Cultural Competence and Other Success Conditions for Effective Evaluation

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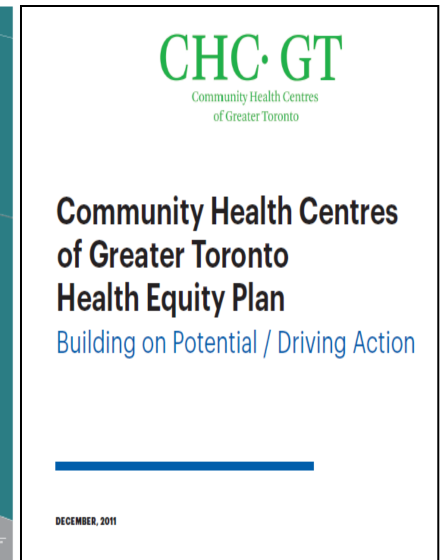
My Starting Points

not a professional evaluator

but use evaluation as a strategist and policy analyst

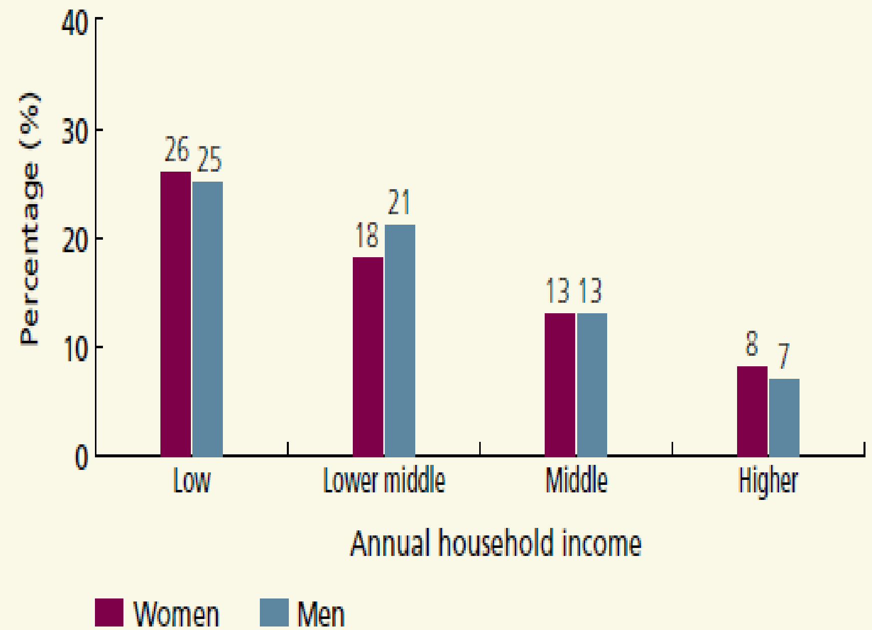
interested in how to build evaluation into driving change in complex systems

both at policy level and in enabling service/program innovation



A Key Problem to Solve: Health Inequities in Ontario

- there is a clear gradient in health in which people with lower income, education or other indicators of social inequality and exclusion tend to have poorer health
- the gap between the health of the best off and most disadvantaged can be huge – and damaging
- impact and severity of these inequities can be concentrated in particular populations



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‘Wicked’ Problems

- **health inequities and their underlying social determinants of health are classic ‘wicked’ policy problems:**
  - shaped by many inter-related and inter-dependent factors
  - in constantly changing social, economic, community and policy environments
  - action has to be taken at multiple levels -- by many levels of government, service providers, other stakeholders and communities
  - solutions are not always clear and policy agreement can be difficult to achieve
  - effects take years to show up – far beyond any electoral cycle
- **have to be able to understand and navigate this complexity to develop solutions**

Into ‘Solutions Space’

- **good evaluation is key to being able to act on ‘wicked’ policy challenges**
- **need to know what programs, investments and policy directions work -- not matter how complex**
  - from high-level strategies to reduce the structured social and economic inequality that underlies health inequities
  - to healthcare programs designed to meet the specific needs of health disadvantaged communities
- **and to drive change**
  - to ‘sell’ effective policy and program interventions to govts
  - to drive innovation and improvement
- **will illustrate where cultural competence comes into this actionable and effective evaluation**
- **by fleshing out two critical insights from realist evaluation approaches**

