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From Policy to Practice: A Case Study of the Office of Indian Health Services’ Evaluation

Policy

A dissertation submitted in partial satisfaction
of the requirements for the degree Doctor of Philosophy
in Education

by

Emi Lynne Fujita-Conrads

2021
ABSTRACT OF THE DISSERTATION

From Policy to Practice: A Case Study of the Office of Indian Health Services’ Evaluation Policy

by

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Doctor of Philosophy in Education
University of California, Los Angeles, 2021
Professor Marvin C. Alkin, Co-Chair
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In accordance with the Evidence-Based Policymaking Act of 2018, federal agencies will continue to establish evaluation policies. Yet limited research examines the consequences of evaluation policies on how evaluation is practiced. In March of 2018, the Office of Indian Health Services (IHS) released an evaluation policy to institutionalize its principles and practices around evaluation. The culture of evaluation in the federal sector is rooted in accountability, often relying on Western, post-positivist methodologies to determine program success. However, when working with Indigenous communities,
researchers argue for the use of culturally responsive approaches to create representations of programs that are aligned with community values. Imposing a research framework onto a community with different worldviews may result in an evaluation that fails to meet the needs of that community. An exploratory case study approach is used to investigate why and how the IHS developed its evaluation policy and the policy’s impact on evaluation practice.

Findings show that the IHS developed an evaluation policy in response to Congressional calls for accountability. The result was a policy that seeks to adhere to performance and accountability mandates, validate outcomes, and improve program effectiveness. Program evaluators and grantees argue for the use of culturally resonant methods to build the relationships and trust needed to conduct evaluations with IHS-funded programs. Additionally, these methods can create studies that are viewed as credible and useful by the community. An evaluation policy that does not facilitate the use of culturally responsive methods could create complications when implemented in practice. This study contributes to our understanding of the factors that influence federal evaluation policy development as well as the consequences of implementing an evaluation policy that is not culturally aligned. In doing so, it speaks to the importance of policies that promote the use of culturally relevant methods when working with Indigenous communities.
The dissertation of Emi Fujita-Conrads is approved.

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CHAPTER 1
INTRODUCTION

Statement of the Problem

Evaluation serves a critical function in judging program value, thereby determining which programs should be funded and expanded. Evaluation policies formalize “how, when, in what ways, and with what purpose to conduct evaluation within an organization” (Christie & Lemire, 2019, p. 4). In 2018, Congress passed the Evidence-Based Policymaking Act requiring each federal agency to establish an evaluation policy that institutionalizes its principles and practices around evaluation. Studies note the increasing prevalence of evaluation policies in both the federal and philanthropic sectors (Kinarsky, 2018; Fierro et al., in press). In particular, Fierro, et al. (in press) found that, at the time of their study, 17 federal agencies had publicly available evaluation policies. The passage of the Evidence-Based Policymaking Act signals the continued development of evaluation policies in the federal sector.

Underlying a policy’s stipulated goals, methodological approaches, and intended use are beliefs around how knowledge is constructed and can be measured. The culture of evaluation in the federal sector is often rooted in accountability, relying on post-positivist methodologies to judge program success. In contrast, culturally competent evaluators position culture at the center of the evaluation, leading to studies that are responsive to a program’s context, values, and beliefs. Various approaches to evaluation, or evaluation theories, can become embedded in evaluation policies, thereby influencing evaluation practice. Christie and Lemire’s (2019) theory-policy-practice nexus depicts the potential for evaluation policy to serve a transformative role in translating evaluation theory to
evaluation practice. Essential to this nexus is the adaption of evaluation theory to an organization’s particular context to help guide evaluation practice.

![Figure 1. Evaluation Theory-Policy-Practice Nexus Diagram from Christie & Lemire, 2019](image)

Theorist argue that evaluation policies directly affect the type of data gathered and the perceived value of programs (Datta, 2009). Existing research on evaluation policies demonstrate that evaluation policies are not the only driver in how evaluators determine how evaluation is practiced. Studies reveal that evaluators’ interpretation of evaluation policies were influenced by their perceptions of what counts as credible evidence and practical constraints once in the field (Christie & Fierro, 2012; Dillman & Christie, 2017). As a result, there is evidence that evaluator, program, and contextual factors impact how
evaluators implement evaluation policies. However, to date, there has not been an investigation the ways in which cultural congruency, or lack thereof, impacts how an evaluation policy become translated in practice.

The Office of Indian Health Services (IHS) released an evaluation policy in March of 2018 to guide the evaluation of its funded programs. A history of intrusive research with Indigenous communities makes the use of culturally responsive methods imperative when conducting evaluation. Researchers who imposed culturally incongruent methods and employed invasive and unethical practices used Indigenous people for their own gain (LaFrance & Nichols, 2010). By grounding the evaluation in community needs and values, evaluators can begin to develop evaluations that support decolonization, promote cultural vitality, and uphold a community’s right to self-determination. Despite the need for culturally relevant approaches, federal agencies continue to push evaluation as a tool for accountability.

The present study addresses these questions through a case study investigation of the IHS. The IHS’s recent passage of an evaluation policy and its mission to provide medical and public health to Indigenous communities in the United States make it an ideal site to investigate these issues. The IHS evaluation policy will determine which medical and public health programs Indigenous communities in the United States can access. Given the need for culturally responsive methods when working with Indigenous communities, questions around what values and evaluative approaches the IHS policy promotes are critical. Using a document review and interviews with multiple stakeholder groups, this study explores how the IHS developed its evaluation policy, the extent to which the evaluation policy
facilitates culturally responsive practices, and its consequences on how programs serving Indigenous communities are studied.

**A Framework for Critical Policy Analysis**

Policy analysis is a method for analyzing policy effects and implications (Gil, 1992). It offers a lens to examine policy and to “uncover its purpose and objectives – both stated and unstated, link the policy to historical or current values and ideologies, and estimate its consequences” (Jimenez et al., 2015, p. 22). Traditional policy analysis is described as normative, where comparisons are made between what is and what ought to be (Spicker, 2006). In these analyses, the policy’s objectives constitute the criteria for evaluating its effectiveness (Gil, 1992).

Critical policy analysis problematizes traditional approaches by questioning the underlying values of the policy’s provision. Rather than focusing primarily on whether the intended policy objectives are met, critical analysts carefully consider the complex social and political contexts in which policies are developed, implemented, and experienced (Walt & Gilson, 1994). In doing so, it focuses on how the policy context and development processes shape the policy objectives and content (see Figure 2).
In this framework, a study of process includes determining the various actors involved or excluded from policy development. Examining who was involved in the policymaking process can help to uncover the values underlying policy objectives and content. Power relations embed how problems are defined and by whom (Kirkhart, 2010). For policies intending to serve Indigenous communities, examining the policy problem definition may reveal colonial assumptions and deficit ideologies (Maaka & Fleras, 2009).

In this way, critical policy analysis exposes the ideologies and values underlying how policy issues and possible solutions are framed and understood by various policy constituencies (Forester, 1993; Yanow, 2000).

Context refers to the political, economic, social, and historical influences on the policy. Content considers the policy instruments and messages as written by policymakers. The interaction at the center of the triangle represents the interconnection of these three
elements in policy analysis. During this process, specific attention is paid to how the policy is experienced by those whom the policy is intended to effect (Mill, et al., 2001; Pettigrew, 1987). In doing so, this approach is inclusive of different perspectives and probes dominant narratives.

A critical approach to policy analysis is crucial when studying policies affecting Indigenous communities. Historically, policymakers used top-down approaches to move policies and programs that did not have the communities’ best interests in mind forward. These policies resulted in the theft of land and resources by the US government and the placement of children in boarding schools, the continued neglect of social and health services, and the active attempt to diminish the cultural vitality of Indigenous groups (Pevar, 2012). In contrast, the critical analyst aims to reframe the policy objectives based on Indigenous and anti-colonial knowledge paradigms (Maaka & Fleras, 2009). The framework presented above outlines areas that should be investigated in policy analysis. It will be used as a lens to understand critical issues in developing and implementing the IHS evaluation policy.

**Study Purpose and Research Questions**

There are three primary purposes to this study. First, I will describe the key components of the IHS evaluation policy. Next, I will detail the process that the IHS undertook to develop and implement its evaluation policy. Last, I will determine the policy’s consequences, including whether the policy facilitates culturally responsive evaluation practices and implications for the policy’s passage on how evaluations of IHS-funded programs are conducted. The questions that guided this study are as follows:

1. What are the key elements of the Office of Indian Health Services’ evaluation policy?
2. How was the evaluation policy developed?
   a. What was the motivation for the development of the evaluation policy?
   b. How was the evaluation policy content determined?
   c. How do IHS programs operationalize the evaluation policy?

3. When examining the policy in a specific program context, how do evaluators and program staff of IHS-funded programs interpret the evaluation policy?
   a. How might the evaluation policy change current evaluation practice?
   b. In what ways does the policy facilitate or constrain the conduct of culturally responsive forms of evaluation?
   c. What are the implications of the evaluation policy on how data is gathered, analyzed, and used by IHS programs?

In answering these research questions, this study intends to develop an understanding of how policymakers develop evaluation policies, as well as how those impacted by the policy are affected.

**Study Significance and Implications**

Agencies will continue to develop evaluation policies following the passage of the Evidence-Based Policymaking Act of 2018. Therefore, it is critical that we follow the processes for policy development more closely. By learning about existing evaluation policies, we better understand how to support future evaluation policymaking. This study aims to fill this gap in research by detailing how the IHS developed and implemented its evaluation policy, the factors that influenced how the content was determined, and what the policy looks like in implementation.
When conducting evaluations in socially, culturally, economically, and historically diverse contexts, the funder, evaluator, and valuee are often from different backgrounds and worldviews (SenGupta et al., 2004). Culturally responsive evaluators contend that, when working in these cross-cultural contexts, the study approach must be congruent with the community being evaluated (Chouinard & Cousins, 2009; SenGupta et al., 2004). The imposition of a research framework that does not match the values and worldviews of the communities served may lead to the replication of deficit assumptions and the misrepresentation of programs (Johnson et al., 2009; SenGupta et al. 2004). However, the consequences of implementing an evaluation policy that is not aligned with a community’s worldview has yet to be examined. This study aims to address this question by providing a detailed account of how the IHS evaluation policy influences evaluation practice.

First, and most directly, this study will inform the IHS about the consequences of their policy on how evaluation is practiced. In doing so, this study can reveal unintended policy effects, perhaps stimulating changes at the IHS. It is the hope that this study will reflect both the importance of culturally responsive approaches when working with Indigenous communities and how these approaches could be infused into the existing IHS evaluation policy.

More broadly, it contributes to conversations about the development and impact of evaluation policies in the federal sector. The answers to these research questions may be transferable to other federal agencies seeking to engage in the policymaking process. Importantly, by understanding a policy’s consequences on how communities in cross-cultural contexts are studied, we can begin to advocate for the inclusion of culturally responsive approaches into policy messages.
Manuscript Organization

Seven chapters make up the remainder of this manuscript. In Chapter 2, a review of the relevant literature is presented. Chapter 3 offers information about the study’s methods and procedures for collecting data and analysis. Then, in Chapter 4, I present a narrative detailing the historical relationship between the US federal government and Indigenous communities. In Chapter 5, I provide a text analysis of the different components of the resulting IHS evaluation policy. Then, Chapter 6 details the motivation for creating an evaluation policy and how the policy was developed and implemented in practice. Chapter 7 examines the implications for the policy’s passage on how programs conduct evaluations. Finally, in Chapter 8, conclusions from this study, in addition to its implications, limitations, and possible directions for future research, are shared.
CHAPTER 2
REVIEW OF RELEVANT LITERATURE

Introduction

Evaluation policy is a relatively new area of study (Mark et al., 2009). This chapter begins with an overview of what is currently known about evaluation policy and its influence on evaluation practice. Discussions of federal evaluation policies must be understood within the overarching federal agenda of increasing accountability of government programs. To understand this context, I provide a brief history of evaluation within the federal sector and contrast it with a growing development of culturally responsive evaluations. Last, I describe key components of culturally responsive evaluations when working with Indigenous communities as a theoretical framework underpinning this study.

Evaluation Policy

Trochim (2009, p. 19) defines evaluation policy as “any rule or principle that a group or organization uses to guide its decisions or actions around evaluation.” Trochim (2009) writes that organizations can have explicit or implicit policies, such as norms or principles that developed over time. Christie and Lemire (2019) contend that to adequately serve as a guiding mechanism for evaluation practice, evaluation policies should be written and explicit. Likewise, this study will focus on an explicit evaluation policy.

In addition to a general definition, Trochim (2009) theorizes about the central components of evaluation policies. These components include: (1) the goals of evaluation within the organization, (2) how stakeholders should participate in the evaluation process, (3) the organizational management, resources, and infrastructure to support evaluation,
(4) management of time or resources related to evaluation, (5) the roles and responsibilities that different stakeholders have in evaluation, (6) process and methods around evaluation, (7) how evaluations should be used, and (8) meta-evaluation. Two years before Trochim’s 2009 publication, the American Evaluation Association’s (AEA) Evaluation Policy Taskforce (2007) stipulated the following components of evaluation policies: (1) evaluation definition, (2) requirements of evaluation, (3) evaluation methods, (4) human resources regarding evaluation, (5) evaluation budgets, (6) evaluation implementation, and (7) evaluation ethics. In each of the categories outlined above, policies can differ in the level of generality or specificity (Trochim, 2009; AEA Policy Task Force, 2007). Both Trochim (2009) and the AEA Policy Taskforce (2007) conceptualizations of evaluation policies demonstrate that these policies can encompass nearly all aspects of the evaluation process, from who is involved to methods and implementation to funding and budgets. As Trochim (2009, p. 14) writes, evaluation policy “touches virtually everything we think about or do in evaluation.”

Evaluation theory is often, intentionally or unintentionally, embedded in evaluation policy (Christie & Lemire, 2019). Evaluation theory is non-specific and generally describes how and to what purpose to conduct evaluation, with intended outcomes in mind (Christie & Lemire, 2019). Underpinning evaluation theories are different epistemological orientations, that is, what knowledge is and how we create it (Christie & Alkin, 2012). A theory’s epistemological orientation toward what counts as credible data can be embedded in evaluation policies along with conceptions around the nature of knowledge, values, and role for the evaluator.
Christie and Alkin (2012) represent three branches of evaluation theory: use, methods, and valuing. Theorists on the methods branch seek to use evaluation to build knowledge about a social program or intervention (Henry, 2015). These theorists are often guided by post-positivist epistemologies, which find an overarching “truth” to program value (Christie & Alkin, 2012). In this argument, evaluators can get closer to the truth by employing methods that control for confounding variables, thus more accurately capturing program value. Use-oriented theories often propose a series of actions that the evaluator can take, leading to the enhanced use of their evaluation (Alkin, 2012; Patton, 2010). Evaluators who are concerned with use often take a pragmatist approach and employ methods that will be of most use to program decision-makers.

Theorists on the valuing branch are concerned with how a programs’ value or worth is determined. The branch is split into two theoretical lines of thinking. On one hand, the “objectivists” believe that it is the role of the evaluator to make objective judgements about the value of a program through observable data. On the other hand, the “subjectivists” believe that values are context bound. These evaluators take a constructivist approach that recognizes reality and “truth” is multiple and based on one’s belief system (Christie & Alkin, 2012). Therefore, they may use qualitative methods or participatory approaches to understand the realities of a diverse group of program stakeholders as well as shed light on what program success means for different groups and for whom a program is successful (Greene, 2005). Evaluation theories, and therefore epistemological orientations, can guide what policy says about how evaluation should be conducted (Christie & Lemire, 2019).

Scholars contend that evaluation policies can have real impacts on how evaluations are conducted and the findings generated about programs (Datta, 2009; Trochim, 2009).
Depending on the content of the policy and the level of generality or specificity, evaluation policies can be “both enabling and constraining of the potential contribution evaluation can make” (Mark et al., 2009, p. 3). However, this literature is largely theoretical. Additional empirical studies are needed to investigate the influence of evaluation policies on an organization’s evaluation practices. As Mark, Cooksy, and Trochim (2009, p. 4) contend, “there is a paucity of literature explicitly addressing evaluation policy.”

While still limited, a few researchers have answered Mark, Cooksy, and Trochim’s (2009) call. In particular, two empirical studies investigate the relationship between policy and practice. Dillman and Christie (2017) investigated the implicit evaluation policies of the Robert Wood Johnson Foundation. They found that overly specific policies could prove to be more of a hindrance than help in the evaluation efforts. Furthermore, certain components of evaluation policies are easier for evaluators to implement than others (Dillman & Christie, 2017). Christie and Fierro (2017) examined the implementation of a statewide evaluation policy. Their study revealed that evaluators’ interpretations of the policy were influenced by their perceptions of what counts as credible evidence and practical constraints once in the field (Christie & Fierro, 2012). These two studies demonstrate that evaluator, program, and contextual factors impact how evaluation policies become implemented in practice. However, additional work is needed to understand the consequences, both intended and unintended, of evaluation policies (Cooksy et al., 2009; Trochim, 2009).

**The Historical Development of Two Strands of Evaluation**

Evaluation has its roots in government-sponsored initiatives (Carman et al., 2008). Federal programs require evaluations to ensure that public funds are well spent. With the
passage of GRPA, GPRAMA, and the Evidence-Based Policymaking Act, federal legislation continues to push evaluation as a tool for program accountability. However, evaluators have not limited themselves to using evaluation for accountability purposes. For instance, culturally responsive evaluations center community values and evaluation priorities to develop studies that meet their needs. A historical reflection on the development of these two strands of evaluation is provided to understand the tension between federal accountability requirements and culturally responsive forms of evaluation.

The Golden Years of evaluation began in the 1960s as federal social programming investment expanded (Shadish et al., 1991). The increased investment in social programs coincided with an increasing demand for evaluation. Policymakers questioned whether programs were leading to better societal outcomes and Congress sought to hold the recipients of federal funds accountable (Lemire et al., 2018; Shadish et al., 1991). Likewise, from the 1960s to 1970s, evaluation in the federal sector grew tenfold (Carman et al., 2008).

During this time, Campbell (1969) developed the methodologically groundbreaking papers on the use of randomized control trials and quasi-experiments in social science settings. Applying experimental methods to the study of social programs would, in theory, result in more precise measures of program impact by ruling out possible threats to causal inference. According to Campbell, this would allow policymakers to incrementally improve programs by replacing unsuccessful practices with successful ones, thereby improving society as a whole (Shadish et al., 1991). Like Campbell, other prominent evaluators of that time (i.e., Cook & Gruder, 1978; Rossi & Freeman, 1985) advocated for the use of experimental methods to judge program value. As a result, the overarching emphasis in
federal evaluation during these early years were large-scale experimentally designed studies (Shadish et al., 1991).

During this period of experimentally run federal evaluations, a group of African American evaluators were developing culturally responsive evaluations that sought to promote ideas of equality, democracy, and justice (Hood & Hopson, 2008). These evaluators of the pre-Brown versus Board of Education “acted upon their social responsibility to serve the African American community through their substantive work in evaluating African American schooling” and addressed the need for evaluation to center community values (Hood and Hopson, 2008, p. 411). Similarly, the 1970s brought the emergence of responsive and democratic approaches to evaluation (MacDonald, 1973; Stake, 1975). According to these theorists, the evaluation design should be based on the program context and incorporate various perspectives of program success. This approach can be viewed in contrast to experimental methods, which often apply pre-conceptualized measures to judge program value (Stake, 1975). Ideas around responsive and democratic approaches to evaluation would lay the groundwork for culturally responsive evaluation work.

By the 1980s, the practice of program evaluation decelerated dramatically (Weiss, 1993). With the Reagan administration came cutbacks in social service spending and, consequently, spending on evaluation (Shadish et al., 1991). Furthermore, there was a growing skepticism around whether social programs were making a positive impact. Policymakers recognized that rigorous experimental research focusing on program outcomes did not yield data in a timely and helpful manner to inform decisions (Donaldson,
2015). During this time, the promise of evaluation – specifically experimental studies – as a tool for improving society diminished.

