CHAPTER

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AN INTRODUCTION TO PUBLIC AND COMMUNITY HEALTH EVALUATION

LEARNING OBJECTIVES

■ Describe the links among community assessment, program implementation, and program evaluation.

■ Describe preassessment evaluations.

■ Identify the uses and approaches of evaluation.

■ List the principles of Community-Based Participatory Research.

■ Explain the ethical and cultural issues in evaluation.

■ Describe the value and role of stakeholders in evaluation.

Public health may be assessed by the impact it has on improving the quality of life of people and communities through the elimination or the reduction in the incidence, prevalence, and rates of disease and disability. It should improve conditions and access to resources for healthy living for all people. Public health programs and policies may be instituted at the local, state, national, or international level.

The Committee for the Study of the Future of Public Health defines the mission of public health as "fulfilling society's interest in assuring conditions in which people can be healthy" (Institute of Medicine, 2001, p. 7). Public and community health programs and initiatives exist in order to "do good" and to address social problems or to improve social conditions (Rossi, Lipsey, & Freeman, 2004, p. 17). Public health interventions address social problems or conditions by taking into consideration the underlying factors and core causes of the problem. Within this context, program evaluation determines whether public health program and policy initiatives improve health and quality of life.

Evaluation is often referred to as applied research. Using the word *applied* in the definition lends it certain characteristics that allow it to differ from traditional research in significant ways.

- Evaluation is about a particular initiative. It is generally carried out for the purposes of assessing the initiative, and the results are not generalizable. However, with the scaling up of programs to reach increasingly large segments of the population, and with common outcome expectations and common measures, evaluations can increase their generalizability. Research traditionally aims to produce results that are generalizable to a whole population, place, or setting in a single experiment.

- Evaluations are designed to improve an initiative and to provide information for decision making at the program or policy level; research aims to prove whether there is a cause and effect relationship between two entities in a controlled situation.

- Evaluation questions are generally related to understanding why and how well an intervention worked, as well as to determining whether it worked. Research is much more focused on the end point, on whether an intervention worked.

- Evaluation questions are identified by the stakeholders in collaboration with the evaluators; research questions are usually dictated by the researcher's agenda.

Comparisons of evaluation and research have been associated with a variety of disciplines and approaches (Fitzpatrick, Sanders, & Worthen, 2004). Table 1.1 summarizes the differences.

Some approaches to evaluation, such as those that rely on determining whether goals and objectives are achieved, assess the effects of a program; the judicial approach asks for arguments for and against the program, and program accreditations seek ratings of programs based on a professional judgment of their quality. Consumer-oriented approaches are responsive to stakeholders and encourage their participation. Public health program evaluation utilizes the most appropriate approach for answering the research question, including drawing on social science theories. It incorporates the use

TABLE 1.1.   **A Comparison of Evaluation and Research**

Evaluation	Research
Assesses the particular initiative, and therefore the findings are not generalizable.	Results are generalizable.
Is designed to improve the initiative.	Is designed to prove a relationship.
Focuses on why and how an intervention worked.	Focuses on the end point.
Questions are identified by stakeholders in consultation with the evaluators.	Questions are dictated by the researcher's agenda.
Assesses the value of the initiative even in the face of unexpected results.	Assesses whether the initiative worked.

of the initiative's Theory of Change. A Theory of Change hypothesizes clear and logical links among a program's mission, goal, objectives, and activities.

THE LINKS AMONG COMMUNITY ASSESSMENT, PROGRAM IMPLEMENTATION, AND EVALUATION

When a community or individual identifies a public health problem among a population, steps are taken to understand the problem. These steps constitute community assessments, which define the problem using qualitative and quantitative measures. They assess the extent of the problem, who is most affected, and the individual and environmental factors that may be contributing to and exacerbating the problem. Community assessments determine the activities that will potentially lead to change in the factors that put the population at risk of disease and disability. Programs are planned and implemented based on the findings of the community assessment and the resources available.

The term *initiative* is used in this book to refer to a program or policy intervention that addresses a health or social concern. Details about conducting a community assessment and developing initiatives are discussed in Chapters Two and Three. Examples of initiatives are a program for low-income families to increase their knowledge and skills with regard to accessing health care and an after-school program to improve physical fitness. Programs may also modify the environment to improve access to conditions that support health, such as improving conditions for walking in a community or improving access to fresh produce. Initiatives can also develop or change public policy so that more people can have health insurance and improved access to health care.

