The Community as Client: Improving the Prospects for Useful Evaluation Findings

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Abstract:

Interviews with leaders of community-based health initiatives help define meaningful evaluation in contexts in which communities are called on to contribute consent, resources, or participation in program development and research.

Article:

One of the primary challenges for evaluators of community-based programs is the design and implementation of assessments that are useful and relevant, as well as rigorous (Patton 1997). Independent of the evaluator's experience level, this can be a difficult process, particularly if the social, political, and technical aspects of the work to be carried out are part of the equation (Herman, Morris, and Fits-Gibbon, 1987). Working closely with those who are the targets of the evaluation is critical if the challenges are to be adequately addressed. Community-based agency leaders who bring decades of knowledge, experience, and insight are crucial resources who can lay the groundwork for assisting evaluators and other stakeholders in successfully meeting the challenges. This chapter presents the perspectives of these community-based agency leaders through excerpts from interviews that we conducted with four such leaders. The interviews addressed respondents' needs and experiences in commissioning and using evaluations and their vision of ideal evaluation products.

Methodology

The leaders we interviewed were all selected by nomination of professionals and others who have extensive experience with community-based programs and services. Leaders had to meet the following criteria:

- They have worked in community-based settings for at least two decades to ensure that they have experienced the shift from a period of little or no demand for accountability to funders to one of increasing accountability.
- They are recognized leaders and innovators in their specific program or service area.
- They are recognized leaders in the communities in which they work or contribute. They have contributed to or participated in the evaluation process for programs or services for which they had responsibility.
- They were deemed able to speak freely and honestly about their experiences with evaluation and evaluators.

Another unique characteristic they shared was that they started out working, or continue to work, with agencies that came about in response to a perceived need. Over time, as most other activists do, these leaders have become more expert and sophisticated in their dealings with funders, academics, and evaluators, which has afforded them the skills and insights that are applicable to community-based settings independent of their content, focus of service, or geographic location.

Information was obtained from the leaders in either face-to-face interviews or telephone conference, which we conducted using a structured interview format. The content of the structured interviews was designed to capture each leader's insights and experiences in the following areas:

Needs, which included questions on the types of services, programs, outreach, or advocacy activities that leaders most often needed evaluated; the characteristics that they look for in an evaluator; what is needed to make a sound community-based evaluation; what the leader, his or her colleagues, or clients need to get out of the community-based evaluation experience (what their expectations are); and the ideal evaluation model or approach needed for their unique situation

Experiences, which included questions about how long the leader has been engaged in communitybased programs, services, outreach, or advocacy work; their opportunities to participate in the evaluation process (describing how and why they did or did not become involved); and a description of the model or approach to evaluation that has worked best for them or their colleagues and clients

General observations, which included what evaluators who are working or want to work with community clients should know about working with this population

Since many of the content areas overlapped, leaders were given the opportunity to comment in a more in-depth way on areas that may have been mentioned but only briefly discussed. The third content area presented just such a situation.

Finally, content analysis was used in the linking and interpretation of the leaders' comments specific to the content areas.

Profiles of the Community-Based Agency Leaders

Quinton Baker is the director of the Center for the Advancement of Community-Based Public Health in Hillsborough, North Carolina. This center is a grassroots effort that emerged through long-standing community development. He has been involved with community-based programs for close to thirty years.

Here is his explanation of how he gets involved in evaluations of community-based programs:

I become involved pretty early, as I help to determine the indicators. I have had a problem with evaluations because, frankly, I haven't seen an evaluation being useful. I was not cooperative with the evaluators, say, eight years ago, because I saw them as judging my programs, determining success or failure. Now I know evaluations to be useful for their feedback. They help to inform me if I am on the path to achieve what I want to achieve.

Gladys Robinson and Kathy Norcott work with the Sickle Cell Disease Association of the Piedmont (SCDAP) in Greensboro, North Carolina, where Robinson is executive director and Norcott is program director. The SCDAP is a community-based agency that has provided biopsychosocial services to persons with sickle cell disease for over twenty-five years. Norcott has worked in community-based programs for twenty-two years and likes to get involved in evaluation early in the process to help develop the evaluation tool. Robinson started out writing grants that assisted aging persons twenty-eight years ago and has been working with community-based organizations ever since.

Robinson's experience with community-based evaluation has taught her

how critical it is to have evaluations of programs like our sickle cell program, because we need to prove ourselves. You see, in my experience, issues like aging, which are broad based, global, and generic, have had the support. But grassroots programs that deal with stigmatized or racial groups, like sickle cell or HIV/AIDS, have always had to fight for their place in society.
Verena G. "Vee" Stalker is a community organizer and advocate who is housed in the Center for Community Health Resource Development at the University of Alabama at Birmingham. She develops and works extensively with social and health initiatives serving poor and rural populations in Alabama and has been involved in community advocacy and development for over forty years. Following are her comments on how evaluation has been useful to her:

In working with tribes in the West, disenfranchised African Americans, the Red Cross, the U.S. Department of Labor, and the University of North Carolina at Chapel Hill [UNC], among others, I have worked to get into the knowledge base of the area and to defuse the feeling of resentment about evaluating their place.

