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Emphasizing Cultural Competence in Evaluation

A Process-Oriented Approach

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This paper describes a process-oriented approach to culturally competent evaluation, focusing on a case study of an evaluation of an HIV/AIDS educational program in Bulawayo, Zimbabwe. We suggest that cultural competency in evaluation is not a function of a static set of prescribed steps but is achieved via ongoing reflection, correction, and adaptation. The aim of these processes is to attain the "best fit" possible between evaluation goals, methods, and cultural context. Three main ingredients in a process-oriented approach to culturally competent evaluation are discussed: collaboration, reflective adaptation, and contextual analysis. In addition, since evaluators face constraints set by funders and other stakeholders, we suggest that cultural competence is best viewed as a continuum. An evaluator's goal should be to "move across the continuum" in order to achieve the highest level of cultural competency possible given the unique parameters of every evaluation.

Keywords: *cultural competence; HIV/AIDS program; process-oriented approach; evaluation design*

Cultural competence has become accepted as a central criterion of sound evaluation practice, specified in core documents such as the American Evaluation Association's Guiding Principles for Evaluators (2004) and the National Science Foundation's User-Friendly Handbook for Project Evaluation (Frechtling, 2002). Led by professionals in educational testing (Boodoo, 1998; Qualls, 1998) and in health care assessment and services (The California Endowment, 2003), as well as in orthogonal fields such as counseling psychology and community psychology (Sue, 1998) evaluators have become attuned to the importance of cultural competency with respect to design, implementation, interpretation, and analysis. This is an important advance in standard practices, given that the evaluators and the populations with whom they work often are from different socioeconomic classes, races, or cultures.

The goal of this article is to describe the approach of our evaluation team, the Children's Health Council Outcomes Research Consulting Service, to culturally competent evaluation. Our team is part of a community-based child-focused mental health organization, and we provide evaluation services to other community-based organizations that deliver family and child services. The team consists of evaluators with different professional backgrounds (psychology,

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behavioral health, sociology, and statistics) as well as diverse cultural and ethnic backgrounds. We have participated in the evaluation of programs and services intended for use by diverse cultural groups, within the United States and internationally. In describing our approach, the intent is not to offer a set of principles and guidelines, which has been done elsewhere (see for example, The California Endowment, 2003). Rather, we describe the dynamic process by which we applied culturally competent evaluation strategies to a community-based intervention. We suggest that cultural competency in evaluation is not a function of a static set of prescribed steps, but is achieved via ongoing reflection, correction, and adaptation. The aim of these processes is to attain the “best fit” possible among evaluation goals, research methods, and cultural contexts.

Culturally Competent Evaluation: A Literature Review

At its most basic level, cultural competence reflects an awareness and appreciation of differences in cultural groups, and an ability to effectively communicate across cultural groups (Sue, 1998). At a higher level, culturally competent evaluation¹ is understood to be the design of “appropriate programs, standards, interventions, and measures so that they are specific, relevant, and valid for each unique group” (Thompson-Robinson, Hopson, & SenGupta, 2004, p. 1). More specifically, “cultural competence in evaluation can be broadly defined as a systematic, responsive inquiry that is actively cognizant, understanding and appreciative of the cultural context in which evaluation takes place; that frames and articulates the epistemology of the methodology; and that uses stakeholder-generated, interpretive means to arrive at the results and further use of the findings” (SenGupta, Hopson, & Thompson-Robinson, 2004, p. 13).

As these definitions imply, the starting point for culturally competent evaluation is the acknowledgment of cultural differences and worldviews and the recognition of the evaluator’s own ethnocentric biases and assumptions. Evaluators should be aware that the lens by which they view and interpret the world may differ from the lens of those served by the evaluation; evaluators need to adjust for these differences. Furthermore, the progression toward greater cultural competence in evaluation involves fundamental changes in every step of the evaluation process including the identification of evaluation goals, the definition of successful outcomes, the selection of methods and instruments, the collection and analysis of data, and the dissemination of evaluation results. These changes represent the move from a paradigm, where the evaluator makes all the core decisions, to a model based on collaboration with primary stakeholders.