An initiative may have multiple activities, programs, or policies. One example is prevention of the onset of diabetes, which requires a multipronged intervention for those at risk. Individual components that constitute the initiative may include physical activity, diet control, case management, outreach education, and policies that increase the availability of fresh produce. Evaluating a multipronged initiative requires assessing both process and outcomes for each component as well as assessing the overall effect of the initiative on preventing diabetes among the target population.

Evaluation activities may occur at multiple points on a continuum, from planning the initiative, through implementation, to assessing the effect on the populations served and meeting the goals outlined in the Healthy People objectives (U.S. Department of Health and Human Services, 2000). The Healthy People documents identify the most significant preventable threats to health and establish national goals to reduce these threats. Individuals, groups, and organizations are encouraged to integrate the Healthy People objectives into the development of initiatives. In addition, businesses can use the framework to build work-site health-promotion activities; schools and colleges can undertake programs and activities to improve the health of students and staff. Health care providers can encourage their patients to pursue healthy lifestyles; community-based organizations and civic and faith-based organizations can develop initiatives to address health issues in a community, especially among hard-to-reach populations, and to ensure that everybody has access to information and resources for healthy living.

Determining the effectiveness of the implementation of programs and policies and the impact of such initiatives on the population that is reached is the task of program- or policy-evaluation activities. Although evaluation activities may use different approaches, their function is similar across disciplines. Formative evaluation is the appropriate approach during the program planning and development phase of an initiative; process monitoring and evaluation are useful during the implementation phase and when the goal of the evaluation is to understand what went into the program and how well it is being implemented.

Outcome evaluations are carried out after programs have been in place for a time and are considered stable; such an evaluation can assess the effect of a program or policy on individuals or a community. Outcome evaluation aims to understand whether a program was effective and achieved what it set out to accomplish. Impact evaluation is the last stage of the evaluation continuum. It is used when multiple programs and policy initiatives affect the quality of life of a large population over a long period. Multiple interventions on the population or subpopulation are assessed for changes in quality of life and for the incidence and prevalence of disease or disability. Discussions of impact evaluation may be found in other texts. Figure 1.1 illustrates the context of evaluation; the specific kinds of evaluation are discussed in detail in the next section.

FIGURE 1.1. *Evaluation in Context*
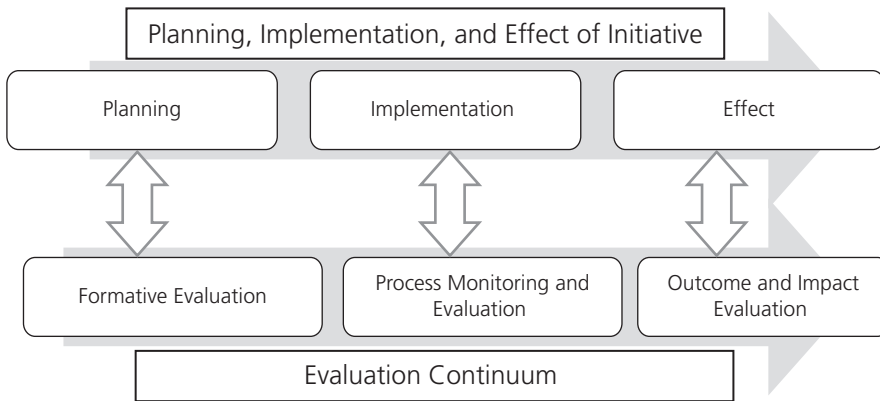
OVERVIEW OF EVALUATION

Rossi et al. (2004) describe evaluation as "the use of social research methods to systematically investigate the effectiveness of social intervention programs in ways that are adapted to their political and organizational environments and are designed to inform social action to inform social conditions" (p. 16). In addition, these authors caution that evaluation provides the best information possible under conditions that involve a political process of balancing interests and reaching decisions (p. 419).

Evaluation is the cornerstone for improving public health programs and is conducted for the purpose of making a judgment of a program's worth or value. Evaluation incorporates steps that specify and describe the activities and the process of evaluation; the initiative and why it is being evaluated; the measures needed to assess the inputs, outputs, and outcomes; and the methodology for collecting the information (data). In addition, an evaluation analyzes data and disseminates results in ways that ensure that the evaluation is useful to the stakeholders.

