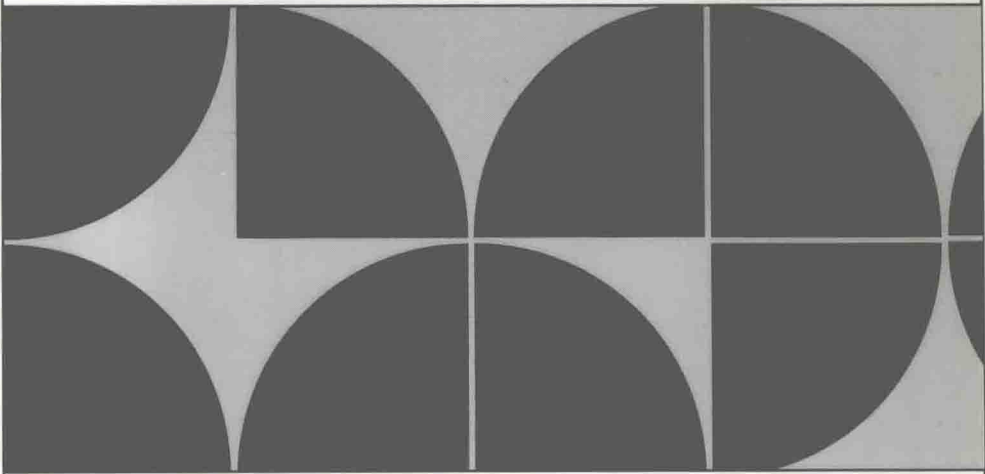


NEW DIRECTIONS FOR EVALUATION  
A Publication of the American Evaluation Association



# Evaluating Health and Human Service Programs in Community Settings

Joseph Telfair, Laura C. Leviton, and  
Jeanne S. Merchant

*EDITORS*

NUMBER 83, FALL 1999  
JOSSEY-BASS PUBLISHERS

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A PUBLICATION OF THE AMERICAN EVALUATION ASSOCIATION

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San Francisco

EVALUATING HEALTH AND HUMAN SERVICE PROGRAMS IN COMMUNITY  
SETTINGS

Joseph Telfair, Laura C. Leviton, Jeanne S. Merchant (eds.)

New Directions for Evaluation, no. 83

Jennifer C. Greene, Gary T. Henry, Coeditors-in-Chief

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Microfilm copies of issues and articles are available in 16mm and 35mm,  
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North Zeeb Road, Ann Arbor, Michigan 48106-1346.

*New Directions for Evaluation* is indexed in Contents Pages in Education,  
Higher Education Abstracts, and Sociological Abstracts.

ISSN\_0197-6736

ISBN\_0-7879-4903-5

NEW DIRECTIONS FOR EVALUATION is part of The Jossey-Bass Education  
Series and is published quarterly by Jossey-Bass Inc., Publishers, 350 San-  
some Street, San Francisco, California 94104-1342.

SUBSCRIPTIONS cost \$65.00 for individuals and \$118.00 for institutions,  
agencies, and libraries. Prices subject to change.

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## EDITORIAL POLICY AND PROCEDURES

*New Directions for Evaluation*, a quarterly sourcebook, is an official publication of the American Evaluation Association. The journal publishes empirical, methodological, and theoretical works on all aspects of evaluation. A reflective approach to evaluation is an essential strand to be woven through every volume. The editors encourage volumes that have one of three foci: (1) craft volumes that present approaches, methods, or techniques that can be applied in evaluation practice, such as the use of templates, case studies, or survey research; (2) professional issue volumes that present issues of import for the field of evaluation, such as utilization of evaluation or locus of evaluation capacity; (3) societal issue volumes that draw out the implications of intellectual, social, or cultural developments for the field of evaluation, such as the women's movement, communitarianism, or multiculturalism. A wide range of substantive domains is appropriate for *New Directions for Evaluation*; however, the domains must be of interest to a large audience within the field of evaluation. We encourage a diversity of perspectives and experiences within each volume, as well as creative bridges between evaluation and other sectors of our collective lives.

The editors do not consider or publish unsolicited single manuscripts. Each issue of the journal is devoted to a single topic, with contributions solicited, organized, reviewed, and edited by a guest editor. Issues may take any of several forms, such as a series of related chapters, a debate, or a long article followed by brief critical commentaries. In all cases, the proposals must follow a specific format, which can be obtained from the editor-in-chief. These proposals are sent to members of the editorial board and to relevant substantive experts for peer review. The process may result in acceptance, a recommendation to revise and resubmit, or rejection. However, the editors are committed to working constructively with potential guest editors to help them develop acceptable proposals.