As Mertens (1999) has argued, evaluation that includes the perspectives of marginalized groups (what she calls “transformative evaluation”) is essential for social justice, especially because evaluators are often in a more privileged social position than the population served. Yet, culturally competent evaluation does not solely serve the purpose of social justice; it also is necessary for improved data validity and evaluation results. This justification is clearly spelled out in Kirkhart’s (1994) American Evaluation Association Presidential Address, where she advanced the concept of multicultural validity as a central dimension of validity, “the vehicle for organizing concerns about pluralism and diversity in evaluation, and . . . a way to reflect upon the cultural boundedness of our work” (p. 1). She emphasized that multicultural validity intersects with other domains of validity, such as methodological validity (relevance and equivalence of measures and evaluation design), interpersonal validity (soundness of inference drawn from the interpersonal communication in the evaluation), and consequential validity (soundness of change exerted on systems by evaluation and the extent to which these changes are just). Furthermore, Kirkhart criticized the simplistic and static notion of culture

that is often used by evaluators who do not take into account the multiple cultural memberships of individuals, the transitional nature of culture, and the social factors that shape it.

In the context of growing dissatisfaction over research on minority communities that use ethnocentric frameworks and methods (e.g., the use of between-group research designs that implicitly use a deficit model in the examination of minority populations), the field of community psychology advanced the concept of culturally anchored research. In a special themed volume of the *American Journal of Community Psychology*, Hughes, Seidman, and Williams (1993) detail their conceptualization of culturally anchored research, emphasizing that culture intersects all major phases of research (from problem formulation to data analysis and interpretation). They state that culture influences both researcher and respondent: it shapes researchers' decisions about design, method, and analysis, and it shapes respondents' reactions to and understandings of the research setting and instruments. According to Hughes et al. (1993) "... a culturally anchored methodology consists of conceptual and empirical strategies that provide researchers with insight into the meaning and significance of differing values, belief systems, behaviors, and social regularities within non-mainstream cultural groups and communities" (p. 689). In the same volume, Sasao and Sue (1993) propose that community psychologists take seriously the "meta-methodological" issues related to culturally anchored research, arguing that the field has neither adequately accounted for within-group heterogeneity, nor fully appreciated that ethnic-cultural groups must be located within the larger social contexts in which they reside. They also make an important distinction between the meaning of "culture" for ethnic minority groups in the United States, and "culture" in reference to groups in other countries.

Although culturally anchored research and culturally competent evaluation share similar ideals, there are also key differences between them. Evaluation and research hold some processes in common (such as planning, framing questions, collecting evidence, analyzing and synthesizing data); however, there are some critical differences in the functions that these processes serve. While research seeks to discover facts, test theories, and establish cause and effect, evaluation is change-oriented and action-oriented, aimed at determining the value, quality, worth, and impact of a specific program or intervention. Research often seeks to generalize the findings from a sample to a larger population. Evaluation, however, usually focuses on an internal situation, such as collecting data about specific programs, with no intent to generalize the results to other settings and situations. Capturing the cultural context is very important for the quality of both endeavors, but for different reasons. Research aims to establish the validity and generalizability of certain findings; evaluation seeks to assure the relevance of the findings for further use by program stakeholders.

There are also differences related to constraints posed by the contexts in which research and evaluation are conducted. Evaluators strive for cultural competence within the parameters set by funders and other stakeholders, whose goal often is to assess the process and output of a program or intervention. Indeed, the program or intervention itself may not be culturally appropriate. These parameters not only affect evaluators' control over conceptual and methodological issues, but also set prohibitive limits on the time allotted for completion of the evaluation, and the resources to which an evaluator has access. However, while culturally anchored research is certainly used for applied purposes, its practitioners are more likely to base their projects within academic institutions, allowing more authority over the intervention itself, and the design, execution, and length of a research study.

