Objectives

At the end of this session, participants will be able to:

- Decide if a participatory evaluation process is appropriate for their programs
- Identify key concepts of a participatory evaluation process and implementation
- Determine organizational capacity to carry out a participatory evaluation process
Assumptions

- Contractual mandate
- Experienced participants
- Participatory approaches as an operational proxy for cultural competency
On cultural competence

- Definitions
- 4 people
- 4 individuals
- 4 groups
- 4 differences
- 4 ability
- 3 skills
- 3 needs
- 3 knowledge
- 3 awareness
- 2 work
- 2 values
- 2 systems

- 2 situations
- 2 set
- 2 services
- 2 sensitive
- 2 respond
- 2 refers
- 2 race
- 2 practices
- 2 policies
- 2 organizations
- 2 linguistic
A Word Cloud of the definitions of Cultural Competency
Historical roots

- Kurt Lewin
- 1960's de-institutionalization
- Community psychology
- Paolo Freire
- Emic vs Etic
- Translational research
About Community-based participatory evaluation

Definition of community
Community defined

- Target populations can be defined by:
  - Geography, race, ethnicity, gender, sexual orientation, disability, health conditions etc.

- Groups have common interest/cause:
  - Human service agencies; providers; policy makers; lay public groups.
The Centers for Disease Control and Prevention (CDC) define community-engagement as:

“the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.”
Community Members have Characteristics in Common

- Common culture or ethnic heritage
- Where they live
- Similar age
- Speak the same language
- Religion

Communities are not homogeneous and seldom speak with one voice
Principles of Participatory Approaches
Principles

- Recognize the community has its own identity
- Builds on strengths & resources within the community
- Facilitates collaborative, equitable coalition in all phases of the program

(Israel et al., 2003)
Principles

CBPE …
- Promotes co-learning capacity building among all partners
- Integrates and achieves a balance between engagement and action for the mutual benefits of all partners
- Emphasizes local relevance of public health problems and ecological perspectives that recognize and attend to the multiple determinants of health and disease

(Izrael et al., 2003)
Principles

CBPE ...
- Involves systems development through a cyclical and iterative process
- Disseminates findings and knowledge gained to all partners and all partners will be involved in the dissemination process
- Involves a long-term process and commitment

(Israel et al., 2003)
Other Important Points

- Recognize and highlight community assets and strengths (for example, view community members as advisers and experts)
- Provide real service to communities by addressing the community’s needs
- Build and maintain respecting, trusting relationships within/across the community. In particular, develop relationships with opinion leaders in the community
Other Important Points

- Sustain relationships beyond the engagement study itself
- Include communities in planning the study
- Welcome new participants into the discussion
- Acknowledge and make use of existing community structures (for example, powerful CBOs and grass-roots groups)

(AHRQ, 2003)
Traditional engagement and CBPE—Parallels

**Traditional engagement**
- Community is a passive subject of study
- Evaluation Design – done a priory by academic institution
- Needs assessment, data collection, implementation, and evaluation – academic institution’s responsibility
- Usually sustainability plan is not included

**CBPE**
- Involves the community being studied in the engagement
- Evaluation Design – done with representatives from community & academic institution
- Needs assessment, data collection, implementation, & evaluation – everyone’s responsibility
- Sustainability is priority that begins at program’s inception
Challenges

- CBPE approach takes TIME
- Skills required include:
  - Facilitation of collaborative structure; negotiations between community and evaluators
  - Building consensus
  - Conflict management
- Tension between engagement rigor and community concerns
Challenges

- Threats to internal validity – it is difficult to account for all the factors that can play a role in the targeted behaviors
- Difficulties with randomization
- Highly motivated intervention groups
Challenges

- Expectations vs. results – interpretation?
- Interpersonal conflicts and individual “agendas”
- Scientific publications
Benefits of Using a Community-engaged Approach

3. Community-engagement can improve the reliability and validity of:
   - Measurement tools
   - Questions and study procedures

4. Can inform evaluators of community interpretations of results
Challenges

- Threats to internal validity – it is difficult to account for all the factors that can play a role in the targeted behaviors
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Challenges

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Questions to ask
Questions to ask

Global/Root Cause Analysis

► “Why is the rate of teen pregnancy so high in our community?”
► “What would make a difference?”
Questions to ask

Focus group/Key Informant

- “From your observations and experiences in the community and working with young adults, how would you describe context of their lives/experiences?”
- “In your opinion, what are the most pressing needs for young adults that you see?”
- “What knowledge/attitudes/beliefs/behaviors are putting young adults at risk for teen pregnancy?” [Probe for social determinants: gender, safety, drugs]
Questions to ask

Focus group/Key Informant

- How would you suggest that we outreach and connect with young adults? (probes: Where should they be reached? How do we reach them? Can use of text, social media and YouTube be used? If so how)

- How do we retain them in our program? (what types of incentives should be used?)
Questions to ask

- What knowledge/attitudes/beliefs/behaviors protect young adult women from HIV, STI, and substance abuse? (Probe: gender, cultural, social environmental factors that are protective)

- What type of programming would young women find helpful? What doesn’t work? What’s missing or frustrating for you?
  - What are key elements that you would recommend for effective HIV prevention programming geared towards young adult women of color?
    - What kind of help, resources or opportunities do you think can help young women of color prevent or reduce their risk of HIV infection and substance use?
      - (Prompt: What should our program services include; what might be some recommendations you would make based on your experiences in changing the way these services are delivered? (Prevention, counseling, testing); Are there services that you recommend that young women need but are not getting?)
      - Prompt: If you all had to design an HIV/STI and substance abuse prevention program for young Adult Latinas and Black women 18-24 what types of activities would you include
      - Prompt; for those of you who have participate in HIV/STI program and workshops
        » What did you like, not like, what you wished they included?
Questions to ask??

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Questions to ask

- Identifying opportunities for ongoing assessment
  - Data collection methods, sources
  - Data/sites to monitor

- Who else cares about the issue and what do they care about?
  - Who would you ask these questions?

- Who can attend to the identified needs?

- How are these resources accessed?
Questions to ask

- **Screening Questions**
  - “Does your partner hit or verbally abuse you?”
  - “Do you need daycare for your child?”
  - “Do you think you are at risk for being homeless?”
  - “Do you think you will need help getting food at the end of the month?”
  - “Do you have a high school diploma or a GED?”
  - “Do you or anyone in your use drugs?”
  - “Are you feeling sad or hopeless?”