

Evaluating Health Promotion

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Does reading to toddlers help them read?



FRED LIM/THE GLOBE AND MAIL

Joy Leschiutta Rothwell, a teacher at the University of Guelph's Child Care and Learning Centre, reads to some of the centre's children yesterday.

Study questions path to literacy

BY CAROLINE ALPHONSO
EDUCATION REPORTER

Parents take note: Reading to your preschoolers before bedtime doesn't mean they are likely to learn much about letters, or even how to read words.

A new study shows that while storybook time has developmental benefits, preschool children pay very little attention to the printed

words on a page.

"There are all kinds of parents who are reading to their children believing that it's going to help their children to learn how to read," said Mary Ann Evans, a psychology professor at the University of Guelph and co-author of the study.

"That's true to an extent in that reading to your children will help them develop an understanding of storyline. But it's not necessarily

helping them to learn how to decode the words on the page."

Reading to your children is considered a valued home literacy activity. But Prof. Evans said that few studies have looked at its link to children's literacy skills.

To learn how to read, children must pay attention to the letters and recognize words. But her research, published in this month's issue of *Psychological Science*, the

journal of the American Psychological Society, found that preschoolers were focused elsewhere.

Prof. Evans, along with Jean Saint-Aubin of the University of Moncton in New Brunswick, conducted two studies of four- and five-year-olds.

See **READING** on page A8

■ Roy MacGregor, A2

Evaluation – the process of
determining the worth or value
of something

TODAY

Evaluation explained – what it is

Why evaluation is a joy and why evaluation matters

Who should do what

Ongoing issues and new frontiers

Evaluation history

WW II and the USA investment in social science

Big initiatives – eg., War on Poverty in 1960s

Rebirth – with social epidemiology and population health

By 1980, we knew there were TWO MAIN REASONS WHY PROGRAMS FAILED

1. $A \not\rightarrow B \not\rightarrow C$

2. alternatively “A” does not happen called a Type III error

Prevention Studies, Implementation Findings

Battish et al (1996)	33% of schools implemented the program properly
Rohrbach et al (1993)	79% teachers omitted program components
Taggart et al (1990)	45% teachers implement properly
Flannery et al(1993)	67% teachers miss key components