Evaluators face various constraints in conducting culturally competent evaluation that encompasses the whole evaluation process, from defining the question, outcome, to designing evaluation measures and reporting results. For example, often evaluators are given the definition of the problem (and the definition of a successful outcome) by the funding source.

Furthermore, they often do not have input with respect to the intervention itself and are pressed to tailor the design and data collection strategies according to the limited resources.

Our goal is to explain our evaluation group's use of a process-oriented approach toward culturally competent evaluation, which often is limited by the above constraints. Our understanding of a "process-oriented approach" has two facets. First, we suggest that the search for cultural competency requires that evaluators use dynamic procedures, emphasizing reflexivity, continuous adjustment, and adaptation, to achieve the best fit between evaluation process and program cultural context. Second, we believe that the concept of cultural competence should be understood as a continuum, rather than in categorical terms. In this view, evaluators continually strive for the highest level of cultural competence possible, within the parameters set by any specific evaluation.

A Process-Oriented Approach to Cultural Competency in Evaluation

Before elaborating on our team's approach to evaluation, we must first define our understanding of culture. The American Psychological Association's multicultural guidelines (2003) posit that culture is the embodiment of a worldview through learned and transmitted beliefs, values, and practices, including religious and spiritual traditions. It also encompasses a way of living informed by the historical, economic, ecological, and political forces acting on a group or individual. There are three main facets of culture that we believe are important for designing culturally competent evaluation.

First, we acknowledge that culture and cultural boundaries are not fixed but are unstable, fluid entities under constant construction and revision. Because of its adaptive nature, culture often is taken for granted; our ethnocentric assumptions or "modes of operation" may only be challenged when we encounter other cultural groups or contexts. Second, cultural group heterogeneity is important. There are as many differences within cultural groups as similarities, and many individuals hold membership in multiple groups. Third, culture is embedded within historical, social, political, and economic contexts. In other words, culture and structure are intertwined, and each reinforces the other. Within the United States, for example, any consideration of ethnic minority group "culture" has to be understood within an ecological context of persistent, structural inequality.

So when evaluators and the populations with whom they work do not share the same "culture", how can they strive for the most culturally competent evaluation possible? There have been several papers and books which have presented longer lists of guiding principles for culturally competent evaluation (Conner, 2004; The California Endowment, 2003). We highlight three ingredients that are important in our process-oriented approach to culturally competent evaluation.

Collaboration. An important and definitive shift in culturally competent evaluation is the move from an approach that only considers the evaluator framework or worldview to an approach in which evaluation is collaborative and driven by stakeholder knowledge (Frierson, Hood, & Hughes, 2002; King, Nielson, & Colby, 2004). This collaborative approach is found in a number of related evaluation strategies (e.g., participatory, empowerment, collaborative, utilization, and inclusive models). A collaborative approach has two implications. First, evaluators can learn from all stakeholders (including service providers, service recipients, and community representatives); stakeholders are knowledgeable about the particular "cultural" characteristics and views of the population being served. Second, the knowledge gleaned from stakeholders can be used to organize the evaluation by identifying evaluation goals, methods, and measures that are relevant to the cultural context of the program. Thus, collaborative work

allows evaluators to incorporate the stakeholders' concerns, values, and perspectives into the evaluation plan and design.

Reflective Adaptation. Culturally competent evaluation requires that evaluators engage in reflective adaptation—the ability to acknowledge one's biases, the ability to listen to other worldviews, and the ability to integrate these varying views and interests as they relate to evaluation design and implementation. Here, self-recognition is key. As Scriven (1998) notes, "The distinction between bias and the systematic error it tends to produce is critical in evaluation because it creates the possibility of controlling bias without having to remove it" (p. 15). Following this line of thought, we do not seek to eradicate bias (a goal that is frequently voiced in public discourse), but rather we seek to acknowledge it, and to understand how bias shapes each part of our evaluation process. In doing so, we hope to account for and avoid the errors in evaluation that stem from cultural insensitivity.