The 1990s brought a movement to reinvent the government through evidence-based practice (Donaldson, 2015; Fredericks et al., 2002). Congress moved toward the establishment of government-wide evaluation principles and practices, beginning with the passage of the Government Performance and Results Act (GPRA) in 1993. Under GPRA (1993), federal agencies were required to focus on achieving results and demonstrating how their activities advance toward agency or government-wide goals. GPRA was expanded under the Government Performance and Results Modernization Act (GPRAMA) in 2010 to respond to a need for more consistency in how federal agencies were evaluating their programs. These acts institutionalized the tracking of performance measurements and the monitoring of outcomes in federal programming, emphasizing the need for accountability across agencies.

As evidence-based evaluation practice continued to rise in the federal sector during the 1990s, culturally responsive evaluations grew in the field of evaluation. By the 1980s, Indigenous voices were becoming more prominent in evaluation (Cram & Chouinard, in press). Indigenous evaluators sought to develop studies centered on community betterment and opposed a history of intrusive research that often led to cultural exploitation (LaFrance and Nichols, 2010). During the 1990s, two American Evaluation Association (AEA) presidential addresses highlighted culture and social justice in evaluation (Cram & Chouinard, in press). Then, in 1999, AEA published a statement on cultural competence in evaluation, signaling the field’s new focus on this evaluation area.
By the 2000s, AEA would include cultural competence within the Program Evaluation Standards (Yarbrough, et al., 2011).

However, the movement towards including culture in evaluation remained largely absent in the federal sector. By the 2000s, federal agencies were developing evaluation policies to guide evaluation practice. Often, these policies mandated particular methodological approaches. For example, in 2005, the Department of Education released a 9-page departmental directive that stipulated randomized control trials as the “gold standard” of evaluation design (Department of Education, 2005). Likewise, in 2010, the National Institute of Justice preferred experimental methods when conducting evaluation (National Institute of Justice, 2010).

The cumulative impact of evaluation efforts in the government context has led to the passage of legislative drivers to institutionalize evaluation practice in federal agencies. Most recently, Congress passed the Evidence-Based Policymaking Act in 2018. The policy’s purpose is to ensure the quality and value of national program evaluations by increasing the evaluation capacity within agencies (Nightingale & Scott, 2018). The policy includes agencies’ requirements to establish evaluation plans and designate an evaluation officer to carry out these newly required activities. One essential function of the evaluation officer is to “establish and implement an agency evaluation policy” (H.R. 4174). Although diversity in approaches to evaluation has emerged, the federal sector still relies on evaluation for accountability purposes.

A Culturally Responsive Approach to Indigenous Evaluation

The act of determining the merit or worth of a program implies a set of values to form judgments (SenGupta et al., 2004). Culture shapes values, beliefs, and worldviews.
Culturally responsive evaluation forms seek to incorporate program cultural context into the evaluation design to produce evidence aligned with program values, thereby increasing the credibility and usefulness of findings to the community (Kirkhart, 2010; Trickett et al., 2004). In this sense, evaluation should be responsive to the history, needs, and goals of those participating in or being affected by the evaluation (Chouinard & Cram, 2020).

SenGupta et al. (2004, p. 13) broadly defines cultural competence in the evaluation as,

“a systematic, responsive inquiry that is actively cognizant, understanding, and appreciative of the cultural context in which the evaluation takes place; that frames and articulates the epistemology of the evaluative endeavor; that employs culturally and contextually appropriate methodology; and that uses stakeholder-generated, interpretive means to arrive at the results and further use of the findings.”

This definition highlights several essential characteristics of culturally responsive evaluation; understanding the program’s cultural context, ensuring epistemological and methodological alignment with community values, and including stakeholder interpretations and insights in the evaluation process. When understanding culture, evaluators must move beyond the participants’ demographic characteristics to acknowledge structures of race, class, and gender in our society (SenGupta et al., 2004). In addition, considerations should be made regarding which stakeholders are involved in the evaluation process, focusing on those participants whose voices may be less heard, such as underrepresented and vulnerable populations (Hood et al., 2015). By developing an evaluation that aims to benefit the community, culturally competent evaluators seek to
develop evaluations for (rather than on) culturally and historically marginalized groups (Chouinard & Cram, 2020).

Indigenous communities are from a distinct cultural, legal, political, and historical context. Although Indigenous peoples’ lived experiences are diverse, the centrality of a shared history of colonization and present-day positioning inform Indigenous research methodologies (Walter & Anderson, 2016; Wilson, 2008). In this way, Indigenous research methodologies can broadly be generalized to contexts while also recognizing each community and program’s specific, local conditions. Indigenous research frameworks point to the ecological, ontological, epistemological, methodological, and axiological dimensions of research to tailor to a particular program context (Chouinard & Cram, 2020; Walter & Anderson, 2016; Wilson, 2008). Each component should be thought of as interconnected and inseparable (Wilson, 2008). In this next section, I outline how each cultural dimension of evaluation practice may be addressed when conducting evaluations with Indigenous communities, as identified in the literature by scholars of Indigenous research and evaluation.

Ecology

The ecological dimension refers to the historical, political, cultural, and economic context a program and its participants are situated within. Indigenous researchers stress the importance of first looking backward to develop evaluations that meet the community’s needs (Bowman, 2018; Kovach, 2010). Developing a culturally competent evaluation starts with Indigenous peoples’ history with colonization. In terms of research and evaluation, Indigenous people have suffered a history of colonizing and intrusive research practices (Cram, 2018; LaFrance and Nichols, 2010). Academics who “ignored protocols,
documented secret traditions without tribal permission, distorted facts, misrepresented the community, and failed to give back in meaningful ways” exploited tribal nations for their gains (Letiecq and Baily, 2004, p. 344 as cited in Chouinard & Cram, 2020, p. 49). This resulted in resistance and skepticism by Indigenous people of the motivation behind research and evaluation activities (Kovach, 2010).

To resist a history of harmful research practices, evaluators working with Indigenous communities must position their research within a broader decolonization agenda. A decolonizing lens to evaluation recognizes that Indigenous people continue to fight against cultural repression and seeks to develop evaluations that will contribute to tribal sovereignty, tribal autonomy, self-determination, and self-identification (Brayboy, 2005; Kovach, 2010; LaFrance and Nichols, 2010). Knowledge of the broader historical context is imperative for developing a study that protects and respects Indigenous communities’ unique legal and political rights (Cram & Chouinard, in press).

**Ontology and Epistemology**

In a culturally responsive approach, ontology and epistemology must be culturally congruent. Ontology relates to the nature of reality, to what is real. Likewise, epistemology is the study of how we think and know about that reality. An Indigenous ontological and epistemological frame emphasizes the contextual and relational nature of knowledge construction (Kovach, 2010). An Indigenous research framework rejects the conception of a single, overarching truth and stresses that knowledge must be understood within the context of the community being studied. Although Indigenous ontologies recognize that there are multiple realities, it diverges from constructivist worldviews. Truth is not viewed
as external but rather formed through relationships (Wilson, 2008). Therefore, “reality is relationships or sets of relationships” (Wilson, 2008, p. 73).

A culturally responsive approach implies flexibility in how the evaluation is designed rather than imposing an overarching standard of what qualifies as credible evidence (SenGupta et al., 2004). What the dominant society perceives as “acceptable” methodologies often privilege Western epistemological thought while diminishing other ways of knowing (Kovach, 2010; Smith, 2012; Tillman, 2002). Inherent to a decolonizing approach is not imposing Western conceptions of research onto a community whose worldviews are not aligned (Bowman & Dodge-Francis, 2018).

As a way to learn about a program’s cultural context and to incorporate local community knowledge into the evaluation design, culturally responsive evaluators advocate for the involvement of program stakeholders throughout the evaluation process, including developing the evaluation questions, methods, and standards (Chouinard, 2014; Hood et al., 2015; SenGupta et al., 2004). For evaluators working in Indigenous communities, taking a relational approach necessitates fostering trusting relationships with community members. In this sense, credibility is enhanced when the evaluator develops meaningful collaboration with community members.

**Methodology**

From ontology and epistemology comes methodology. Qualitative research methods are inherently more relationship-oriented and are usually more attractive in an Indigenous paradigm (Wilson, 2008). In-depth interviews can shed light on how participant understandings are embedded within their background and previous experiences. Similarly, Indigenous storytelling methodologies seek to understand how “the truths of the
stories are held within the life context of the storyteller” (Kovach, 2010, p. 132).

Additionally, evaluators should seek to give power back to those who have been misinterpreted or marginalized. Highly structured interview protocols can place the researcher in a dominant position of power while not fully embracing the relational nature of Indigenous research. Instead, an open-structured, conversational approach to interviews can show respect for the participant’s story and allow participants more significant control over what they wish to share (Kovach, 2010).

However, it should be noted that researchers have advocated for the use of quantitative approaches within an Indigenous paradigm. Walter and Anderson (2016) argue that Indigenous researchers should not restrict themselves to qualitative methods and broaden their conceptual toolbox to include quantitative research approaches. Approaches to quantitative methods from an Indigenous frame aim to reflect Indigenous cultural, racial, political, and moral values systems rather than Western views (Walter and Anderson, 2016). By combining quantitative and qualitative methods, a study can capture the community perspective while demonstrating outcomes that are viewed as credible to external scholars, thereby leading to transformative changes (Mertens, 2007). Regardless of the method, an Indigenous approach should influence “the questions we pose, the answers we seek, the ways we seek those answers, and the guiding theoretical frames that align with our standpoint” (Walter and Anderson, 2016, p. 85).

Axiology

Axiology refers to the nature of ethics within a study. In an Indigenous paradigm, axiology is built around the concept of relational accountability (Wilson, 2008). To develop an ethically sound evaluation, evaluators have a responsibility to be relationally
accountable to those involved in the evaluation, develop studies that are useful to the community, and follow the community's ethical guidelines. In the United States, tribal sovereignty is embedded within the U.S. Constitution, giving tribal nations the power of self-government. Recognizing tribal sovereignty in evaluation means that Indigenous communities have the right to control how research is conducted on them and that these communities retain ownership over the data and its dissemination (Bowman, 2018; Kovach, 2010). This means that tribes are provided an opportunity to review interview transcripts and preliminary findings to determine whether their insights are accurately captured by the evaluator (Kovach, 2010).

Developing a reciprocal relationship within Indigenous contexts also means understanding the researchers' motivation for conducting the research (Kovach, 2010). A researcher must go beyond adding to the knowledge base to give back to the participants or community. Therefore, the evaluator should seek to learn about the community and understand their desires for the evaluation. Culturally responsive evaluations can be viewed in opposition to studies where the researchers “swoop into a community” to collect data and then return to their institution to create evaluation reports or presentations, without involving stakeholders in the process (Chouinard & Cram, 2020, p. 66). In all, when working in Indigenous contexts, research and evaluation should protect and restore culture, match tribal ethical standards, and contribute to program improvements (Chouinard & Cram, 2020).

**Culturally Responsive Evaluation in Practice**

Although evaluators have begun to envision evaluations that honor culture and build capacity with Indigenous communities, the evaluation requirements of funders and
external stakeholders can often go against culturally responsive models of evaluation (Cram, 2018). Differences between expectations and practice can occur for evaluators when placed in real-life contexts of evaluation (Carlson et al., 2017). Recent work on culturally responsive approaches to evaluation with Indigenous communities has focused on understanding how these theoretical principles play out in practice. At times, culturally responsive Indigenous practices can be put at risk by funders whose accountability requirements are not aligned with community values (Carlson et al., 2017).

Critical within these negotiations is the evaluator’s awareness and cultural sensitivities to their serving programs (Chouinard and Cram, 2020). The differing information needs, philosophical positions and worldviews, and cultural backgrounds of stakeholders involved in the evaluation can result in potential conflict areas (Chesteron, 2003). This can include pressure from funders for specific methodological approaches, external time frames, or allocated resources, particularly if the evaluator attempts to implement a participatory process (Carlson et al., 2017). Evaluators must balance the demands imposed by funders while also developing an evaluation that will meet the community’s needs. However, at times, the result of these negotiations is communities losing out on beneficial evaluations when evaluators are placed in conflicted positions (Masters-Awatere, 2015).

The Current Study

Trochim (2009, p. 14) asserts that “evaluation policies profoundly affect the day-to-day work of all evaluators and ultimately the quality of the programs they evaluate”. However, there remains relatively little empirical research connecting evaluation policy and evaluation practice. Further, the consequences of imposing a federal evaluation policy
that does not match the worldviews of the community has yet to be explored. These issues are investigated through a qualitative case study utilizing interviews with federal policymakers, evaluators, and program staff. I follow a critical policy analysis framework to understand the interaction of the broader policy context, processes of policy development, and the resulting content. I then discuss the policy’s effects from the perspectives of program evaluators and grantees.
CHAPTER 3
RESEARCH METHODS

Introduction

This chapter presents the methods used in this study. In conducting this study, I adopted a culturally responsive framework in an effort to develop findings that would be viewed as credible and trustworthy to IHS programs. The following chapter will outline my study procedures and describe the ways in which the methodological approach is aligned with culturally responsive practices. First, I describe the context of data collection, my positionality, and the study setting. This is followed by an overview of the study procedures, participant selection and recruitment, and data collection. Finally, the analytic procedures are explained. The specific research questions for this study were:

1. What are the key elements of the Office of Indian Health Services’ evaluation policy?
2. How was the evaluation policy developed?
   a. What was the motivation for the development of the evaluation policy?
   b. How was the evaluation policy content determined?
   c. How do IHS programs operationalize the evaluation policy?
3. When examining the policy in a specific program context, how do evaluators and program staff of IHS-funded programs interpret the evaluation policy?
   a. How might the evaluation policy change current evaluation practice?
   b. In what ways does the policy facilitate or constrain the conduct of culturally responsive forms of evaluation?
c. What are the implications of the evaluation policy on how data is gathered, analyzed, and used by IHS programs?

**Context of Data Collection**

Before discussing the methodological procedures, the unique time that this study was conducted must be noted. In March 2020, one month after my dissertation proposal defense, the UCLA campus closed its doors in response to the coronavirus outbreak. The campus would remain closed through the entire 2020-2021 academic year. The movement to online learning meant that my dissertation work would be done entirely online – including meetings with my advisors and dissertation committee. Although evaluators at the IHS had agreed to partake in a study about their evaluation policy a few months prior, I questioned whether they would still be available and willing to participate.

As the pandemic continued, the virus would illuminate equity gaps in healthcare, employment, and access to education across race and socioeconomic status (Mody et al., 2020). Indigenous communities in the United States were disproportionately affected by the virus, with infection rates over 3.5 times higher than non-Hispanic whites (IHS, 2020a). Some critiqued the IHS as the coronavirus shed light on deep-rooted problems in their healthcare provision for Indigenous communities (Walker, 2020).

Fortunately, officials at the IHS remained willing to participate in my study. However, many noted that they were extremely busy responding to the coronavirus crisis. I was aware that I was pulling them away from their immediate work and asking questions related to an evaluation policy, which no longer seemed as important as it did a few months prior. In all, three officials declined to participate in an interview. Two of those officials noted that they were too busy with other IHS work. One official commented that they did
not want to participate. Although this study did not specifically cover the IHS’s reaction to the coronavirus pandemic, its presence influenced how and who I talked to during my research.

**Overview of the Study Procedures**

This study employed an exploratory, qualitative case study approach (Yin, 2014). A qualitative case study approach is both epistemologically and methodologically aligned with this study’s objectives. Epistemologically, qualitative methods are often guided by a constructivist philosophy, which recognizes the contextual nature of knowledge construction, emphasizing that knowledge should be understood within the knowers’ cultural and social context (Chouinard, 2014; Simons, 2009). Methodologically, a case study approach is best used to explore the particularity and complexity of a single phenomenon (Simons, 2009). In this study, the case of the IHS was bounded by the activities involved in the development of the evaluation policy through the first year of the policy’s implementation. As is a hallmark of case study methodologies, this study incorporates the perspectives of federal policymakers, program leads, evaluators, and grantees. In doing so, I seek not to bias toward the dominant narrative of policy impact. Further, I situate my study of the evaluation policy within the historical, organizational, cultural, and political context of the IHS.

**Positionality**

In addition to recognizing that knowledge is contextual, a qualitative approach stresses the relational aspect of research. Knowledge is created through the relationship between the researcher and what is studied (Kovach, 2010). Therefore, the positionality of both the researcher and the participants is reflected in the meaning that is made. Critical
reflection on the “insider” and “outsider” status of researchers can assist in shedding light on hidden inequities to reconsider how relationships can become trusting and reciprocal (Simons, 2009; Kovach, 2010). Embracing the idea that subjectivity is inevitable in research, qualitative researchers often reflect on how their positionality influences the research inquiry and study conclusions (Simons, 2009).

When conducting this research, I recognize my positionality as a non-Indigenous researcher. I am a mixed-race Japanese American female pursuing a doctoral degree from a large research university based in the United States. The majority of my training in research and evaluation is based on Western methodological techniques, both qualitative and quantitative. This training in a Western research mindset influences how I approach research design and methodological decisions.

My connection to this research stems from my background. My grandparents, the children of the internment camps, valued family duty and strove to maintain a connection to their cultural background and traditions. As working-class farmers, they developed a community of other Japanese Americans in their rural town outside of San Jose, California. Their development of and connection to a Japanese American community instilled in me the importance of culture and community. This has translated to my commitment and interest in culturally responsive approaches and the importance of building trust and relationships with the community being evaluated. Further, it supports my belief in a community’s right to self-determination and developing programs and practices that support their cultural vitality.

Decolonization is viewed as an inherently political stance (Smith, 2012). I firmly believe in the importance of embracing a decolonization agenda, which includes how the
US federal government works with Indigenous communities. The use of culturally responsive methods can be one way to support a decolonization agenda when conducting evaluation. In this study, I will examine how decolonization and self-determination can be supported in the IHS evaluation efforts.

**Study Setting**

The IHS is housed within the Department of Health and Human Services. Its mission is to provide medical and public health services for American Indians and Alaska Natives. The provision of health care delivered by IHS is established through the US trust responsibility to tribes. In exchange for land and resources, the US government promised to provide tribal nations with social services. Members of federally recognized tribes can access and enroll in other public, private, and state health care programs, the same as the general public. However, unique to members of federally recognized tribes is access to IHS, which provides health care services prepaid for by tribes through the session of lands through treaties.

Those eligible for IHS services must be members of a federally recognized tribe, reside on tax-exempt land, or meet the IHS criteria of “non-Indian eligible,” including spouses and children of members of the recognized tribe. There are currently 12 area offices and 170 IHS and tribally managed service units (IHS, 2020b). The IHS serves 2.56 million American Indians and Alaska Natives from 574 federally recognized tribes in 37 states (IHS, 2020b).

The majority of the IHS functions are to provide direct services. The IHS employs more than 15,000 people, including nurses, physicians, engineers, pharmacists, and dentists (IHS, 2020b). The organizational structure consists of the Office of the Director
under which offices, divisions, and programs reside. Program divisions are nested within the IHS offices. For instance, the Division of Planning, Evaluation, and Research is within the Office of Public Health Supports. The Division of Behavioral Health is included within the Office of Clinical and Prevention Services. Various programs are then nested within each Division. For example, the Division of Behavioral Health is responsible for managing behavioral health, alcohol and substance abuse, and family violence prevention programs.

**Study Procedures**

To answer my first research question, I determine the key components of the IHS evaluation policy through an in-depth text analysis. The second research questions seek to understand how the IHS developed and implemented its evaluation policy. In the third set of research questions, I examine the implications of the evaluation policy. In answering the second and third set of questions, I interweave the perspectives of IHS policymakers, program staff, evaluators, and grantees. Secondary data sources include publicly available documents produced by the IHS, such as the evaluation policy, evaluation resources provided to grantees, and notice of funding opportunities. Finally, apart from this dissertation, a short report with key findings will be provided to all relevant stakeholders.