PREASSESSMENT EVALUATIONS

One major assumption in evaluating an initiative is that it was well planned and fully implemented. This, however, is not always the case, and the evaluation team may then find it must balance the expense associated with undertaking the evaluation with the likely result of the evaluation. The question becomes, In undertaking this evaluation will we be able to provide useful information to the stakeholder for decision making or program improvement? If the answer is no, the initiative may not be ready for an evaluation. If the answer is yes, consultation may be necessary with regard to various

aspects of the evaluation for which stakeholder participation is critical. Preassessment thus may be thought of as a feasibility study of the initiative's readiness to be evaluated. Components of a feasibility evaluation may include:

- Assessing the readiness of executives, staff, and stakeholders to support an evaluation and to use the results

- Determining whether the stated goals and objectives are clear and reflect the intended direction of the organization

- Assessing the logic of the program and its ability to achieve the stated goal and objectives given the initiative's activities and resources

- Assessing whether data collected of the program's implementation activities are likely to be suitable for showing the effects of the program

- Assessing whether processes exist or can be developed to provide sufficient information to assess the program's activities, outputs, and outcomes

- Assessing access to program participants, program staff, and other stakeholders

- Assessing the logistics and resources available to conduct an evaluation

Whether preassessment is completed formally or informally, the outcome may be either that the evaluation is able to go ahead or that it has to be delayed until various conditions are met. Meeting the conditions may require anything from developing a set of data-management and evaluation tools that allow for appropriate and adequate data collection to taking far-reaching measures such as collecting baseline data and restructuring the initiative. Such actions ensure that the program has the components and tools essential for undertaking an appropriate and meaningful evaluation in the future.

One of the detailed tasks in carrying out a preassessment is to work with the organization to understand its contexts and programs, the epidemiological and community data-based rationale, and the resources for the intervention. The evaluator identifies the intervention components, creates a Theory of Change model, and determines the existence (or nonexistence) of specific, measurable, realistic, achievable, and time-oriented short-term, intermediate, and long-term outcome objectives.

COMMUNITY-BASED PARTICIPATORY RESEARCH

A fundamental principle of evaluation is that the evaluation team has a responsibility not only to the profession but to the community. The American Evaluation Association (2008, p. 234) reminds us:

Evaluators articulate and take into account the diversity of general and public interests and values and thus should: 1) include relevant perspectives and interests of the full range of stakeholders, 2) consider not only immediate operations and outcomes of the evaluation but also the broad assumptions, implications and potential side effects,

3) allow stakeholders access to and actively disseminate evaluative information and present evaluation results in understandable forms that respect people and honor promises of confidentiality, 4) maintain the balance between client and stakeholder needs and interests, and 5) take into account the public interest and good, going beyond analysis of particular stakeholder needs and interests to consider the welfare of society as a whole.

A participatory model for evaluation views evaluation as a team effort that involves people internal and external to the organization with varying levels of evaluation expertise in a power-sharing and co-learning relationship.

Patton (2008, p. 175) identifies nine principles of participatory evaluation:

1. The process involves participants in learning skills.

2. Participants own the evaluation and are active in the process.

3. Participants focus the evaluation on what they consider important.

4. Participants work together as a group.

5. The whole evaluation process is understandable and meaningful to the participants.

6. Accountability to oneself and to others is valued and supported.

7. The perspectives and expertise of all persons are recognized and valued.

8. The evaluator facilitates the process and is a collaborator and a resource for the team.

9. The status of the evaluator relative to the team is minimized (to allow equitable participation).

A participatory model for evaluation embraces the stakeholders in the process and utilizes approaches to help the organization develop the capacity to evaluate its own programs and institute program improvement (Fetterman, Kaftarian, & Wandersman, 1996). By adopting Community-Based Participatory Research (Israel, Eng, & Parker, 2005), evaluation emphasizes self-determination, learning, and empowerment, and incorporates both qualitative and quantitative methods for data collection. It underscores the value of including those who have a vested interest in the programs and their communities in the process (Minkler, 2007).