Contextual Analysis. Collaboration and reflective adaptation refer to the ability of the evaluator to listen to the perspectives of all stakeholders. In contrast, the third ingredient, contextual analysis, requires the evaluator to locate cultural views and interests within the appropriate societal context. This reflects a shift in studying culture: moving from a consideration of culture as a static amalgam of beliefs, values, and norms to a dynamic view of culture as "emergent" (Nagel, 1994) and created in reaction to and interaction with external environments. As Sasao and Sue (1993) have argued, a "culturally anchored" approach accounts for cultural characteristics, as well as a group or individual's ecological context—historical, political, economic, and social. This is a theoretical and methodological point. It is theoretical in that it involves a shift in our understanding of culture toward a more structuralist approach (Stanfield, 1999). It is also a methodological point, because it requires us to understand and embed respondents' perspectives, beliefs, and experiences within their structural contexts. In other words, we should not merely take respondents' voices "as is" or as "the truth," but we must engage in the work of interpretation by linking their accounts to the structural realities of the communities in which they live.

A Continuum of Cultural Competency in Evaluation. We conclude this section by emphasizing that our view of cultural competence is that of a continuum, rather than as categories (where an evaluation is deemed culturally competent or not). This understanding is first informed by our recognition that each evaluation may have its own unique limitations set by the other stakeholders. Given these parameters, it makes sense for evaluators to think of optimizing cultural competency, rather than "achieving" it. Second, we view cultural competence as a continuum because our understanding of culture is that of a "moving target"; it has ever-shifting characteristics and boundaries. Thus, we use the three ingredients in our own work as a means by which we move ourselves "across the continuum" in our efforts to achieve the highest level of cultural competency possible in any given evaluation.

Our Search for Cultural Competency: An Evaluation of the Grassroot Soccer HIV/AIDS Prevention Program in Bulawayo, Zimbabwe

Program Description

Grassroot Soccer (GRSF) is a program that aims to reduce the spread of HIV/AIDS in Africa, by training adult soccer players to employ an HIV/AIDS life skills curriculum in the education of

at-risk preteens. The specific goals of the program are to increase knowledge and improve attitudes about HIV/AIDS among preteens and to increase their self-confidence and sense of efficacy about their ability to prevent HIV/AIDS infection (www.grassrootsoccer.org).

The volunteer soccer player educators receive a 1-week educator training course. The educational intervention for preteen students consists of teaching sessions conducted twice weekly for 2 weeks, using a curriculum developed by GRSF. This classroom-based curriculum includes didactic features (i.e., teaching sessions, homework assignments) but also relies on innovative action-oriented approaches, such as warm-up games, role-plays, discussions, and brainstorming activities with educational content. This curriculum is based on the principles of social learning theory, as developed by Bandura (1997). According to this theory, observational learners change their behaviors not only through direct reinforcement of the new behavior but also by observing other people (models) who engage in the new behavior. Soccer players are powerful models with high prestige in Zimbabwe. Thus, the GRSF program premise is that adolescents will more likely to learn facts about HIV/AIDS and related risky behaviors from soccer players as powerful role models than from other traditional figures (teachers, counselors, etc.) (Clark, Friedrich, Ndlovu, Neilands, McFarland, 2006).

The action-oriented approach of the intervention and the use of games are intended to be highly motivational. GRSF proposes that these games will attract students' attention to the subject matter and, consequently, will facilitate observational learning. Most of the games take into account the previous experience of the students (e.g., "Fact or Nonsense?" and "Talk Show"). Furthermore, GRSF assumes that the use of role-play to model specific behaviors and skills (such as assertiveness in refusing money for sex, positive attitudes toward people infected with HIV/AIDS, etc.) will lead to the development of students' self-confidence and efficacy beliefs in their ability to prevent HIV/AIDS.

GRSF specifically aimed to develop a curriculum that was culturally appropriate. The founder of the program, Dr. Thomas Clark, is familiar with the Zimbabwean culture, having lived there for several years and having witnessed firsthand both the devastation of HIV and the fanatical popularity of soccer. He believed "that using soccer players, who were heroes in their communities was a strategy that could potentially break through the deafening silence that surrounded HIV. The ever-present image of Michael Jordan was a reminder that others have realized the potential for sports heroes to sell consumer products. Why not sell health?" (*A Letter from Tommy Clark*, n. d.). Thus, the program that we evaluated was based on a theory of change that reflected the culture of the population served and had goals to deliver culturally appropriate intervention.