Evaluation in the right order

Process evaluation

reach, implementation,
satisfaction, quality

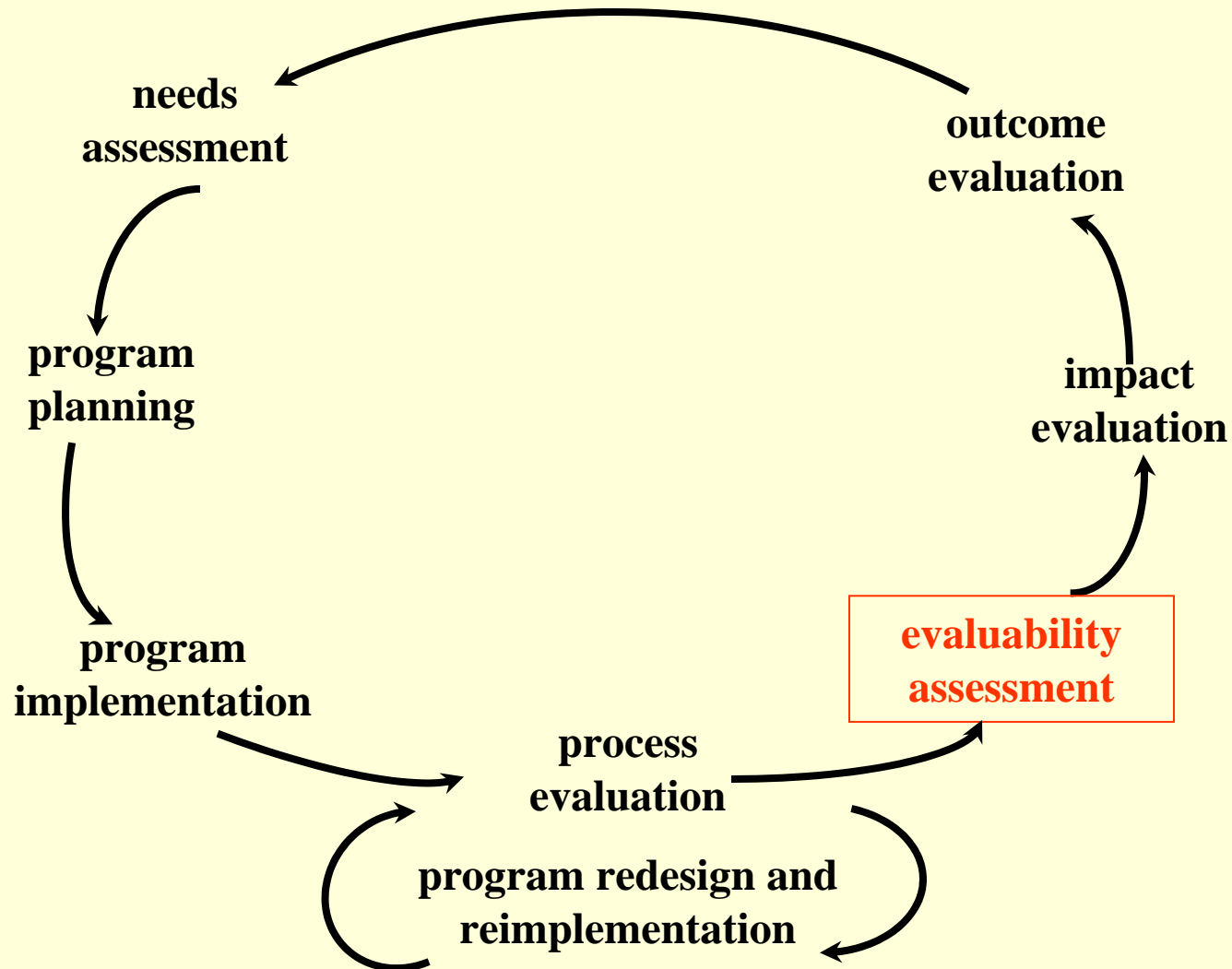
Impact evaluation

immediate effect

Outcome evaluation

longer term, subsequent
effect on health outcome

Program Planning and Evaluation Cycle Checkpoints



By far, the most useful evaluation research that should be conducted within programs, as part of everyday good practice, is **process evaluation**.

Assessment of **reach, quality, implementation** and **satisfaction** should help develop and (re)form new programs (formative evaluation) and be used routinely to see if programs remain on track (quality control)

A HEALTH WORKERS GUIDE

A HEALTH WORKERS GUIDE

A HEALTH WORKERS GUIDE

Evaluating Health Promotion

*Penelope Hawe
Deirdre Degeling
Jane Hall*

A HEALTH WORKERS GUIDE

Some tools you should know about

- methods to assess readability and appeal of written communications
- checklists to assess the quality of health promotion program plans
- methods to assess the quality of the social environment in a group or team
- tools for assessing the quality of an educational workshop
- methods to assess the quality of a patient education interaction

TODAY

Evaluation explained – what it is

Why evaluation is a joy and why
evaluation matters



Who should do what

Ongoing issues and new frontiers

Why evaluation is a joy (1)

“ It’s about biding time....coming back (again) and having another go. It’s almost like water torture. You know, another drip, another chip, ... walk away, another drip, and then you get people interested.”

Working invisibly: health workers talk about capacity building in health promotion. *Health Promotion International* 1998;13:285-295

Capacity building is about promoting two forms of “below the surface” learning

Incidental learning

is unknown learning “by accident” so to increase it you “arrange more accidents” (encounters, modelling, co-location of staff)

Informal learning

is known learning on the job, so to increase it you arrange more opportunities for engagement in learning, by increasing proactivity, reflectivity and creativity (through job assignments, time outs)

Checklists for measuring capacity in health promotion

Canada
(2004)

Health Promotion Capacity Checklists

to assess practitioners, their organisations, & the 'climate' of the region or province they work in

Australia
(2000)

Indicators to Help With Capacity Building in Health Promotion

to assess effective coalitions, teams, readiness of a partner organisation, one-to-one mentoring, organisational learning, program planning quality

Websites to download checklists:

[www.usask.ca/healthsci/che/prhprc/programs/
finalworkbook.pdf](http://www.usask.ca/healthsci/che/prhprc/programs/finalworkbook.pdf)

www.health.nsw.gov.au/pubs/i/pdf/capbuild.pdf

Why evaluation is a joy (2)

Because opportunities to improve practice come from being critically reflective, recognising that there is science to changing behaviours, changing organisations and even societies.