The Community-Based Participatory Research approach (Israel, Eng, Schulz, & Parker 2005) proposes nine guiding principles for collaboration; these guidelines are easily incorporated into participatory program evaluation of public health initiatives. Community-Based Participatory Research

1. acknowledges community as a unit of identity in which people have membership; it may be identified as a geographical area or a group of individuals

2. builds on strengths and resources of the community and utilizes them to address the needs of the community
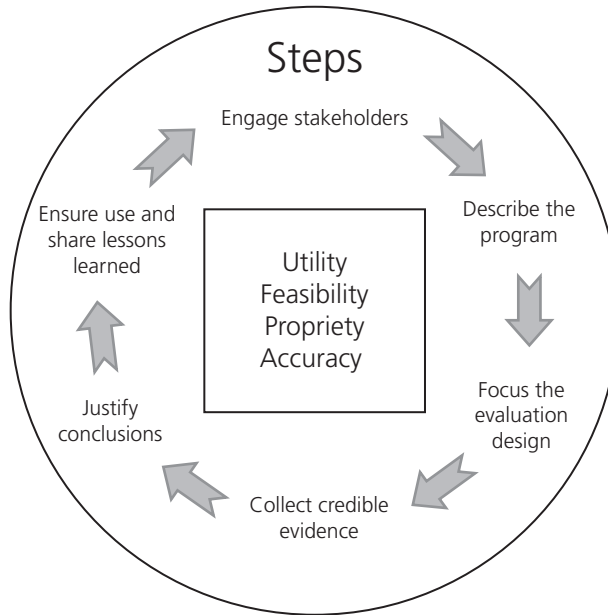
3. facilitates a collaborative, equitable partnership in all phases of research, involving an empowering and power-sharing process that attends to social inequalities with open communication among all partners and an equitable share in the decision making

4. fosters co-learning and capacity building among all partners with a recognition that people bring a variety of skills, expertise, and experience to the process

5. integrates and achieves a balance between knowledge generation and intervention for the mutual benefit of all partners with the translation of research findings into action

6. focuses on the local relevance of public health problems from an ecological perspective that addresses the multiple determinants of health including biological, social, economic, cultural, and physical factors

7. involves systems development using a cyclical and iterative process that includes all the stages of the research process from assessing and identifying the problem to action

8. disseminates results to all partners and involves them in the wide dissemination of results in ways that are respectful

9. involves a long-term process and commitment to sustainability in order to build trust and have the ability to address multiple determinants of health over an extended period (Israel et al., 2005, pp. 7–9)

Important outcomes of Community-Based Participatory Research approaches are building community infrastructure and community capacity, knowledge, and skills (O'Fallon & Dearry, 2002).

THE PARTICIPATORY MODEL FOR EVALUATION

The Participatory Model for Evaluation is based on the Framework for Program Evaluation (Milstein, Wetterhall, & Group, 2000), which has six evaluation steps (Figure 1.2).

   The Participatory Model for Evaluation, adopted in this book, incorporates Community-Based Participatory Research principles (Israel et al., 2005) and supports a collaborative, equitable partnership in all phases of the evaluation process. It fosters co-learning and capacity building while acknowledging and utilizing existing experience and expertise. It incorporates all the elements of the evaluation process but does so in a flexible and simplified way. It recognizes the often iterative and integrative nature of evaluation in designing the evaluation; collecting, analyzing, and interpreting the data; and reporting the findings. It links the evaluation process to community assessment and program planning and implementation in a deliberative and iterative way. Stakeholders' active participation in the process provides flexibility in the evaluation

FIGURE 1.2. *Framework for Program Evaluation in Public Health*

Steps

Engage stakeholders

Describe the program

Focus the evaluation design

Collect credible evidence

Justify conclusions

Ensure use and share lessons learned

Utility
Feasibility
Propriety
Accuracy

From Milstein, Wetterhall, & Group (2000).

and allows it to be customizable to the users' needs. Because conducting an evaluation depends on a thorough knowledge and understanding of a program's development, this book provides an overview of these critical precursors to evaluation, the community assessment, and developing programs for evaluation. This model recognizes the dynamic nature of programs and the changing needs of the evaluation over time, hence the cyclical nature of the process.

