Evaluating *"in a good way":* exploring approaches to integrating Indigenous worldviews and ways of knowing into the Centers for Disease Control Framework for Program Evaluation in Public Health

By

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ABSTRACT

At present, a variety of organizations across Canada are developing and implementing programs designed to improve the health and wellness of First Nations, Inuit and Métis individuals, communities and populations. A crucial element in this process is evaluation, which aims to examine whether health programs are achieving their desired goals and meeting the needs of the target community and the funder. However, decades of problematic and culturally insensitive research on Indigenous peoples has resulted in many Indigenous communities having a deeply rooted mistrust of research and program evaluation activities. To address this issue, this project applies a *Two-Eyed Seeing* approach to explore how health program evaluation involving Indigenous peoples can be done in a way that respects and honours Indigenous worldviews, culture and ways of knowing.

Specifically, the project will examine potential spaces within the six steps of the *Centers for Disease Control Framework for Program Evaluation in Public Health* where evaluation considerations specific to Indigenous populations may be integrated alongside mainstream evaluation protocols and approaches. Findings of the paper highlight the importance of meaningful engagement and the establishment of respectful relationships with Indigenous communities, as well as the need to apply participatory evaluation methods which consider the unique historical, political, social and cultural contexts of Indigenous peoples and communities. It is hoped that the increased application of culturally responsive evaluation approaches will assist Indigenous peoples, and allies, in developing, improving and adapting programs focused on promoting health, wellness and self-empowerment.

***Key Words**:* Indigenous Health, Program Evaluation, First Nations, Inuit and Métis, Aboriginal, Two-Eyed Seeing

"If you have come here to help me, you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together."

- Lilla Watson, Murri (Indigenous Australian) visual artist, activist and scholar

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BACKGROUND

As of 2016, Indigenous peoples (i.e. First Nations, Inuit and Métis) comprised 4.9% of the Canadian population (Statistics Canada, 2016). Immense diversity exists among the First Nations, Inuit and Métis peoples in Canada, with different communities each having distinct histories, worldviews, culture, traditions and political realities (Reading & Wien, 2009).

Yet, all Indigenous peoples in Canada have been, to varying extents, adversely affected by the historical and ongoing processes of colonization (King, Smith & Gracey, 2009; Reading & Wien, 2009). Such factors include residential schools and their legacy, the systematic erosion of culture through assimilation policies, and the subsequent loss of language and tradition which has resulted in isolation, marginalization and social dislocation for many Indigenous peoples (King, Smith & Gracey, 2009). As a consequence, many Indigenous peoples in Canada experience a disproportionate burden of health and social problems in comparison to non-Indigenous Canadians (Reading & Wien, 2009).

At present, a variety of organizations across Canada (including government, not-for-profit and community-based groups) are developing and implementing programs designed to improve the health and wellness of Indigenous individuals, communities and populations. A crucial element in this process is evaluation, which aims to examine whether health programs are achieving their desired goals and meeting the needs of the target community and the funder. Furthermore, many health programs are mandated to conduct evaluations to show that program funds were used as intended, as well as to ensure continued funding.

However, decades of research conducted "on" Indigenous peoples (instead of "by, for or with" them) has resulted in many Indigenous communities having a deeply rooted mistrust of research and program evaluation activities (Alfred, 2009; LaFrance & Nichols, 2008). As such, it

is recognized that the unique historical, cultural and political context of Indigenous peoples in Canada, along with Indigenous communities' past negative experiences related to involvement in research activities, pose specific and substantial considerations in regard to health program evaluation (Reciprocal Consulting, 2011).

What is program evaluation?

At present, a number of different and nuanced definitions of program evaluation exist. Yet, many definitions share common elements. For example, Patton (1997) defines program evaluation as:

> *"…the systematic collection of information about the activities, characteristics and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming."* (p.23)

Similarly, according to the Centers for Disease Control and Prevention (CDC), effective program evaluation comprises a "systematic approach to examine, improve and account for public health actions by involving procedures that are useful, feasible, ethical and accurate" (CDC, 2016, p.1).

Well conducted program evaluations can provide valuable insights into program goals, activities and the resultant impacts on the target population, as well as into program strengths, areas for program improvement, and the cost-effectiveness of a program (Rossi, Lipsey & Freeman, 2004). Moreover, evaluations are often used for accountability purposes to justify continued program funding and to identify new directions related to program activities and

outputs. Taylor-Powell conceptualizes program evaluation as "asking good, critical questions to improve programs and help them be accountable for the wise use of resources" (2002, p.27).

The fields of research and program evaluation are closely related, with both employing similar methodologies. However, the primary goals of research and evaluation often differ. More specifically, the primary focus of research activities is often on the generation of new knowledge and theory, whereas the primary focus of program evaluation is to provide useful information for decision-making purposes (Patton, 1990). More simply put, "research seeks to prove, evaluation seeks to improve" (Patton, 1990, p.532).

The two most common types of evaluations are *formative* and *summative*. Formative evaluations are designed to assist with the formation of a program and examine whether a program or activity is feasible, appropriate and acceptable before it is fully implemented (CDC, 2016). Often, within formative evaluations, a *process evaluation* is conducted to determine the extent to which program activities were implemented as initially intended (CDC, 2016). In contrast, summative evaluations provide information on the effectiveness of a program. Key components of summative evaluations are *outcome evaluation* and *impact evaluation.* Specifically, outcome evaluations measure the effect of the program in the target population by assessing progress in the outcomes that the program intended to address (CDC, 2016). In contrast, an impact evaluation is typically conducted years after a program has been implemented to determine the lasting effect of a program on the target population (CDC, 2016).