Taking the opportunity to enquire about and improve practice happens everyday.

EXAMPLE

Rural city in Victoria, Australia. Desire to address poor childhood immunisation rates within a complex system of service delivery. High anxieties about service cost. High anxieties about “research”.

Health Belief Model

People will be more likely to adopt a preventive health behaviour if:

- the disease in question is severe
- they believe they are susceptible to it
- the benefits of action will outweigh any costs
- a prompt or cue to action is provided

CITY OF BALLARAT

Dear Parent,

Council records indicate that _____ is due/overdue
for the following vaccination

TRIPLE ANTIGEN	1 st	2 nd	3 rd	CDT
POLIOMYELITIS	1 st	2 nd	3 rd	4 th
MEASLES/MUMPS	TRIPLE ANTIGEN BOOSTER			

Please present your child with the card for vaccination
at the Lower Civic Hall at _____pm on _____.

If unable to attend or wish to change the appointment
date, or do not wish to continue, continue elsewhere,
or changing address, please contact HEALTH DEPARTMENT,
TOWN HALL STURT STREET PH 31 3277

City of Ballarat

Dear Mrs Quinn,

Measles is still a problem in Ballarat, particularly for children under the age of 2 years. Some children suffer severe complications.

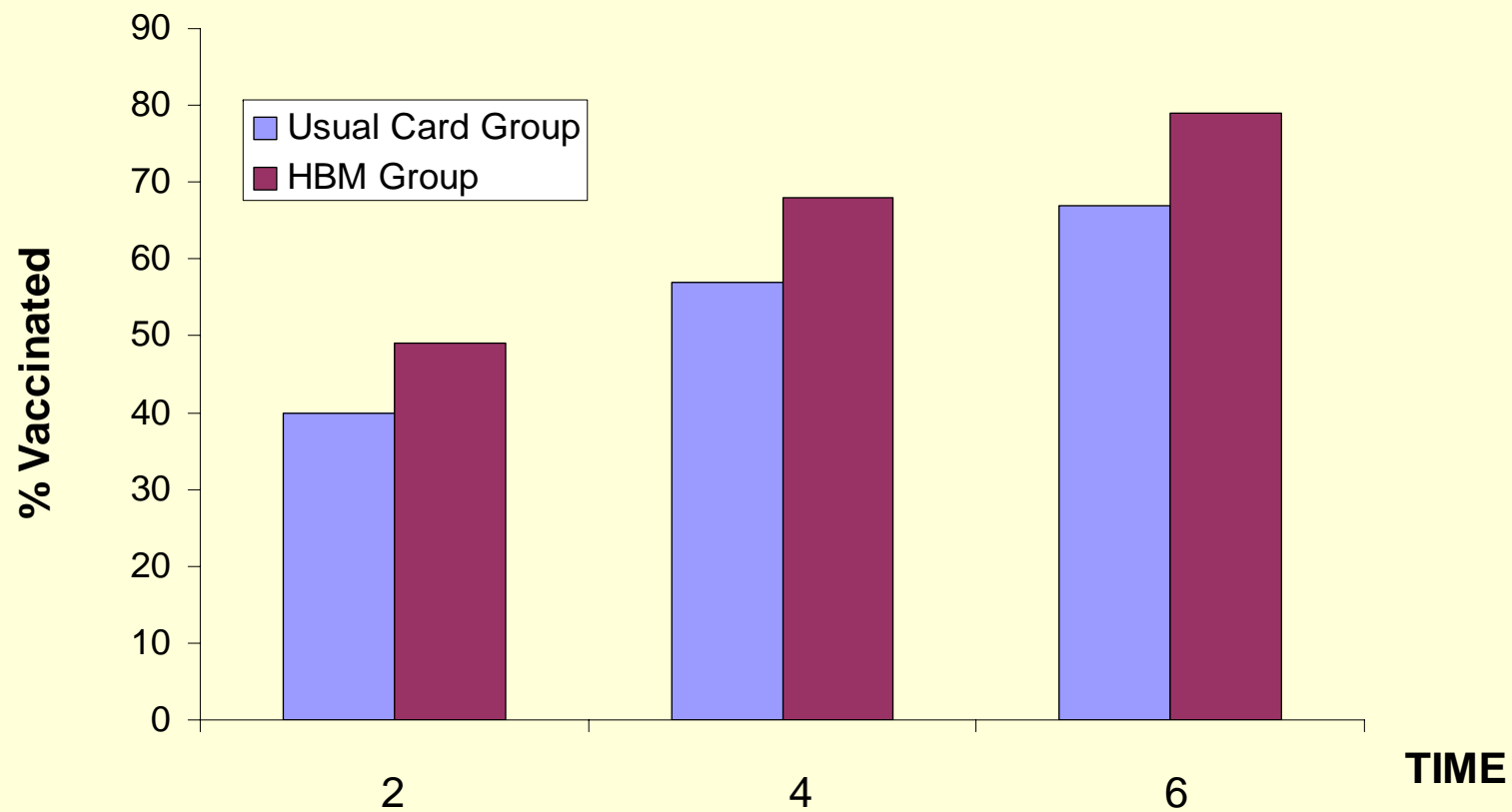
The children who are the most likely to catch measles are those who have not been immunised. Immunisation is very effective. There is almost no chance of side effects. Clinics are held at the Lower Civic Hall in Mair Street from 2-3.40pm, every second Wednesday. Of course immunisation is free.