An example of a project on which I have been working recently is one with Bob and Beverly Cairns of UNC, evaluating the effectiveness of an aggression-reduction program in Wilcox and Perry counties. The project takes place in the school setting and works to keep aggression in check by involving children in activities in which they are interested, such as photography or American jazz. The results have shown that the activities lead to reductions in the rates of aggressive behavior and school dropout. The program is incorporating more traditional learning into the curriculum, such as having a photography student write a paper about a picture he or she took. Thus, evaluation not only demonstrates that this program is successful, but it also suggests positive changes for the future and makes use of local community capacity.

Finally, Ricardo Guzman is the director of the Community Health and Social Service Center (CHASS), a comprehensive community health center that works with the Urban Research Center in southwest Detroit, Michigan. He has been involved in community-based programs for about thirty years. He gets involved with evaluations of community-based programs in this way:

In the vast majority of the projects within the Urban Research Center, I am involved in the planning phase of the evaluation. When the process involves coming to us and allowing us to become a part within the development of the process, we feel positive about it. The evaluation

instruments need to be assessed for cultural competency, and for that our input is definitely needed.

When Evaluation Should Be Done

Leaders were unanimous in their opinion that evaluation is needed and appropriate wherever there are broad policy implications of a program. Stalker uses Children's Health Insurance Program (CHIP), an initiative to extend health insurance to all children, as a good example of a program with such implications. The implementation of this program brings to the light many important questions related to evaluation—for example:

- How do you get people enrolled in a timely fashion?
- What does the enrollment process tell you about people who never sign up for Medicaid?
- What happens to the people once they are enrolled? Does it help? Do providers get overloaded?

Stalker described one example of provider overload that is a problem in Alabama. Because Alabama Medicaid pays little in reimbursement to dentists, many dentists cannot afford to provide services to Medicaid-eligible people. So as CHIP brings more children into the dental health care system, the dentists who do see Medicaid patients and are already overloaded will not be able to take on this new influx of consumers. The obvious solution to the problem is to increase Medicaid coverage to dentists in the state. One way to facilitate this political process is to evaluate the current Medicaid dental coverage and what happens as CHIP is implemented. These results could be sent to state dental schools and professional dental associations.

The leaders agree that evaluation is also clearly necessary when programs offer direct services. With direct service programs, evaluation is done to show accountability and specific outcomes. Now, with contact services and education of the general public, evaluation will probably be done in the future to determine if these outreach programs are making an impact.

Those interviewed all stressed that ultimately the only way to be an advocate and to secure social justice for those who need it is to conduct appropriate evaluations. Good advocates need numbers to back up their statements, says Vee Stalker: "For too many years we've just marched on the basis of principle, but without numbers we are not taken seriously." She noted that evaluations need to show why programs work, as well as why they are needed.

Types of Services Where Evaluation Is Most Often Needed

Ricardo Guzman believes that there are two aspects to this issue. One is primary health care, which is basically what CHASS provides. Outcome evaluation for the center's basic services is established and agreed to. The ongoing community-based programs generally have a built-in outcome evaluation component. But for services that the center staff do not normally provide, they end up not having the time, energy, or staffing to handle evaluation. One example is a domestic violence program that recently started in collaboration with several other community-based organizations in southwest Detroit. For this and for any other activity where the center staff write grants that are beyond the scope of normal activity, they need assistance with evaluation. Guzman has noticed that new collaborations, such as the domestic-violence-prevention effort, take time. The center is making linkages with groups in other parts of Detroit where they have not previously worked, "which does not happen overnight," he says.

Quinton Baker gives more insight into the types of programs that most often need evaluation. He needs to have programs that strive for community health improvement evaluated. For instance, for his center's diabetes program, the capacity of the community to address its own issues is of paramount importance and needs to be evaluated. But this kind of evaluation is difficult to do because improved capacity is hard to define, and it is a more long-range goal than are specific services (see Chapter Three on evaluating community capacity). It is important to remember that community-based evaluation needs to be done three to five years after a program is initiated. The reason is that during the course of the program, it is very difficult to take unintended consequences into consideration.

Characteristics of a Good Evaluator

Most of the leaders agreed that good evaluators are not so focused on what they are looking at that they lose their peripheral vision. Evaluators need to be enmeshed in the community and determine what they are trying to accomplish in the context of what else is going on. The leaders believe that there is a tendency for evaluators to become too task oriented, which should be avoided. It is always best to conduct the evaluation in participant-observer, anthropologic terms, because community members seem to respond best to this approach, although incorporating quantitative methods to satisfy most funders is crucial.

