

11-23-12 Program Planning

I've been making a lot of checklists lately and checking them twice, as does Santa. Whether those lists are in my mind or on the back of an envelope or digitally as part of a grant application, those checklists accomplish both planning and evaluation. As common as they are for most of us in our daily life, they bring to mind business models, aimed at achieving a desired goal. In health promotion we were taught a circular model of assessment, planning, implementation and evaluation. It is an eternal cycle with improvement as the goal.

While researching these models, I came across this quote: *You can't do "good" evaluation if you have a poorly planned program* by Beverly Anderson Parsons. Dr. Parsons is the Executive Director of *InSites*, "A Support Network for Learning and Change". I think I know she means. From our personal life, to our professional one, and right on up to the national and international level, we find ourselves going back to our checklists and making discoveries.

Sometimes the discovery is that we have to start over. That outcome may be what Dr. Parsons was referring to; we can't continue with the evaluation because the program just isn't working. In my family, there was a saying for this situation. My father would say, with a Maine accent and whistling, inward breath, "Ayuh; need a whole new moh-tah." This was a quote from many decades earlier when my father's car broke down in Maine and the mechanic lifted the hood, looked around, and made that declaration. That mechanic knew how to evaluate!

When you evaluate your life, what do you think of first? From childhood we recall our mistakes, our wrong answers and the awareness of how and why a different response was the correct one. Beyond the "paper and pencil" learning, there's a whole world of findings and detections. The best are through activities and experiences such as meaningful conversations with others from a variety of backgrounds and situations, hands on learning and active listening; all these allow us to be inspired and make breakthroughs in our thinking and what we do with those thoughts.

This work of the health agent used to be all pre-programmed in that it was based on timed requirements and/or in response to emergencies and even then the actions were guided by state and sometimes federal requirements. A tenant would call with concerns about the health and safety of his or her housing and I would head over there with my State Sanitary and Housing Code and my bag of tools such as clipboard, flashlight, voltage meter and personal protection items such as gloves and mask. A family would call the office to talk about their food borne illness and I would head over to their house with a questionnaire form, designed by the State Department of Public Health. All year round, there were the restaurant inspections and perc tests and septic installation inspections and there were the seasonal requirements of bathing beach sampling, pool and camp inspections; all guided by state requirements.

While the state requirements and standards for restaurants, mobile food, housing, lead paint remediation, bathing beaches, camps, septic system design and reportable disease investigations are still in place and have been revised over the years, other aspects of the profession have changed dramatically. It is now inundated with emails, and paperwork; predominantly in connection with the topic of emergency preparedness. The hands on responses are squeezed into the appointment calendar for the health agent who now has a desk job.

The "desk job" has importance, too, for it can include grant applications, research, program planning, conference calls, webinars, and online training, to name a few. While all those new, and still evolving, aspects of this profession can result in improvement, with learning and the acquisition of equipment; mostly it is time away from meeting people in person, rolling

up our sleeves and getting something done. It is time away from real life experiences. The “requirements” of public health emergency planning apply, for the most part, to those who work for the government at the state and federal level and have been in place since 9-11. We have benefitted from trainings and equipment, paid for by the Centers for Disease Control (CDC), funneled through the Departments of Public Health (DPH). At the local level, we could walk away from that if we wished, if we decided it was taking away from our ability to respond, rather than assisting our capabilities.

At this point in time, I am re-evaluating. I am thinking of ways to reduce paperwork and emails, and ways to make table top exercises and drills meaningful, rather than simply being items checked off someone else’s to-do list. I don’t think we need “a whole new moh-tah”. The plans could use a tune-up though. I want that tune-up to benefit my local people; not just make it possible for somebody else’s paycheck to be issued in response to “deliverables” all being “delivered”!

Oh, Santa, I am going to write a wish list and I want you to check it twice before you finish your deliverables, I mean deliveries! (Psst...Is there a part time health agent and a whole new room in your bag for me?)

Cathleen Drinan is the health agent for Halifax, MA. What is on your wish list for your health agent? Tell her at 781 293 6768 or cdrinan@town.halifax.ma.us