The Participatory Model for Evaluation (Figure 1.3) used to evaluate public health community or policy initiatives recognizes that the community assessment and the public health initiative are precursors to an evaluation. The Participatory Model for Evaluation consists of four major steps:

1. Design the evaluation.

2. Collect the data.

3. Analyze and interpret the data.

4. Report the findings.

In this model of evaluation, stakeholders who have a vested interest in the program's development, implementation, or results are part of the evaluation team and

FIGURE 1.3.   *The Participatory Model for Evaluation*
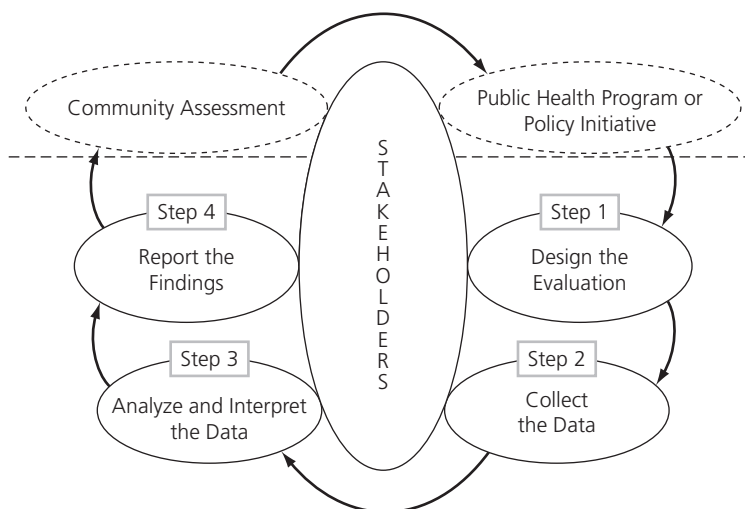
involved in each step of the evaluation process. In addition to acknowledging the inclusion of stakeholders as good practice in evaluation, the Public Health Leadership Society (2002) recognizes their inclusion as being ethical. Its principle 3 states that public health "policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members" (p. 4). Stakeholders provide multiple perspectives and a deep understanding of the cultural context in which an initiative is developed and an evaluation conducted.

The Evaluators

The team is led by an experienced evaluator who may be internal or external to the organization. Historically, the evaluator has been an outsider who comes in to give an independent, "unbiased" review of the initiative. More recently, agencies and large nonprofit organizations have hired in-house evaluators or modified the roles of staff to provide evaluation and thereby strengthen the overall capacity of the organization. A significant advantage is that the agency may be able to have a more sustained evaluation conducted at lower cost. Irrespective of the approach used, participatory models include stakeholders as part of the evaluation design and implementation in order to facilitate the use of the findings.

There are advantages and disadvantages to choosing an internal or an external evaluator. An internal person who has the expertise to conduct an evaluation and who knows the program well may also have easy access to materials, logistics, resources, and data. However, internal evaluators are often too busy, may be less objective than external people, and may have limited expertise.

An external evaluator is often viewed as being more credible, more objective, and better able to offer additional insights and to serve as a facilitator than someone from

inside the organization. An external person may also be able to provide additional resources. Alternatively, external evaluators may not know the program, policies, and procedures of the organization, may not understand the program context, and may be perceived as adversarial and an imposition.

Whether an evaluator is internal or external, the person who has the primary responsibility for the evaluation should have these essential competencies:

- Know and maintain professional norms and values, including evaluation standards and principles

- Use expertise in the technical aspects of evaluation such as design, measurement, data analysis, interpretation, and sharing results

- Use situational analysis, understand and attend to contextual and political issues of an evaluation

- Understand the nuts and bolts of evaluation, including contract negotiation, budgeting, and identifying and coordinating needed resources for a timely evaluation

- Be reflective regarding one's practice and be aware of one's expertise as well as the need for professional growth

- Have interpersonal competence in written communication and the cross-cultural skills needed to work with diverse groups of stakeholders (Ghere, King, Stevahn, & Minnema, 2006; King, Stevahn, Ghere, & Minnema, 2001)

In addition, five ethical principles of program evaluation were adopted and ratified by the American Evaluation Association. These principles reflect the fundamental ethical principles of autonomy, nonmaleficence, beneficence, justice, and fidelity (Veach, 1997) and as such provide an ethical compass for action and decision making throughout the evaluation process. These principles are the following:

1. *Systematic inquiry:* Evaluators conduct systematic, data-based inquiries. They adhere to the highest technical standards; explore the shortcomings and strengths of evaluation questions and approaches; communicate the approaches, methods, and limitations of the evaluation accurately; and allow others to be able to understand, interpret, and critique their work.