“There’s nothing so practical as good theory”

- **English evaluation leader Ray Pawson quoting sociologist Kurt Lewin**
- **Pawson wasn’t arguing for abstract theory, but for ensuring we are always clear about**
  - the assumptions we are making that underpin our work – whether planning a specific service initiative or developing a broad multi-sectoral strategy
  - the pathways and factors that we assume will lead from the planning through service delivery to the hoped-for impact
  - how all of this will vary depending upon the organizational, social or policy context
  - timelines of impact
- **there are many approaches and as many terms – theory of change, program theory, framework for change**

Theory of Change for Culturally Competent Evaluation?

- **do we need to build cultural competence into evaluation because?**

  in an increasingly diverse society, evaluation has to be able to take account of different cultural and social identities and practices to be able to properly assess almost any program or policy

- **need to unpack cultural competence**
  - can't just see culture as differences – e.g. ethno-cultural, sexual orientation, etc.
  - but also discrimination and differential access to power and resources
  - so have to analyze marginalization and social exclusion
- **thinking of cultural competence only as identity, or even differences, may not name the real problem:**
  - racism and discrimination
  - e.g. concentration of new immigrants or racialized populations in more precarious work, poorer neighbourhoods →health inequalities
- **need to ground cultural competence in broader equity strategies and notions of social justice**

What Works – For Whom?

- **the second big theme from realist evaluation = not just what works and how**
- **but for whom and in what contexts**
- **does the program/policy work differently for different groups?**
  - does it have an inequitable impact – poorer access to services, differential treatment, discrimination?
  - e.g. if target population are recent immigrants, is program provided in their language and culture?
- **should it work differently?**
  - can the program/policy contribute to improving equitable access or better supporting those with greatest risks/needs?
  - need to understand specific values, perspectives and wishes – e.g. what does good quality care look like for different cultural groups? → adapt care and services

Drilling Down:
Culture Meets Patient-Centred Care

key priority for healthcare providers

but people aren't the same

→ need to take culture and background into account for good communications, provider-patient relationship, follow-up

→ need to understand conditions into which people return that may shape prospects for resilience and recovery

in an increasingly diverse society, high quality care = culturally competent care

success conditions =

- resources such as interpretation, staff training, easy-to-use tools for implementing cultural competence in service delivery, organizational priority
- respectful and inclusive attitudes

