

Community Based Participatory Evaluation

CDC TPP

Grantee Conference

Atlanta, GA

September 22, 2011

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

■ 2 interpersonal

■ 2 increase

■ 2 including

■ 2 help

■ 2 families

■ 2 ethnicity

■ 2 effectively

■ 2 culture

■ 2 congruent

■ 2 capacity

■ 2 backgrounds

■ 2 attitudes

■ 2 address

■ 1 worldview

■ 1 whereas

■ 1 various

■ 1 used

■ 1 unique

■ 1 understanding

■ 1 understand

■ 1 transformation

■ 1 traditions

■ 1 towards

■ 1 tools

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.

Definition

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

CBPE ...

- 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**

(Israel 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 priori 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

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**
- **Difficulties with randomization**
- **Highly motivated intervention groups**

Challenges

- **Expectations vs. results – interpretation?**
- **Interpersonal conflicts and individual “agendas”**
- **Scientific publications**

Activities

- Questions to ask

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??

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

- **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?”