**Participants.** A purposeful sampling approach was utilized to recruit interview participants. The second set of research questions describe how the IHS developed and implemented its evaluation policy. The primary data source was interviews with those who played a key role in policy development. The principal informants were the three evaluators within the IHS’s Division of Planning, Evaluation, and Research (DPER). DPER is responsible for coordinating and providing guidance on program evaluation and
supporting national health research. The three DPER evaluators contacted agreed to participate in an interview.

In interviews, DPER evaluators noted the primary way that the policy messages are communicated is through the IHS Notice of Funding Opportunities (NOFOs). IHS programs release NOFOs containing a description of the project, evaluation requirements, and the entities that are eligible to apply. Another critical stakeholder group is program leads, who are responsible for leading their division’s program evaluation efforts and revising their programs’ NOFOs. Additionally, program leads participate in a monthly evaluation working group led by DPER evaluators. These participants were integral to understanding how the policy is operationalized by programs and their role in communicating policy messages to those responsible for conducting the evaluations.

The evaluation policy was published in March of 2018 and implemented at the start of fiscal year 2020. Six programs released NOFOs during the first year of policy implementation. DPER evaluators referred me to eight program leads who were responsible for developing their programs’ FY 2020 NOFOs. Of the eight program leads contacted to participate in an interview, five agreed. These program leads represented four out of the six programs involved in revising their NOFOs.

The third set of research questions explore program evaluators’ perceptions of how the policy would impact their evaluation practice and its implications for how IHS-funded programs are evaluated. To examine this set of research questions, I interviewed a select group of program evaluators and grantees. DPER has two ongoing contracts with evaluation firms who provide evaluation assistance to grantees. Both evaluation firms were
contacted to participate in an interview. While one firm agreed to participate, the other declined because of their ongoing contract with the IHS.

Last, three grantees who received funding through the 2020 NOFOs were contacted to participate in an interview. Grantees were selected based on whether interviews with the corresponding IHS program office were secured. Additionally, the programs selected received funding to provide technical assistance to other IHS programs while also evaluating their direct service IHS programs. This placed them in a unique position to understand evaluation functions beyond their programs. For each grantee, interviews were requested with those responsible for carrying out their evaluation efforts. Three programs were contacted to participate in an interview. Each agreed to participate.

**Semi-structured Interviews.** Interview protocols differed depending on the interviewee’s role within the organization. For those who led the creation and implementation of the evaluation policy (Appendices A), interview topics covered the motivation for policy development, how content was determined, and how the policy was implemented. For program leads, questions included factors that influence their evaluation approaches and the extent to which their evaluation practices changed since the policy’s passage (see Appendix B). Last, during interviews with program evaluators and grantees, we reviewed the evaluation policy. Then, I asked interviewees questions related to their reactions to the evaluation policy and how the policy may facilitate or constrain their conduct of evaluations (see Appendixes C & D). Programs with multiple representatives were interviewed as a group.

I provided stakeholders with interview protocols in advance of our conversations. Interviews were semi-structured, allowing for participants to expand on the questions
provided. Interviews lasted around 30 to 60 minutes with the exception of the DPER evaluator who led the development of the evaluation policy. This evaluator participated in two, hour-long interviews. With permission, each interview was audio-recorded and transcribed for analysis. Table 1 displays the division, title, and interview duration for each interview.

Table 1. Interview Participant Characteristics

<table>
<thead>
<tr>
<th>Division</th>
<th>Title</th>
<th>Interview Duration (Minutes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Planning, Evaluation, and Research</td>
<td>Evaluator</td>
<td>120</td>
</tr>
<tr>
<td>Division of Planning, Evaluation, and Research</td>
<td>Evaluator</td>
<td>60</td>
</tr>
<tr>
<td>Division of Planning, Evaluation, and Research</td>
<td>Evaluator</td>
<td>60</td>
</tr>
<tr>
<td>Program 1</td>
<td>Program Lead</td>
<td>60</td>
</tr>
<tr>
<td>Program 1</td>
<td>Program Lead</td>
<td>45</td>
</tr>
<tr>
<td>Program 2</td>
<td>Program Lead</td>
<td>30</td>
</tr>
<tr>
<td>Program 3</td>
<td>Program Lead</td>
<td>30</td>
</tr>
<tr>
<td>Program 4</td>
<td>Program Lead</td>
<td>30</td>
</tr>
<tr>
<td>Evaluation Services</td>
<td>Evaluator</td>
<td>60*</td>
</tr>
<tr>
<td>Evaluation Services</td>
<td>Evaluator</td>
<td>60*</td>
</tr>
<tr>
<td>Evaluation Services</td>
<td>Evaluator</td>
<td>60*</td>
</tr>
<tr>
<td>Grantee: Program 1</td>
<td>Program Staff</td>
<td>60*</td>
</tr>
<tr>
<td>Grantee: Program 1</td>
<td>Program Staff</td>
<td>60*</td>
</tr>
<tr>
<td>Grantee: Program 2</td>
<td>Program Staff</td>
<td>45</td>
</tr>
<tr>
<td>Grantee: Program 3</td>
<td>Program Staff</td>
<td>45</td>
</tr>
</tbody>
</table>

*Participated in a group interview

Documents Review. First, to examine why IHS decided to create an evaluation policy, I needed to establish an understanding of the organization’s historical context around evaluation by conducting a review of publicly available documents. Relevant documents included transcripts of congressional hearings and legislation pertinent to evaluating IHS, including the Tribal Consultation Policy and the Indian Self Determination Act. Other publicly available federal evaluation policies were examined to compare similar or unique aspects to the IHS policy. This indicated the extent to which policy content was
tailored to the IHS context. In addition, I conducted a review of the IHS NOFOs from 2020, the first year of policy implementation, to the previous funding announcement for the same program. Finally, the resources provided to evaluators by the IHS was examined. The table below depicts an overview of these data sources.

Table 2. Key Documents for Review

<table>
<thead>
<tr>
<th>Document</th>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Indian Health Services Evaluation Policy</td>
<td>Policy</td>
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</tr>
<tr>
<td>IHS Tribal Consultation Policy</td>
<td>Policy</td>
<td>1</td>
</tr>
<tr>
<td>Indian Self-Determination and Education Assistance Act</td>
<td>Policy</td>
<td>1</td>
</tr>
<tr>
<td>Evidence-Based Policymaking Act</td>
<td>Policy</td>
<td>1</td>
</tr>
<tr>
<td>Injury Prevention Program (2020)</td>
<td>NOFO</td>
<td>1</td>
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<tr>
<td>National Indian Health Outreach and Education (2020)</td>
<td>NOFO</td>
<td>1</td>
</tr>
<tr>
<td>Dental Preventive Clinical Support Program (2020)</td>
<td>NOFO</td>
<td>1</td>
</tr>
<tr>
<td>Tribal Management Grant Program (2020)</td>
<td>NOFO</td>
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<tr>
<td>Tribal Self-Governance Cooperative Agreement (2020)</td>
<td>NOFO</td>
<td>1</td>
</tr>
<tr>
<td>National Urban Indian Health Awareness (2020)</td>
<td>NOFO</td>
<td>1</td>
</tr>
<tr>
<td>Urban Indian Education and Research Program (2020)</td>
<td>NOFO</td>
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<tr>
<td>Injury Prevention Program (2017)</td>
<td>NOFO</td>
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<td>National Indian Health Outreach and Education (2016)</td>
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<td>Dental Preventative Clinical Support Program (2015)</td>
<td>NOFO</td>
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<tr>
<td>Tribal Management Grant Program (2019)</td>
<td>NOFO</td>
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<tr>
<td>Tribal Self-Governance Cooperative Agreement (2017)</td>
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<td>Urban Indian Education and Research Program (2016)</td>
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<td>US Senate: March 26, 2014</td>
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<td>US Senate: May 27, 2014</td>
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<td>US Senate: June 24, 2015</td>
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<td>US Senate: July 29, 2015</td>
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<td>US Senate: March 29, 2017</td>
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<td>1</td>
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<tr>
<td>US Senate: May 17, 2017</td>
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<tr>
<td>US Senate: June 13, 2017</td>
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<td>US Senate: March 14, 2018</td>
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<tr>
<td>US Senate: April 11, 2018</td>
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<tr>
<td>US Senate: June 13, 2018</td>
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</tr>
<tr>
<td>IHS Website Evaluation Resources</td>
<td>Resources</td>
<td>10</td>
</tr>
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</table>

Analytic Procedures

First-Cycle Coding
**Documents.** Four frameworks informed the coding of the IHS evaluation policy. First, I used Kinarsky and Christie (in press) and Fierro et al. (in press) evaluation policy taxonomies to describe the different facets of the evaluation policy. These frameworks provide an empirical adaption to the Trochim (2009) and AEA Policy Taskforce (2007) evaluation policy taxonomies. I then coded the policy components that were most aligned to the branches of the evaluation theory tree – methods, valuing, and use. Last, I determined whether the features of the policy were congruent with culturally responsive practices. Those practices – ecological, ontological, epistemological, methodological, axiological – are outlined in my theoretical framework. In doing so, I describe both the policy components and their underlying theoretical positionings.

Additional documents were first coded using attribute coding (Saldaña, 2013) to note basic descriptive information, including the year it was created, intended audience, and overall topic. This included the resources offered on the IHS evaluation webpage and the resources consulted when creating the evaluation policy. Congressional logs were chosen based on the involvement of IHS. In coding Congressional hearings, I specifically looked for instances where Congress or a tribal representative requested data or evaluation information from the IHS. Frequency counts of those occurrences are discussed in Chapter 5. NOFOs are the primary means by which the IHS communicates policy messages. First, I examined changes in the word count for the program objectives and program evaluation components of FY 2020 NOFOs to those for the same program in previous years. Then, I examine the content of these changes and whether they aligned with the content of the evaluation policy.
The coding of key IHS documents informed the development of interview protocols. By first coding the IHS evaluation policy, I was able to determine the overall theoretical leanings and the extent to which it followed the ideas of culturally responsive evaluators. As a result, in interviews, I probed participants about their current culturally responsive evaluation practices and challenges to conducting evaluations within the context of IHS. Additionally, in interviews with IHS stakeholders, I selected components of the policy for closer examination. These components were chosen based on their adherence or dissonance with culturally responsive evaluation practices. For instance, I asked interviewees about their perspectives of the six evaluation principles outlined in the evaluation policy and the extent to which it would support or hinder their work. A strong analysis of the IHS evaluation policy provide valuable contextual information that guided my questioning around the development, implementation, and consequences of the policy.

**Interviews.** Transcribed interviews were imported to the MaxQDA software system for analysis. Data analysis coincided with data collection. For one, analytic memos were developed throughout the coding process to help further surface questions, emergent patterns, and deviations from perceived patterns. Further, as I conducted interviews, I used my preliminary findings to narrow the focus of the inquiry. For example, an initial theme that emerged was related to the program’s capacity to conduct the evaluation. In subsequent interviews, I probed evaluators and grantees about their challenges to conducting evaluations and strategies used to overcome those challenges.

Interviews were coded both inductively and deductively. Data analysis focused on answering the research questions. My initial codes chunked data into larger themes concerning my research questions. First-cycle codes included: “motivation,” “content
determination,” and “implementation.” Another round of coding broke these larger codes into smaller sections. These codes were derived from a combination of descriptive, In Vivo, and process coding. Descriptive coding focuses on the topic of the data and provides a framework to generate larger categories. Some descriptive codes that were developed include “tribal feedback,” “internal consultation,” “evaluation resources,” and “funding.” In Vivo, codes were applied to short phrases or words from the transcribed interview. These codes included items such as “buy-in,” “capacity,” and “push for evaluation.” Process-coding, or action-coding, looks for actions within the interviewees’ descriptions. These codes were beneficial when analyzing the programs’ evaluation practices. For instance, these codes included items such as “tailoring to culture,” “standardizing measures,” and “respecting data processes.”

Second-Cycle Coding

The second level coding used pattern coding (Saldaña, 2013). In the second cycle, I grouped initial codes into a smaller number of categories or themes. For codes relating the IHS’s evaluations, I examined the extent to which codes were aligned with my theoretical framework describing culturally responsive practices. In doing so, I grouped codes, such as “tailoring methods to culture,” “inclusive of multiple methods,” and “relevant measures” under a larger code of “methodology.” In other cases, the highest-level code remained the same as were derived from my research questions. For instance, “motivation,” “content determination,” and “consequences” remained the same.

Trustworthiness

The trustworthiness of a study relates to the degree of confidence in the “data, interpretation, and methods used to ensure the quality of a study” (Connelly, 2016, p. 435).
According to Guba and Lincoln (1985, p. 290), establishing trustworthiness is “one way that researchers can persuade themselves and readers that their research findings are worthy of attention.” Guba and Lincoln (1985) provide a criterion of trustworthiness which includes credibility, dependability, confirmability, transferability, and authenticity as well as techniques to establish trustworthiness.

As a first step in establishing trustworthiness, I examined how my own personal biases might affect the study decisions and analyses. My thoughts on how my background could influence the study procedures and findings are included in my positionality statement. Furthermore, Guba and Lincoln (1985) find that another way to strengthen a study’s confirmability and authenticity is through the triangulation of data sources and methods. To do so, within this study, I examined the impact of the evaluation policy from multiple perspectives, including IHS federal stakeholders, evaluators, and program staff. This provided a more robust depiction of the policy’s impact.

Additionally, multiple methods of document review and interviews enhanced the credibility of the study findings. As a first step in this study, I conducted a text analysis of the evaluation policy. My findings demonstrated a policy that is rooted in a Western, accountability view of evaluation. This purpose was supported by interviews with IHS stakeholders, who confirmed their view of evaluation as a tool for accountability. Furthermore, interviewees described pressure from Congress to demonstrate program effectiveness. A review of Congressional logs depicted many instances when Congress pushed the IHS for more evaluation data on program impact. In doing so, in analysis of multiple data sources and perspectives bolstered this study’s credibility.
Finally, to enhance the confirmability of the findings, member checks were employed. Once my finding sections were written, DPER evaluators were provided a copy of the results to ensure that the procedures were accurately captured. Within this process, DPER evaluators offered additional insights into why particular decisions were made during the policy development process and contextual factors that played a role in their decision-making. Their comments were included in my study findings. Closely examining my positionality, employing member checks, and integrating the triangulation of data sources and perspectives strengthened the trustworthiness of study findings.
CHAPTER 4
THE CASE OF THE OFFICE OF INDIAN HEALTH SERVICES

Introduction

Indigenous research frameworks stress the importance of first looking backward to understand the broader historical context (Bowman, 2018). Similarly, my analysis of the IHS evaluation policy must be understood within the context of Indigenous peoples’ experiences with colonization and top-down assimilationist policies. The historical development of health care for Indigenous communities in the United States shapes its provision today. I begin the following section with a historical narrative of the legal and political relationships between Indigenous people and the US federal government. Then, I describe the current context of health care provided by the IHS.

Historical Narrative

The historical and legal relationship between the US federal government and tribal nations is complex and significantly influences Indigenous people’s health outcomes and well-being. The imposition of Western governmental, education, and religious systems onto tribal communities, as well as exploitative policies that sought to transfer resources from tribes to the United States government, has led to many of the poor health conditions that Indigenous people experience today (Shelton, 2004). As Walker River Paiute Tribal Chairwoman Amber Torres stated in an October 15th, 2020 interview, “tribes were left behind when the United States built its public health system.” In this next section, I will provide a chronological summary of critical eras of the United States federal agenda toward Indigenous people, highlighting the national policies that directly or indirectly affect Indigenous communities’ health care in the United States.
Colonial Expansion 1492 – 1700s

The history of federal health care for Indigenous people in the United States begins with colonization. It is important to acknowledge that millions of Indigenous people were thriving in the United States before the landing of the first Europeans (Shelton, 2004). However, in the centuries between their first arrival and the formation of the US Constitution, the power balance shifted from Indigenous people to colonial control. Pevar (2012) outlines three forces that strengthened colonial power in the United States. First, and primarily, colonizers used their military strength to force Indigenous communities from their land. Early 16th century colonizers evoked the “doctrine of discovery,” which gave conquerors ownership over the lands they discovered to justify their invasion and theft of Indigenous land (Pevar, 2012; Shelton, 2004).

Along with violence and warfare, early colonizers brought disease to Indigenous communities. It was reported that the first smallpox epidemic occurred on the Massachusetts coast during the early 1600s and decimated 90% of the Algonquin Nation.
that resided there (Patterson & Runge, 2002). Although the spread of disease also afflicted colonists, their exposure to these European diseases left them far less harmed than Indigenous people who had never been exposed (Shelton, 2004).

Additionally, Europeans continued to pour into the United States. One historian noted that, during the 16th century, the population of the colonies doubled every twenty-five years (Calloway, 1995). As Indigenous people were being reduced through warfare and disease, the colonists continued to grow. Between the time that the first colonizers arrived on Indigenous land to the formation of the United States, these three forces diminished tribes’ power. As a result, when the Founding Fathers began drafting the Constitution, they defined the terms of the relationship between the newly formed United States and tribal nations.

**The Constitution, Treatymaking, and Relocation: 1787 - 1800s**

The Constitution was one of the first documents that defined how the US federal government would interact with Indigenous people. The Constitution maintains Indigenous people’s right to sovereignty. Therefore, like other international nations, the federal government would form negotiations with tribal nations through treaties and, likewise, the Constitution did not grant Indigenous people US citizenship. Additionally, the document stipulated that the federal government, rather than the states, would be gatekeepers for the relationships with tribal nations (Pevar, 2012). It should be noted that the United States only formed negotiations with tribes that it recognized. This still persists today.

Soon after the founding of the United States, settlers began seeking more land. As a result, many of the treaties made between the US and tribes were related to relinquishing their land and resources (Pevar, 2012; Shelton, 2004). In exchange, the US government
promised tribes new “permanent” homelands. Additionally, the treaties made by the federal government promised to “respect the independence of tribes, protect them, and provide them with various social services” (Pevar, 2012, p. 30). However, the United States “broke almost every one of these treaties” as settlers continued to pursue tribal land (Pevar, 2012, p. 30). As a result, tribes were forced further and further West, starting with the push of Eastern tribes to the West and then Western tribes onto smaller reservations.

During this era of treatymaking, the Bureau of Indian Affairs was included in the War Department and controlled all tribal affairs, including providing health care to tribal nations. It wasn’t until 1849 that the Bureau of Indian Affairs was transferred to the Department of Interior. Then, in 1871, Congress passed the Indian Appropriations Act that ended treaty-making and allowed Congress to determine the federal policy towards Indigenous people, rather than the executive branch of the US government. Instead of treating tribes as foreign entities, Congress would now consider itself their guardians and assume “plenary authority to legislate tribes in all matters” (Pevar, 2012, p. 83).

**The Doctrine of Trust Responsibility.** In addition to promising “permanent homelands,” the treaties between the United States and tribal nations outlined the provision of social services – including health care. The United States is responsible for providing the economic and social resources needed to raise the standard of living for federally recognized tribes while still protecting their right to tribal sovereignty (American Indian Policy Review Commission, 1977). This promise is referred to as the doctrine of trust responsibility. It still holds today that the United States must uphold its obligation to provide services to tribes while still respecting tribal sovereignty.
Despite the rhetoric of self-government embedded in the federal trust responsibility, the US government continues to assert power over Indigenous people. For instance, an 1823 Supreme Court decision, Johnson v. McIntosh, granted the national government power to enforce its laws over all persons in the United States, including Indigenous people and their land, under the “doctrine of discovery.” Others have used the language of the federal trust responsibility to justify control over tribes for their “protection” (Pevar, 2012). Thus, the battle for sovereignty continues to define the relationship between the US government and tribal nations.