Evaluation Approach

Evaluation team. Our evaluation team comprised one principal evaluator (developmental psychologist), two co-evaluators (behavioral pediatrician and general pediatrician), and a research assistant (undergraduate student in human biology). In terms of ethnicity, three members of the team are Caucasian and one is African American. The principal evaluator is an immigrant to the United States, with considerable experience living and working in other countries (mainly in Europe) and solid training and experience in cross-cultural research concerning adolescents. The research program of one co-evaluator includes a focus on health and health care disparities in immigrant and minority children. The second co-evaluator has lived in South Africa and has direct experience working with preteens in a primary school in South Africa. In that school, she served as a volunteer physical education teacher and after-school sports coach; she

witnessed, firsthand, the transformative power of soccer on youth development. All members of the team have extensive experience working with culturally diverse and underserved children and youth in California.

Thus, our team was well-equipped with skills and knowledge for conducting cross-cultural research in the area of public health. Although we did not have direct experience in Zimbabwe, we had considerable familiarity with populations that differ from us in terms of socioeconomic background, ethnicity, and culture. We understood the critical importance of being accessible and flexible in such work. We attempted to maintain an awareness of potential biases that might result from our membership in an academic community with its inherent advantages and supports.

Evaluation objectives. Our team conducted an evaluation (2003–2004) of the pilot phase of the GRSF program in Bulawayo, Zimbabwe. The objectives established for this evaluation were (a) to assess the impact of the program on student knowledge, self-efficacy beliefs, attitudes about HIV/AIDS, and perceptions of social support, and (b) to assess the degree to which program-effected changes were sustained over a 5-month period. The program directors requested an evaluation that would meet established and rigorous criteria for evaluating public health prevention programs; such criteria included an experimental design with a comparison group, pre- and postintervention measures, follow-up study, and the use of instruments validated in similar populations. The established “gold standard” evaluation design was perceived as necessary to attract funding sources. GRSF had collected some student data with an existing survey; these data were available to us and informed our design of new measures. Thus, the set parameters faced by our evaluation team included the intervention itself (GRSF program), the core objectives of the program, and the evaluation design. Due to limited resources, we did not have the opportunity to go to Zimbabwe; data were collected by on-site staff. We assisted with the definition of successful outcomes, the design of evaluation instruments, and the inclusion of adjunct data. We relied heavily on input from service providers and data collectors, who served as our cultural informants.

Evaluation outcomes. After considering the GRSF program curriculum and developing a logic model in collaboration with GRSF service providers, we defined the following main program outcomes:

1. Student knowledge
 - Increased understanding of HIV/AIDS and ways to protect themselves from HIV/AIDS.
 - Increased awareness of available HIV/AIDS community services.
2. Student communication
 - Increased ability to speak openly and frankly about HIV/AIDS with peers, family, and others.
3. Student attitudes
 - Improved self-awareness of HIV/AIDS-related negative attitudes (e.g., prejudice, stigma).
 - Increased self-efficacy and control beliefs related to HIV/AIDS.

Developing appropriate evaluation measures. The main focus of our evaluation was to develop an evaluation instrument that was culturally appropriate. The existing survey used by GRSF was composed of multiple-choice questions measuring the knowledge and attitudes of the students. There were relatively few open-ended questions targeting students’ understanding of HIV/AIDS prevention concepts. The service providers of the program had indicated concern about the results from the existing survey, because it yielded contradictory data from the individual respondents. After we reviewing the existing literature and

consulting with the GRSF service providers, we outlined several general characteristics of Zimbabwe culture, as well as specific characteristics of the population served (preteen youth), both of which needed to be reflected in the evaluation measures. These characteristics included a narrative culture, a collectivist (rather than individualist) perspective, moral choice (right–wrong) issues (instead of individualistic choice issues typical for Western cultures), and the high importance of religion.

