working with studied the research and found that most youth who were born into hardship had a ‘resiliency’ that enabled them to become caring and competent adults. Resiliency is made up of both extrinsic and intrinsic strengths. Extrinsic strengths are the ones that surround and support an individual: relationships with their family, having strong role models, being engaged at school

and feeling valued by their community. Such extrinsic strengths help to build intrinsic strengths, which included qualities such as empathy, self-esteem, a sense of social justice, and being able to resist peer pressure. With its focus on promoting resiliency, Public Health would now look not at what was wrong in kids, but at what was strong in them.

Surveys given to students in selected schools to measure resiliency showed that they felt a lack of connection with their school, parents and community. But they did express an interest in mentoring – either by an older peer, or by becoming mentors themselves. Based on that, leadership workshops were introduced in the schools, and several mentoring programs were started: older kids ran games for younger ones at lunchtime, there was academic mentoring, and mentoring in the playground. This was done as part of a larger, holistic approach, and the results were impressive. One principal not only noted a reduction in behavioural problems during the program – when the mentoring ceased, the number of students sent to her office increased again.

When Pascal returned to the office, he noticed an email from a colleague he had worked with on a pioneering research project. It had looked at smoking prevalence within lesbian, gay, bisexual, transsexual and queer (LGBTQQ) communities, and had found rates were twice as high as in the ‘mainstream’ population. Yet few, if any, smoking cessation programs were tailored to those communities. The results of the research were announced in a press release yesterday, and today, according to the email, the story had been picked up worldwide. It was more than he had hoped for, and it boosted his confidence that the years he had devoted to the project would make a real difference.

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.

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