The respondents point out that another characteristic of good evaluators is that they will pilot-test any evaluation design with local input first. This has the benefits of demystifying the project and turning community leaders into spokespeople for the program. This builds on the "grapevine" effect, which is important in rural areas because a lot of information is passed from person to person.

The leaders believe that to be successful, an evaluator must have a clear understanding of communities and laypeople. Community leaders must understand what evaluators do, and evaluators need to have that intangible component that makes understanding possible. They must be able to explain the kinds of things that have to be done in evaluations, which are difficult to understand without a context. Even if an evaluator does not have people skills, he or she can get "over the hump" with a good understanding of and value for the community and what it does. Above all, they argue, a good community-based evaluator is willing to interact with community members and leaders on a routine basis, as an integral part of the evaluation process.

Characteristics of a Good Evaluation

Interviewees agree that the community needs to be involved in helping to establish the indicators and priorities of the evaluation. An evaluation must be outside the realm of policing; that is, it should not be seen as auditing a program. Most evaluations need to be participatory. Leaders concur that rigid scientific models without participation do not work well in community evaluations. Ricardo Guzman says, "they tend to turn people off and folks won't buy in." A good evaluation lends itself to community members' being able to interact with the evaluator. Community members from the outset must be part of the process. If the evaluation is participatory, the interviewees say, the process really works.

Ricardo Guzman stresses the need for the evaluation to be culturally competent. He comments on the unique approach that must be taken in AIDS education for predominantly Latina populations:

Cards were sent to us that we were supposed to distribute to women in the community that depicted very graphic pictures describing how to correctly put a condom on a man. These were designed for the East and West Coasts, and the health professionals were trying to just drop the same techniques into the Midwest. Around here, we use fruit. Using a banana in condom instruction works very well because people can laugh and relax, and then they are more open to paying attention. If you use an anatomically correct model, a Mexican American woman won't even touch it. These cultural differences are crucial to understand if a program is to work, as well as in program evaluation.

One interviewee pointed out that for an evaluation to be effective, the program being evaluated must have clearly defined goals and services and be working to reach these goals. In other words, says Robinson, "Are you fulfilling some kind of need, and can it be measured"? Second, there need to be people on site who know what it takes to get data packaged. A good evaluation should also let workers know how their role helps the overall effort. It is sometimes difficult for nonprofits to get funding for evaluations, because they get tired of writing grants, and funding is never stable. For this reason, evaluations have been seen as a hindrance in the past. Nevertheless, evaluations have made it possible for Robinson to approach a funding source and be able to show that the program is a good one. "Evaluations allow you to say that with more certainty," she explains, "and have saved us dollars, actually. We have come a long way, and have finally gotten our staff to realize the link between evaluation, its use, and the maintenance of their jobs."

Stalker gives some specific examples of components that always need to be a part of an evaluation of a community-based program:

- Demographics
- Historical organization in the area (often found by searching old theses and dissertations)
- An understanding of the local government and the shadow government (often the real power structure)
- Land usage patterns (in particular, who controls the land and for how long)
- Traffic patterns
- Market patterns
- Where individuals who have to leave the area for something go
- An assessment of the local tax structure (especially regressive tax)
- Knowledge about the local media (making note of any affiliations of the editor and the editorial policy, which also provides information about the shadow government)
- Attitudes of state government on issues like race, the status quo, and economic development

All of these features of a community are an integral part of the success or failure of any program and must be assessed. Stalker believes that in Alabama, regressive attitudes maintain the status quo in many areas. An example is the continued reliance on county governments rather than regional ones. In the past, each county seat was situated so that residents could reasonably get to the county seat and back to their homes before dark on foot or horseback. In the age of the automobile and with the wide availability of telecommunications, such a system is no longer necessary or useful. She believes that the fact that Alabama continues to use county governments allows patronage jobs to sap away

resources and subverts regional strength and progress. This is only one example of the way that larger social issues play into the climate that surrounds any program.

What a Community Can Get Out of an Evaluation

All leaders agree that communities can get feedback about their program as a result of communitybased evaluation. The evaluation becomes a tool to hold a mirror up to the community so that it can see what it is doing. It also becomes a tool for community members' own empowerment. For example, Stalker's organization conducted a hand-washing program in the schools of Wilcox County, one of the most impoverished areas in Alabama. Her staff did chart audits for infectious diseases, which indicated that sanitation was a big problem. It is really a problem all over the state "because of the fact that this is the South, and many people reside in mobile homes and other types of housing situations that do not have adequate sewerage." The price of adequate sewerage methods is just too great for a lot of people, she says. The lowest-cost solution to the spread of disease was frequent hand-washing.