Historical context

> *"We have been researched to death…maybe it's time we started researching ourselves back to life."*
>
> Marlene Brant Castellano (quoting an Indigenous Elder), 2004. p.1

The field of evaluation draws heavily on research methodologies that can be considered invasive when imposed by outside funding agencies (LaFrance & Nichols, 2008). As a result, the unpopularity of research permeates many Indigenous communities, with research and evaluation activities often being associated with negative judgements, criticisms and descriptions of deficiencies or failings (Cram & Mertens, 2016; LaFrance & Nichols, 2008). These issues commonly produce feelings of tension between evaluators, Indigenous communities and the health programs that are being evaluated. Such sentiments were highlighted in the Royal Commission on Aboriginal Peoples (1996), which stated that:

> *"In the past, Aboriginal people have not been consulted about what information should be collected, who should gather that information, who should maintain it, and who should have access to it. The information gathered may or may not have been relevant to the questions, priorities and concerns of Aboriginal peoples. Because data gathering has frequently been imposed by outside authorities, it has met with resistance in many quarters."* (Canada, 1996, Ch. 5, p.4)

This close connection between research and evaluation has been problematic to Indigenous communities in Canada, as many have suffered a long history of intrusive studies. For example, many Indigenous communities have been subjected to "parachute research", whereby researchers fail to establish trusting and respectful relationships with the community (Brant Castellano, 2004). Such research undertakings, while building the reputations of anthropologists and other researchers, have often brought little benefit to the Indigenous community being studied (First Nations Information Governance Centre, 2014). Such systemic issues related to research and evaluation within Indigenous communities are aptly expressed by Linda Tuhiwai Smith in her influential work *Decolonizing Methodologies*, where she states that "Research is probably once of the dirtiest words in the Indigenous world's vocabulary" (Smith, 1999, p.1).

Harmful, exploitive and culturally insensitive research and evaluation activities with Indigenous communities have taken many forms. To illustrate, both historically and presently, many research and program priorities have been selected for personal, academic or societal interest, rather than in the interests of Indigenous communities themselves (First Nations Information Governance Centre, 2014). Similarly, governments have collected administrative data on Indigenous communities without their knowledge or consent (Chouinard & Cousins, 2007). Other examples of culturally insensitive research and evaluation practices include: (1) analyzing, interpreting and reporting on Indigenous data without the consent, approval, review or input of Indigenous communities; (2) disrespecting the basic human dignity of Indigenous communities or their religious, spiritual or cultural beliefs; (3) failing to return research or evaluation findings to the community or returning it in a form or language that is inaccessible; and (4) recklessly sensationalizing identified problems without regard for the resulting impact on

the social and political interests of the community (First Nations Information Governance Centre, 2014; King, 2015). Finally, many research and evaluation activities involving Indigenous communities have been criticized due to their deficit-based focus, which often portrays Indigenous peoples as poor, sick, dependent or violent (Reading & Wien, 2013).

Ethical issues and misaligned worldviews

Power imbalances, paternalistic approaches and the devaluing of Indigenous knowledges and ways of knowing within health research are persistent themes within the literature (Alfred, 2009; Brant Castellano, 2004; Martin, 2012). Typically, western, Eurocentric worldviews (i.e. those that place an emphasis on biomedicine, reductionism, positivism and empirical evidence) are prioritized within research and evaluation (Martin, 2012; Wilson, 2008). In contrast, Indigenous worldviews and ways of knowing, which place a greater emphasis on wholism[1], relationality and experiential evidence, are often devalued (Wilson, 2008). These conflicting worldviews present specific issues when conducting program evaluations involving Indigenous communities, such as conflicting ideas about ethical behaviour, research methodologies, community autonomy, dissemination of findings and what constitutes "quality" evidence (Chouinard & Cousins, 2007; LaFrance & Nichols, 2008).

For example, government officials, researchers and evaluators may often not be aware of, or not understand or support, the aspirations of Indigenous communities (LaFrance & Nichols, 2008). Likewise, they may not prioritize, or may even be in conflict with, the interests of the community. Even more problematic, the external "users" of Indigenous data are often seen as unbiased experts, endorsed by others with power, who are able to speak with authority about the

[1] The term *wholism* is used intentionally here, as it represents the whole person or whole body. This term encompasses the mind, body and spirit, and is used in this text to describe the concepts of health and wellness as conceptualized by many Indigenous ideologies.

realities and issues of Indigenous communities (First Nations Information Governance Centre, 2014; Jacob & Desautels, 2014).

Marlene Brant Castellano aptly articulated this issue in a 1997 presentation to the Canadian Evaluation Society, where she stated that:

> *"Much of the research that has been done on Aboriginal affairs is challenged by Aboriginal people on two counts: the appropriation of voice - who has the right to speak authoritatively about Aboriginal experience; and the validity of fact and interpretation assembled by outsiders to the culture and community."* (Brant Castellano, 1997, p. 1)

Clearly, in light of the above issues, a substantial need exists for a reframing of current evaluation approaches. Above all, new approaches must create meaningful opportunities for evaluators and Indigenous communities to come together to engage in program evaluations which are firmly grounded in the context of the relevant community and simultaneously acknowledge both western and Indigenous ways of knowing.

INTRODUCTION

Current landscape

The landscape of research and evaluation involving Indigenous peoples in Canada is rapidly changing. At present, an increasing number of research and program evaluation activities involving Indigenous communities are employing participatory and community-based research methodologies (Crooks, Snowshoe, Chiodo, & Brunette-Debassige, 2013). Furthermore, Indigenous communities are becoming better informed about the risks and benefits of research

and are making vocal calls for the increased development and application of culturally relevant research and evaluation approaches (Cram & Mertens, 2016; First Nations Information Governance Centre, 2014). At the same time, many Indigenous and non-Indigenous scholars are emphasizing the importance of building capacity among evaluators working with Indigenous communities to shift the focus of evaluation efforts to be more responsive to local concerns (LaFrance & Nichols, 2008). Finally, a growing number of health programs and projects are being grounded in the principles of Chapter 9 of the Tri-Council Policy Statement 2 (TCPS2), which provides guidance on establishing meaningful research relationships with Indigenous peoples and communities (TCPS2, 2014).

In Canada, research and evaluation activities are also occurring against the backdrop of reconciliation. As Canada has officially adopted the *United Nations Declaration on the Rights of Indigenous Peoples* and has committed to fully implementing the *Truth and Reconciliation Commission's 94 Calls to Action*, it is essential that program evaluations no longer perpetuate colonialist attitudes, ideals and structures (TRC, 2015; UN General Assembly, 2007). However, at present, there are no widely used and recognized evaluation frameworks or processes that are specifically designed for the unique context of health programs involving Indigenous peoples in Canada. Furthermore, what mainstream evaluation frameworks do exist are most often not appropriate within First Nations, Inuit and Métis settings, as they are fundamentally based in western, biomedical definitions of health.