**Assimilation: 1880 – 1930s**

By the late 1880s, settlers established themselves throughout the West and continued to trespass on tribal property to pursue more land ownership. The federal government would not satisfy settlers’ desire for additional land with the current strategy of forced land acquisition and re-placement onto reservations (Pevar, 2012). Instead, they developed a new policy agenda. Rather than designate reservation land through treaty contracts, they sought to assimilate them into Western American society. This new policy was supported by settlers who aimed to take Indigenous land and non-Indigenous reformers who felt that the reservation system removed Indigenous people from receiving the “benefits” of Western civilization. While these reformer groups touted their commitment to advocating for Indigenous causes, no tribes were consulted about the type of policy they thought would be most beneficial to their communities.

During this time, Congress gave the Bureau of Indian Affairs (BIA) more power to exert federal control over Indigenous communities. BIA “Indian agents” were used as vehicles to enforce assimilationist policies on Indigenous people, including overseeing
treaty rations, hiring and training police, and managing religious orders. Resentment between the BIA and Indigenous communities grew as agents continued to enforce assimilationist policies. Many traditional health services were also banned during the Assimilation Era, including traditional ceremonies and practices. Medicine men were detained if found practicing traditional ceremonies. Those who violated the Code of Indian Offenses would be tried and could be punished by withholding food, losing property, or being excluded from tribal decision-making. Boarding schools were the primary and most destructive tool of assimilation, which forcefully removed children from their families, intending to strip them from their cultural identity. By 1900, three-quarters of all Indigenous children would be enrolled in boarding schools (Estes, 2019).

Coupled with forced assimilation came the General Allotment Act of 1887, which changed reservation land from a group title of the tribe to the allocation of specifically sized plots to tribal members. The “surplus” land would then be sold to settlers to fund assimilationist programs, such as boarding schools. Up until 1887, tribal leaders were steadfastly opposed to the Allotment Act. However, weakened by the lack of resources on their reservation lands and the loss of their children, they finally accepted allotment (Estes, 2019). Although the policy was advertised as a way to equally distribute reservation land among tribal residents, the result was a loss of roughly 91 million acres of land to settlers (Estes, 2019).

Throughout the assimilation era, the health of Indigenous people continued to be dismissed by the US government. By 1921, Congress passed the Snyder Act, which stipulated that Congress must expel money for the “benefit, care, and assistance” of federally recognized tribes. Additionally, the Merriam Report of 1934 outlined the dire
health conditions of Indigenous communities. It recommended that Congress appropriate more funds to health care for Indigenous people and reorganize health care providers to run more efficiently.

**Reorganization and Termination: 1930 – 1960s**

The 1930s brought the passage of the Indian Reorganization Act (IRA) by Roosevelt. Publicized as the “Indian New Deal,” the IRA was an abrupt change in the previous assimilationist policies toward Indigenous people. This Act put an end to the General Allotment Act, gave some of the lost lands back to tribes, and sought to rejuvenate tribal governments. Additionally, even though the Act sought to revitalize tribal governments, it also required tribes to adopt a government system that mirrored the US to receive funding. Despite being a vast improvement from the General Allotment Act, as before, IRA policymakers did not consult tribes in its development.

However, a short 15 years later, the federal government policy toward Indigenous people would swing back toward an assimilationist agenda. In 1949, the Hoover Commission released a report that reasserted that assimilation was “in the Indians’ best interests” and that it would “benefit the federal government because money could be saved by ending federal Indian programs” (House Concurrent Resolution No. 108, 1953). This brought on what is referred to as the “Era of Termination,” as Congress sought to terminate the benefits and services that were obligated to tribes as well as eliminated reservations themselves. The result was an end to tribal sovereignty for 109 tribes and the sale of their land. Again, promoted as a policy that would “set the Indians free” of federal control, termination was destructive for Indigenous communities (Pevar, 2012, p. 12).
During this time, the health of Indigenous people continued to be neglected by the BIA. Urging by critics of the BIA pushed moving the responsibility of Indigenous health from the BIA to the Public Health Service. This was formalized in the Transfer Act of 1954. In total, the Snyder Act, Merriam Report, and Transfer Act led the way to the establishment of the IHS in 1955. The mission of the IHS is to “raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level” (IHS, 2020b). As Shelton (2004, p. 9) writes, although the IHS was never funded to the capacity it needed to serve Indigenous communities, “its creation is one of the few termination era actions of the federal government that was helpful to Indian people.”

**Self-Determination: 1970 – present**

At the start of the 1970s, Nixon brought the Era of Self-Determination. This new national policy aimed to strengthen Indigenous communities’ self-autonomy and allow tribes to determine their governments, social services, and legislative systems. The development of self-determination was brought about by increased activism in the late 1960s and early 70s through the development of the “Red Power” movement, which would later form the American Indian Movement (AIM). This period saw direct action from AIM, including the occupation of Alcatraz Island, protests at the BIA headquarters, and the formation of the “Trail of Broken Treaties.”

The Indian Self-Determination and Education Act (ISDEAA), passed by Johnson, was significant in moving a self-determination agenda forward. Acknowledging that “the prolonged Federal domination of Indian service programs” has not resulted in improved outcomes, through the ISDEAA (1975), the government sought to establish a “meaningful Indian self-determination policy which will permit an orderly transition from Federal
domination of programs... to effective and meaningful participation by the Indian people in the planning, conduct, and administration of those programs and services.”

The primary vehicle that the ISDEAA established to strengthen tribal self-determination was 638 contracts, which provided tribes more control over the management of federal programs. Under the Act, tribes could demand a “638 contract,” which would allow the tribe to assume the responsibility and receive the funding to administer the service outlined in the federal budget. Additionally, tribes were promised to be paid contract support costs to cover all the administrative expenditures to running the service or program. The goal of this ISDEAA was to transfer federal programs out of federal control to tribal control. In doing so, the direction of these programs, as well as the fate of them, would be transferred into the hands of tribes. Today, more than half of the IHS budget is managed by tribes that have undergone 638 contracts.

In 2009, Obama signed an executive order that promoted the consultation of tribes by federal agencies. Specifically, it requires “federal agencies to engage in meaningful consultation with tribal governments before taking any action that may impact the tribes’ interests” (Tribal Consultation Policy, 2009). The IHS had published a Tribal Consultation Policy three years before, describing how the organization will consult with tribes on critical decisions by the office. As the policy states, consultation must be “open, continuous, and meaningful” to involve tribes in the organization’s decision-making (IHS Tribal Consultation Policy, 2006).

The survival of Indigenous people across decades of US policies aimed to diminish their culture remains an act of resistance. The ability for tribes to petition for 638 contracts and their participation in tribal consultations are two significant ways that the IHS seeks to
promote self-determination and acknowledges tribal sovereignty. However, tribal leaders have expressed concern over their ability to contract IHS services due to significant underfunding. Some tribal leaders note that they see little benefit in “taking over the helm of a sinking ship” (Shelton, 2004, p. 10). A historical look at the relationship between tribal nations and the US government demonstrates the continued passage of top-down policies that were not in their benefit. As a result, Indigenous people have always had to fight to defend their land, treaties, and cultural vitality. The battle for self-determination and tribal sovereignty continues for Indigenous peoples and must be actively upheld in US policies.

Table 3. US Policies Affecting Indigenous Health Care

<table>
<thead>
<tr>
<th>Federal Government Policy</th>
<th>Policy Description and Implications for Indigenous Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States Constitution and 16th Century Treaties</td>
<td>Established a “trust relationship” between the US government and Tribal Nations. In exchange for land and resources, the US was responsible for providing health care, among other services.</td>
</tr>
<tr>
<td>Indian Appropriations Act: 1871</td>
<td>The Indian Appropriations Act put an end to treaty-making with Indian tribes. Instead of treating Indian Nations as foreign entities, the government would now consider them wards of the government. Indian agents were assigned to provide services to their agency of Indians, including treaty rations, hiring and training police, keeping the peace, managing religious orders, and enforcing assimilationist federal guidelines.</td>
</tr>
<tr>
<td>General Allotment Act: 1887</td>
<td>The General Allotment Act changed reservation land from a group title of the tribe to allocating specifically sized plots to tribal members. The “surplus” land would then be sold to non-Indians to fund assimilationist programs, such as boarding schools. This led to a massive loss in Indian control land.</td>
</tr>
<tr>
<td>Snyder Act: 1921</td>
<td>The Snyder Act stipulated that Congress must expel money for the “benefit, care, and assistance” of federally recognized tribes.</td>
</tr>
<tr>
<td>Merriam Report: 1934</td>
<td>The Merriam Report outlined the dire health conditions of American Indian communities. It recommended that Congress</td>
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appropriate more funds to Indian health care and reorganize health care providers to run more efficiently.

<table>
<thead>
<tr>
<th>Act: 1934</th>
<th>The Indian Reorganization Act put an end to the General Allotment Act, gave lost land back to tribes, and sought to rejuvenate tribal governments.</th>
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</thead>
<tbody>
<tr>
<td>Transfer Act: 1954</td>
<td>The Transfer Act moved the responsibility of Indian health from the BIA to the Public Health Service.</td>
</tr>
<tr>
<td>Indian Self-Determination and Education Assistance Act: 1975</td>
<td>The Indian Self-Determination Act acknowledged that “the prolonged Federal domination” on services for Indigenous people has not improved outcomes. ISDEAA sought to transition programs from federal to tribal control.</td>
</tr>
</tbody>
</table>

**The Present-Day Office Indian Health Services**

The history of colonization, displacement, and assimilation of Indigenous people by the US government created many of the present-day health disparities. Additionally, the lack of adequate medical and public health resources for Indigenous people perpetuates disparities (Brown-Rice, 2013; Evans-Campbell, 2008; NCAI, 2016). As the Indigenous environmental justice leader, Dina Gilio-Whitaker (2019, p. 74) put it, “The reasons for our health disparities stem from the history of colonization and are exacerbated by federal neglect.”

The vast health disparities for Indigenous people demonstrate that the US government is not upholding its obligation of the federal trust responsibility. As Darrin Old Coyote, chairman of the Crow Tribe, stated before Congress in 2014 regarding the importance of providing quality health care services,

“It is imperative to acknowledge the fact that what the Tribe is demanding has already been paid for. Indian Health Service must know that the Crow people
deserve better access and quality of care because it is owed to them. We implore this Committee to assist the Tribe in demanding that the correct people within the Indian Health Service are being held accountable for the poor access of quality of care provided to the Crow people. It is imperative that the Indian Health Service live up to its obligation to provide quality healthcare to our community because our Tribal members have the right to be treated with dignity and respect by Indian Health Service employees and to have their medical issues addressed and treated.” (Darrin Old Coyote; May 14th, 2014).

Similarly, Senator Tom Udall stated in a 2013 Congressional testimony, “The United States has a duty to uphold its trust responsibilities to Native people... there is a large gulf between promises made and promises kept”.

A 2019 Government of Accountability Office (GAO) report noted that the primary factors that pose barriers to IHS services are underfunding, management accountability, and agency transparency. In the following section, I describe the roles and responsibilities of the IHS in providing health care. Then, I detail the challenges that the office faces in providing these services to Indigenous communities.

Access to Health Care

According to the Census Bureau, there are currently 4.1 million individuals who report being American Indian or Alaska Native (US Census, 2010). The IHS presently serves an estimated 2.6 million people (IHS, 2020). Some individuals who identify at American Indian or Alaska Native are ineligible for IHS services because they are not members or descendants of a federally recognized tribe. To be federally recognized, tribes must meet 83 requirements stipulated by the US Department of the Interior. Five hundred sixty-five
tribes are regarded as federally recognized today. However, there are also currently over two hundred tribes in the process of petitioning for federal recognition. Tribes may also be recognized by the state but not federally.

Even if someone who identifies as American Indian or Alaska Native qualifies for IHS services, they may not have access to IHS facilities. One study found that about half of low-income uninsured Indigenous people reported having access to the IHS (Katz, 2004). Only 38% of Indigenous people live on federal trust land, where the majority of the IHS facilities reside (Katz, 2004). Much of this movement from federal lands can be attributed to assimilationist and termination policies during the 1930s to 1950s that promoted work programs in cities and those that removed tribal lands and tribal status from 109 federally recognized tribes (Pevar, 2012). As a result, someone who identifies under a federally recognized tribe may qualify for IHS coverage through tribal membership but would need to travel long distances to access an IHS facility.

Furthermore, there have been reports of the wide variation in IHS services across tribes and locations. Specialty care services, such as x-rays and mammograms, are often unavailable in smaller IHS clinics (Katz, 2004). Discrimination is reported in health care assistance as well (Smedley et al., 2003). One report found that more Indigenous people reported issues accessing health care, had lower utilization rates and reported more dissatisfaction with the care provided and worse care interactions with medical staff than non-Hispanic whites (Nelson, 2003).

**Funding**
Chronic underfunding continues to impact the quality of health care provided. In response to the growing need in Indigenous communities, former IHS Director Dr. Roubideaux commented in a 2014 Congressional Hearing,

“What keeps me up at night is the funding situation. Medical inflation is rising, the population is growing, and the budget, even though it is increasing, the demand is enormous. If you look at comparing our funding to the Federal Employees Health Benefits Program, we are only funded at 57 percent of the per capita amount that they are funded at and funded much less than other federal healthcare programs, and so my top priority is fighting as hard as I can to get more resources, because, in the end, that will make the biggest difference.” (Dr. Roubideaux; May 27th, 2014)

Congress is responsible for allocating funds to the IHS each fiscal year. The IHS is a discretionary program, and therefore funding is limited to what is appropriated by Congress. In contrast, programs such as Medicare or Medicaid are entitlement programs, and the budget is mandatory and determined by the number of eligible participants. If the appropriated funds do not meet the services demanded for that year, the IHS must cut services.

Although the IHS budget has increased over the years, it remains insufficient to meet Indigenous people’s health care needs. It is estimated that the funds appropriated by Congress currently cover 60% of the health care needs of Indigenous people (NCAI, 2016). This is further evidenced by the fact that IHS spends significantly less per user than other major federal health agencies (see Figure 2).
Although this is widely acknowledged by Congress and within Congressional testimonies, funding levels have remained below par for decades. As Time Rosette of the Rocky Boy Tribal Health Board of Chippewa-Cree Indians comments,

"The stats, as you know, are widely available so what I can't understand is that OMB knows that we are getting one-quarter to one-half of the funding of other federal beneficiaries, then they know how that lack of funding is resulting in our people suffering from lack of healthcare, then how is it that they don't ask for sufficient funds to eliminate the disparity? They look at it, they see it, and they don't care." (Time Rosette, May 27, 2014).
The budget, and lack of funding, for IHS demonstrates the extent to which the US is honoring its legal responsibility to Indigenous people and its commitment to improving health outcomes.

Additionally, the lack of IHS funding affects health care facilities that are tribally operated. Currently, $1.8 million of the IHS budget is allocated to tribally controlled facilities, $1.3 million is toward facilities directly operated by IHS, and 1% toward urban Indian health programs (NCAI, 2016). Providing tribes with the ability to run health care facilities promotes the federal agenda of self-determination. However, tribes have vocalized the lack of adequate funding to run health care facilities. As Brian Cladoosby, the President of the National Congress of American Indians, notes in a Congressional hearing on November 14th, 2013,

"Year after year, the BIA and the IHS have failed to pay tribal governments what they would have paid to any other federal contractor. For years, tribes have filed claims against both agencies over their failure to honor the contracts and to pay all of the negotiated contract support costs that were due."

(Brian Cladoosby; November 14th, 2013).

The claims that Brian Cladoosby notes resulted in the 2012 Salazar versus Ramah Navajo Chapter Supreme Court case. In this case, the Ramah Navajo Chapter sued the government for not paying contract support costs, that is, charges that the tribe would incur by operating the programs overtaken by the federal agency. Although the Supreme Court ruled in favor of the Navajo Chapter and stipulated that the government must pay these costs, the lack of funding to the IHS created a backlog of expenses accrued. Despite
the federal agenda of self-determination, the lack of funding allocated to support tribally run facilities demonstrates differently.

Organizational Leadership

Several audits of IHS by the Department of Health and Human Services Office of Inspector General and the GAO identified underlying organizational challenges that impede IHS’s ability to provide high-quality health care. An Office of Inspector General report (2009) found that a lack of formal structure, policies, and roles limited the quality of health care provided by IHS. Similarly, the OIG reported that, often, IHS officials were unsure who was responsible for various functions, often leading to inefficiencies in how services were provided. Rather than following procedures held up by agency policies, officials reported that what held the agency together was often leadership-dependent.

Furthermore, frequent leadership changes often left vacancies to be occupied by those in a temporary acting capacity. Since Dr. Roubideaux’s departure in 2015, there have been six IHS directors (see Figure 5). Members of IHS and tribal communities continue to call for the executive branch to nominate qualified and stable leadership to direct IHS. Similarly, a 2019 GAO report noted that “IHS needs to ensure stable, permanent leadership that can assign the tasks needed to address weaknesses and hold individuals accountable for progress” (GAO, 2019, p. 138).
Often, those within the acting role continue to serve other positions in the agency, forcing them to act in more than one capacity at a time. The OIG (2009) found that newness and temporary status of acting roles often made it difficult for individuals in those positions to understand and implement the required job performance. Therefore, the OIG (2009) recommended that establishing formal structures and clear roles and responsibilities may help IHS overcome challenges due to frequent leadership changes.

**Conclusion**

In describing the historical and present-day context of the IHS, I seek to illuminate how health disparities for Indigenous communities are a function of years of colonization and neglect that continue to impact how the IHS functions today. Although federal policies towards Indigenous communities have moved towards one of “self-determination,” the lack of support, financial and political, makes this hard to be realized. The development of the IHS evaluation policy must be understood within this historical backdrop.
CHAPTER 5
THE KEY ELEMENTS OF THE EVALUATION POLICY

Introduction

Evaluation policies provide specifications around an organization’s goals for evaluation, management of evaluation activities, methodological approaches, and intended use to varying degrees (AEA Policy Taskforce, 2009; Trochim, 2009). As the first step in this study, I provide a text analysis of the components of the IHS evaluation policy and what the policy says about various aspects of evaluation practice. Then, I examine the underlying values around the proposed actions and the extent to which they are aligned with a culturally responsive framework.

Policy Coding Frameworks

Four frameworks offered a lens to investigate the key components of the IHS evaluation policy. To start, I used Kinarsky and Christie’s (in press) and Fierro et al.’s (in press) evaluation policy taxonomies. Both taxonomies are revisions of two frameworks; the AEA Evaluation Policy Task Force (2007) and Trochim (2009). Neither the AEA Evaluation Policy Task Force (2007) and Trochim (2009) taxonomies were empirically derived. In response, Kinarsky and Christie (in press) tested their applicability by using both policy frameworks to code the evaluation policies of twelve top United States foundations.

In their analysis, Kinarsky and Christie (in press) merged several elements of Trochim (2009) and the AEA (2009) frameworks in addition to adding new components not found in the original taxonomies. The new features include the organization’s history of evaluation practice, motivation for drafting the evaluation policy, activities to avoid when conducting evaluations, and examples of the specified principles of evaluation practice.
Their empirical analysis results are a revised taxonomy that includes eleven components that evaluation policies may consist of to varying degrees.

Similarly, Fierro et al. (in press) empirically tested the applicability of the Trochim (2009) taxonomy across 17 publicly available federal evaluation policies. The result was the division of the “goals” category into sections related to “evaluation goals” and “policy goals.” Further, the team included “federal contracting,” relating to insights about the content of the evaluation contract, and “standards” to describe the criteria for judging the quality of evaluations.

Two additional frameworks were used to investigate the underlying values of the critical elements of the IHS evaluation policy. First, to examine the salience of evaluation theory in evaluation policy, I coded components of the IHS policy aligned with the core dimensions of evaluation theory – methods, use, and valuing (Christie & Alkin, 2012). Last, I explore the extent to which policy content is aligned with culturally responsive evaluation. I pay particular attention to what the policy says about the key dimensions where culture and evaluation intersect; ecology, ontology, epistemology, methodology, and axiology.

