CULTURALLY COMPETENT EVALUATION STRATEGIES AND GOALS

Background
In spite of California’s success in reducing overall smoking rates, the smoking prevalence in the following demographic groups remains particularly high: African Americans, American Indians, Asian/Pacific Islanders, Hispanic/Latinos, LGBT (Lesbian, Gay, Bisexual, Transgender), and Low Socioeconomic Status. The California Tobacco Control Program is therefore focusing its attention particularly on these “Priority Populations.” Its explanation for the higher smoking rates and the associated health disparities reflect the challenge for tobacco control programs: “The reasons for tobacco related disparities are numerous, complex, and diverse: Lack of access to culturally competent medical care, limited community resources, competing priorities, limited tobacco control infrastructure, cultural traditions, and targeting by the tobacco industry all contribute to greater tobacco use in these communities” (California Department of Health Services).

The goal of eliminating these disparities is articulated in California Department of Public Health’s (CDPH) Tobacco Control Program’s Master Plan, which states that it aims to “eliminate disparities and achieve parity in all aspects of tobacco control” (Master Plan 2006). The Master Plan specifies that “smoking must be reduced in the population groups in which smoking prevalence is the highest.” This is particularly important because these groups exhibit disproportionately high smoking related disease rates. For this reason, the Tobacco Control Program requires that County Health agencies and other grantees include these populations in their intervention plans with outreach and program activities. Currently, all state funded projects are required to include cultural competency objectives. In addition, competitive grants are made available to organizations that work exclusively with priority populations.

The Need for Culturally Competent Evaluation Strategies
Because the intervention activities of tobacco control projects are closely linked with evaluation activities, TCEC has a role to play in the effort to eliminate health disparities among priority populations. For example: In order to implement a multiunit housing tobacco control objective, projects routinely conduct interviews and surveys with multiunit housing residents. In order to yield valid data, interview and survey instruments must be designed for accurate assessment of the opinions and needs of all residents. Since many standardized survey instruments are tailored only towards a generic audience, the resulting data collection often becomes either exclusive or skewed. Without culturally-specific data collection instruments, some informants are not sampled because of their cultural, linguistic, and/or economic characteristics, or if they are, they may misinterpret or not understand the survey questions. As a result, the tobacco control intervention may not reach audiences that are most strongly affected by tobacco use.
Other ways TCEC promotes parity in tobacco control is at grantees’ institutional level by helping them evaluate their activities aimed at achieving cultural competence, measuring for instance the outreach and inclusiveness of tobacco control coalitions. Another area of evaluation assistance is in assessing the effectiveness of culturally specific curriculum in a tobacco control training.

**Definitions**

In order to advance culturally competent tobacco control, TCEC is committed to work towards a practice of culturally competent evaluation. But what is culturally competent evaluation? The American Evaluation Association (AEA) has commissioned a task force that is currently (February 2008) working on a definition of this term. In the meantime, we propose to use the following definitions, which encompass three levels: culture, cultural competency, and culturally competent evaluation.

**Culture**

The National Center for Cultural Competence (2001) defines culture as “an integrated pattern of human behavior which includes (but is not limited to) thought, communication, language, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of racial, ethnic, religious, social and political group” which is transmitted to succeeding generations yet is dynamic in nature. In California, cultural difference is particularly pronounced because of the comparatively high number of recent immigrants with diverse ethnic backgrounds.

**Cultural Competency**

The most commonly referred to definition of cultural competency mentioned in evaluation literature comes from Cross et al. (1989), who define it as a “set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations” (in Endo et al. 2003). In California Tobacco Control this means that organizations such as TCP, TCEC, LLAs and Competitive Grantees need to acquire values, behaviors, knowledge and skill sets that facilitate their work with the multiplicity of cultures their programs aim to reach.

**Culturally Competent Evaluation**

Endo et al. (2003) base their notion of culturally competent evaluation on Cross’ definition of cultural competency (see above) and on interviews with health and evaluation leaders and propose three areas of evaluation practice that make for culturally competent evaluation: “(1) the characteristics of culturally competent evaluators (e.g., attitudes, skills and knowledge), (2) a culturally competent approach that includes and respects community voices in the evaluation, and (3) specific strategies in culturally competent evaluation design and implementation.”

The first aspect, the attitude of the evaluator, refers to the openness to explore and accept the difference of another culture and the willingness to understand and accept one’s own culture as relative rather than dominant in any way. Skills and knowledge refer to the communicative abilities, including cultural behaviors and language of the studied culture that the evaluator must acquire. The second aspect points to the ethical mandate of stakeholder inclusion (Mark 2003). The third aspect, strategies of culturally competent evaluation design, refers to the consideration of culture in every aspect of planning and carrying out the evaluation, which may include finding and working with cultural brokers.
in the community, involving community members in the cultural and linguistic adaptation of survey instruments, and adapting evaluation approaches to fit cultural norms.

Goals

Taking these reflections into consideration, TCEC developed the following three overarching goals related to cultural competency:

1. To become a culturally competent organization (e.g. to reflect cultural competency in daily work) and to practice culturally competent evaluation.

2. To develop expertise in culturally competent evaluation methods that we can pass on to our clients (knowledge and skills that apply to the work with any group, such as how to assess the culture of a group or community; how to involve members of the community in planning and carrying out program evaluation and activities; how to address culture-related challenges; how to adapt data collection instruments).

3. To develop expertise in cultural competency that is specific to priority groups that we can transform into usable tools for our clients (tips and tools for working with each of the groups on the priority population list).

Work completed in 2007/2008

- Conducted a needs assessment in which competitive grantees expressed the need for culturally competent evaluation instruments

- Organized a state-wide workshop on culturally competent evaluation facilitated by a national-level expert on culturally competent evaluation

- Began to develop competent evaluation tools for priority populations in collaboration with TC organizations (three of these tools have already been posted on TCEC’s website at http://www.tobaccoeval.ucdavis.edu)

- Planned field testing of culture specific data collection instruments in collaboration with grantees (May/June 2008)

Work to be completed in 2008/2009 and beyond

- Acquiring additional training in culturally competent evaluation for TCEC Evaluation Associates

- Collaborating with other researchers, research institutions, evaluators and evaluation institutions to further the field of culturally competent evaluation

- Conducting trainings for grantees on culturally competent evaluation

- Conducting case studies to learn about and test culturally competent evaluation methods of relevance to California’s Tobacco Control Priority Populations

- Collaborating with consultants to develop culturally competent evaluation methods and tools

- Presenting best practices of culturally competent evaluation at conferences
• Other as needed.

References


Tobacco Control Evaluation Center

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