Foundational to many Indigenous research paradigms is that research and healing go hand in hand (Wilson, 2008). Culturally-relevant evaluation frameworks are therefore needed which facilitate meaningful engagement between evaluators and Indigenous communities and integrate principles of equity, reciprocity and respect for community customs (Chouinard &

Cousins, 2007; LaFrance & Nichols, 2008; Reciprocal Consulting, 2011). As Cheryl Crazy Bull explained:

> *"We, as tribal people, want research and scholarship that preserves, maintains, and restores our traditions and cultural practices. We want to restore our homelands; revitalize our traditional religious practices; regain our health; and cultivate our economic, social, and governing systems. Our research can help us maintain our sovereignty and preserve our nationhood."* (1997, p.23)

Current literature demonstrates that many challenges and barriers exist in relation to the development, uptake and application of culturally relevant program evaluation frameworks. Such factors include, but are not limited to, time and resource constraints, community capacity, colonization-related determinants and misaligned worldviews. Overcoming these challenges will require a clear understanding of both the issues around evaluation and the practical approaches that can help make evaluation more acceptable and helpful to Indigenous communities (Reciprocal Consulting, 2011). In the absence of innovative and culturally responsive evaluation strategies, there is little assurance that current and future evaluations will truly capture the processes, outcomes and impacts of Indigenous-focused health programs in ways that honour the unique contexts of Indigenous communities in Canada.

PURPOSE

The purpose of this paper is to explore whether it is possible to apply a *Two-Eyed Seeing* lens in adapting an existing public health evaluation framework to a generalized Indigenous

context. This project will investigate one framework in particular: the CDC Framework for Program Evaluation in Public Health (CDC FPEPH).

The primary objective of this project is to examine potential spaces within the different phases of the CDC FPEPH where Indigenous-specific considerations might be integrated alongside mainstream evaluation protocols. However, due to the space limitations inherent in this paper, the goal of this project will not be to define specific procedures for improving the cultural responsiveness of program evaluation. Rather, it will be to explore broad potential strategies through which program evaluation involving Indigenous peoples and communities can be done "in a good way".[2] From this, it is hoped that the application of an improved CDC FPEPH model will empower evaluators working with Indigenous communities to conduct program evaluations that are grounded in trust, respect, reciprocity and cultural safety.

THEORETICAL APPROACH

For this project, *Two-Eyed Seeing* will be used as a guiding principle through which ways to integrate Indigenous-specific considerations into public health evaluation activities may be elucidated. First put forward by *Mi'kmaq* Elder Albert Marshall, *Two-Eyed Seeing* describes a method for viewing the world using both Indigenous and western perspectives (Martin, 2012; Marshall, 2004). Specifically, *Two-Eyed Seeing* posits that we (as individuals, researchers and practitioners) should view the world using the strengths of both Indigenous and western ways of knowing in order to gain a more wholistic perspective of the world and our relationships within it (Martin, 2012; Marshall, 2004).

[2] According to Shawn Wilson (2008), research done "in a good way" is a sacred endeavor, grounded in respect and traditional wisdom, which leads to the support of community and creation of healing.

Bartlett, Marshall, Marshall & Iwama (2012) conceptualize Two-Eyed Seeing as follows:

> *"Two-Eyed Seeing adamantly, respectfully, and passionately asks that we bring together our different ways of knowing to motivate people, Aboriginal and non-Aboriginal alike, to use all our understandings so that we can leave the world a better place and not compromise the opportunities for our youth (in the sense of Seven Generations) through our own inaction."* (p. 11)

Moreover, as western ways of knowing have traditionally been privileged within health program evaluation, the application of a *Two-Eyed Seeing* evaluation approach has the potential to facilitate the creation of *Ethical Space*. Introduced by Professor and Elder Willie Ermine, the concept of *Ethical Space* highlights that often, within many mainstream research paradigms, western ways of knowing are held above Indigenous ways of knowing in ways where western knowledge is regarded as absolute truth and Indigenous knowledges are portrayed as anecdotal (Ermine, 2007). Subsequently, Indigenous knowledges have been structurally devalued (Ermine, 2007). To reconcile this devaluing, Ermine proposes that Indigenous and non-Indigenous ways of knowing be utilized simultaneously and in a non-hierarchical way (Ermine, 2007). Applying this lens, an "ethical space of engagement" emerges in which cross-cultural collaboration can occur and more wholistic understandings of the world can be illuminated (Ermine, 2007, p.10)

Two-Eyed Seeing was chosen as a theoretical perspective for this project for three key reasons. First, as a guiding principle, it inherently fosters respectful engagement between Indigenous and non-Indigenous peoples. Second, *Two-Eyed Seeing* can be seen as a

reconciliatory process, whereby the responsibility to close gaps related to the health of Indigenous peoples in Canada is situated dualistically within both the mainstream and Indigenous realms (Ermine, 2007; Martin; 2012). Finally, by evaluating health programs using the strengths of Indigenous and western ways of knowing, one can see greater depth and uncover additional insights than would be possible in seeing with "one eye alone".

Intrinsic within this project is a recognition of the diverse worldviews that are held by the different Indigenous communities, Nations and peoples in Canada. However, commonalities between Indigenous worldviews are evident and documented in the literature (King, Smith & Gracey, 2009; Nabigon & Wenger-Nabigon, 2012). For example, many Indigenous knowledge systems are wholistic, cyclical, and dependent upon relationships and connections to living and non-living beings and entities, as well as connections to the ancestors and spirit world (Wilson, 2008). Balance and harmony are other recurring features of Indigenous health systems. Such conceptualizations can be seen in the metaphor of the medicine wheel, whereby wellness is viewed as a balance between all four dimensions of the self: the physical, mental, emotional and spiritual (King, Smith & Gracey, 2009; Martin Hill, 2009). Therefore, in acknowledging the above, the intentions and processes within research become as important as the knowledge acquired and, as such, the individual and the collective are both critical perspectives (Wilson, 2008).

Within this analysis then, using one eye, I will examine ways to foreground the strengths and expertise of Indigenous lived experience, the knowledge of Elders and the skills of Indigenous community and academic researchers in relation to program evaluation activities. At the same time, using the other eye, I will attempt to simultaneously apply the processes and standards that are based in western, mainstream health program evaluation approaches. Finally,

in using both eyes together, it is my hope that a more respectful and culturally resonant approach to program evaluation involving Indigenous communities will emerge.