The next clinic is Wednesday 14th December. If Georgia has not yet been immunised against measles, you should bring her along.

Regards, Bob Scurry

HEALTH DEPARTMENT Enquiries: ph3132777

Children receiving vaccination in the weeks following a postal reminder



Why evaluation matters

Professional accountability and efficiency

Professional development and satisfaction

Because health promotion programs can do more
harm than good

The good news in health promotion

Tobacco control

Motor vehicle injury prevention

Sudden infant death syndrome

Neural tube defects

Dental health

Skin cancer prevention

Bad news: Programs that have done harm

Robertson LS. Driver education and crash involvement of teenage drivers. *American Journal of Public Health* 1978;69:959-965

Robertson LS. Crash involvement of teenage drivers when driver education is eliminated from high school. *American Journal of Public Health* 1980;70:599-603

Berberian RM. The relationship between drug education programs in the Greater New Haven schools and changes in drug use and drug related perceptions. *Health Education Monographs* 1976;4:327-376

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Table 2. Suggested sharing of evaluation tasks in health promotion programme evaluation.

<i>Evaluation task</i>	<i>Person responsible</i>
Finding out if the programme is reaching the target group	Programme staff
Observing programme operations to see if the programme is being implemented properly	
Assessing participant's satisfaction with the programme	
Assessing programme quality	
Making a preliminary assessment of programme effects	
Assessing the short-term effects and determining if they are really caused by the programme	Evaluation research staff
Assessing longer-term effects and determining if they are really caused by the programme	

- In house process evaluation and the initial assessment of program effects are “intelligence” and “development” functions within health agencies which should NOT be outsourced to researchers.
- Impact evaluation and outcome evaluation requires separate research budgets and relationships with universities to ensure studies are conducted to the standard of a peer reviewed publication

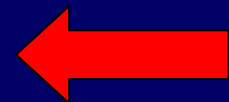
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A Couple of Ongoing Issues

- 1 Evaluation is a people process, as much as technical process. It involves bringing the values of the program and the people connected with it to the surface.

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- 2 Don't be afraid to find out (evaluate). ALL evaluation results are useful.

New Frontiers

Recognising that so called “program effects” are actually the product of a program x context interaction.

More evaluation in future will be about working out how much the pre existing context drives “program” outcomes.

Practitioners have to be at the forefront of this trend.