Table 1 presents a combination of the Kinarsky and Christie (in press) and Fierro et al. (in press) frameworks along with the corresponding word count and percentage of the total policy word count of each component. The table demonstrates that the highest proportion of the policy text attends to specifications around the roles of agency staff and the design and methods of evaluations. Additionally, I present the word count of policy text that pertains to each of the three branches of evaluation theory and the corresponding component of the evaluation policy taxonomies. The most substantial amount of policy text
is devoted to use-oriented approaches, closely followed by the theoretical leanings of methods theorists. The lowest word count is provided to text aligned with valuing theories.

Methods-oriented theories are present across most of the evaluation policy framework components, including the goals and purpose of evaluation, participation and roles, design and methods, and external evaluation use, indicating a larger breadth than use-oriented theories. As expected, text related to methods-oriented ideas is most often present within the “design and methods” component. Likewise, use-oriented theoretical leanings are typical within the “use” component of the framework.

In the following section, I will discuss how each facet of the Kinarsky and Christie (in press) and Fierro et al. (in press) frameworks are addressed in the IHS evaluation policy. Then, when applicable, I will describe whether the components are aligned with methods-, valuing-, or use-oriented theoretical positioning. Finally, I will examine the cultural appropriateness of the policy text.
### Table 4. Evaluation Policy Components

<table>
<thead>
<tr>
<th>Component</th>
<th>Definition</th>
<th>Word Count</th>
<th>% Of Total Word Count</th>
<th>Methods</th>
<th>Use</th>
<th>Valuing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Background</td>
<td>Context that helps situate the evaluation policy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1a. History</td>
<td>History of evaluation or of the evaluation policy.</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b. Policy Motivation</td>
<td>Motivation and intent behind writing an evaluation policy.</td>
<td>82</td>
<td>3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c. Evaluation Definition</td>
<td>How evaluation is defined.</td>
<td>41</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Goals and Purpose</td>
<td>Desired outcomes of evaluations or why the agency chooses to evaluate.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a. Evaluation Goals</td>
<td>Role of evaluation/vision for evaluation/what evaluation should promote for the agency</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b. Policy Goals</td>
<td>Intention of the policy—what the aims are of the policy itself.</td>
<td>142</td>
<td>5%</td>
<td>80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Management</td>
<td>How aspects of evaluation practice are managed.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Resources</td>
<td>Resources allotted for evaluation (e.g., time, budgets).</td>
<td>127</td>
<td>5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b. Schedule</td>
<td>Mention of timelines or schedules for evaluations.</td>
<td>180</td>
<td>7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c. Necessity</td>
<td>Under what circumstances evaluations are required, preferred, and how this is determined.</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3d. Federal Contracting</td>
<td>Insights about content of evaluation contracts or processes involved in managing evaluation contracts.</td>
<td>29</td>
<td>1%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Participation and Roles</td>
<td>Who is involved, when, and how? Roles and responsibilities of grantees for evaluation.</td>
<td>168</td>
<td>6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Grantee</td>
<td>Roles, responsibilities, and selection criteria for external evaluators.</td>
<td>151</td>
<td>6%</td>
<td>53</td>
<td></td>
<td>96</td>
</tr>
<tr>
<td>Role/Description</td>
<td>Description</td>
<td>Word Count</td>
<td>Percentage</td>
<td>Count</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td>-------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c. Agency Staff</td>
<td>Roles and responsibilities of foundation staff for evaluation. This includes all internal stakeholders, such as: evaluation staff, program officers, leadership, board.</td>
<td>436</td>
<td>16%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Design and Methods</td>
<td>How evaluations are designed; methodological decisions are made.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Types of Evaluations</td>
<td>Specifies different types of evaluations (e.g., outcome, impact).</td>
<td>435</td>
<td>16%</td>
<td>110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Use of Evaluations</td>
<td>How evaluation results are communicated and acted upon. What ought to happen before an evaluation begins to ensure use of evaluation findings.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a. Design Phase</td>
<td>How evaluation findings are shared or used internally.</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b. Internal</td>
<td>How evaluation findings are shared with an external audience.</td>
<td>295</td>
<td>11%</td>
<td>295</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c. External</td>
<td>How evaluation findings are shared with an external audience.</td>
<td>112</td>
<td>4%</td>
<td>112</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Capacity Building</td>
<td>Discussion of building evaluation capacity to conduct or use evaluations. Capacity building guidance or resources for internal stakeholders.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a. Internal Capacity</td>
<td>Capacity building guidance or resources for internal stakeholders.</td>
<td>157</td>
<td>6%</td>
<td>157</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b. External Capacity</td>
<td>Capacity building guidance or resources for external stakeholders.</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Meta-evaluation</td>
<td>How quality of evaluations is assessed.</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Avoid</td>
<td>Guidance on what should be avoided when conducting evaluations.</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Example</td>
<td>Example, anecdote, or quote.</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Ethics</td>
<td>Discussion of ethical issues in evaluation.</td>
<td>42</td>
<td>2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Standards</td>
<td>Mention of criteria for judging the quality of evaluations.</td>
<td>0</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Word Count</strong></td>
<td></td>
<td>2651</td>
<td>1-</td>
<td>355</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Adapted from Kinarsky and Christie, (in press) and Fierro et al., (in press)*
Policy Components

Background

The background component of the Kinarsky and Christie (in press) taxonomy encompasses policy text that describes the organization’s history of evaluation practice, motivation for developing the policy, and definition of evaluation. The IHS evaluation policy did not incorporate a description of the agency’s history with evaluation. However, it did include their motivation for policy development. The evaluation policy states that “a number of statutes, regulations, and memoranda direct IHS to use evaluative information (i.e., data, evidence, etc.) in the ongoing management of federal programs. This chapter clarifies the definition and use of program evaluation to meet these requirements”. In these statements, the policy identifies the need to meet requirements specified by statutes, regulations, and memoranda as a motivation for developing the evaluation policy.

The policy broadly defines evaluation as “the systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.” This definition of evaluation highlights the role of evaluation in (1) establishing the merit or worth of a program, (2) improving programs, and (3) informing programmatic decision-making.

Goals and Purpose

Following the motivation for policy development is the agency’s intended goals and purpose for its evaluation policy. The goals for the evaluation policy will guide its specification around evaluation activities. For the IHS, the policy’s stated purpose is to
establish a set of procedures to determine “planning, funding, and using information from program evaluations to assess the impact of IHS health care services, as well as functions related to the delivery of IHS health care services.” The policy goes on to affirm the agency’s commitment to the use of evaluation findings. Specifically, the policy states that,

“The IHS is committed to conducting and using well-designed, rigorous evaluations on a routine basis to enable programs to adhere to performance and accountability mandates, validate outcomes, and improve program effectiveness. It is IHS policy to use program evaluation to determine the accessibility and quality of the health care services it delivers. The IHS also uses program evaluation to assess the manner and extent to which federal programs achieve intended objectives and use evaluative information to make management decisions.”

In these statements, the IHS specifies its intended purpose for evaluation as to (1) adhere to accountability mandates, (2) determine program outcomes and impact, and (3) improve program effectiveness. Additionally, the IHS commits to “conducting and using” what it deems to be “well-designed, rigorous evaluations on a routine basis.” Ultimately the policy states that the IHS will use the information obtained from evaluation to determine the “extent to which federal programs achieve intended objectives” and “to make management decisions.”

Methods-oriented evaluators seek to use the most rigorous methods feasible given contextual constraints to make judgments about program impact. Likewise, policy statements that point to the importance of conducting rigorous evaluations to validate outcomes, judge the quality of care, and determine the extent to which programs achieve
intended objectives are aligned with this type of approach to evaluation. Similar to use-oriented theorists, the policy specifies that evaluation should be used to make decisions. However, the policy focuses specifically on management rather than program decision-making. In contrast, culturally responsive evaluators seek to develop an evaluation that is relevant and valuable for community stakeholders. Taken collectively, the stated goals and purpose of the IHS evaluation policy exemplify an overall orientation towards methods theories that seek to influence management decision-making.

Management

The codes that fall under the “management” component of the Kinarsky and Christie’s (in press) and Fierro et al. (in press) taxonomies pertain to information about the general management of evaluation activities. Specifically, this component refers to (1) the resources used to support evaluation practice, (2) the schedule for evaluation activities, (3) under what circumstances that evaluation is required, and (4) insights into evaluation contracts.

To support evaluation practice, the IHS policy broadly states that the organization will “ensure that sufficient evaluation capacity and resources are made available to assess program effectiveness; identify opportunities for program improvement; and inform future management decision-making.” Then, more specifically, the policy determines that 5-10% of program funding should be allocated to evaluation.

Regarding the schedule for evaluation activities, the policy specifies that evaluation planning activities should begin “as soon as reasonable during program planning and development” and “suggests this planning should occur as soon as the program’s mission and goals are established.” Additionally, the policy states that the funded program should
“present an evaluation plan/approach that includes evaluations across the lifecycle of the effort so that findings can be deployed for program improvement even in the early stages.” In this way, the policy articulates that evaluation activities should begin at the start of program development to improve programs from the beginning. The emphasis on scheduling activities to maximize evaluation findings is aligned with use-oriented theories that seek to develop evaluations that will contribute to program decision-making.

None of the policy text touched on describing the circumstances which require evaluation. The policy specifies that the program may complete the evaluation using an Indefinite Delivery/Indefinite Quantity contract, an independent/separate contract, or program resources and staff.

**Participation and Roles**

Kinarsky and Christie (in press) merged two components of Trochim’s framework into a new category -- participation and roles -- intended to capture who is involved in the evaluation and in what capacity. This component is divided into three subcomponents that cover the responsibilities of different stakeholder groups, including grantees, external evaluators, and agency or foundation staff.

The IHS evaluation policy outlines six broad actions that the grantee must take to comply with the policy. Specifically, the evaluation policy determines that the grantee should (1) agree to the program outcomes and evaluation expectations as specified in the program’s funding announcement, (2) describe the activities and intended outcomes of the program through a logic model, (3) develop a plan for dissemination that will “maximize program improvement for health impact,” (4) provide the number of staff who are capable to do the evaluation, (5) develop plans for stakeholder engagement, and (6) provide clarity
on the evaluation design and data collection procedures. Furthermore, the program should collaborate with the DPER to determine each of the six components outlined above.

The policy specifies the responsibilities of organizational staff in much more depth, accounting for nearly four times the text as the grantee responsibilities. First, the policy requires that the IHS establish an agency-wide work group that will “advise, support, and monitor program evaluation efforts” as well as review program evaluation plans and integrate the use of results into routine evaluation practice. Additionally, it is the role of agency staff to (1) identify how the funded effort contributes to agency priorities, (2) determine which populations are disproportionately affected by the health issue and whether they are being targeted by the program, (3) match the evaluation design and methods, (4) develop a logic model to present program theory, (5) specify the program outcomes and measures, and (6) provide standards for reporting evaluation results.

The policy provides specific considerations of external evaluators or those who are responsible for conducting the evaluation. The first pertains to the relevance of evaluation priorities. Specifically, the evaluation policy states that the evaluation should consider the interests of Congress, leadership, programs, and IHS partners, including tribes and populations served. Furthermore, the policy states that “evaluations should be designed to address IHS’s diverse programs, customers, and stakeholders; and IHS should encourage diversity among those carrying out the evaluations.” Later on, the policy takes the involvement of stakeholders a step further by stating, “IHS Offices and large programs will consult with Tribes to identify and prioritize programs for evaluation, consistent with the Tribal Consultation Policy.”
Second, the policy states an emphasis on the independence and impartiality of the evaluator. According to the policy, credibility is enhanced when the evaluation is “independent from any process involving program policy-making, management, or activity implementation.” As a result, the policy specifies that “the evaluation function will be located separately from other management functions so that it is free from undue influence and so that unbiased and transparent reporting is assured.” Implicit in this statement is the theoretical understanding that bias can be controlled by separating the evaluator from program activities. Messages related to evaluator impartiality are most aligned with methods-oriented theorists, who seek to control bias and promote objectivity in the study design. Further, the focus to “maximize health impact” demonstrates a goal to contribute to the larger knowledge base, which is common among methods theories.

Rather than seeking to control for bias, culturally responsive researchers recognize the relational nature of knowledge construction. Therefore, the evaluator should critically question how their cultural knowledge and beliefs impact the evaluation practice. The actions that speak to enhancing the usability of evaluation findings, such as developing an agency-wide workgroup and guidelines for how agency staff should use evaluation, are most aligned with use-oriented theories.

In all, the policy demonstrates a concern for being inclusive of the evaluation priorities of multiple stakeholder groups and ensuring that tribes have a role in determining which programs should be evaluated. Practices of inclusivity are aligned with the theoretical ideas common among theorists located on the valuing branch of the evaluation theory tree. However, the policy does not speak to how multiple stakeholder groups should be involved in the evaluation beyond determining priorities. In contrast,
valuing-oriented evaluators often advocate for the inclusion of underrepresented populations or those whose voices may be less heard to ensure that the evaluation is reflective of their experiences.

Culturally responsive evaluators, in particular, argue that community stakeholders should be involved in determining the evaluation questions, methodological approach, and plans for dissemination. By co-developing the evaluation with community members, the culturally responsive evaluator seeks to create a study commensurable with community values. On the contrary, the IHS policy states that the agency, rather than the program, will determine the evaluation design and methods, specific program outcomes and measures, and standards for reporting evaluation results.

Design and Methods

The design and methods component of the framework focuses on agency specifications around the evaluation design and methodology. First and foremost, the IHS describes the type of evaluations that it views as “rigorous.” According to the agency, rigor:

“Requires ensuring that inferences about cause and effect are well-founded (internal validity); requires clarity about the populations, settings, or circumstances to which results can be generalized (external validity); and requires the use of measures that accurately capture the intended information (measurement reliability and validity).”

The IHS’s conception of rigor is defined in terms of internal and external validity and reliability. Epistemology or beliefs about how knowledge is acquired is intimately connected to methodology. The emphasis of the IHS evaluation policy on establishing
causal relationships that can be generalized to other contexts is most aligned with methods-oriented evaluators who often take a post-positivist epistemological stance.

In contrast, culturally responsive approaches to evaluation stress that epistemology and methodology must be culturally congruent. Rather than imposing an overarching standard of what qualifies as credible evidence, such as experimental methods, the culturally responsive evaluator believes that knowledge is context-dependent and must be understood within a specific historical and cultural context. Therefore, instead of defining rigor in terms of strong internal and external validity, in culturally responsive evaluations, validity is enhanced when strong relationships between community stakeholders are developed to determine the methodological approach.

**Use of the Evaluation**

Kinarsky and Christie (in press) maintained the “use” category from Trochim (2009). For this component, Trochim (2009) refers to instances in the evaluation policy that speak to evaluation utilization. The IHS evaluation policy provides descriptions for how evaluations should be used internally as well as externally.

Internally, the policy specifies how the agency should use evaluative information. First, the policy states that the IHS offices and large programs should use evaluations to help in annual budget justifications in compliance with the OMB, GPRA, and GPRMA. Consistent with its goals and purpose, the IHS evaluation policy stresses that evaluation flinging should be used to “inform program improvement and accountability”.

To enhance the usability of findings, the policy finds that the office must ensure “findings are timely and relevant, so as to maximize their use in organization’s planning, performance reporting, budgeting, and priority-setting processes.” Additionally, the office
must ensure that “evaluation findings are easily accessible to users, major constituencies, and stakeholders” as well as develop “a process for tracking how evaluation findings are used to improve program planning, administration, implementation and oversight and outlining how evaluation findings will effect program decisions and modification.” In doing so, the agency should play a role in “coordinating and communicating evaluation activities across the IHS organizational units with overlapping or complementary missions.”

Externally, the IHS evaluation policy specifies that,

“Evaluations and findings from evaluations should be broadly available and accessible, typically on the Internet... Evaluation reports will present all results, including favorable, unfavorable, and null findings. The IHS will release evaluation results timely (usually within two months of a report's completion) and will archive evaluation data for secondary use by interested researchers (e.g., public use files with appropriate data security protections).”

The internal focus on using evaluations to inform decision-making around programs is aligned with a use-oriented theoretical positioning. Although the policy seeks to promote the use of evaluation information for program improvements and management decision-making, it stops short of describing specific strategies that an evaluator might use to enhance the likelihood of evaluation use, such as how and which stakeholders to involve in the evaluation process. The IHS’s focus on sharing findings externally is more aligned with methods-oriented theorists who aim to contribute to a body of knowledge about a program or intervention.

Culturally responsive evaluators seek to develop evaluations that will be beneficial to the community. Therefore, community members should be considered vital stakeholders
that participate throughout the evaluation process. Rather than seeking to contribute to a more extensive knowledge base about a particular program, evaluations should be helpful to the programming community. Further, to respect tribal sovereignty, any data shared should be done with the consent of the tribe. Although these policy statements emphasize use-oriented theories and, to a lesser extent, methods-oriented approaches, the articulation of valuing theories is lacking.

**Capacity Building**

Additionally, the Kinarsky and Christie (in press) evaluation policy taxonomy includes internal (agency) and external (program or grantee) evaluation capacity components. While the policy did not specify external capacity-building measures, it did note that evaluation capacity might be enhanced internally at IHS. This includes integrating “program evaluation efforts into routine IHS practice” by developing “standard processes to use evaluation results to improve program development, implementation, and monitoring.” Additionally, DPER is tasked with creating and maintaining an evaluation site that provides evaluation resources to IHS personnel, partners and stakeholders, including training materials, a repository of internal evaluation activities, and previous and existing evaluation projects, to name a few.

The policy does not include specifications on how program capacity can be developed. Use-oriented theorists contend that evaluation capacity must be built to facilitate the use of evaluation findings (Cousins et al., 2008; Preskill & Torres, 2000). Similarly, taking a culturally responsive approach to evaluations with Indigenous communities means understanding their history with colonization and advancing self-determination. One way to promote a self-determination agenda is to build a program's
capacity to conduct their own evaluations (Chouinard & Cram, 2020). Although the policy provides actions to enhance the agency capacity to inform management decision-making, less text pertains to program capacity and use of evaluations.

**Ethics**

The last component of Kinarsky and Christie (in press) framework that the policy speaks to its ethics. In this regard, the IHS evaluation policy states:

“The IHS-sponsored evaluations will be conducted in an ethical manner and safeguard the dignity, rights, safety, and privacy of participants. Evaluations will comply with both the spirit and the letter of relevant requirements such as regulations governing research involving human subjects.”

Based on this statement, the IHS broadly defines ethical evaluation practices as aligned with human subjects’ regulations. Culturally responsive evaluators seek to extend foundational views of ethical practice to mean promoting fairness, equity, and inclusion into the evaluation. This is more critical when working with Indigenous communities due to their history with colonizing research practices. Therefore, an ethical evaluation means obtaining consent from community members before the evaluation begins and working to determine their goals and expectations for the evaluation to create a study that will lead to community betterment.

**Conclusion**

Overall, the IHS evaluation policy primarily emphasizes methods- and use-oriented theories with minimal valuing-oriented theories. Although the policy does offer some alignment with culturally responsive evaluation practices, related to tribal consultation and the relevance of evaluation priorities, it fails to take full advantage of the literature on
culturally responsive evaluations with Indigenous communities. Researchers find that not integrating culturally responsive methods into the study designs of programs serving Indigenous communities can lead to evaluations that fail to meet the community’s needs and perpetuate colonizing research practices (Bowman, 2018). By extension, the lack of cultural relevancy of evaluation policies may impact the credibility, useability, and trustworthiness of the evaluations produced following the policy. In the following section, I examine how the IHS developed and implemented its evaluation policy.
CHAPTER 6
EVALUATION POLICY DEVELOPMENT AND IMPLEMENTATION

Introduction

As described above, the IHS faced challenges to meeting the health care needs of Indigenous communities. According to IHS officials, Congress pressed the organization for more information about their programs’ impacts to help understand why gaps in health outcomes for Indigenous communities persisted. With pressure from Congress behind them, the IHS decided to develop an evaluation policy in 2015. From 2015 to 2018, the IHS would work on their policy (see Figure 6). During this time, the policy would undergo multiple drafts and revisions and it would see the passage of five IHS directors. As one IHS official states, “a huge step forward for us and the policy was just to get it done.”