METHODS:

This critical literature review examines health program evaluation within the context of Indigenous peoples Canada. *Two-Eyed Seeing* was used as a guiding principle to understand how current health program evaluation approaches can be enhanced to better serve the needs of First Nations, Inuit and Métis individuals, communities and Nations. The research question that informed the discourse of this paper was: "how might considerations specific to Indigenous peoples be integrated into a recognized mainstream public health program evaluation framework?" The specific evaluation framework utilized for this paper was the CDC Framework for Program Evaluation in Public Health.

The analysis is based upon a synthesis of academic peer-reviewed articles, grey literature and organizational, government and community documents. To retrieve these articles and documents, targeted literature searches were conducted through Simon Fraser University's Library Database. The following search terms were utilized: "evaluation", "program evaluation", "Indigen*", "Aborigin*", "First Nations", "Inuit" and "Métis". A broad search was also conducted using Google Scholar and Google where articles relevant to the key search areas stated above were identified and selected for review. This search method was not exhaustive.

The CDC Framework for Program Evaluation in Public Health

One of the most commonly utilized evaluation frameworks within public health, this framework was chosen because it is flexible, nonprescriptive and can be adapted to diverse populations, social contexts and health programs (CDC, 2017). The CDC FPEPH is designed as

a practical tool to summarize and organize the essential elements of the program evaluation process (CDC, 2017). Shown below in figure 1, the framework consists of six distinct and interdependent evaluation steps that are conducted in a cyclical approach (CDC, 2017). Additionally, within the center of the framework, the four guiding standards of program evaluation are depicted.

Figure 1: CDC Framework for Program Evaluation in Public Health (CDC, 2017)

FINDINGS: ADAPTATION OF THE CDC FPEPH TO A GENERALIZED INDIGENOUS CONTEXT

This analysis finds that specific considerations related to program evaluation involving Indigenous peoples can be integrated across the six core steps of the CDC FPEPH. These

considerations may be viewed as broad operational strategies for enhancing the cultural relevance of program evaluation activities within diverse Indigenous contexts. A diagram summarizing the key findings of the analysis can be found in APPENDIX A.

Step 1: engage stakeholders

Engaging stakeholders is the first step of the CDC FPEPH. Stakeholders are those persons or organizations that have an investment in what will be learned from the evaluation. This may include those involved in the program operation (e.g. partners, funders, tripartite agencies, managers, staff, etc.), those served or affected by the program (e.g. clients, family members, organizations, institutions, etc.) and primary users of the evaluation outputs (e.g. communities, decision makers and senior leadership) (CDC, 1999). Within this first step, the primary focus of all activities should be on *meaningful engagement* with the Indigenous community and all relevant stakeholders.

Here, a key consideration is deciding, early on, who is leading the evaluation and who the primary collaborators are. Also crucial is explicitly outlining the roles and responsibilities of all stakeholders and the evaluation team. Meaningful engagement can be accomplished, in part, through adherence of all stakeholder engagement activities to *Chapter 9 of the Tri-Council Policy Statement 2*. TCPS2 Ch.9 outlines specific research requirements for engagement with Indigenous communities to ensure that the process is respectful, collaborative and avoids tokenism (TCPS2, 2014). Such practice requirements include: respecting community knowledge and contributions, building trust, ensuring reciprocity and tailoring research activities to the needs of the community (TCPS2, 2014). A critical first step here is asking community members and community leadership for explicit permission before conducting the program evaluation. According to TCPS2 Ch.9, further activities cannot proceed unless explicit permission is

obtained from the community (TCPS2, 2014)[3]. If the community of interest does not grant permission to conduct the evaluation, then further discussion and negotiation would be required.

Initial evaluation planning meetings should include the evaluation team, community members and leaders, Elders, clients/family members and other key evaluation users (Reciprocal Consulting, 2011). Holding regular meetings and drafting a Terms of Reference document is also important. Furthermore, in relation to engaging stakeholders throughout the evaluation process, article 9.2 of TCPS2 Ch.9 outlines that the nature and extent of the level of engagement be "determined jointly by the researcher and the relevant community".

In recognition of the diversity among Indigenous communities in Canada, additional operational strategies and considerations within this evaluation step include the evaluation team engaging with community Elders, Knowledge Keepers and leaders (Reciprocal Consulting, 2011; van der Woerd, 2004). This, in turn, assists the evaluation team in learning about and respecting the traditional protocols and codes of conduct within the community (Brant Castellano, 2004; Reciprocal Consulting, n.d.). Such initial evaluation processes may also include the formation of an Indigenous Community Steering Committee and/or Evaluation Working Group (Caldwell et al., 2005; Centers for Disease Control and Prevention, 2014). Finally, in approaching evaluation from a standpoint of reconciliation, it is important that evaluators formally and explicitly acknowledge the traditional territory of the Nation they are working with in different evaluation activities and outputs (e.g. meetings, reports, etc.) (LaFrance & Nichols, 2008; Alfred, 2009).

[3] TCPS2 Ch.9 mandates that research activities may not proceed without permission from the relevant Indigenous community. This chapter does not give any explicit guidance regarding evaluation activities. However, as the engagement processes of research and evaluation are often similar, efforts to ensure meaningful engagement should be prioritized.

Step 2: describe program

Assuming that the first step has resulted in agreement to proceed, the second step of the CDC FPEPH cycle involves describing the program and defining the program goals, purposes and available data (CDC, 1999). Often, program components are depicted in a logic model which graphically portrays the logical relationships between the resources, activities, outputs and outcomes of the program that will be evaluated (Rossi, Lipsey & Freeman, 2004). As the purpose of this step is to gain understanding about the program and its community context, the primary focus within this phase should be *culturally resonant program description.* Prior to developing the evaluation plan, it is vitally important to learn about the dynamics and background of the community, such as cultural protocols, demographics, geography and available resources (Reciprocal Consulting, 2011).

The application of a *Two-Eyed Seeing* lens is an important consideration within this step. Here, it is important to not only apply standard program evaluation descriptors (e.g. program need, state of development, expected effects, activities and context), but also describe the program's relationship to Indigenous worldviews and ways of knowing (Chouinard & Cousins, 2007; Reciprocal Consulting, 2011; Rossi, Lipsey & Freeman, 2004). For example, such descriptors may consist of a brief discussion related to the program's effect on Indigenous conceptualizations of health and wellness (Reciprocal Consulting, 2011).