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# CONTENTS

EDITORS' NOTES	1
<i>Joseph Telfair, Laura C. Leviton, Jeanne S. Merchant</i>	
1. The Community as Client: Improving the Prospects for Useful Evaluation Findings	5
<i>Joseph Telfair, Laura C. Leviton</i>	
Interviews with leaders of community-based health initiatives shed light on their needs in the evaluation process.	
2. The Importance of a Discovery Capacity in Community-Based Health and Human Service Program Evaluation	17
<i>Laura C. Leviton, Russell G. Schuh</i>	
For most programs, but particularly in community settings, evaluators need a better appreciation of the usefulness of a continuing discovery capacity.	
3. Evaluating Community-Based Health Programs That Seek to Increase Community Capacity	37
<i>Edith A. Parker, Eugenia Eng, Amy J. Schulz, Barbara A. Israel</i>	
There are methods that are optimal in formative and summative evaluations of community capacity expansions.	
4. Improving the Prospects for a Successful Relationship Between Community and Evaluator	55
<i>Joseph Telfair</i>	
The likelihood that an evaluation experience will be a positive one in community settings can be improved by the employment of certain techniques, such as a screening tool that evaluators can use to assess a community's level of evaluability potential.	
5. The View from Main Street and the View from 40,000 Feet: Can a National Evaluation Understand Local Communities?	67
<i>Leonard Saxe, Elizabeth Tighe</i>	
The Robert Wood Johnson Foundation sponsors a Fighting Back initiative, in which communities across the country receive funding to combat alcohol and drug use. The evaluation of this initiative has revealed much about the challenges to national evaluators in conducting community-based evaluation.	

6. The Process of Selling a Community Evaluation to a Community: Cumberland County's Experience <i>Rhode Yolanda Crago Alvarez Bicknell, Joseph Telfair</i> There is an increasing need for accountability of social service dollars given to community service agencies and programs. Many of these entities struggle to meet the new requirements by engaging in the unfamiliar area of community evaluation.	87
7. Framing the Evaluation of Health and Human Service Programs in Community Settings: Assessing Progress <i>Abraham Wandersman</i> The chapters are assessed in the light of an emerging framework for evaluation in community settings. Along with other recent contributions, these chapters add to a body of knowledge that may eventually offer a contingency theory for evaluation in community settings.	95
INDEX	103

## EDITORS' NOTES

Community-based programming is on the increase in policy sectors such as health and criminal justice. The interest has been spurred by the growing emphasis of public and private funders (mostly foundations) on outcome-based community service programs. As one executive director of a twenty-five-year-old community-based program serving African Americans stated, "They [foundations] know we have and can do it [effectively serve clients], but now they want us to prove it. So, we need help."

This volume of *New Directions for Evaluation* focuses on how to improve approaches to evaluation in community organization settings. These settings can be differentiated from other settings for evaluation by the centrality of the following issues: the assertion of indigenous leadership and control over the program and its evaluation, the intentional access and use of community resources and capacities, and the development of the program explicitly to address perceived needs of community members. Although all community-based programs emphasize these issues, they do so to varying degrees, and thus so do their evaluations. Indeed, the variety of evaluative questions and concerns that arise in community-based initiatives requires not a single community-based evaluation approach, but rather the assessment of varied evaluation approaches for their community context fit. This volume contributes to such an assessment. The practice of community-based program evaluation engages community stakeholders (staff, consortia, partnerships) directly in the process of identifying and assessing problems and solutions through the use of evaluation designs and collaborative, participatory approaches deemed realistic, appropriate, and useful. Both the evaluator and the stakeholders can choose whether the evaluation will serve the community stakeholders or outside stakeholders, or both. The choice has important implications. The evaluator who chooses to serve community stakeholders has a responsibility to facilitate, support, and engage in the problem-solving aspects of these activities rather than accept at face value the definitions of activities, objectives, or criteria that were developed by outside funders and other stakeholders. In this regard the evaluator becomes a collaborator in the enabling process of capacity building (skills, knowledge and resources) and empowerment ideally leading to autonomy and self-determination (Fetterman, 1996; Stringer, 1996; Wallerstein, 1992). We must emphasize however, that we are not proposing a new type of evaluation. On the contrary, evaluation practice in community settings requires an eclectic toolbox of knowledge and skills that will allow evaluators to engage community stakeholders in a flexible yet rigorous evaluation process. It is the process that requires better analysis here, because it is distinctive. This process is time and labor intensive. An evaluator who chooses this work makes a conscious decision to be more personally involved with the community and



community-based organizations. This choice will require a closer working relationship with stakeholders at all levels, which will allow for greater input throughout the duration of the evaluation process.