2. *Competence:* Evaluators provide competent performance to stakeholders. They ensure that the evaluation team possesses the knowledge, skills, and experience required; that it demonstrates cultural competence; practices within its limits; and continuously provides the highest level of performance.

3. *Integrity/honesty:* Evaluators display honesty and integrity in their own behavior and attempt to ensure the honesty of the entire evaluation process. They negotiate honestly, disclose any conflicts of interest and values and any sources of financial support. They disclose changes to the evaluation, resolve any concerns, accurately represent their findings, and attempt to prevent any misuse of those findings.

4. *Respect for people:* Evaluators respect the security, dignity, and worth of respondents, program participants, clients, and other stakeholders. They understand the context of the evaluation, abide by ethical standards, conduct the evaluation and communicate results in a way that respects the stakeholders' dignity and worth, fosters social equity, and takes into account all persons.

5. *Responsibilities for general and public welfare:* Evaluators articulate and take into account the diversity of general and public values that may be related to the evaluation. They include relevant perspectives, consider also the side effects, and allow stakeholders to present the results in appropriate forms that respect confidentiality, take into account the public interest, and consider the welfare of society as a whole (American Evaluation Association, 2008, pp. 233–234).

(The full text of the American Evaluation Association Guiding Principles for Evaluators is available at http://www.eval.org.)

The second principle, competence, refers to providing skilled evaluation. "Evaluators should possess (or ensure that the evaluation team possesses) the education, abilities, skills and experience appropriate to undertake the tasks proposed by the evaluation" (American Evaluation Association, 2008, p. 233). In addition the evaluation team develops cross-cultural skills in order to understand the culture in which both the initiative and the evaluation are embedded (Ghere et al., 2006; King et al., 2001).

The Stakeholders

Stakeholders who are identified to be part of the evaluation team are individuals, groups, or organizations that have a significant interest in how well a program functions (Rossi et al., 2004). Involving stakeholders allows the initiative to be viewed in the appropriate administrative, epidemiological, political, and sociocultural perspectives.

Stakeholders provide the funding for the program, management, or oversight or are participants in the program and benefit from program activities. In addition, some have an interest in the program but do not have any specific role in the organization and its initiatives. It is equally important to engage those community members who are not supportive of the initiative to understand their concerns and the competition that the organization faces. Involving multiple stakeholders in the process enhances the credibility of the evaluation, ensures that the appropriate voices are heard, and gives stakeholders ownership in the evaluation.

A stakeholder analysis will help identify the stakeholders who are associated with the program, their interest in the program, and their likely contribution to the evaluation tasks. The stakeholder analysis is conducted at the start and throughout the evaluation process to ensure that the right people are included at critical points, from developing the evaluation design to reporting the results. During the evaluation the roles of the stakeholders change as they go in and out of the process and participate as is

appropriate for their interest and expertise. Stakeholders in a public health evaluation could include:

■ The board of directors of the organization that has requested the evaluation to determine whether the organization is meeting the requirements for continued funding

■ The board of directors of a foundation that provides community grants and wants to be sure its grants are making a difference in achieving strategic goals

■ The executive director, who provides overall oversight and management for the program

■ The project manager, who provides the day-to-day management of staff implementing the program or the policy

■ Staff providing services to clients

■ Staff supervising logistical services

■ Persons receiving services who meet the criteria for the intended population sample

■ Persons who are affected in any way by the services or policies

■ Persons in the larger community who have an interest in the program's success

Ideally stakeholders are involved in the evaluation from the start and throughout the process. In addition to their invaluable input into understanding program development and implementation, stakeholders have critical roles and responsibilities that include providing

■ access to files, reports, and publications

■ administrative and logistical support

■ access to other stakeholders as necessary for data collection

■ support in implementing the evaluation plan

■ insights into the results and interpretation of the data analysis

■ support in disseminating the interim and final reports

Keeping stakeholders engaged in the evaluation process involves developing meaningful relationships with them. Relationship development may be facilitated by understanding some of their issues, understanding the cultural and power issues that exist, and working to develop a trusting and ethical relationship.

CULTURAL CONSIDERATIONS IN EVALUATION

With the changing demographics of most countries, states, counties, cities, and neighborhoods, being sensitive to other cultures is important and may make the difference between an evaluation that produces useful findings and one that does not. It may be

the difference between having a set of behaviors, attitudes, and practices that enables effective work and not being effective. Knowing there are differences among cultures and yet avoiding value judgments that undermine the integrity of a people is an underlying principle of cross-cultural engagement. Appreciating and embracing cultures different from our own facilitates an environment conducive to each person's growth and development.