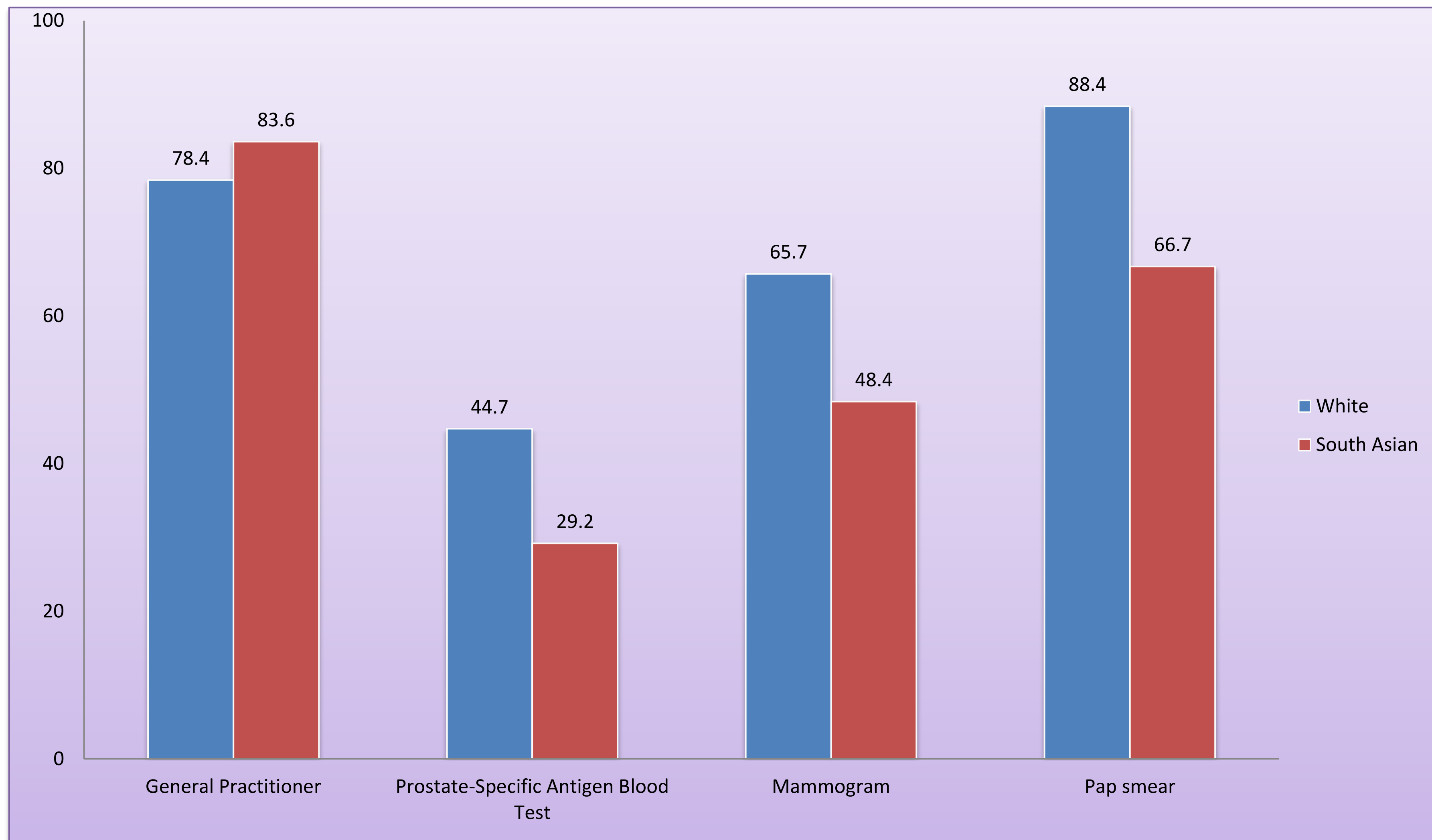
culturally competent evaluation questions =

- have we built analysis of culture, equity and inclusion into our evaluation framework or program theory?

then evaluate those success conditions and their impact, by assessing:

- the development, implementation, availability and impact of these resources
- and also working culture
- and, of course, has all of improved patient care for all?
- and drilling down to particular marginalized populations

Specific Problem to Solve: Inequitable Access to Preventive Health Services



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Specific Solutions for Specific Populations

taking social context and living conditions into account is part of good service delivery

- health disadvantaged populations have specific and generally more complex needs for services and support → customized service delivery to specific community
- also face greater barriers – e.g. availability/cost of transportation, childcare, language, discrimination → facilitated access is especially important
- and have fewer resources to cope (from supportive social networks, to good food and being able to afford medication) → supplementary services
- demonstrated potential of peer models

evaluators then build cultural relevance & adaptation into what they assess:

- how well did providers adapt program to population needs and social contexts?
- more specifically, how were programs adapted or enhanced for racialized and culturally diverse groups?
- were health promotion and care delivered in languages and cultures of particular population/community?
- were there targeted efforts to reach populations facing access barriers – what success in reaching, and also retaining people in program?
- did rates or standard of care improve?
- were differentials reduced btwn marginalized group and general population

Moving Forward

how to define/determine competence?

- involving diverse communities themselves in defining what matters to them
- what success looks like for particular program or policy

potential of more participatory methods/approaches

- including participation of diverse communities

similarly, learn from social inclusion models of research → adapt principles to develop more inclusive evaluation

- well suited to diverse cultural contexts and community settings?