CHAPTER 1

AN INTRODUCTION TO PUBLIC AND COMMUNITY HEALTH EVALUATION

LEARNING OBJECTIVES

- Identify the uses and approaches of evaluation.
- Describe preassessment evaluation.
- List the principles of participatory evaluation.
- Describe the links among community assessment, program implementation, and program evaluation.
- 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. An additional aspect of public health is to create social and physical environments that promote good health for all. The Healthy People 2020 goal describes health as being produced at multiple levels: households, neighborhoods and communities. In addition, it describes the importance of social and economic resources for health with a new focus on the social determinants of health. Its overarching goals are as follows:

1. Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
2. Achieve health equity, eliminate disparities, and improve the health of all groups.
3. Create social and physical environments that promote good health for all.

Public health, therefore, has an obligation to improve conditions and access to appropriate and adequate resources for healthy living for all people, and it includes education, nutrition, exercise, and social environments. 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 and much less on the process for achieving the end result.

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

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 and are usually preceded by a self-study. Consumer-oriented approaches are responsive to stakeholders and encourage their participation. This book focuses on the evaluation of public health programs primarily at the community and program level.

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.

This definition of evaluation as adopted by the social sciences and public health reflects a long tradition of evaluation that takes different approaches to evaluation and are applied across a wide field of study. Each has its own criteria, and the evaluator chooses the approach that best suits their field, their inclination, or the purpose for which the evaluation is being conducted.

The next section provides a brief overview of the most widely used approaches. These evaluation approaches include the consumer-based, decision-based, goal-free, participatory, expertise-oriented, and objectives-based.

Consumer-Based Approach

In the consumer-based evaluation approach, the needs of the consumer are the primary focus and the role of the evaluator is to develop or select criteria against which the initiative or product is judged for its worth. The focus of this evaluation is on the cost, durability, and performance of the initiative or product being evaluated.
Decision-Based Approach
This approach adopts a framework for conducting evaluation that includes the context, inputs, process, and product. It is also referred to as the context, input, process, and product (CIPP) approach. In including the context in the evaluation, this approach considers both the problem that is being addressed and the intervention that addresses it. In the context of public health, adopting this model requires understanding the public health problem being addressed and the program or policy intended to address it. The community or needs assessment forms the basis for developing the intervention. The input components of the evaluation assess the relationship between the resources available for the program and the activities identified to address the problem. Process evaluation, which is the third component of this model, asks the question, “Is the program being implemented as planned?” The last component, the product, assesses the extent to which goals and objectives have been met.

Goal-Free Approach
A goal-free approach to evaluation is just that. The evaluation does not start out with any predefined goals or objectives related to the initiative being evaluated. It is expected that the initiative will have many outcomes that are not necessarily related to the objectives that may have been crafted when the initiative was initially conceived and started. Therefore, not having defined objectives allows the evaluator to explore a wide range of options for evaluation.

Participatory Approach
The participatory approach to evaluation adopts an approach that values and integrates stakeholders into the process. Stakeholders in this process are the beneficiaries of the initiative’s interventions. In this case, the evaluator serves as technical advisor allowing the stakeholders to take responsibility for most aspects of the evaluation process. The aim of this approach is to transfer skills in a co-learning setting and to empower stakeholders to become evaluators of their own initiatives.

Expertise-Oriented Approach
The expertise-oriented approach expects the evaluator to be a content expert who draws on his life experience to judge a program’s worth. It may or not be accompanied by specified clearly defined and explicit criteria. This approach is often used in judging competitions and in public health and other fields in accreditation. However, in accreditation, such as the accreditation of schools of public health, although the institution provides the self-study narrative based on predefined criteria, the judgment of the program’s merits and the decision to grant accreditation is made by the accrediting body.

Objectives-Based Approach
The objectives-based evaluation is the most commonly used in public health practice especially recently as responses to calls for proposals for funding now invariably require the applicant to include objectives. The objectives for an initiative are developed following the community assessment, and form the bases on which the initiative is developed focusing on risk or protective factors that would have an impact on the problem being addressed.
Additional objectives that may address concerns of the evaluator or the implementing team may be written as necessary to guide the evaluation and for the framework upon which the evaluation questions and the evaluation are designed.

LEVELS OF EVALUATION

Evaluation at the Project and Program Level
Evaluation may be conducted at the project or program level. Public health organizations and agencies may achieve the overall mission of the organization through a number of stand-alone projects that together make up a program. For example, a local service organization of an agency may have activities that address many of the determinants of health—for example, low literacy, access to health insurance, low levels of physical activity and poor nutrition. Addressing each of these determinants of health may occur in a department of health promotion, yet each may have an independent set of activities to achieve an overall goal to improve the health of minority, low-income populations within a jurisdiction. At the project level, process evaluation may be concerned with how the set of activities is being implemented and the extent to which each is being implemented according to a previously established plan. The link between literacy, lack of insurance, healthy nutrition, and physical activity is fairly well understood, so that, in combination, it is assumed that sets of activities at the project level will, over a specified time, address common objectives, such as reduce the percentage of individuals who are diagnosed with heart disease or increase the number of individuals with diabetes who achieve HbA1c levels of less than 7%. This evaluation takes place in the context of a carefully selected set of activities based on theoretically sound community assessment, which provides the framework for an intervention designed to achieve a stated set of goals and objectives.