We adapted the existing GRSF survey in the following ways. First, the data collected from this survey indicated that students had trouble understanding and answering knowledge-oriented survey questions that were in a multiple-choice format and that they preferred open-ended questions. We changed the survey to reflect these preferences by including simple statements with “true” and “false” answering options, along with a prompt for explaining the answers. Second, we felt that some of the concepts used might not have been relevant to student values. For example, the concept of “choice” (invoked in a desired outcome that students make “healthy choices”), is a particularly Western concept and does not characterize the experiences of people in Zimbabwe, where daily life may not allow for many choices. We thus adapted survey items to reflect the values and concepts identified as important to the pilot group of students, mostly related to moral judgments (right vs. wrong). Third, we adapted the questionnaire to reflect the narrative character of the culture by using vignettes with imaginary characters to assess students’ attitudes. We first piloted the vignettes using open-ended questions with a select group of student respondents. The vignettes used imaginary characters (a boy student, Gift, and a girl student, Tandi) in different situations. For example,

G and T are in love. They think that they are ready to have sex. They’ve heard that having sex without a condom is not a good idea because people can get HIV/AIDS that way. G and T do not worry because both of them look healthy.

What do you think? Should they worry about having sex without condoms? Why? What are things they can do in this situation?

Based on the analyses of the answers of the open-ended questions, we created vignettes with answer options, which retained the narrative format but also allowed for easier coding of the answers. For example, the vignette about using condoms in the final questionnaire was

Gift is a student at a primary school in Bulawayo. He is thinking about having sex. He knows many people in Bulawayo are HIV positive. Below are some statements about Gift. If you think that the above statement is correct, please circle True; if you think that the statement is not correct, please circle False. If you are not sure if the statement is true or if it is false, please circle Not Sure.

Gift wants to have sex . . .

18. He should NOT use condoms because condoms do not prevent HIV/AIDS.	True	False	Not Sure
19. He should make sure that his partner is not HIV positive.	True	False	Not Sure
20. He should NOT use condoms because only immoral people use condoms.	True	False	Not Sure

The revised survey was administered to control and experimental groups at the beginning and end of the intervention. In addition to the vignettes and knowledge questions, it included items addressing self-efficacy and control beliefs based on the AIDS Psychosocial Scale (Perkel, 1992), which was developed and used with students in South Africa.

Using an alternative source of data. As survey data collection and analysis were conducted, we made a decision to modify our original evaluation plan by including an additional data source. During our discussions with service providers, we were told that the students had written poems about HIV/AIDS as part of a homework assignment in one of the participating schools. This was an opportunity to use a source of data that evolved in a more naturalistic setting than survey collection and that reflected students' perspectives in their own "voices." The importance of narrative within the Zimbabwean culture and the importance of artistry within the youth culture made the poetry an ideal data source for measuring the project outcomes. Using this type of data in conjunction with the survey allowed us to study students' emotional responses to HIV/AIDS, which could not be captured by the surveys alone. Content analysis of these poems identified common themes that are related to HIV/AIDS. The coding categories used in this analysis included emotions related to HIV/AIDS (anger, despair, sadness); responses to HIV/AIDS (passive, active); and solutions to the struggle with HIV/AIDS (none, prevention, intervention). We found differences in the frequency of these themes between the control group and the intervention groups. Specifically, we found that students who had been a part of the GRSF program were more likely to express feelings of anger and banishment of HIV/AIDS, less likely to express helplessness, and more frequently would talk in their poems about the prevention and treatment of HIV/AIDS.

Students in the intervention group were also more likely to express beliefs about self-efficacy related to HIV/AIDS prevention. For example, students in the intervention group talked about possible solutions to the epidemic, saying that "I wish I could share my experience of AIDS" or "We can make a difference. The duty is [in] our hands, now let's go out there." Similarly, they were more likely to talk about prevention as a solution, saying "Boys and Girls, I'm just saying abstain from sexual intercourse!!!" or to acknowledge that others, such as scientists or doctors, were working toward a cure.