In addition, when describing the program, it is also important to examine specific historical and colonization-related factors that may affect the program's context and implementation. Such factors may include considerations related to systemic racism, trauma, marginalization, economic dispossession and issues involving Indigenous peoples' self-determination and self-governance (King, Smith & Gracey, 2009; Alfred, 2009). Moreover, in

applying a *Two-Eyed Seeing* lens to describe the program, an emphasis should be placed on outlining the program purpose using ways that align with Indigenous oral traditions and ways of communication. Such an approach may include employing visualization and storytelling methods in describing the purpose, context and activities of a program (LaFrance & Nichols, 2008; Martin Hill, 2009; van der Woerd, 2004). Finally, within all activities in this step, the use of culturally-appropriate terminology is critical (Baba, 2013).

Step 3: focus evaluation design

Once the program has been adequately described, the next step in the CDC FPEPH cycle is focusing the evaluation design. This phase consists of defining the purpose of the evaluation, the specific evaluation questions and the methods through which data will be collected and analyzed (CDC, 1999). To ensure that the program evaluation design is grounded in the community needs and context, the primary focus within this step should be on *community collaboration*.

Within this step then, important Indigenous-specific considerations include ensuring alignment and responsiveness of the evaluation to the TRC, as well as the principles outlined in UNDRIP. For example, the evaluation may seek to examine the extent to which the program is addressing one or more of the TRC's 94 Calls to Action (TRC, 2015). Similarly, the evaluation may examine the extent to which the program is protecting and upholding the human rights of Indigenous peoples as outlined in UNDRIP, including rights to self-determination (article 3), autonomy (article 4), land (article 26), culture (articles 9-15) and health care (article 26) (UN General Assembly, 2007).

Critical in focusing the evaluation design is involving Indigenous community members and program participants in the development of the program evaluation questions, theory of

change/logic model and evaluation plan (Cram & Mertens, 2016; Reciprocal Consulting, 2011; van der Woerd, 2004). Likewise, when developing the evaluation plan, it is essential to employ, to the greatest extent possible, evaluation approaches that are participatory, strengths-based and resilience-based (Jacob & Desautels, 2013). In this case, Empowerment Evaluation (EE) approaches may be applicable, as they "aim to increase the likelihood that programs will achieve results by increasing the capacity of program stakeholders to plan, implement and evaluate their own programs" (Better Evaluation, 2016, p.1). Here, a final potential area of consideration is co-developing an evaluation rubric with the community. Such a rubric would use plain language to define what different levels of success mean, and look like, through the words of the community and program leaders themselves. Once developed, evaluation data can later be applied against the rubric to determine how the program is performing in a variety of domains (Better Evaluation, 2013).

Embedding reciprocal capacity strengthening and mentorship into the evaluation design is another important consideration in this step (Reciprocal Consulting, 2011). This may include facilitating a series of training sessions or workshops with community members, community research associates and other stakeholders. Examples of potential training session topics may include: introductory research and evaluation methodologies, securing additional program funding and improving the sustainability of community programs (Reciprocal Consulting, 2011)

Last, and most important, when describing the program is ensuring that all activities, processes and outputs of the evaluation adhere to the principles of cultural competency, safety and humility (Baba, 2013; Brascoupé & Waters, 2009). The American Evaluation Society states that a culturally competent evaluator is "prepared to engage with diverse segments of communities to include cultural and contextual dimensions important to the evaluation" (2014,

p.5). Cultural safety, within the context of a program evaluation, is an outcome which occurs when power differentials within the evaluation are addressed and Indigenous peoples themselves feel that they can genuinely trust the evaluation outputs as a result of the evaluation team's culturally competent efforts (Brascoupé & Waters, 2009). Key to this is the evaluator practicing cultural humility, which involves "humbly acknowledging oneself as a learner when it comes to understanding another's experience and culture" (First Nations Health Authority, 2018, p.11).

Thus, in focusing the evaluation design, potential evaluation questions to consider may include:

- What is the program's effect on the physical, emotional, mental and spiritual domains of wellness?
- Does the program support community relationships?
- How does the program foster both individual *and* community wellness?
- What is the program's linkage to land and culture?
- Does the program view wellness as a journey? (vs. merely an endpoint to be achieved)

Step 4: gather credible evidence

The fourth step in the CDC evaluation framework is gathering credible evidence. Activities within this step consist of using quantitative, qualitative or mixed-methods approaches to gather data on indicators related to program processes, outcomes and impacts (CDC, 1999). When gathering evidence, assessing the quality and trustworthiness of data sources is critically important (Patton, 1997). As such, the primary focus within this step should therefore be *culturally appropriate data collection*.

Specifically, the application of multiple or mixed-methods in the data collection process allows the evaluator to form a comprehensive picture of the health program and its effects on the

community (Rossi, Lipsey & Freeman, 2004; van der Woerd, 2004). For example, the evaluator may employ Indigenous-informed research methodologies alongside mainstream data collection procedures. In practice, such culturally appropriate data gathering methods may include art-based methods, storytelling, sharing circles, narratives and other qualitative methods that are more in alignment with Indigenous oral traditions (Crooks, Snowshoe, Chiodo, & Brunette-Debassige, 2013).

In relation to data collection, another area worth exploring within the evaluation is the application of culturally-appropriate and community-defined indicators of health and wellness (Geddes, 2015). Likewise, evaluating cultural safety within a program (i.e. as a process or outcome measure) may be a useful indicator of program success (Brascoupé & Waters, 2009; Jacob & Desautels, 2013). However, it is critical that the above approaches are driven by the participants and community, tailored to the community context and any Indigenous research methodologies employed are not "appropriated" by non-Indigenous evaluators in a tokenistic and culturally insensitive way (Cram & Mertens, 2016; First Nations Information Governance Centre, 2014).

A final key consideration within the data collection phase is data sovereignty, which can be achieved, in part, through adherence to the principles of OCAP®. Standing for *ownership, control, access and possession*, OCAP® is a set of standards which establishes how First Nations data should be collected, protected, used and shared (First Nations Information Governance Centre, 2014). Specifically, OCAP® asserts that First Nations have control over data collection processes in their communities, and they own and control how this information is used (First Nations Information Governance Centre, 2014). Examples of culturally appropriate data collection procedures may include returning interview/focus group transcripts back to

participants for clarification and feedback, or returning data and results back to everyone in the community who gave their input into the evaluation (Reciprocal Consulting, 2011; van der Woerd & Cox, 2005). Métis and Inuit communities in Canada have similar guiding principles related to data sovereignty (University of Manitoba, 2013).