Evaluation at the Organization Level
Evaluation may not only be concerned with the project and programs that are run out of the organization, but the organization may also have needs for its own development in order to provide needed services. Evaluating the organization may involve assessing the extent to which the organization is able to implement its strategic plan, the extent to which it is achieving its stated mission and reaching the populations it intends to serve. It may also assess its organizational capacity and relationships with others. Organizational development components that may be assessed include the capacity of its staff to address present and emerging health problems in the community and the extent to which projects and programs are institutionalized for long-term sustainability. Organizational culture, climate, and competency to deal effectively with the populations it serves may be the foci of evaluation. Policy development and implementation that occurs at the organizational level may also form the basis for evaluation.

Evaluation at the Community Level
Community-level engagement in projects and programs in the community and provision of services may form part of an evaluation, as well as might the social norms of the community. Using community organization theory as the basis for the evaluation, the extent to which
communities have embraced new ideas, the extent of social networking and the level of social capital may be critical components of an evaluation. The empowerment continuum described by Rissel in 1994 assesses individual and community capacity to act in ways that bring about change and ultimately engage in collective political and social action.

**Evaluation of Local, State, and National Level Policies**

The evaluation of local, state, and national levels is generally carried out by organizations that have the capacity to coordinate, collect, and analyze large amounts of data from across jurisdictions. At the local or state health department, a research unit may have the responsibility to collect statewide data for the purpose of evaluating the impact of community-wide efforts. The Centers for Disease Control and Prevention (CDC)-supported Behavioral Risk Factor Surveillance System (BRFSS) survey serves the purpose of continual assessment of healthy-people goals by determining risk factors and disease-related outcomes. When state and national level policies are enacted, the BRFSS may serve to monitor changes at the population level in addition to other forms of data collection that may be required for evaluation. For example, when the State Children’s Health Insurance Program (SCHIP) was enacted by Congress in 1997 and Title XXI of the Social Security Act was created, they aimed to design programs to expand health insurance for low-income children less than 19 years of age who were uninsured. The evaluation plan was designed with seven assessment components:

- Analysis of SCHIP enrollment patterns
- Analysis of trends and rates of uninsured children
- Synthesis of published and unpublished literature on retention, substitutions, and access to care
- Special studies on outreach and access to care
- Analysis of outreach and enrollment effectiveness
- Case study of program implementation
- Analysis of SCHIP performance measures

(https://www.cms.gov)

As with all evaluation, state and national level evaluations focus on the effect on the larger population (impact) rather than on the more limited outcome level of risk factors. However, special studies as evidenced by the SCHIP evaluation may focus on program implementation and attempts at assessing changes in risk factors (for example, assessing enrollment effectiveness) rather than just assessing trends and rates of uninsured children alone or the four core health measures, well-child visits for children 15 months and ages 3–6, the use of appropriate medication for asthma, and visits to primary care providers.

**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 find it must balance the expense associated with undertaking the evaluation with the likely result of the evaluation. If the evaluation is unlikely to provide information that is useful
to the organization, it may be expedient to consider an alternative use of resources. An alternative use of the resources available for evaluation could be to answer a different question. The question becomes, “In undertaking this evaluation, will it provide useful information to the stakeholder for decision-making or program improvement?” This contrasts with the kinds of questions that precede a full evaluation of the initiative which are, “Is the initiative being implemented according to the plan?” and “Did the initiative have an effect on the beneficiaries?” If the evaluator is unable to provide the stakeholder with information that is useful for decision-making, program improvement, or replication, consultation may be necessary with regard to the type of evaluation that is required. The decision about the approach to the evaluation is made in consultation with the stakeholder. A decision to conduct a preassessment recognizes the need to assess the initiative’s readiness to be evaluated rather than the initiative’s implementation (process evaluation) or outcomes (outcome evaluation).

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.

One of the detailed tasks in carrying out a preassessment is to work with the organization to understand the epidemiological and community data-based rationale; its interventions; the resources for the intervention; and the social, political, economic, and cultural context in which it operates. In assessing the interventions, the evaluator identifies the intervention components, understands the initiatives theory of change, and creates a logic model. The logic model shows the relationship between the activities implemented to achieve the objectives, and the resources devoted to them. The preassessment determines the existence (or nonexistence) of specific, measurable, realistic, achievable, and time-oriented short-term, intermediate, and long-term outcome objectives.