In sum, content analyses of these poems further strengthened evaluation conclusions that the GRSF intervention was a successful one. Although the survey results showed no change in students' sense of self-efficacy or control in preventing HIV/AIDS for themselves, content analysis of the poems indicated that students who received the intervention did experience positive changes in these regards. This suggests to us that it is possible that the questions used to assess these beliefs, although used to measure self-efficacy in another African culture (South Africa), may not reflect Zimbabwean (or preteen) culture, where the sense of human agency is not expressed by feelings of control.

Applying Tenets of Culturally Competent Evaluation

We believe that this case study reflected our process of incorporating the main ingredients of culturally competent evaluation: collaboration, reflective adaptation, and contextual analysis toward the goal of designing a culturally competent evaluation study.

Collaboration

This evaluation incorporated collaboration in varying degrees and with diverse stakeholders (service providers, clients served) at different stages of the evaluation study. We actively included and consulted with service providers in the selection of program outcomes, the design of appropriate measures, and the data collection and analysis. The program leaders were highly motivated to conduct the evaluation and receptive to our input, which are critical aspects of successful collaborative evaluation.

In this process, we were both teachers and students. The GRSF staff taught us about their perceptions of the salient cultural characteristics of the population served through sharing their personal experiences and informing us about the most practical data collection approaches. Thus, they served as key informants about the Zimbabwean culture and the realities of everyday life for the preteens. This was especially true because we were not able to be in the field ourselves, and we had to rely strongly on their knowledge and perceptions. They shared with us videos of the program, provided input on the vignettes and the characters used in these vignettes, and shared their experiences working in Zimbabwe with adolescents and the schools, providing ideas about effective ways for data collection. Although we recognized the limitations involved in using a few cultural insiders as a reflection of an entire cultural group, we believe that their perspectives were invaluable in our efforts toward a culturally appropriate evaluation. Their reflections on the challenges involved in using multiple-choice questions, and their referring us to the students' poems, helped us to develop evaluation measures that we believe were more culturally sensitive. In addition, we also included the "voices" of the students by administering open-ended questions and incorporating their words in the survey vignette questions and answers via pilot testing.

In turn, we strongly believed that to truly become collaborators in the evaluation process, we should train service providers in the basics of evaluation. We conducted a 1-day workshop with service providers covering such topics as evaluation basics, development of logic models, research design and instrumentation, and data collection. This sharing of information facilitated more collaborative evaluation process. The training was also critical because service providers were in charge of the data collection process. Thus, the training helped to ensure the reliability of the data collected.

Reflective Adaptation

We used the principle of reflective adaptation in our evaluation in two important ways. First, we strove to be open by acknowledging our own biases and by attuning ourselves to the stakeholders' perspectives through a process of active listening. This is a more explicit requirement when the culture of the population served is more distant or different from the evaluator's culture, as in this case. As foreigners to Zimbabwe, we were quite aware of the dangers of ethnocentrism, and understood that we had to avoid using the lens of our own culture to interpret the beliefs and values of others. We also tried to maintain an awareness of potential biases that might result from our membership in an academic community with its inherent advantages and supports. In general, it was difficult for us to accept the reality of everyday life for youth in Zimbabwe (extreme poverty, the ubiquity of exchanging sex for money, the pressures from local churches), which seemed to us strikingly different from everyday life for American youth. This was an eye-opening information, which we incorporated in the situations that were reflected in the vignettes.