Step 5: justify conclusions

Step number five of the CDC FPEPH cycle focuses on justifying the conclusions of the evaluation. Here, evaluation data from the previous step is analyzed, synthesized and interpreted to generate actionable findings regarding the merit, worth and significance of the program (CDC, 1999). Results from this step can be used to inform recommendations, which outline potential actions to be considered based on the cumulative findings of the evaluation (CDC, 1999). Within this step then, the primary focus should be on *data contextualization and community validation of findings.*

Here, an emphasis should be placed on engaging the Indigenous community throughout the process of analyzing and interpreting the evaluation findings. Foundational to such an approach is a focus on community self-determination, as well as on the formation of an *Ethical Space* for dialogue (Ermine, 2007). This, in turn, will facilitate the co-creation of knowledge between both the community and evaluators. Having a focus on shared data interpretation through involving community members and/or the community steering committee is also imperative. Once the evaluation data has been gathered, community stakeholders should be provided with ample opportunity to provide their insights into the interpretation of the results (Reciprocal Consulting, 2011). Such an approach further assists in the contextualization of socio-culturally meaningful data, whereby culturally-informed advice is sought from community knowledge holders to "assist in identifying risks and potential benefits for the source

community" (TCPS2, 2014; King, 2015, p.1). Finally, if an evaluation rubric has been developed with the community, evaluation data can be applied against the rubric to determine how the program is performing in relation to the rubric criteria and domains of success (Better Evaluation, 2013).

Qualitative methods employed within community validation sessions may also assist in affirming the evaluation results. These sessions help to ensure that the community is in agreement that the evaluation findings resonate with their needs, experiences and circumstances (Crooks, Snowshoe, Chiodo, & Brunette-Debassige, 2013). One example of this type of respectful data interpretation approach is delivering a presentation of the evaluation findings to community stakeholders and leadership (Reciprocal Consulting, 2011). Similarly, data validation exercises may be done at community gatherings, meetings or other events. Finally, the evaluation team should consider asking the community if there is any information within the evaluation findings that they would like excluded or modified for anonymity or sensitivity reasons (First Nations Information Governance Centre, 2014).

Step 6: ensure use and share lessons learned

The last step of the CDC framework is ensuring use and sharing the lessons learned from the evaluation. This consists of deliberate efforts to ensure that evaluation findings are disseminated properly and used in a meaningful way (CDC, 1999). To ensure a culturally resonant evaluation, the primary focus of this final step should be on *knowledge sharing and celebration of program successes*.

Here, the celebration of program successes is paramount (Reciprocal Consulting, 2011). For example, in collaboration with the community, celebration activities may include the hosting of a community gathering or the integration of ceremony, healing and wellness into knowledge

dissemination activities (Martin Hill, 2009; Reciprocal Consulting, 2011; Wilson, 2008). Equally vital is giving thanks and honouring all those who contributed to the evaluation.

Once evaluation data has been analyzed, interpreted and validated, is also important to ensure that the recommendations (if requested) that result from the evaluation are practical, feasible and take into account community capacity (LaFrance & Nichols, 2008; Reciprocal Consulting, 2011). Next, in terms of reporting, evaluation findings should be communicated in formats that are accessible and tailored to the community needs (First Nations Information Governance Centre, 2014; Reciprocal Consulting, 2011). Examples of culturally appropriate media and formats may include the use of stories, narratives, videos and short community-friendly reports with visuals (Ninomiya et al., 2017). Furthermore, to ensure that the community voice comes through in sharing lessons learned, joint efforts to disseminate knowledge may be employed whereby findings are co-presented jointly by community members, Elders and the evaluation team (Reciprocal Consulting, 2011). In collaboration with the community (and if deemed culturally appropriate), another way to accomplish this may be to integrate knowledge sharing activities into a witnessing ceremony. Here, the role of the witnesses is to record the message of an event "in their hearts and minds" and, afterward, validate the occasion by carrying the message and sharing it with friends and community members (Koptie, 2009. p.1).

Evaluation standards

In addition to the six steps of the CDC FPEPH cycle, all processes within the framework are guided and informed by four core evaluation standards: *utility* (i.e. evaluation serves the information needs of the intended users), *feasibility* (i.e. evaluation is realistic, achievable and frugal), *propriety* (i.e. evaluation is conducted legally and ethically) and *accuracy* (i.e. evaluation interpretations are valid, truthful and dependable) (CDC, 1999). Furthermore, the Canadian

Evaluation Society adds "accountability" as a fifth guiding evaluation standard, which encourages adequate documentation of all evaluation activities and processes (Canadian Evaluation Society, 2012). In practice, the application of the above standards helps to assess whether a set of evaluation activities are well-designed and working to their potential.

Research involving Indigenous peoples is also guided by a set of similar, yet distinct, principles. Kirkness & Barnhardt (1991) summarize these standards as the four R's: *respect, relevance, reciprocity and responsibility*. A *Two-Eyed Seeing* approach to applying both Indigenous and western evaluation standards is conceptualized on the following page in figure 2.[4]

The principle of respect involves valuing the diverse types of Indigenous individual, cultural and community knowledge (Kirkness & Barnhardt, 1991). Further, it consists of recognizing that while evaluators may be "experts" in conducting evaluations, community members, themselves, are often experts regarding the knowledge systems of their own communities (van der Woerd, 2004). Applying the principle of relevance requires ensuring that that evaluation being done is connected to community and cultural needs and experiences (Kirkness & Barnhardt, 1991). Here, the evaluator must be clear about their intentions and the knowledge produced by the evaluation must be useful for the local governance (van der Woerd, 2004). Next, reciprocity consists of ensuring that everyone involved in the evaluation is benefiting from a two-way process of learning and research (Kirkness & Barnhardt, 1991). More specifically, it involves asking the question: what has the community learned or gained from the evaluation? (van der Woerd, 2004). Lastly, in applying the principle of responsibility, the

[4] Of note, the bi-directional arrow in the diagram below represents reciprocal (i.e. two-way) accountability. Specifically, this denotes a shared responsibility for the evaluation and its outcomes between the evaluators, stakeholders and the community as a whole (First Nations Health Authority, 2018).

evaluator adheres to ethical principles and continues to develop and maintain credibility within the community by honouring diverse perspectives, working collaboratively and sharing evaluation findings (van der Woerd, 2004).