Although there are many definitions of culture, it is generally thought to refer to a set of beliefs, traditions, and behavior that apply to a particular group of people. Cultural groups may be identified based on age, gender, religion, country of origin, race or ethnicity, sexual orientation, disability, family background, language, food preference, employment, or neighborhood community. These characteristics influence societal traditions, thought patterns, processes, and traditions. Sector (1995, p. 68) defines culture as "the sum of beliefs, practices, habits, likes, dislikes, norms, customs, rituals, and so forth that we learned from our families during the years of socialization."

Societal customs and traditions are passed through multiple generations and may include the way members of the group dress, sing, and dance or how they perceive and respond to the world around them. Traditions are passed down by word of mouth during periods of storytelling or less deliberately when societies perform traditions year after year. Native Americans, for example, have many traditions that define their culture as do Africans and Asians both in their native areas and in the Diaspora.

Certain practices are unique to a cultural group, but often we find similar traditions across groups. It is fascinating to observe that black populations that live in America, the Caribbean, and Canada have traditions and thought patterns similar to those of blacks who still live in Africa even though they have been separated for many generations. As cultures have become integrated through immigration and intermarriage, we see changes in cultural practices. Societies continue to eliminate those practices that are harmful and retain those that speak to the core values of their people.

Because culture gives people unique perspectives and often unique ways of doing, developing the knowledge and skills to work cross-culturally is critical to effective practice. To be able to fully appreciate and consider another person's culture, it is important to learn about that culture. Learning requires humility of spirit, openness and honesty, patience and a willingness to share what we know with others.

When we take the culture of the people around us into consideration, we demonstrate

- a respect for others

- a willingness to listen to the perspective of others and to respect their views

- a willingness to learn

Culture plays an important role in program evaluation. Cultural context guides the methods and approaches that are used throughout the process as well as the interpretation of the results and how the conclusions are drawn. As a result, culture

influences the validity of the evaluation findings (Johnson, Kirkhart, Madison, Noley, & Solano-Flores, 2008). Aspects of the evaluation process that culture affects include:

■   How the evaluation questions are asked

■   The selection of the data sources

■   The methods and approaches used to collect the evaluation data

■   The techniques used in the evaluation

■   The methods and approaches used in communication of the results (Kirkhart, 2005)

Standards of cultural competence have often been used to define the expectations of those working with a diverse population. Cultural competence incorporates the hope that the workforce has the knowledge, attitudes, and skills necessary to understand the beliefs, behaviors, and practices of the population being served. It is also necessary that they have demographic characteristics similar to those of the receivers of the services or, in some cases, that they simply be able to provide language-translation services.

Cultural competence has been defined in multiple ways. Batancourt, Green, Carillo, and Ananeh-Firenpong (2003, p. 294) suggest that "[cultural competence] acknowledges and incorporates at all levels, the importance of culture, assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs." Perez and Luquis (2008) identify three characteristics that are conducive to reaching mutual goals: cultural desire (the desire to work in a multicultural society), cultural awareness, and cultural sensitivity. Cultural competence may be characterized as knowledge, attitudes, and values that, when applied systematically, lead to the empowerment of others irrespective of their culture.

In recognizing the significance of paying attention to culture and valuing the input and expertise of others, the American Evaluation Association's Guiding Principles for Evaluators (2008, item D.6) reads, "Understand, respect, and take into account differences among stakeholders such as culture, religion, disability, age and sexual orientation and ethnicity." To do so, one must be culturally competent. Cultural competence in evaluation means

■   being open, respectful, and appreciative of another's culture

■   acknowledging the value of other cultures

■   recognizing culturally based understandings

■   incorporating cultural understanding into each step of the evaluation process

Cultural competence is a journey and does not have a discrete end point because we never really become competent in another person's culture; however, cultural

humility and the ability to listen to people from other cultures and to evaluate our-selves are important characteristics of evaluators who are culturally competent (Tervalon & Murray-Garcia, 1998). Cultural humility includes understanding the impact of one's professional culture, which helps shape the relationship between the evaluator and the stakeholders. An important result of a relationship where there is cultural humility is likely to be full and equitable participation for all stakeholders.