The key difference between community-based evaluation and other types of evaluation lies in understanding and accommodating the unique situations of communities, their leadership, their social and political climates, and their perception of needs, collectively termed the cultural reality of communities.

Traditional human service delivery models are individually or organizationally based, with the emphasis on the technical aspects of the work. In contrast, community-based programs often evolve from the community in response to a mutually recognized need, and the emphasis is on the social, emotional, and political aspects of service delivery. These programs fundamentally focus on the needs or problems of the individual or family from an ecological perspective. Effective programs are those that conceptualize service delivery as a process that begins when the decision is made to provide help and end when all recognize that the help is no longer needed. These programs also recognize that service delivery is influenced by larger economic, social, political, cultural, environmental, historical, and technical factors.

Because service delivery is influenced by the nature, type, and scope of the problem or need, responses, if they are to be effective, must be shaped to address the problems and needs of the individual or family. The problem is not defined by the resources. Community-based organizations that house such programs may often be fragile in terms of funding and leadership. Community leaders themselves often articulate concerns about sustainability.

Finally, community leadership is often less sophisticated technologically; therefore special efforts are required to put useful evaluation tools in their hands.

Community-based program evaluation that respects cultural reality dimensions shares similarities with best practice of general human service delivery evaluation. For example, consultation with stakeholders and the application of stakeholder principles are fast gaining recognition and acceptance in community-based evaluations. Incorporating various views in the design and conduct of program evaluation, a way to ameliorate problems of nonuse and misuse of results, offers clear advantages in community-based evaluation. Community evaluations recognize and facilitate environments of continuous learning and sharing of information, while tailoring their rationale and methods to the reality of community-based programs.

This volume has two aims that are specific to the context and the practice of evaluation in community settings:

To clarify the distinguishing features of the context of community-based programs compared to others. These features influence appropriate evaluation. The distinctive features include the characteristics, special politics, limitations, assets, and needs of such programs.

To describe choices about evaluation practice that are available to the evaluator, the program, and the community in community-based program contexts.

The individual chapters illustrate these two aims. Chapter One, by Joseph Telfair and Laura C. Leviton, offers the voices and perspectives of community-based program leaders regarding the critical characteristics of meaningful community-based program evaluators and evaluations. A salient theme in the chapter is the importance of the evaluator's respect and appreciation for the community context and the program's sociopolitical relationship to it. In Chapter Two, Laura C. Leviton and Russell G. Schuh advance an orientation for the evaluation of community-based programs that incorporates community respect and appreciation. They call this orientation a *discovery capacity*, meaning the continuing capacity of the evaluation to respond to and learn from programmatic and contextual changes and innovations. In Chapter Three, Edith A. Parker, Eugenia Eng, Amy J. Schulz, and Barbara A. Israel, experienced community-based health program evaluators, offer their insights in evaluating changes in community capacity, a goal common to many community-based programs. Reflecting on their experiences, these evaluators describe their lessons learned: the importance of inclusive definitions of community and capacity and of inclusive, participatory evaluation processes. In Chapter Four, Joseph Telfair presents an evaluation prescreening tool, which has been successfully used to match evaluation plans with particular community program evaluation needs, resources, and commitments. Like evaluability assessment, sometimes this match requires reframing or even deferring the evaluation.

Leonard Saxe and Elizabeth Tighe recount in Chapter Five their evaluation of the Robert Wood Johnson Foundation's Fighting Back initiative. This initiative, designed to combat alcohol and drug use, adopts a community-based philosophy. Its evaluation must therefore also respect community contextual uniqueness while simultaneously providing outcome information for national policymakers. Saxe and Tighe present this evaluation as striving for a healthy tension between these national and local views. The final case example, by Rhode Yolanda Crago Alvarez Bicknell and Joseph Telfair, focuses on how to build acceptance of, even commitment to, evaluation in local communities that are engaged in local but externally funded initiatives. Like the Fighting Back example, it highlights tensions between external mandates for evaluation and meaningful local engagement therein. In the final chapter, Abraham Wandersman offers some critical commentary.

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*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.*

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

*Joseph Telfair, Laura C. Leviton*

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 Fitz-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:

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Thanks to Jeanne Merchant for her invaluable editorial suggestions.

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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 community-based 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