Whether preassessment is completed formally or informally, the result 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 for evaluation varies from one organization to the next. One organization may not have a document detailing its structure or processes with regard to its interventions, and it may require the evaluation team to work with them on developing the documents describing the community assessment findings, the goals and objectives, the theory undergirding the intervention, activities to address the problem and achieve the
goals and objectives or tools for carrying out an evaluation. Another organization may only require data-management and evaluation tools that allow for appropriate and adequate data collection, whereas another may need help with ensuring that the plans for data analysis are developed. On the analysis of the existing documents, it may become clear that the initiative requires restructuring to ensure it uses a best-practice approach and has the capacity to get to outcomes. Such actions ensure that in the future the organization and the intervention have the components and tools essential for undertaking an appropriate and meaningful evaluation. Components for preassessment of a program’s readiness for evaluation are depicted in above Figure 1.1.

THE PARTICIPATORY APPROACH TO EVALUATION

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). The community-based participatory-research (CBPR) approach (Israel, Eng, Schulz, & Parker, 2005) proposes nine guiding principles that support effective research, which are easily incorporated into participatory program evaluation of public health initiatives. CBPR principles require that researchers

1. Acknowledge 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. Build on strengths and resources of the community and utilize them to address the needs of the community.

3. Facilitate 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. Foster 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. Integrate and achieve a balance between knowledge generation and intervention for the mutual benefit of all partners with the translation of research findings into action.

6. Focus 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. Involve 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. Disseminate results to all partners and involve 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 CBPR approaches are building community infrastructure and community capacity, knowledge, and skills (O’Fallon & Deary, 2002). The participatory model, through its engagement of stakeholders throughout the process, fosters the ideals of cooperation, collaboration, and partnerships, and ensures co-learning and empowerment.
THE PARTICIPATORY MODEL FOR EVALUATION

The Framework for Program Evaluation developed by Milstein, Wetterhall, & the Evaluation Group (2000) has six evaluation steps: Step 1, engage stakeholders; Step 2, describe the program; Step 3, focus the evaluation design; Step 4, collect credible evidence; Step 5, justify conclusions; and Step 6, ensure use and share lessons learned. The framework is associated with four standards: utility, feasibility, propriety, and accuracy (Figure 1.2). It has been adopted and used in the evaluation of public health programs since its development, and its subsequent publication as a monograph by the Centers for Disease Control and Prevention. The participatory model for evaluation that is introduced and expounded in this book builds on this approach to evaluation. Like the framework for program evaluation, the participatory model for evaluation uses an objectives-based approach to evaluation and draws on concepts from the other approaches outlined earlier.

The participatory model for evaluation 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

FIGURE 1.2. Framework for Program Evaluation in Public Health

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.

The participatory model for evaluation (Figure 1.3) used to evaluate public health community or policy initiatives and the focus of this book acknowledges the participatory nature of evaluation, recognizes that the community assessment and the public health initiative are precursors to an evaluation, and adopts an objectives-based approach to evaluation. In this model for evaluation, stakeholders who have a vested interest in the program’s development, implementation, or results are part of the evaluation team and 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 third principle 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 is conducted.

**THE PRECURSORS TO PROGRAM 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 Merriam-Webster dictionary describes community as “a unified body of individuals” who have common interests; history; or social, economic, and political interests. The unified body of individuals may occur in homes, workplaces, or houses of worship, and community assessments may be expanded to also include assessing organizational structures through which initiatives are developed and implemented.

The terms *initiative* and *intervention* are used in this book to refer to a program or policy that addresses a health or social concern identified by the community assessment. The health or social concern may be influenced by a variety of factors at the individual, interpersonal, community, organizational, or policy level. Details about conducting a community assessment and developing initiatives are discussed in Chapters 2 and 3. 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. Initiatives may also be based on the development of a public or organizational policy that also addresses a public health concern. Programs may 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. At the organizational level, factors that influence access to services may be subject to development and training and related initiatives. Initiatives can also develop or change public policy so that more people can have health insurance and improved access to health care. Another policy that you are no doubt familiar with is the seat-belt policy that was enacted to reduce the risk of injury and mortality associated with vehicular accidents.

An initiative or intervention may have multiple components such as activities, programs, or policies associated with it. 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, outreach education, and policies that increase the availability of fresh produce and access to opportunities for physical activities. In addition, access to health care to ensure that screening is available and case management and care when needed is a critical component of assuring health. 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, 2020). 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 worksite health-promotion activities; schools and colleges can undertake programs and activities to improve the health of students and staff. Healthcare 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 aim 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 within a jurisdiction. A jurisdiction is a legally defined unit overseen by political and administrative structures. Discussions of impact evaluation may be found in other texts. Figure 1.4 illustrates the context of evaluation; the specific kinds of evaluation are discussed in detail in the next section.