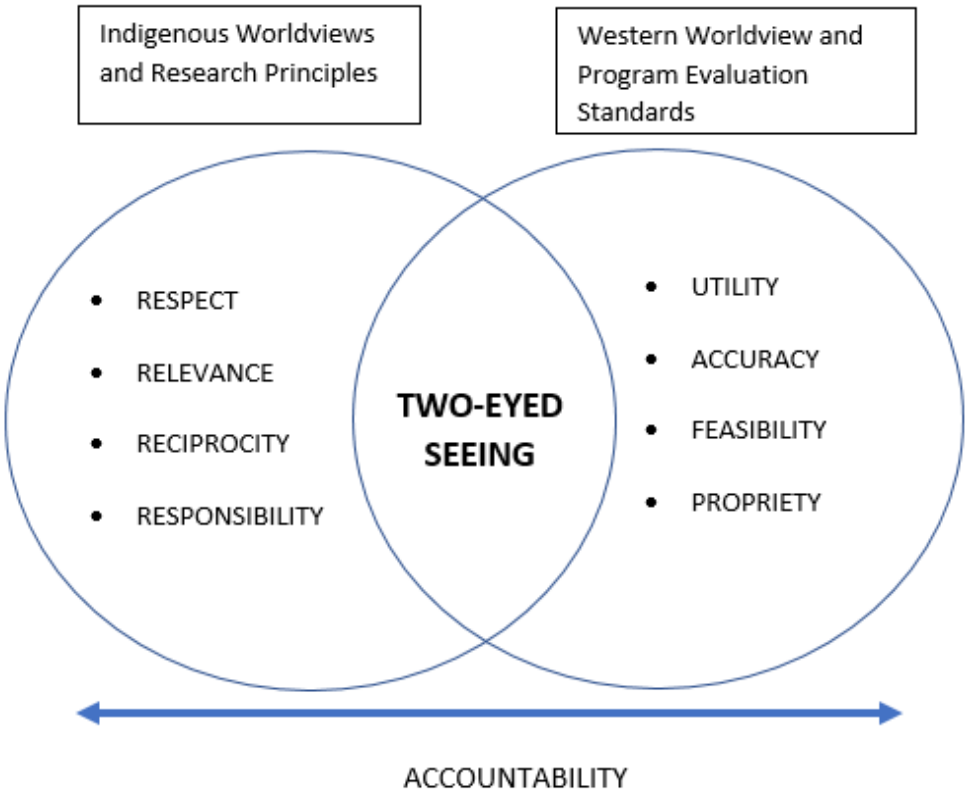

Figure 2: Two-Eyed Seeing and Evaluation Standards

DISCUSSION

Overwhelmingly, the academic and grey literature articulates the need to firmly ground program evaluations within the cultural context of the community (Chouinard & Cousins, 2007; LaFrance & Nichols, 2008; Reciprocal Consulting, 2011). Within this, it is essential that Indigenous peoples be given the opportunity to decide the research and evaluation priorities for

their communities. This emphasis on context suggests that, in designing program evaluations involving Indigenous communities, the initial focus should be less on testing the generalizability of a program to other communities and more on seeking to gain a better understanding of how a program fits within its particular situation and contributes to local understandings of what promotes health (LaFrance & Nichols, 2008). Once this understanding is achieved, and validated by the community, the focus can then be shifted to knowledge translation and knowledge dissemination activities. Such activities may include the adaptation and scaling up of programs, as well as the sharing of health information and practices to improve Indigenous health status, policy, services and interventions (Ninomiya et al., 2017).

In addition, Indigenous epistemological perspectives (i.e. the nature of knowledge and knowledge creation) have major implications for health program evaluation. They require that evaluators continually remind themselves of their responsibility to be comprehensive in their observations, to value subjective experience as well as objective data, to be reflexive and, above all, to ensure that they are contributing to the health and well-being of both the individual and the community (Jacob & Desautels, 2013; LaFrance & Nichols, 2008). Finally, within current evaluation approaches, a shift is needed toward not basing evaluation outcome indicators solely on deficit-based models, but rather on models based on strengths, resilience and culturally protective factors in the community (Geddes, 2015; Reciprocal Consulting, 2011).

Implications for Public Health practice

The findings of this analysis have several immediate and far-reaching implications for Public Health evaluation practice. First and foremost, to meaningfully apply a *Two-Eyed Seeing* lens, evaluators must define and implement relevant approaches which honour Indigenous knowledge systems while simultaneously recognizing the merits of western evaluation practices,

such as participatory and empowerment evaluation (LaFrance & Nichols, 2008; Martin, 2012; Centers for Disease Control and Prevention, 2014).

Other key implications for evaluation practice highlighted in this review include: (1) acknowledging power imbalances between community members and evaluators; (2) focusing on topics relevant to the community; (3) strengthening community capacity; (4) engaging community members; and (5) respecting the traditional protocols and ethical guidelines of the community and other Indigenous stakeholders (Crooks, Snowshoe, Chiodo, & Brunette-Debassige, 2013; Reciprocal Consulting, 2011). To accomplish the above, it is essential that, within their practice, the evaluator listens closely, ensures that the evaluation process is transparent, maintains confidentiality, uses culturally appropriate measurement tools and develops a comprehensive and culturally tailored dissemination strategy for the evaluation findings (van der Woerd, 2004). Finally, crucial in conducting a culturally responsive program evaluation is acknowledging the TRC Calls to Action and upholding the principles contained within UNDRIP (TRC, 2015; UN General Assembly, 2007).

Barriers to uptake of culturally responsive evaluation approaches

A number of challenges in relation to conducting program evaluations involving Indigenous peoples and communities were identified by this review. In particular, program evaluations often experience challenges in regard to determining culturally relevant and meaningful indicators which truly reflect the programs and the communities they serve (Chouinard & Cousins, 2007). Additional barriers include time, financial and resource constraints, lack of community capacity, misaligned worldviews, the entrenchment of western, positivist evaluation approaches and, finally, the historical and ongoing tensions between researchers/evaluators and Indigenous communities (First Nations Information Governance

Centre, 2014; Reciprocal Consulting, 2011). As such, an increased emphasis on reconciliatory efforts is needed to build respectful evaluation relationships and, through this, expand the application of culturally responsive evaluation strategies within community, government, and other health-related settings.