The American Evaluation Association standards include two guiding competen-cies for evaluators that focus on cultural understanding (2008, items B.2 and D.14):

1. Demonstrate a sufficient level of cultural competence to ensure recognition, accurate interpretation, and respect for diversity

2. Become acquainted with and respect differences among participants, including their culture, religion, gender, disability, age, sexual orientation, and ethnicity

One of the earliest phases in the development of cultural competence is acquir-ing cultural sensitivity. In evaluation, cultural sensitivity dictates that the evalua-tion team

■ shed light on why a particular program works from the perspective of the partici-pants and the stakeholders

■ design an appropriate evaluation process

■ interpret data with sensitivity and understanding

■ promote social justice and equity

In the application of cultural understanding to evaluation, Kirkhart (2005) describes multicultural validity in evaluation research as the recognition and applica-tion of understanding of cultural context to increase the validity of the research pro-cess from the formation of the evaluation question to the communication of findings. Kirkhart (2005) identifies five ways that culture influences the validity of an evaluation:

1. *Interpersonal* approaches assess the quality of the interactions between and among participants in the evaluation process.

2. *Consequential* approaches assess the social consequences of understandings and judgments and the actions taken based on them.

3. *Methodological* approaches assess the cultural appropriateness of measurement tools and the cultural congruence of evaluation designs.

4. *Theoretical* approaches assess the cultural congruence of theoretical perspectives underlying the program, the evaluation, and the assumptions of validity.

5. *Experiential* approaches assess congruence with the lived experience of partici-pants in the program and in the evaluation process.

In integrating cultural perspectives into its work, the United Nations Population Fund identified twenty-four tips for culturally sensitive programming (United Nations Population Fund, n.d.). Drawing on that work, I list here ten of the tips that mirror the principles guiding the implementation of the Participatory Model for Evaluation:

1.   Invest time in knowing the culture in which you are operating.

2.   Hear what the community has to say.

3.   Demonstrate respect.

4.   Be inclusive.

5.   Honor commitments.

6.   Find common ground.

7.   Build community capacity.

8.   Let people do what they do best.

9.   Provide solid evidence.

10.   Rely on the objectivity of science.

(A full list of the tips may be found at http://www.unfpa.org/culture/24/cover.htm.)

The Participatory Model for Evaluation incorporates an empowerment philosophy that integrates a cultural perspective and leaves the community with knowledge, skills, and an increased capacity and ability to conduct its own evaluation by including a community-based participatory research philosophy.

SUMMARY

■   Evaluation is conducted by a team that consists of evaluators and stakeholders who share responsibility for the evaluation from the start of the process to completing the report and presenting the results.

■   The Participatory Model for Evaluation considers the community assessment and the public health program or policy initiative as precursors to evaluation.

■   Community-Based Participatory Research fosters the involvement of stakeholders in all aspects of the evaluation from describing the initiative's context to writing the final evaluation report.

■   The guiding principles for performing evaluation are systematic inquiry, competence, integrity, respect for persons, and responsibility for the public welfare.

■   Culture refers to a set of beliefs, traditions, and behavior of a group of people that may be identified by personal characteristics, geographical area, or common interests.

DISCUSSION QUESTIONS AND ACTIVITIES

1. Define *evaluation*. Explain what evaluation means in your own words. Provide an example of an evaluation and draw a graph, picture, or in other ways illustrate what evaluation means to you.

2. Locate and read at least one article that uses a participatory approach to evaluation and another that does not use that approach. Summarize the main points of each article and discuss differences between the approaches.

3. Identify a culture different from your own. Which of the characteristics you know about in that culture are similar to those of your culture and which are different from those of your own culture? Make a list. Now, do a literature search to learn more about the culture you selected and write a one-to-two page summary of your findings.

4. Go to the full text of the Guiding Principles for Evaluators at www.eval.org. Discuss Guiding Principle D in your own words. Identify and review Institutional Review Board requirements usually found in agencies, universities, and colleges, or in research institutions. How is Guiding Principle D reflected in the requirements for the protection of human subjects? Note: Institutional Review Boards are sometimes referred to as Ethics Committees or Ethical Review Boards.

KEY TERMS

Community-Based Participatory Research
community health
cultural competence
ethical principles in evaluation
evaluation
initiative
participatory evaluation
Participatory Model for Evaluation
preassessment evaluation
public health
stakeholders