Rather than simply telling the local residents to wash their hands, Stalker gave the information to school health employees, who then used it to teach hand washing to food service workers and students. Once teachers realized the importance of hand washing, they willingly passed the information on to their students. When the positive results became apparent, the community teachers felt pride in their accomplishments. This pride helped the program persist even after the academics and practitioners were no longer part of the program. The community infrastructure that results from an evaluation is what makes a health initiative truly successful.

Quinton Baker needs to know from an evaluation, "Are we achieving what we want to achieve? And if not, why? Those are the important issues." The evaluation must leave some markers of success or failure in the community. An evaluation needs to codify these issues so that the community learns to evaluate itself. Baker often hears the criticism that communities want to know only the positive results of an evaluation. His response is, "If a community is involved from the beginning, it is open to hearing the negative, especially if it agrees with the indicators."

Is There an Ideal Evaluation Model or Approach for Community-Based Health Programs? When a program is germinated in a community, the funders should include an evaluator in their initial

plans. If the evaluators are brought in after the project has begun, they seem like an alien part of the process. It needs to be clear whom the evaluators work for and to whom they feel accountable. "It should be community first," says Quinton Baker.

Gladys Robinson and Kathy Norcott suggest that a small grassroots organization may have to form a partnership with an evaluator who would be willing to accept a small fee to begin with. They start on a small scale. Internal evaluations need to take place before external evaluations happen.

Many of those interviewed seemed to be less interested in any particular model and more interested in the substantial questions that relate to the evaluator's approach. This underscores the recurrent theme regarding this issue: no one model is perfectly applicable to community-based evaluation. The evaluator's approach to the community is much more important than the type of model to those being evaluated.

What Evaluators Should Know

The interviewees agree that evaluators need to be clear about ownership of the data and must understand the importance of having input and buy-in from both the evaluator and the community. Sometimes, for instance, the community may be very clear about what the program is trying to do, but not very clear about what a program needs to measure. Part of an evaluator's role is to assist the community members in achieving this clarity.

Evaluators also need to recognize that large funding organizations struggle in trying to deal with communities, and that can make the job of the evaluator more difficult. Many large organizations are used to doing things in a hierarchical manner, which does not work very well in community-based programs. Funders often think that working with the local public health department is working with the community; sometimes that is true—but not always. Ricardo Guzman notes that funders now are at least considering community-based programs seriously, and for this reason, an evaluator should keep in mind that a program needs to show scientific, relevant, and measurable outcomes. If the evaluator can facilitate a rigorous evaluation of outcomes, then most funding organizations will be amenable to letting communities set their own agenda.

In communities of poverty or where there are large numbers of people of color, trust is a big issue, says Quinton Baker: "If they do not trust you, they may not tell you the truth, period." An evaluator must allow for a period of trust building. Baker points out that the evaluator will know when trust is there, because the community client will volunteer extra information in an interview. Things do not happen in communities the way that evaluators are taught in academia. If the community members are guarded about information, the evaluator can collect data, but the data will not be accurate. The challenge is for academics and evaluators to be flexible in their methods, depending on the problem in the community.

Conclusion

At the end of each interview, the professionals were asked for closing thoughts they had for potential community-based evaluators:

Quinton Baker

Well, what do you want to have after this? You want to put yourself out of business. That is very hard to deal with. Many programs are chasing dollars to continue to exist, not to do what they want to do. If they work out of the framework of needs, which never go away, then they can couple capacity building with services. Community-based evaluation can be done scientifically and rigorously, and without barriers to members of the community themselves.

Gladys Robinson and Kathy Norcott

Evaluators need to understand nonprofits. Evaluators can have other motives, but they need to be open and honest about them. I always ask prospective evaluators what their motives are, besides getting a degree, experience, or something else. If they really do want to help a struggling organization, that's going to get across to whom they want to work for, because human services folks are some of the most intuitive folks around. Evaluators need to be committed and must be honest with the Community. Knowing the community is crucial, as well as having an open mind. Preconceived notions have to be done away with. An evaluator needs to listen to the community-based agency and must be aware that the purpose of the

evaluation is to help the organization being evaluated. He or she needs to know that primarily we feel responsible to our clients. The future of nonprofits hinges on evaluations.

Vee Stalker

In the end, evaluators have to reframe their methods to take into account upfront issues, like the tax structure, or race relations, or economic development of the area. An evaluator must invest himself or herself in the process and in the community. If he or she can approach the evaluation horizontally, not vertically, the result will be informative, useful, and fair.

Ricardo Guzman

We are all students, and I hope that evaluators, as well as the communities served, would view themselves as learning research principles, techniques, and skills. This way, neither community nor evaluators are starting anew each time an evaluation is initiated.

Notes:

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