Figure 6. Timeline of the Development of the IHS Evaluation Policy

Federal agencies will continue to develop evaluation policies in accordance with the Evidence-Based Policymaking Act (2018). Lessons learned from agencies who have already passed evaluation policies will be critical for future policy development. This chapter begins with a synthesis of the motivation for policy development as described through interviews with IHS officials and reviewing key documents. I then discuss how the IHS
sought to solve this issue by developing its evaluation policy. Last, I provide an overview of how the IHS went about developing and implementing its evaluation policy.

**Motivation for Policy Development**

Repeated multiple times in interviews was the experience of external pressure from Congress to improve the IHS’s evaluation efforts. As one IHS official noted, “There has been a lot of push. The biggest push was definitely coming from Congress saying that you need to be accountable. You need to be evaluating your programs because we just don’t see anything happening.”

Congress criticized the IHS for their lack of evaluation efforts in Congressional Hearings. An IHS official recounts this experience,

“As somebody interested in evaluation, you would find it interesting to go and look at the log of Congressional Hearings that relate to IHS. We get lambasted on a pretty regular basis for not evaluating what we do. And they have every reason to keep doing it. We’re putting a lot of money into the field. And our healthcare has been suffering. The Native American people have been suffering. And, we haven’t been able to tell anybody that we’ve been able to accomplish anything basically in the last fifty years. That was the primary motivation.”

An examination of Congressional hearings with IHS demonstrates the continued call for data and evaluation of IHS programs.

| Table 5. Congressional Calls for Data and Evaluation |
|-------------------------------------------------|------------------|
| Date                                             | Hearing                                      | Count |
| November 14, 2013                                | Contract Support Costs and Sequestration: Fiscal Crisis in Indian Country | 2     |
| March 26, 2014                                   | The President’s Fiscal Year 2015 Budget for Tribal Programs          | 2     |
In response to low health care outcomes for Indigenous communities, Congress stressed the need for evidence-based program planning. For instance, in a hearing to address the high suicide rates of Native youth, John Barrasso, the senator from Wyoming, commented, “It is still not clear to me that the Administration is operating under an evidence-based plan to prevent suicide across Indian Country. It is not just this Administration. I think we have seen this now for decades” (June 24, 2015).

The call for additional evaluative evidence was not only put forth by members of Congress but tribal leaders as well. Tribal leaders who testified before Congress echoed a need for more accountability within their health care facilities. As A.T. Stafne, Chairman of Assiniboine and Sioux tribes of the Fort Peck Reservation stated, “Rather than continuing to provide sub-standard healthcare, the Indian Health Services should develop a strategy to address all of the healthcare needs of the people living at the Fort Peck Reservation. This strategic plan would identify...
the reasons why the system is not meeting the needs of our people and establish measurable goals and a targeted implementation plan” (May 27, 2014).

In the face of persistent health disparities for Indigenous people, Congress and tribal representatives sought evidence for how these programs could improve to better meet their communities’ needs.

IHS officials understood Congressional demands for evaluation as a call to demonstrate their program’s impact. As one official commented, Congress continued to ask for “proof that it’s (the program) improved... it’s now about how has it changed? How has the program changed the community?”. For example, in a July 29, 2015 Congressional Hearing, Al Franken called for IHS to collect data on program outcomes. Specifically, he stated:

“Let me ask anybody here. Is there any data on culturally inclusive treatment? And, if there isn’t, shouldn’t there be? Should we be collecting data on what works? Does anybody have any knowledge of whether that has been done?”

However, the IHS was unable to provide this data. An IHS evaluator reflected on their experience with Congress as, “The criticism that IHS was receiving was based on justifying why and how we were spending public funds, taxpayer dollars. We really needed to establish the links between what is considered to be successful and what is considered not to be.” In other words, according to IHS officials, the office needed to create a way to determine their programs’ effectiveness.

In addition to this push from Congress, there was also drive from the Department of Health and Human Services (HHS). The IHS is an agency under HHS. An additional motivation for the policy was to “support the overall HHS direction already in place.”
Although the IHS began developing the evaluation policy three years before the passage of the Evidence-Based Policymaking Act in 2018, the agency was aware that this act was coming down the pipeline and that it required each federal agency to develop an evaluation policy. During this time HHS was in the process of developing their own evaluation policy, which would be released in 2021. Motivated by these two concerns, the IHS began policy development.

**Conceptualizations of the Policy ‘Problem’**

Organizations often create policies in response to a joint problem (Munger, 2000). Uncovering the problem or issue that the policy intends to address is the first step in policy analysis (Gil, 1992). In the above section, I described how Congress continued to press the IHS for evidence of their programs’ effectiveness. However, officials note that the office was “never able to give them an answer.” As a first step in the policy development process, policymakers needed to conceptualize why this perceived problem existed. From there, the policy could be developed to address the identified, collective, problem in their evaluation practice. In the following, I contrast two conceptions of the evaluation ‘problem’ that the IHS faced. First, I will describe how IHS officials conceptualized why they were unable to provide Congress with evidence of program impacts. Then, I will describe the grantee evaluation context and critical challenges to conducting robust evaluations.

**The IHS Evaluation Context**

Interviews with IHS officials revealed that one reason the office was unable to provide data to Congress was the lack of organized evaluation across the agency. It wasn’t until 2015 that the IHS hired an evaluator to DPER. Although the DPER was established 15 years prior, it had no organizational history of evaluation. Therefore, before 2015, there
was no central evaluation office or evaluator responsible for organizing evaluation. Instead, programs were responsible for deciding what evaluation data they would ask of grantees.

However, there was little incentive for programs to evaluate. As one evaluator described, “typically programs will get funding whether they show progress or not.” As a result, the evaluator went on to say, “evaluation wasn’t actively practiced at IHS.” This didn’t mean that programs weren’t functioning as intended. One evaluator commented, “It wasn’t because people were doing bad work. We just had no idea what was actually going on once the money had left.” However, limited evaluations weren’t uniform across programs. One interviewee observed that, although “trying to do a better job with evaluation is a new focus for the Indian Health Services… there have been pockets of programs doing this kind of evaluation for years”.

Despite some programs establishing more robust evaluations, most interviewees commented that program evaluation requirements to grantees were sparse or unspecific. One program official shared,

“In the past, funding opportunities would put the evaluation entirely on grantees. And so, there was sort of an expectation that you just give the dollars to the grantee, they come up with their own evaluation, and they work through that information on their own.”

As a result, “each grantee might be doing something different” making it difficult for IHS officials to demonstrate collective program impacts. Similarly, grantees note that, “They (IHS) don’t typically ask for our metrics. We provide them to them. Our grantees typically have a set form for evaluation that they fill out on a quarterly basis. Our quarterly form
does not include any field that talks about evaluation. Do we include that information? Yes, but there’s no code for it.”

In addition to unstandardized evaluation requests, there were limitations in the type of data asked of grantees. One official describes how evaluations were conducted when they started at IHS in 2015, “When I first got here, some of the evaluations were really just, how many meetings did you hold a year? And things of that nature, not getting at whether they were effective.” The IHS collected program performance measurements as mandated from the 2010 Government Performance and Results Modernization Act (GPRMA). However, they did not extend their data collection efforts beyond performance monitoring efforts (i.e., counts of various aspects of program performance) to understand outcomes or effectiveness.

Consequently, evaluators and program officers found that reports on IHS evaluation efforts were hard to come by. For instance, one newly hired evaluator tried to find evaluative information on a program that had been in place for over twenty years at IHS. They found that “there were no reports on it. There was nothing. We wanted something that we could actually turn to. A usable piece whether that be for the next program, Congress, the budget, whatever.” As another official observed, “There were times when I was amazed that we couldn’t even do simple summaries about processes. We weren’t able to produce that as easily as we should.” The lack of consistency in the information collected from grantees, the focus on performance measures rather than outcomes, and the limited reporting requirements left the office with little information to report to Congress about their programs’ progress and outcomes.
In response, the IHS determined that an explicit evaluation policy could be used to bring consistency to how the organization conducted evaluation. Doing so could help them answer Congressional questions about their programs’ effectiveness. In the next section, I describe the capacity of grantees to conduct evaluations and the challenges that they face to get this information to IHS.

**The Grantee Evaluation Context**

While IHS officials noted the issue of inconsistent evaluation requirements for grantees, program staff commented on the unique needs of grantees they serve. As one program staff describes,

“We represent a population that really falls under three categories. The first would be the easiest category to evaluate, and those include the IHS service facilities. The other two categories would be tribally operated healthcare facilities and the Urban Indian Organizations. And so, the biggest challenge is trying to combine all those together to articulate a need that exists across those various facilities.”

Federal facilities are entities of IHS and therefore are obligated to share data about their programs’ performance. Tribally operated facilities are federal centers that the tribe petitioned to assume control over through the Indian Self-Determination and Education Assistance Act. Last, the Urban Indian Organizations (UIOs) provide health care and referral services to members of federally recognized tribes in urban areas.

Facilities that have petitioned for self-governance and UIOs are not required to provide evaluation data to the IHS. The unique nature of these three types of facilities and
their contrasting data sharing obligations creates complications when attempting to collect common data points across the various contexts. As the program staff went on to detail,

“We know that the needs and capacities are very different. And, often, creating a baseline for those various needs is somewhat of a challenge. For the most part, we are only guaranteed receiving data from the federally operated tribes. So, we are potentially missing data and representing the tribal over the Urban Indian Centers.”

Further, there are varying levels of capacity across grantees within the three types of facilities that IHS serves. Another program staff describes,

“The grant program challenges are that each grantee may have a different level of capabilities when it comes to evaluation. A lot of the leads that are hired to conduct these grant programs sometimes don’t have any background or experience in public health.”

Programs describe that this staff capacity to conduct evaluation, or “someone who really, truly understands evaluation.” Furthermore, one evaluator noted, “Many people driving the (evaluation) process wear multiple hats. So, they are basically keeping their heads above water by just doing what was needed.”

IHS officials comment on reducing their evaluation expectations of programs because of their limited staff capacity.

“We have varying degrees of ability and familiarity with public health. So, it’s like starting from scratch. We’ve got to account for a long learning curve for most programs when we first start out and that really affects our expectations
of what we’ll be able to evaluate over five years if the first year and a half is really focused on capacity building.”

Another issue is program technology. As one program staff described, “our grant programs and tribal grantees, especially in remote areas, will say we can’t rely on our internet services. We have this government website we can’t navigate, and those sorts of things.” Limited technological capacity can influence the type of data that is requested of the grantee. Another program staff said, “some tribal programs may not have the technology that the federal government has as far as processing electronic documents. Anything we do to modify the data collection purposes for evaluation, we have to take that into account, we have to tailor it to the level that all of our grantees would be able to participate in.” The level of grantee evaluation capacity directly influences the evaluations that are requested by IHS programs.

As a result, program capacity to use evaluation can also be limited. As one evaluator explained,

“Understanding how to aggregate data or analyze it or interpret it is a challenge for some of our programs. There are those that are really strong in that area and have actual evaluation departments, but that is very rare. They might have had a pre-post survey but they didn’t know what to do with the information. So, helping them understand how to aggregate it and analyze it so that they could even share what their project was about.”

As this interviewee shares, capacity needs to be built for programs to use the data that is collected and share findings about their funded programs.
The above section describes two evaluation needs of the IHS to provide data back to Congress; organizational and on-the-ground grantee capacity for evaluation. Although IHS officials note the need for more precise evaluation requirements, there remains a need for additional evaluation support to grantees. In this next section, I will discuss the policy objectives that flowed from their conceptualization of the IHS evaluation needs.

**Evaluation Policy Objectives**

In this next section, I will discuss the objectives of the IHS evaluation policy. As detailed above, IHS officials described that a critical issue inhibiting their ability to provide impact data to Congress was the lack of organized evaluation across the agency. Interviews with IHS officials revealed two primary intents of the evaluation policy; communicating the importance of evaluation and standardizing data collection across grantees. In the following, I outline these two goals for policy development.

**Communicating the Importance of Evaluation**

Historically, evaluation requirements were left up to the program to determine. However, IHS officials often noted that programs didn’t prioritize evaluation. As a result, program staff would attempt to collect evaluation data at the end of the program rather than while being implemented. One of the goals of the policy was to communicate the importance of evaluation by requiring programs to develop an evaluation plan early on in their program’s development. As one interviewee put it,

“I think it will be helpful if we use the policy to improve communication across programs and programs understanding the importance of evaluation. That it needs to be an aspect of the work earlier on, rather than in the middle of the work or at the end of the initiative.”
Similarly, another official noted that evaluation is often “not a priority,” leading to programs to limit their evaluation activities. The policy is a way to require evaluation to be prioritized early in program development.

“It (evaluation) just is not a priority… so when you’re asked what are the impacts? What are the evaluation questions? What are the products? What have you done? Why do you need more funding? That piece is difficult to answer when you have not established an evaluation plan along with the work that’s been done. And so, when you’re suddenly asked to, it’s more of a burden.

So, they likely wanted a policy in place that supported programs being required to put evaluation at the front end, rather than the back of the work that they do.”

Likewise, another program officer linked the program’s acceptance of evaluation with integrating evaluation into their program practices. As they note,

“Since we implemented the policy, I think that it’s (evaluation) getting more ingrained in programs. Evaluation has evolved. We’ve come from a 20, and now we are maybe heading into a 60 or 70 in terms of acceptance of evaluation. And the fact that people are realizing that we need to implement evaluation at the beginning of the program versus trying to evaluate backwards, to try to evaluate after the program has already ended.”

As interviewees note, one of the intents of the evaluation policy was to communicate the importance of evaluation practice to programs. Doing so would encourage programs to think of evaluation at the start of program development rather than evaluate after the program is complete.
Standardizing Data Collection

Another issue identified by interviewees was the lack of consistent evaluation. This created problems when the IHS evaluators tried to aggregate measures across grantees to demonstrate overall program effectiveness. Rather than “leaving evaluation requirements up to grantees,” the IHS sought to collect standard outcome measures. As an official describes, “Before evaluation was more general. Each of the grantees might be doing something different. Now, we are trying to make it more streamlined for all the different grantees to collect a few common elements.”

Once standard outcome measures were collected, the IHS could aggregate them to show collective impact. As one official explained,

“It’s a challenge to get a few standardized data points. That is something that we are trying to talk to programs about. If, let’s say, there are 30 grantees, how can we get some specific data points about all of them? So then, at a national level, we can say we were able to achieve A, B, and C based on the data we received from all the 30 grantees.”

The policy would be a way to require programs to ask their grantees for common outcome measures. An official described,

“The policy is absolutely going to strengthen evaluation at IHS. I think for us, as an agency, to be able to have enough standardized information on what we are achieving and what we have achieved... what have we been achieving as an agency? I definitely think that the implementation of the policy is going to help us be able to have some more standardized data and a more detailed report.”
According to the agency, standardizing data points would help to make organization-wide decisions. For instance, one interviewee commented on how the IHS could use evaluation information.

“You can look at, if it’s a three-year program, you can look at year two and see how many objectives you’ve hit... Yes, you want the individual grantees to do better, but you also want the program to get better every time you put money out. And by collecting these aggregated pieces of data, you can do that. You can make adjustments here and there.”

Furthermore, the IHS evaluators could use newly collected information to allocate funding. As one evaluator put it,

“Now you can, as a part of your application, ask for baseline data. So, you can compare one to the other... it’s about who has the bigger need. We only have so much money. But, we’re not all the way there yet.”

Communicating the importance of evaluation and standardizing data collection are two intents of the evaluation policy. In theory, by carrying out these two actions, IHS evaluators would be able to aggregate data across grantees to demonstrate program impact.

**Policy Content Determination**

The first evaluator was hired to DPER in 2015. By the end of the year, an additional evaluator would be hired. The DPER Director tasked the newly hired evaluator with developing an evaluation policy. In the following section, I describe the IHS's process for policy development and how policy content was determined. In my description, I demonstrate that the agency relied on federal evaluation resources and the perspectives of those in leadership positions at IHS.
**Evaluation Resources**

When starting the policy development process, the evaluator recalls that they were told by the DPER Director to “go and do some research and come back to me with drafts.” In developing the initial policy draft, the evaluator, “borrowed heavily from the CDC... the Department of Labor, a little bit from the Department of Transportation”. Similar to other federal agencies, the IHS includes language around the six principles of evaluation practice; rigor, relevance, transparency, independence, impartiality, and ethics. In particular, the exact language around the six principles can be found in the DOL evaluation policy. This accounts for about 14% of the total IHS policy content. These six principles are supported by Office of Management and Budget (2020) in accordance to the Evidence-Based Policymaking Act (2018) and by the Department of Health and Human Services’ evaluation policy (2021).

From the CDC policy come the definitions for evaluation practice, the development of an agency-wide working group, the creation of an internet site with evaluation resources, and the responsibilities of IHS offices and programs, headquarters, and the funding recipient. In total, about 39% of the IHS policy content is from the CDC policy. In all, nearly half of the IHS policy is derived from the CDC and DOL evaluation policies.

Additionally, the evaluator drew on the logic model work developed by the Kellogg Foundation as well as the work of use-oriented theorist Michael Quinn Patton. As the evaluator notes, “I’ve always been a fan of Michael Quinn Patton and usability of results. If it’s not necessary, we don’t need to measure it. Make it usable. It shouldn’t just sit on a shelf. And that comes from my experience. I’ve had a couple of classes and read a couple of books.” To some extent, the infusion of use-oriented theories is present in the policy (see
Chapter 5). According to these theories, the inclusion of stakeholders is pragmatically needed to promote evaluation use. However, there wasn’t reference to the rich literature on culturally responsive evaluation approaches, whose motivation for stakeholder collaboration lies in developing studies that are epistemologically aligned with community values and ideologically gives power back to the community (Trickett & Espino, 2004).

**Previous Evaluation Experience**

When developing the evaluation policy, the lead evaluator describes that they had “many ideas coming in from having done evaluations off and on for about the last 15 years in government.” Primarily, the evaluator worked in other federal agencies to develop evaluation guidelines for their programs. In their experience, these programs included a set evaluation budget, but no specified evaluation activities. The lead evaluator presented the idea of developing national and local logic models for each program to follow. When creating the IHS evaluation policy, they describe that “I had this in the back of my mind as far as how do we frame this for big picture versus small picture down at the grantee level.” Similarly, one of the intents of the IHS evaluation policy was to promote consistency in how grantees evaluated and connect standard measures back to an overarching program or national goal. In these ways, the evaluator’s previous experience with federal evaluation programs informed the IHS policy development.

**Current Evaluation Practices**

The lead evaluator began developing the IHS evaluation policy in 2015. From 2015 to 2018, when the policy was published, the evaluator would simultaneously work with IHS programs on evaluation and write the evaluation policy. The evaluator’s experiences
working with programs informed content within the evaluation policy. As a result, the policy reflects the practices that the evaluator had already begun to incorporate.

For instance, the evaluator spoke of significant program rewrites that occurred upon their hire in 2015. The evaluator found that some programs had unclear linkages between planned activities and anticipated outcomes. As the evaluator explained,

“If you have no goals for what the plan should look like in the end, what are they planning towards? How do you know if you’re heading in the right direction? And that’s where the logic model comes in. I was asked back in 2015 to help rewrite a program proposal and put evaluation into it. So, I did that along the way. There were a lot of programs where stuff didn’t make sense... and they tried to put evaluation after the awards went out, which is not how you do it. You need to set up expectations.”

Similarly, the evaluation policy states that “evaluation planning activities will be started as soon as reasonable during program planning and development. Best practice suggests this planning should occur as soon as the program’s mission and goals are established.”

Furthermore, the policy states that the IHS headquarters will “use a logic model or other method of presentation to present a uniform set of outputs and short, intermediate, and long-term outputs and outcomes within the funding announcement.” In this way, the policy reflects the practices that DPER was already starting to institutionalize before the policy’s passage.