The second aspect of the principle of reflective adaptation is the ability to react and adapt the evaluation process to the knowledge obtained while listening or attuning to the culture—to be nimble on one's feet so to speak. We believe that our process in designing and conducting this evaluation reflected "adaptations" to new knowledge about salient aspects of Zimbabwe culture and life for preteens. In particular, we believe that our decision to modify the evaluation plan to include content analyses of students' poems about HIV/AIDS was a reflection of this principle. We were able to recognize that the poems can be a more relevant tool for capturing the sense of empowerment of the students, which we were not able to assess through the survey questions, given the narrative character of the Zimbabwe culture. The poems allowed

us to analyze students' perspectives using their own words, and through these poems, we were able to correct the idea of individual choice as an expression of agency in the fight of HIV/AIDS. Another adaptation that we made based on culturally specific information was the change of the survey question format. GRSF service providers were puzzled by the fact that the respondents would give correct answers to the open-ended questions and incorrect answer to the related multiple-choice questions. Instead of trying to improve the wording of the multiple-choice questions, we examined the relevance of asking these questions. We inquired whether students were accustomed to testing with a multiple-choice format or an essay format. When we were informed that they use the latter approach, we made the decision to use simple questions with explanations, which is more familiar way to the students.

Contextual Analyses

Throughout the evaluation, we were attentive to the role that context plays in framing the effect of studied programs. Context refers to the ecological "niche" within which a population lives; it serves not solely as a proxy for race, ethnicity, or class but rather as the unique combination of these characteristics and circumstances that shape respondents' lives. For example, in the GRS program evaluation we considered not simply the national culture, but also the youth preteen culture when defining our measures. We included in the vignettes the contexts of youth life through creating characters that youth will closely relate to by using gender-specific scenarios and by using real-life obstacles (e.g., lack of money, peer pressure, trust issues between partners, immorality of using condoms).

Real-World Constraints and Challenges

Because our paper argues that culturally competent evaluation should be process-oriented, we should also emphasize that the extent to which we could apply these principles are shaped by real-world constraints typical to evaluation: budget, time, resistant organizational culture, and different investment in evaluation by the stakeholders. In the above case example, we were limited by the geographical distance in the Zimbabwe project and needed to rely on the indirect opinions of the participants through open-ended questions, as well as the direct observation of service providers (who have their own potential biases). Yet, in spite of the constraints of the "real world," we believe that the incorporation of the three components of culturally competent evaluation helped us to generate evaluation that was not only more just (with respect to the populations served) but also more valid. In keeping with Kirkhart's (1994) argument that multi-cultural validity should be understood as a core dimension of validity, we suggest that our process-oriented approach allowed us to "see" the program through the eyes of the key stakeholders (service providers and clients), which in turn allowed us to develop and fine-tune the methodological and analytical tools needed to improve the validity of evaluation work.

This process-oriented, culturally sensitive approach to evaluation, and implied methodological flexibility, is similar to Patton's (1985) concept of "situational responsiveness." In his 1985 edited volume on cross-cultural research, Patton argues that "situational responsiveness is a central feature of useful, creative, and practical evaluations. Situational responsiveness means a genuine openness to understanding the important idiosyncrasies of each evaluation, so that design, measures, processes, and findings are situationally appropriate, relevant, and useful . . . [it] "includes sensitivity to culture in all its manifestations: political culture, program culture, organizational culture, local community culture, interpersonal norms, societal traditions, and local cultural values" (p. 94). Although we have not discussed all of these

aspects of culture in the current article, we strongly believe that they are critically important for culturally competent evaluation.

Patton's notion of situational responsiveness embodies the components of culturally sensitive evaluation described above, and further underlines the fact that there is no set "blueprint" to cultural competence. Instead, each evaluation should customize these components to achieve a "goodness of fit" with the evaluated program and the specific limitations set by other stakeholders. In this article, we offer our experience in applying these components in a relatively optimal evaluation environment. The design of the program was culturally sensitive, we had the support of service providers who truly understood the importance of designing and implementing culturally competent evaluation and were highly motivated to spend the time and resources to achieve culturally competent evaluation. All these factors were crucial for achieving culturally competent evaluation. Further research is needed to highlight the specific contextual factors (e.g., service providers, cultural awareness, program characteristics, organizational culture) that can enhance or impede the achievement of culturally competent evaluation and practical strategies for creating supportive evaluation environment for its implementation.

Note

1. This term is used interchangeably in the literature with culturally sensitive and culturally responsive evaluation.

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