The Evaluation Team

The evaluation 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. This approach to evaluation has limited evaluation to a few institutions and specifically when funding is available for evaluation. Evaluators may have titles that are more akin to researchers and who may be associated with a local university or community college. 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 provide 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 evaluator 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 those external to the organization, and may have limited expertise to conduct a full and complete evaluation. However, an internal evaluator is an important and valuable resource for an external evaluator who may be contracted with to conduct the evaluation.

An external evaluator is often viewed as being more credible, more objective, and able to offer additional insights for the development of the program and to serve as a facilitator than someone from inside the organization. An external evaluator may also be able to provide additional human and material resources and an expertise that may not be available within the organization. Additionally, 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. This may be particularly true since in the process of conducting the evaluation, the evaluator will require access to staff and other stakeholders. The participatory approach to evaluation encourages and supports all stakeholders’ engagement in the process from start to finish and the relationship between an internal evaluator and the external evaluator may be the difference between an evaluation considered to be useful and credible and one that is dismissed and left on the shelf to gather dust. It is important, therefore, to nurture this relationship should an internal evaluator be involved.

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). Understanding the culture of the organization and its stakeholders will ensure that culturally competent evaluation is undertaken, which results in appropriately culturally competent interpretations of research findings.

**Think About It!**

As an internal evaluator in a small, not-for-profit organization that provides services to youth who have both physical and emotional disabilities, what are the essential professional norms and values, including evaluation standards and principles that you would adopt? To what extent does serving a population with disabilities present additional complexities for evaluation?

**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 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 and its findings.

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 or social services 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 databases, files, reports, logs, and publications.
- Administrative and logistical support for the conduct of the evaluation.
- Access to other stakeholders as necessary for recruitment and 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 enable 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.” Yet, Mark Edberg (2013) identifies human culture as one in which behavior, beliefs, and objects interact providing meaning that is unique to that group.

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. Indigenous Americans, for example, have many traditions that define their culture as do Africans and Asians both in their native areas and in the Diaspora. However, since culture is dynamic and is influenced by other cultures and technologies that surround them, the boundaries between cultural groups may be fluid and require that evaluators consider the nuances that might exist when working within a particular culture.

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)
As in the case of being able to operate effectively cross-culturally, the development of human relationships through culturally competent evaluation processes ensures that research conclusions or program development are more likely to be valid and beneficial to the intended population. 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.

The 14 culturally and linguistically appropriate services (CLAS) standards (U.S. DHSS, Office of Minority Health, 2001) are provided primarily to healthcare organizations to address the inequities in health status and access to care seen among minority populations and have a focus on providing culturally and linguistically appropriate services by staff trained appropriately for culturally competent service delivery.

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 and the contribution of others
- 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 ourselves are important characteristics of evaluators who are culturally competent (Tervalon & Murray-Garcia, 1998). Cultural humility also 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 competencies 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 acquiring cultural sensitivity. In evaluation, cultural sensitivity dictates that the evaluation team

- Shed light on why a particular program works from the perspective of the participants 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 application of understanding of cultural context to increase the validity of the research process from the formation of the evaluation question to the communication of findings. Kirkhart (2005) identifies five approaches through which differences in culture influence 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 participants in the program and in the evaluation process.

In integrating cultural perspectives into its work, the United Nations Population Fund identified 24 tips for culturally sensitive programming (United Nations Population Fund, n.d.). Drawing on that work, I list here 10 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.
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.

Think About It!

When have you worked on a project, been involved with an organization, or participated in an activity in which some people have been left out or ignored? How do you think that person may have felt? In your future work as an evaluator, how will you make sure to consider others’ perspectives in order to accurately reflect their viewpoints? How will you ensure that every viewpoint is reflected in an unbiased way without reference to your own vested interest?

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.
- Participatory evaluation 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.
- Evaluation occurs at multiple levels—project and program level; organizational, community level, and state and national level.
- 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.
- Cultural competency is a set of behaviors that professionals adopt in providing appropriate cross-culturally and linguistically appropriate services with a view to reducing health disparities.
DISCUSSION QUESTIONS AND ACTIVITIES

1. Discuss the different forms of evaluation and their uses in evaluating public health programs.

2. Identify an article that uses a participatory approach to evaluation and another that adopts an alternative approach. Summarize the main points of each article and discuss differences between the approaches. What are other relevant perspectives you could consider as you review these differences?

3. Write a one-page paper discussing the main ideas of the relationship between culture and evaluation represented through a literature review. Write a short paragraph that explains the extent to which your paper’s conclusions follow the evidence provided.

4. Identify a state or national evaluation report similar to the SCHIP evaluation and describe the evaluation approach that was used by the authors.

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