**Organizational Context**

The policymaker stressed the importance of considering the organizational context when creating the evaluation policy. The level of generality was, in part, informed by the
unique services that IHS conducts. As one official explained, “most of what we do is provide services... versus just the grant-making body. So, whenever we provide a grant, it’s providing direct patient care... about 80%, if not more, of IHS is providing services.” The IHS had to specify that the policy would cover the “implementation, effectiveness, and use of data. We’re not going to be evaluating engineers and physicians... We had to make it clear that we weren’t going to be stepping on anybody’s toes.” Therefore, when developing the policy, the evaluators noted that they needed to “fit in a little bit of grey. It was trying at times as far as how are we going to write this.”

Further, the evaluator adapted policy examples and definitions to fit the IHS context. As the evaluator recalls, “I added in some IHS-specific examples and definitions. I’m going to say that probably took up to a year.” IHS-specific examples include a reference to IHS offices, particular Acts that affect federal agencies (i.e., the Paperwork Reduction Act, the Government Performance and Results Modernization Act), the Tribal Consultation Policy, and IHS-specific mechanisms for contracting evaluations. However, these examples and definitions do not include cultural considerations when working with Indigenous communities. For instance, there was no mention of Indigenous peoples’ rights to data sovereignty to retain ownership over the data collected by the IHS. Nor did they speak to how Indigenous worldviews or epistemological positionings were influential on policy content.

**Internal Consultation**

After the first draft of the policy was developed it was reviewed by the IHS leadership. As the lead evaluator recalls,
“I sat and presented this along with my supervisor to the senior staff about this is what we’re planning. This is what we’re looking for; this is our motivation for it. This is what it’s going to cover; this is what it’s probably not going to cover. And then every office has a chance to provide feedback on it. We collect all that feedback, and we go back in and write some more, clarify and clarify. So then with that second document, we do the in-house review of it again, and it goes back out to senior staff, and it circulates, it circulates, it comes back to us. I’m going to say we probably did that four to six times over the next couple of years.”

Complications arose when sorting through different feedback as, “we had one office saying one thing, another office saying another thing.” Sometimes the input focused on stylistic elements, rather than content, “to be honest, you’re getting feedback like, well, this should be, it’s rather than, it is or a lot of stylistic things. And then the feedback starts being countered for what they said the time before.” As the evaluator describes,

“We just really had to start at the ground level and work up from there. Every time we’d send it out, we would get, so what does this word mean? And then the definitions kept growing and growing and growing.”

The IHS has undergone numerous changes in leadership since policy development began. As mentioned, from 2015 to 2018, IHS has seen five directors. One evaluator commented on the issues that this turnover presented in developing the policy as “we presented it to one, he was great with it. The next guy came and said, ‘I don’t like this.’ Next comes in, ‘oh, this is great.’ The next person says, ‘I don’t like this.’ So, there was a lot of that going on.”

Particular issues caught the attention of reviewers more than others. For instance, the evaluator describes:
“There were some issues that people were not comfortable with. We don’t want; this isn’t going to apply in the tribes. For example, at one point, we had a specific evaluation regulatory compliance point to industry-standard—5 to 10% of program funding. Industry-standard is actually closer to 18 to 25%, but there were some people who didn’t want a standard. There are some people that didn’t understand what a standard was or some people who thought it was too low. So, we went back and forth just on that point for two different reviews.”

Those at the policymaking table were the DPER Director and senior IHS leadership. The consultation process did not include program staff or grantees and the IHS did not elicit tribal feedback. By not including program evaluators, grantees, or tribes in the policy’s development, the policymakers missed key perspective around their goals for evaluation. As a result, the evaluation policy mainly concerns the evaluation interests of those within management positions and represents a very Western approach to knowledge construction. As one evaluator reflects on the policymaking process, “I think we could do a better job of notifying the tribes of our evaluation policy and even getting them involved with our policy because I’m pretty sure some tribes are evaluating their programs, and maybe we could learn from them.”

**Evaluation Policy Implementation**

Along with determining the content of the evaluation policy, policymakers needed to decide how the policy would be implemented. In the following section, I detail the factors that influenced how the IHS decided to implement the policy as well as who was
made aware of the policy’s passage. Additionally, I describe the importance of institutionalizing policy messages into agency practices.

When developing the policy, the IHS determined that any new or renewing grant for $1 million or more would need to have an evaluation component attached to it. In part, this was the most straightforward action that they could associate with the policy. One IHS evaluator described, “that was the lowest hanging fruit that we could even think to put in there.” Additionally, officials chose to only apply the policy to IHS-funded grants. Policymakers were clear that they would not be able to mandate policy requirements onto programs that petitioned to go under self-governance through 638 contracts. This is because self-governed programs are not legally obligated to provide IHS with data.

Policymakers determined that policy messages could be integrated into the NOFOs – the primary method of determining which programs to fund. The decision to focus on grant programs was, in part, because the grant manager was keen on updating their NOFO process. An additional consideration was whether the program was new. As one evaluator put it,

“If it’s already been in the field for 15 years and it’s coming back for a re-up, we’re not going to completely rewrite it. So, we’re getting there, and we’re taking baby steps. I think a newer program is the bigger steps that we can take in some way.”

As a result, the policymakers determined that the policy messages would be applied to any new or renewing grant over $1 million, with more changes occurring for newer programs.

However, things changed when the IHS policymakers began to inform internal stakeholders of the policy’s publication. One of the first steps in educating IHS staff about
the evaluation policy was a meeting with leadership and program officials. During this time, the policymakers, “presented for 20 minutes on this is what the policy is. This is what the policy isn’t. And, then we answered questions.” After the presentation, the head of the grant office told policymakers that, “this is great. We’re going to have everybody start coming to you.” Rather than only applying the policy to programs over $1 million or more in funding, all grant funded programs would go through the policy – with “the smallest one that was done was for a one-time $35,000 grant.” This meeting was held internally at IHS. While all of the interviewed program leads knew of the evaluation policy, externally contracted evaluators and program grantees were not aware of its passage.

An additional, integral, step in the policy’s implementation was institutionalizing the policy into agency practices. The agency has a “NOFO checklist” that each program must complete before releasing its grant announcement. Since passing the evaluation policy, NOFOs are now required to received DPER approval. As one DPER evaluator describes,

“Anytime a NOFO is going through the process within IHS, it has a sign-off sheet. Now there’s actually a spot on there for us that we have to sign off. So that was a big jump forward.”

Although adding themselves to the NOFO checklist was a step forward, the policymakers did not plan for it. As one evaluator reflected on the process, “standard operating procedures on how the policy should be implemented would have been helpful early on because we kind of just happened to jump on top of that… It was kind of happenstance that it occurred.”

Policymakers note that implementing the policy in NOFOs is the first step. One interviewee describes that, next, they would like to integrate policy messages into the
selection criteria for the NOFO. As they stated, “Putting the language into the actual selection criteria is the next step I think we need to take. There's nothing in that in the policy, but it's great if you're going to have all these expectations for data, but they're not scored on it.” As the evaluator describes, by including the policy in the selection criteria, grantees would be chosen based on their adherence to the evaluation policy. Further, this quotation demonstrates that the policymakers view the policy's implementation as a work in progress. As time goes on, and as the capacity for evaluation changes at the IHS, policy messages may be implemented in additional ways.

Including DPER approval on the NOFO sign-off sheet ensured that the policy practices would be implemented. As one evaluator put it, one consequence of the policy is that a program that did not follow policy messages “wouldn’t be able to release a NOFO.” This process positions the DPER evaluator as responsible for determining whether the NOFO is aligned with policy messages. In contrast, other social policies specify a broader goal statement and leave its implementation up to program implementers. In this case, how the policy would be operationalized, and which components, would be left up to the DPER evaluators to determine.

**Evaluation Policy Operationalization**

Next, the DPER team needed to determine how to operationalize policy messages in the NOFOs. As one IHS official described, “once they (the programs) write their NOFO, then it comes to us at DPER, and we have to start to evaluate what's there.” The DPER evaluators explained that “the main two things that we’re looking for” is strong program theory, ideally in the form of a logic model, and a requirement of standard measures to aggregate
across grantees. I describe each of these two components below. Then, I describe how the other pieces of the evaluation policy are implemented, or not implemented.

**Program Theory**

Although the motivation of the policy was to provide measures of program impacts to Congress the IHS realized that, as the first step, programs needed to clarify how the planned activities would lead to the intended program outcomes. In other words, a model of the program's underlying logic needed to be defined. From there, program staff could use the program model to determine evaluation measures. One IHS evaluator noted that this wasn’t originally the intention of the policy. In their words, “You don’t think that a program designed to do X is actually doing Y or doing the opposite of X or something else. But you need to evaluate it.” In theory, setting up a logic model and an evaluation plan from the start of program development would assist programs in intentionally gathering evaluative evidence.

When evaluating NOFO’s the DPER evaluators look for whether “there a flow from the beginning to the end? If you’re trying to address X, the things that are funding, are you asking them to do the right things to accomplish X?” To accomplish this in practice, the DPER evaluators have encouraged programs to use logic models to conceptualize their program’s theory. As one evaluator describes,

“So we tried to encourage most of them to include logic models… We are starting from here, and we are moving through this two, three stages. What are we expecting at the end? It’s not really that hard, but if you don’t actually think of it at the beginning, then you are kind of scrambling. I read a NOFO, and I am looking at the program description. I read through it to the end and figure out,
okay, are they asking grantees to provide enough evidence or progress or enough evidence of anything achieved?”

The logic model will ultimately help form the outcomes of the program. As the evaluator goes on to describe,

“So, we help them construct what their outcomes and goals are going to look like... And I’d really go through each and every step in the logic model and the planning process and say, okay, now let’s look backwards because that’s the evaluation you’re going to be looking at as this program is being implemented by your grantees.”

According to DPER evaluators, clarifying program theory and developing logic models will lead to a more precise evaluation plan and relevant outcome measures.

**Standard Measures**

The second piece that the DPER staff describe evaluating is whether the NOFO specifies common measures across grantees. As stated in the evaluation policy, one of IHS Headquarters’ responsibility is to “specify outcome and supporting measures within the funding announcements.” In turn, one of the funded recipients’ responsibilities is to “be aware of, and agree to, program outcomes and evaluation expectations as described in the program’s funding announcement.”

In practice, a DPER evaluator describes, “the other thing we look for, primarily, is what are the common data points that all grantees can use so that we can aggregate data.” Similarly, another evaluator spoke to the change to getting more standardized data from the grantee.
“We are trying to make things a little more streamlined so that we are able to approve them. And it’s easier to see what is being done than everyone scattered doing different things. So, at the end of the day, you figure out you can’t aggregate all the data together.”

In doing so, DPER evaluators help programs determine some “key elements that everyone can report on” across their grantees. However, one DPER evaluator notes that there are complications with using this approach and that it is a work in progress.

“It’s something that we are working on. Some get it. And for some programs, it’s just too hard because everybody is doing different aspects. So, trying to get the NOFO’s a bit more standardized so that we can get some better data at the national level to be able to say, okay we gave out $20 million to 20 grantees. And the end of the year, they have been able to do this. They have been able to achieve that. They have been able to train this number of people. They were able to increase this capacity. You know, just big things.”

According to IHS officials, standardizing outcome measures and aggregating those measures will demonstrate overall program effects at the national level.

**Building Agency-Level Capacity**

The evaluation policy specifies actions associated with enhancing the evaluation capacity of IHS. For one, the policy states that “the DPER will create and maintain IHS evaluation internet/intranet sites that provide evaluation resources for IHS personnel, partners, and stakeholders...” To that end, the DPER evaluators recalled that they “completely redid our website”. Now included on the IHS evaluation webpage are select evaluation resources. One evaluator noted that some of the resources align with policy
messages – such as, references to the Kellogg Foundation’s logic model manel, the CDC program evaluation framework, and an evaluation primer from the Department of Labor.

Additionally, the policy specifies that the IHS “establishes an agency-wide evaluation work group.” Since the policy’s publication, DPER formed this agency-wide work group with representatives from different offices in IHS. As one member describes, “we meet to discuss evaluation and how we can implement evaluations within our programs”. Further, another work group member sees the value of participation as, “it’s been the beginning of looking at the different ways of doing evaluation so that we aren’t doing it in a siloed fashion. And that’s been really helpful, you don’t have to recreate the wheel if someone’s already come up with a process for their program.” In this way, the evaluation work group offers a way for programs to connect and unify their evaluation practices across the organization.

“Left Up to Interpretation”

The other aspects of the evaluation policy are left open for interpretation. For instance, when asked about how the policy principles of rigor, relevance, transparency, independence and impartiality, and ethics become implemented, one IHS evaluator mentioned that it was “left up to interpretation.” Further, as one evaluator reflected, “without a standard operating procedure in place (for policy implementation), there is a lot of room for interpretation.”

Additionally, the evaluation policy states that “Programs shall use program resources to cover the costs of evaluation planning, implementation, and analysis. For planning purposes, the industry standard is 5-10% of program funding.” However, when asked about the implementation of this component, one evaluator described that “it is
something that we are still working on because most programs don’t have evaluation budgets already built-in. They don’t have extra money set aside for evaluation. So, that is a work in progress. It’s not something that is implemented very strictly”.

As another example, the policy states that “evaluation planning activities will be started as soon as reasonable during program planning and development. Best practice suggests that this planning should occur as soon as the program’s mission and goals are established.” However, as one evaluator describes, “the policy states that as you come up with a program idea, you need to start talking about evaluation. We’re still not there yet. Because, I think part of it was, we weren’t allowed to go there yet. And I don’t think we are ready to go there yet as an organization. A lot of programs aren’t ready.”

The policy includes specifications around the goals of evaluation, evaluation approaches, and evaluation use. However, the two key areas that are currently being implemented are the inclusion of logic models and request for standard measures across grantees. These components directly relate to the policy ‘problem’ described above – that the IHS did not have common measures across programs to aggregate to demonstrate overall program impact. The other aspects of the policy are aspirations for where the organization would like to go in terms of evaluation but have not quite reached that level in their evaluation capacity.

**Conclusion**

In the face of persistent health disparities for Indigenous communities, Congress sought to hold the IHS accountable. In doing so, they demanded evidence that IHS-funded programs were effective. However, according to IHS officials, the sparse evaluation requirements by the IHS led to the limited conduct of evaluations by programs, resulting in
little evaluative information to share. In an effort to bring consistency to how the agency conducted evaluations, the IHS developed an evaluation policy that required programs to develop a strong theory of change and adhere to common outcome measures. In theory, by conducting both of these activities the IHS could aggregate outcome measures across grantees to demonstrate overall program impact.

In contrast to using evaluation for accountability, scholars have pushed for the use of evaluation to support learning, decision-making, and for building program evaluation capacity (Hood et al., 2015; Patton, 2003; Preskill & Torres, 2000). When the purposes of evaluation expand so do the corresponding evaluation actions. Indigenous research paradigms often view evaluation as context-dependent and needing to meet the needs of a particular community (Bowman, 2018). Therefore, community members should be integral to each step in the evaluation process. Rather than aggregating common measures across programs, these approaches recognize that program success should be tied to a program's specific cultural and historical background. Therefore, if logic models and outcome measures are to be created, they should be done with program input and be sensitive to program context. The imposition of a program theory or standardized outcome measures onto a community could lead to programming and evaluations that do not meet the community’s needs and results in invalid findings (Kirkhart, 2010).

Furthermore, despite the focus on IHS Headquarters’ evaluation capacity, program staff and grantees also note that a critical barrier to successful evaluation is their capacity to conduct evaluations. However, there was no indication of a concerted policy initiative to respond to the capacity challenges that grantees continue to face. Policy content was primarily identified through the use of federal evaluation resources and feedback from IHS
leadership, rather than including the voices of programmatic stakeholders. In Chapter 7, I incorporate the perspectives of program staff, contracted evaluators, and grantees to describe the impact of the evaluation policy on their practices.
CHAPTER 7
THE EVALUATION POLICY AND EVALUATION PRACTICE

Introduction

The second part of this study examines the effects, or expected effects, from the policy’s implementation (Munger, 2000). The policy was published in 2018, however, it’s first cycle of implementation began at the start of the fiscal year 2020. This chapter begins with an examination of how the evaluation policy changed evaluation practice from the perspectives of federal policymakers, program leads, evaluators, and grantees. This is followed by a description of how the evaluation policy facilitates or hinders the conduct of culturally responsive evaluations. Finally, interviewees speak to the implications of the evaluation policy on how their evaluations are conducted, including unintended consequences of the policy’s passage.

Changes in Practice

Policies are often created in response to a collective problem. Therefore, anticipated from the policy’s passage are changes in practices. In this section, I examine the initial changes in practice that resulted from the policy. As a first step, I compare fiscal year 2020 NOFOs from funding announcements for the same program in previous years. This is used to determine how, if at all, the guidelines for grantees changed. Then, I provide program staff and grantee perspectives about how the policy might change their evaluation practice. Interviewees note that, although the policy does not directly change how they conduct evaluation, it is a method for strengthening evaluation capacity within the IHS.

Notice of Funding Opportunities
Policy messages were communicated to grantees through the program’s NOFOs. According to IHS evaluators, the two aspects of the evaluation policy that were integrated into NOFOs were consistent program theory and the request for common outcome measures across grantees. Six NOFOs were released in 2020. The “Project Objectives” section of the NOFO relates to the program description. The “Program Evaluation” section discusses the evaluation requirements of grantees.

First, I compared the “Project Objectives” and “Program Evaluation” sections to examine differences in the text in 2020 NOFOs from previous years. An examination of the “Project Objectives” demonstrates an increase in word count for the Injury Prevention and the National Urban Indian Behavioral Health Awareness programs. Little to no changes were present for the remaining four programs.