Limitations of analysis

Two specific limitations were noted for this review. First, it is recognized that the adaptation of an existing western evaluation framework to a generalized Indigenous context is a limited decolonizing approach. Therefore, a future step would be to engage diverse Indigenous peoples and evaluators working with Indigenous communities to develop (i.e. from the ground up) a model that is more in alignment with Indigenous cultures, worldviews and ways of knowing. Second, due to the space constraints inherent in a capstone paper, a strong emphasis was placed on synthesizing literature from the North American context, with articles and content from Canada being the primary focus. Therefore, this paper omits much of the innovative work that has been done in Australia, New Zealand, and elsewhere, in relation to advancing the field of culturally responsive evaluation.

Areas for future research

Based on the review of the literature, an important future research direction is exploring the development of practical toolkits for conducting culturally responsive health program evaluations that can be taken up by both Indigenous communities and non-Indigenous evaluators. Ideally, such toolkits would outline step-by-step approaches for ensuring that evaluations are participatory, adaptable, strengths-based and culturally appropriate. Moreover, as few Indigenous-specific health and wellness measurement tools currently exist in the landscape, additional research is needed to develop and validate health assessment tools which are

community-driven, nation-based and tailored to the unique context of Indigenous peoples in Canada. Finally, it is imperative to conduct more research on new approaches to empower Indigenous communities to conduct their own program evaluations, rather than having communities relying on the skills and expertise of external evaluators.

What might transformative change look like?

I envision several outcomes if a culturally resonant program evaluation framework were to be widely adopted within public health and applied in practice. First, the framework would be adapted into a practical and usable program evaluation toolkit that would be taken up by Indigenous communities, and non-Indigenous evaluators, across Canada. This, in turn, might lead to more health program evaluations involving First Nations, Inuit and Métis peoples becoming community-driven, culturally appropriate and strengths-based. At the same time, an increasing number of Indigenous communities across Canada would be empowered to conduct their own program evaluations and share their successes. Finally, at the macro level, such an evaluation framework could, in theory, be applied to monitor and evaluate Canada's progress in relation to implementing the 94 Calls to Action of the TRC.

CONCLUSION

Effective program evaluation provides an opportunity to showcase health program successes and identify ways to improve program development, implementation and sustainability. Key steps within the program evaluation process consist of: stakeholder engagement, description of the program, focusing of the evaluation design, gathering credible evidence, justifying conclusions, ensuring that evaluation findings are used and sharing the lessons learned (CDC, 1999).

This review has shown that there are indeed spaces within, and across, the steps of the CDC FPEPH cycle wherein Indigenous-specific considerations may be integrated. Specifically, through the application of a *Two-Eyed Seeing* lens, it is possible to envision how a more culturally responsive approach to health program evaluation involving Indigenous peoples may look. However, at present, addressing matters related to cultural safety, colonization, ethics, self-determination and competing worldviews remain key issues within the development and application of culturally responsive program evaluations.

The analysis of the academic and grey literature focused on program evaluation involving Indigenous peoples revealed several over-arching themes. First, an urgent need exists to improve the cultural responsiveness of program evaluation within Indigenous and community health settings. Second, it is essential that evaluations employ participatory methods which account for the unique historical, political, social and cultural contexts of Indigenous peoples and communities. Integral in the above approach is meaningful engagement and the establishment of respectful relationships with Indigenous communities. Finally, culturally responsive program evaluation necessitates the adherence to both mainstream evaluation standards, as well as the guiding principles of Indigenous health research.

To conclude, engaging in useful, respectful program evaluations ultimately works toward improving health programs so that they can effectively meet the needs of Indigenous individuals, communities and Nations. A culturally responsive evaluator must possess a strong sense of cultural self-awareness and humility, whereby evaluation activities are conducted with an *open heart, open mind and open arms* (Wilson, 2008). It is hoped that the increased application of culturally resonant approaches to program evaluation will assist Indigenous peoples, and allies, in navigating their journeys toward healing, wellness and self-empowerment.

CRITICAL REFLECTION

I take great pride in my Métis heritage. My Indigenous culture is very important to me. It gives me strength, purpose and inspiration. Moreover, my heart has, and always will, lie in community-based research. I believe that working with communities is one of my true callings in life and where I can make the most difference in terms of promoting health and wellness for Indigenous and non-Indigenous peoples alike.

Completing this capstone has been a culminating experience for me in several ways. First, it has allowed me to blend my passion for Indigenous health research with a number of key learnings and competencies from the MPH program, such as those related to social science, policy, communication, partnerships, collaboration and program planning, implementation and evaluation. Second, it has given me the opportunity to reflect on my core values as a public health practitioner and how these principles shape my actions and worldview. Finally, writing this capstone has allowed me to apply both the theory and program evaluation knowledge that I developed during my summer practicum with Interior Health. To me, this is the embodiment of "praxis" – an iterative cycle of theory, action and reflection.

Over my (admittedly short) career working in public health and Indigenous health research, I have been truly blessed to have been mentored by some amazing Elders, academics, researchers, Knowledge Keepers and Healers. I am honoured that I have been given the opportunity to tap into their wealth of knowledge. Immersing myself in traditional Indigenous teachings has instilled in me the importance of emphasising wholism, relationality and culture within all the work I do. One of the core values I hold close to my heart is that *"culture is*

medicine" and I hope that the importance of culture and traditional teachings has been foregrounded in this work.

Addressing current health gaps among First Nations, Inuit and Métis peoples can only be done within the context of reconciliation, where Indigenous and non-Indigenous peoples are able to come together and walk side-by-side on a journey of mutual healing and capacity strengthening. As a Métis person, I often find myself walking in two worlds – the Indigenous world and the western world. Here, I envision my role in Public Health as an intermediary and liaison. In essence, I see myself bringing two peoples and two worlds together in the spirit of mutual respect and reconciliation. This is where I believe true healing will ultimately occur.

Finally, I am cognizant that I am only one person and, therefore, have a limited capacity to conduct all of the "evaluation work" that is so gravely needed within Indigenous communities across Canada. However, to facilitate structural change, I can develop tools, frameworks and knowledge that will enable Indigenous communities, allies and researchers to conduct *their own* health program evaluations. In my future practice then, I will continue to be a champion for increasing the uptake of culturally resonant approaches to program evaluation with Indigenous communities. In doing this, I hope to empower Indigenous peoples, and allies, to develop, improve, adapt and scale-up programs which promote health and wellness at the individual, community and Nation levels.

Chi-miigwetch (thank you).

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APPENDIX: Summary Framework Diagram