Table 6. Project Objectives Word Count

<table>
<thead>
<tr>
<th>Program</th>
<th>2020 program objectives</th>
<th>Previous program objectives announcement</th>
<th>Change in word count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal Self-Governance Cooperative Agreement</td>
<td>142</td>
<td>142</td>
<td>0</td>
</tr>
<tr>
<td>National Indian Health Outreach and Education</td>
<td>346</td>
<td>352</td>
<td>-6</td>
</tr>
<tr>
<td>Injury Prevention Program</td>
<td>228</td>
<td>176</td>
<td>52</td>
</tr>
<tr>
<td>National Urban Indian Behavioral Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness</td>
<td>219</td>
<td>50</td>
<td>169</td>
</tr>
<tr>
<td>Tribal Management Grant Program</td>
<td>318</td>
<td>318</td>
<td>0</td>
</tr>
<tr>
<td>Dental Preventive Clinical Support Program</td>
<td>616</td>
<td>616</td>
<td>0</td>
</tr>
</tbody>
</table>

To illustrate these changes, in the tables below I provide the “Project Objectives” from the 2017 and 2020 Tribal Injury and National Urban Indian Behavioral Health Awareness programs.
Table 7. Tribal Injury Prevention Program Project Objectives

<table>
<thead>
<tr>
<th>Fiscal Year 2017</th>
<th>Fiscal Year 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B. Project Objectives(s), Work Plan and Approach (40 Points)</strong></td>
<td><strong>B. Part I Project Objective(s), Work Plan and Approach (30 Points)</strong></td>
</tr>
<tr>
<td>Goals and objectives must be clear and concise. Each objective must be measurable, feasible and attainable to accomplish during the 3 year project period utilizing the SMART (Specific, Measurable, Attainable, Realistic, Time specific) program objectives.</td>
<td>Goal and objective statements must be clear and concise. The methods and staffing will be evaluated on the extent to which the applicant provides:</td>
</tr>
<tr>
<td><strong>SMART Objective examples:</strong></td>
<td>1. A multi-year work plan with long-term and short-term goals and objectives and a logic model. The five-year plan will:</td>
</tr>
<tr>
<td>• Child safety car seat use will be increased from 10% to 50% at Bobcat community by August 1, 2020.</td>
<td>a. Contain long-term (5-year) goal statement and short term objective(s) for year 1 and year 2 that are specific, measurable, achievable, relevant, and have a timeframe (SMART). Objectives for years 3 through 5 will be developed after the IPP begins. Sample SMART goals and objectives are available at the IHS IPP website (<a href="https://www.ihs.gov/InjuryPrevention/">https://www.ihs.gov/InjuryPrevention/</a>) or Tips for Injury Prevention Program/Project Planning (<a href="https://www.ihs.gov/sites/injuryprevention/themes/responsive2017/display_objects/documents/IHS_IPP_Tips%20for_Program%20%20Project_Planning.pdf">https://www.ihs.gov/sites/injuryprevention/themes/responsive2017/display_objects/documents/IHS_IPP_Tips%20for_Program%20%20Project_Planning.pdf</a>).</td>
</tr>
<tr>
<td>• Implement on-going Tai Chi classes once a week at Lower Red Rock community for ages 55+ by August 1, 2020.</td>
<td>b. Include a work plan that corresponds with short-term objectives. The work plan will include activities, action steps, person(s) responsible and time frame for each short-term objective. A sample work plan is available at the IHS IPP website (<a href="https://www.ihs.gov/InjuryPrevention/">https://www.ihs.gov/InjuryPrevention/</a>) or Tips for Injury Prevention Program/Project Planning (<a href="https://www.ihs.gov/sites/injuryprevention/themes/responsive2017/display_objects/">https://www.ihs.gov/sites/injuryprevention/themes/responsive2017/display_objects/</a>).</td>
</tr>
<tr>
<td>Effective strategies must be incorporated in each project and should be based on effectiveness, economic efficiency and feasibility of the project. Provide a description of the extent to which proposed projects are an effective strategy based on a documented need in the target communities.</td>
<td></td>
</tr>
<tr>
<td>Coalition/Collaboration: Describe how the Tribe or urban community, the IHS and other organizations will collaborate on the project or conduct related activities. Provide a description of the roles of Tribal involvement, organization, or agency and evidence of coordination, supervision, and degree of commitment (e.g., time, in-kind, financial) of staff, organizations, and agencies involved in activities.</td>
<td></td>
</tr>
</tbody>
</table>

d. Include a description of how the Tribe/applicant will maintain the IPP after the five-year funding cycle ends.

In the Tribal Injury program, the program objectives explicitly ask the grantees to display their program in the form of a logic model. Furthermore, the program asks grantees to stipulate both short-term and long-term goals. In each of the requests, the NOFO provides links of examples for the grantee to follow. In contrast, the NOFO from the previous funding cycle broadly asks for program goals to be accomplished during the three years of funding.

Similarly, the National Urban Indian Behavioral Health Awareness expands on its project description requirements, as displayed in the table below.

<table>
<thead>
<tr>
<th>Table 8. National Urban Indian Behavioral Health Awareness Project Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Year 2017</td>
</tr>
<tr>
<td>B. Project Objective(s), Work Plan and Approach (40 Points)</td>
</tr>
<tr>
<td>• What are the major activities/tasks?</td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Who will do them?</td>
</tr>
<tr>
<td>Who needs to be involved (cooperate) for project success?</td>
</tr>
<tr>
<td>How much/what will be delivered or produced?</td>
</tr>
<tr>
<td>Why is this the best approach?</td>
</tr>
<tr>
<td>What is the plan for sustaining the project after the project period?</td>
</tr>
</tbody>
</table>
| Project goal(s). The proposed project narrative is required to address how the organization will accomplish all six required activities listed below. | 1. Facilitate a national forum such as a Behavioral Health Urban Indian Listening Session where concerns and suggestions related to behavioral health care policy, service delivery, and program development can be heard from all urban Indian organizations.  
2. Provide urban Indian leadership by participating as active members and representing Urban Indian Health Programs for the National Action Alliance for Suicide Prevention’s American Indian/Alaska Native Task Force.  
3. Increase awareness and visibility of urban Indian behavioral health issues through representation and participation at appropriate national conferences.  
4. Provide culturally competent educational and technical assistance on strategic planning and grant writing to increase the capacity of urban Indian organizations.  
5. Develop and maintain comprehensive information on urban Indian organizations. Disseminate information on behavioral health programs, best practices, service delivery, quality improvement, and strategies to all urban Indian organizations through such means as an e-newsletter, website, traditional media or other social media platforms.  
6. Develop a quality improvement process, including appropriate evaluation tools to ensure the information developed and disseminated through the project is |
appropriate, responsive, and useful for addressing the behavioral health needs of urban Indian communities.

The 2020 Behavioral Health Awareness NOFO stipulates the broad activities that each program should integrate. In contrast, in the previous funding cycle, the NOFO simply asked the grantee to describe their major activities, the timeframe, and approach.

The evaluation sections were nearly identical for two of the six NOFO's. For instance, the Indian Education and Health Outreach program evaluation sections are the same from fiscal year 2020 and 2016.

| Table 9. Program Evaluation Word Count
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 program evaluation</td>
<td>Previous program evaluation announcement</td>
<td>Change in word count</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Tribal Self-Governance Cooperative Agreement</td>
<td>46</td>
<td>40</td>
</tr>
<tr>
<td>National Indian Health Outreach and Education</td>
<td>232</td>
<td>232</td>
</tr>
<tr>
<td>Injury Prevention Program</td>
<td>104</td>
<td>36</td>
</tr>
<tr>
<td>National Urban Indian Behavioral Health Awareness</td>
<td>220</td>
<td>145</td>
</tr>
<tr>
<td>Tribal Management Grant Program</td>
<td>181</td>
<td>101</td>
</tr>
<tr>
<td>Dental Preventive Clinical Support Program</td>
<td>345</td>
<td>122</td>
</tr>
</tbody>
</table>

However, for the other four programs, the program evaluation sections of the fiscal year 2020 NOFOs are more robust than in previous years. For example, the fiscal year 2017 Tribal Injury program NOFO broadly requests information on the “process, effectiveness, and impact” evaluation of the program. However, in 2020, the program evaluation request includes sample evaluation plans and tips for project planning.
### Table 10. Tribal Injury Prevention Program Evaluation

<table>
<thead>
<tr>
<th>Fiscal Year 2017</th>
<th>Fiscal Year 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. Program Evaluation (20 Points)</strong></td>
<td><strong>C. Part I Program Evaluation (30 Points)</strong></td>
</tr>
<tr>
<td>Describe how and when the project will be evaluated for program process, effectiveness, and impact. This includes, but is not limited to, what data will be collected to evaluate the success of the proposed program objectives.</td>
<td>An evaluation plan must be provided for quality assurance, to measure progress, and to meet the long-term goal of the program or project. The evaluation plan will be designed to measure processes and outcomes (as applicable) for each strategy, intervention, and action step. A sample evaluation plan is available at the IHS IPP website (<a href="https://www.ihs.gov/InjuryPrevention/">https://www.ihs.gov/InjuryPrevention/</a>) or Tips for Injury Prevention Program/Project Planning (<a href="https://www.ihs.gov/sites/injuryprevention/themes/responsive2017/display_objects/documents/IHS_IPP_Tips%20for_Program%20%20Project_Planning.pdf">https://www.ihs.gov/sites/injuryprevention/themes/responsive2017/display_objects/documents/IHS_IPP_Tips%20for_Program%20%20Project_Planning.pdf</a>).</td>
</tr>
<tr>
<td></td>
<td>Applicants for the seat belt use strategy will use the IHS Seat Belt Survey Protocol for baseline use rates (if possible). The IHS Seat Belt Survey Protocol is available at the IHS IPP website (<a href="https://www.ihs.gov/InjuryPrevention/">https://www.ihs.gov/InjuryPrevention/</a>).</td>
</tr>
</tbody>
</table>

In the National Behavioral Health Awareness program, each component is described with more specificity than the previous funding cycle. For instance, the 2017 NOFO broadly asks, “what are the success indicators? How will you measure the degree to which the project has achieved its objectives?”. This concept is reframed in the 2020 NOFO to state, “describe plans to monitor activities such as the success indicators and how the applicant will measure the degree to which objectives have been met that demonstrate progress towards program outcomes and inform future program decisions over the 3-year project period.”
## Table 11. National Behavioral Health Awareness Program Evaluation

<table>
<thead>
<tr>
<th>Fiscal Year 2017</th>
<th>Fiscal Year 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C. Program Evaluation (5 points)</strong></td>
<td><strong>C. Program Evaluation (10 Points)</strong></td>
</tr>
<tr>
<td>• What are the success indicators? How will you measure the degree to which the project has achieved its objectives?</td>
<td>1. Describe plans to monitor activities such as the success indicators and how the applicant will measure the degree to which objectives have been met that demonstrate progress towards program outcomes and inform future program decisions over the 3-year project period.</td>
</tr>
<tr>
<td>• Describe both process and outcome indicators, where possible. For example, process indicators may include items, such as: “Six training workshops will be delivered in the urban Indian centers of the country.” “A technical manual for implementing a grant writing workshop course will be produced.”</td>
<td>2. Describe both process and outcome indicators, where possible:</td>
</tr>
<tr>
<td>• For example, outcome indicators may include items, such as: “Change in awareness of behavioral health issues impacting urban Indians.” “Change in urban Indian participation in suicide prevention activities (increased Hope for Life participation).”</td>
<td>a. Process examples may include activities such as, but not limited to, delivering X number of training workshops in the urban centers of the country, or producing a technical manual for a grant writing workshop. Note: 25 U.S.C. 1603(27). The term “urban center” means any community which has a sufficient urban Indian population with unmet health needs to warrant assistance under subchapter IV, as determined by the HHS Secretary.</td>
</tr>
<tr>
<td>• Identify the data to be collected and the method for collecting it (surveys, questionnaires, observations, focus groups).</td>
<td>b. Outcome examples may include measures such as, but not limited to, changes in awareness of behavioral health issues impacting urban Indians, or changes in urban Indian participation in suicide prevention activities (for example, increased Hope for Life participation).</td>
</tr>
<tr>
<td>• Identify which position(s) will be responsible for collecting data, measuring progress, and reporting.</td>
<td>3. Describe the data to be collected and the proposed method for collecting it (surveys, questionnaires, observations, focus groups) and how you will use the data to answer evaluation questions.</td>
</tr>
<tr>
<td>• How will you apply evaluation findings to program modification/improvement?</td>
<td></td>
</tr>
</tbody>
</table>
4. Identify which position(s) will be responsible for collecting data, measuring progress, and reporting.

5. Describe methods for analyzing the data collected during the cooperative agreement in order to produce evaluation findings.

Similarly, the program evaluation section for the Tribal Management Grant Program in 2019 broadly stated that, “an evaluation study must include a systematic collection, analysis, and interpretation of data for the purpose of determining the value of a program.” In 2020, this statement was expanded by requesting programs to,

“Describe how the applicant will monitor ongoing processes and progress toward meeting goals and objectives of project; the approach for utilizing both quantitative and qualitative data efforts to review program outcomes; description of inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources). Key processes, and variables to be measured; expected outcomes of the funded activities; and description of how all key evaluative measures will be reported and disseminated.”

As demonstrated in the above quote, the Tribal Management Grant Program is now requesting grantees to provide information around monitoring efforts as well as program inputs, outputs and outcomes.

Similarly, the NOFO for the 2020 Dental Prevention Clinical Support Program asks the grantee to develop a logic model, including the resources/inputs, activities, outputs, and outcomes. In the previous grant announcement for the same program, grantees were
simply asked to describe how they will “monitor the continuing appropriateness and evaluate the effectiveness” of services provided. In all, for four out of the six programs, evaluation requirements are now more robust than in previous years and specifically ask for components of a logic model. In the next section, I discuss how program leads and grantees see their evaluation practices changing due to the policy’s passage, if at all.

Changes not Attributed to Policy

The majority of program staff did not experience instrumental changes in their evaluation practice after the policy was published. However, they note that their evaluation practices have become more robust over time. As one program staff shares,

“We’ve done a much better job since when I first started here seven years ago, at evaluating not only ourselves but also Indian organizations and making sure that their submissions to us include a robust evaluation plan... We’ve been able to, with our evaluation team, to get not only our own evaluations in a better place but in regards to what is submitted by grantees.”

However, programs comment that the movement toward stronger evaluations happened before the policy was released. As one program staff describes,

“I would say no, this was something that we started undertaking, recognizing that, within our own office, there’s never been an evaluation done on this particular grant and that it was needed. Our office got additional funding... so we looked at different ways we could spend this money. We thought a very good way of doing that was evaluating this particular grant.”
As this interviewee demonstrates, programs attribute increasing evaluation as due to their own program functions, rather than because of the evaluation policy. As another program officer states,

“I don’t think we’re driven so much by the policy. I think mostly we feel that way because of lot of these things were already in play before the policy became a policy for us.”

Similarly, when asked how their NOFOs changed during fiscal year 2020, most programs could not recall any profound changes to their processes. For instance, one program staff noted that, “there was not a radical change in how we did our Notice of Funding Opportunities”.

Grantees and program evaluators were unaware of the policy’s publication. Additionally, they did not see any changes in evaluation requirements from the IHS. From the perspective of one grantee, “it was a typical grant cycle. I don’t recall anything different.” However, they note, in a typical grant cycle, they provide a logic model and outcome data so that “maybe this is because we’re already meeting those standards”.

Even if program staff are unaware of the policy’s passage, the institutionalization of policy practices creates a potential for the policy to make instrumental changes. For instance, one program official noted that they were not aware that the evaluation policy was in place. However, they knew that a new process came about at the start of fiscal year 2020 that required programs to obtain NOFO approval from DPER. As the lead described, “now you have to talk to DPER. If they have feedback, you’ve got to resolve it with their office.” Although the program staff weren’t aware of the actual policy content, the change in the NOFO process offers an opportunity for the policy to impact practices. This came about,
in large part, because of the institutionalization of policy practices into IHS program functions.

**Building Internal Evaluation Capacity**

Although the policy is not instrumentally changing how programs evaluate, officials spoke to its importance in building the evaluation capacity at IHS. The passage of the policy, as a whole, communicates to programs that evaluation is an integral part of their work. One program staff describes,

“I think anytime evaluation gets more to the forefront as a priority is a good thing. You know, when I first came on board, I would see these submissions and you’re like, there’s no evaluation piece to those. Or, if there is, it is very little. And so, I think having a well thought out evaluation plan for the programs and for our grantees is an excellent thing. I’m excited about it.”

In doing so, the policy is something that evaluators can point to as a way to help programs prioritize evaluation. As one evaluator put it, “Our evaluation policy is in place now, and we’re really striving to get our programs’ infrastructure established to start utilizing the evaluation steps.” Part of this process is familiarizing the importance of evaluation to programs. One official stated, “I think we would be in a great place if people would just talk about evaluation without gritting their teeth. That would be a win for me. I’ve seen major improvements just because they’ve had to fall under evaluation guidance.” According to this interviewee, the acceptance of evaluation by programs is a major way that the evaluation policy is helping programs to improve their evaluation practice. Furthermore, the act of having an evaluation policy, regardless of the content, communicates that evaluation is an important part of the agency's practices.
Another evaluator views the policy as a working document that may change as evaluation forms within IHS. As the evaluator notes,

“In terms of our evaluation journey, the policy that we have in place is what is needed currently to be able to indoctrinate evaluation into our programs and into the whole agency. So, down the line, we may want to review it again and see what can we change.”

As these quotes demonstrate, the evaluation policy signals that evaluation is a priority and integrates evaluation into program functions.

Facilitate or Hinder the Conduct of Culturally Responsive Evaluation

Program staff and evaluators did not attribute changes in their evaluation practices to the passage of the evaluation policy. Similarly, although IHS programs are integrating culturally responsive approaches into their evaluation practices, they do not connect these practices to the evaluation policy. In the next section, I describe the ways in which IHS programs currently use culturally responsive practices. Then, I present their suggestions for how the IHS evaluation policy could be modified to better align with these approaches. I divide this discussion by the key dimensions of culturally responsive evaluation, as identified in my conceptual framework; ecology, ontology, epistemology, methodology, and axiology.

Ecology

Indigenous researchers argue that evaluation must be situated within the larger historical context of Indigenous peoples’ experiences with colonization. In terms of research and evaluation, historically, these practices were imposed onto communities and were not done with Indigenous peoples’ best interests in mind. This resulted in resistance
and skepticism of the motivation behind research and evaluation activities (Kovach, 2010). Similarly, interviews with IHS programs revealed a mistrust of evaluation, resulting in challenges to access data from tribal communities. As one IHS program staff put it, “When collecting data, my first question is how are we going to get the tribes to start sharing the data? To trust us and share it with us.”

A history of mistrust of the federal government can lead to hesitancy towards evaluation. One evaluator describes their experience with a grantee.

“We have one grantee who, towards the end, finally started to come around. But there was a historical distrust of the government... they had credible data collection processes, but it was like pulling teeth to even talk about it. But, towards the end, they were able to start to tell us about the impact their work had done over the years.”

As demonstrated in interviews, evaluators attribute mistrust of evaluation as leading to hesitancy to participate in IHS evaluation efforts.

As a result, IHS evaluators and program staff commented on the need to build trust before carrying out an evaluation. One program official explained,

“Evaluation scares them a bit in the beginning. And, because they think of it as someone’s going to be evaluating their work, or someone is going to be looking at their work and think they aren’t doing a good job. So, you have to help them get over that. That is a real, real big thing. And I’ve had so many phone calls with project directors where I tried to reframe the idea of evaluation by saying, look, you want to know whether or not how you are approaching your work is working or whether you want to change course. So, I try to work with the
communities to understand that evaluation isn’t about trying to find out what you are doing wrong. It’s about what you are doing right. And it’s actually something that can help them be more efficient in spending their grant funds.”

By reframing the idea of evaluation, evaluators work to communicate why evaluation is important and the benefits that it can provide to a program.

In addition to reframing the idea of evaluation, evaluators also commented on the need to facilitate buy-in from program stakeholders. One way to do this is to communicate how the IHS will use evaluation information. As one program official noted, “One reason I think evaluation is a challenge and it’s not had a lot of buy-in across stakeholders is it’s often not relayed or conveyed where the evaluation information ends up.” In this quote, the evaluator notes the importance of being transparent about how IHS uses evaluation information. Furthermore, an evaluation that is perceived as useful to the community may lead to increased buy-in.

Despite the importance of building trust with grantees, the evaluators found that “there’s no mention about some of the things you should be mindful around history” in the evaluation policy. In part, evaluators noted a pragmatic motivation for building trust, without which evaluations of IHS-funded programs could not be able to be conducted. For instance, one evaluator commented adding, “another guiding principle with the idea of building relationships prior to really any expectation of doing any meaningful evaluation”.

In addition to reframing evaluation and communicating its value, buy-in and trust can be facilitated in the approaches taken to evaluation. Increasing participation in the evaluation process may also lead to more contextually relevant evaluations. In the
following, I discuss IHS program staff and evaluator strategies for centering community knowledge and developing culturally relevant evaluation studies.

**Ontology**

Ontology relates to the nature of reality. When taking a culturally responsive approach, the evaluator should seek to maintain the community’s understanding of reality. In doing so, questions around how some realties are privileged over others as well as how the community understands the world may surface. (Chouinard & Cram, 2021). Similarly, interviewees note the importance of ensuring that the evaluation study is culturally relevant to the community being studied. This includes thinking about who is involved in the evaluation process and the cultural competency of the evaluation team.

**Cultural Relevance.** The IHS evaluation policy includes a statement on “relevance” as a guiding principle. Specifically, the policy states that,

> “Evaluation priorities should take into account legislative requirements and Congressional interests, and should reflect the interests and needs of leadership, specific agencies, and programs; program office staff and leadership; and IHS partners such as states, territories, tribes, and grantees; the populations served; researchers; and other stakeholders. Evaluations should be designed to address IHS’s diverse programs, customers, and stakeholders; and IHS should encourage diversity among those carrying out the evaluations.”

However, evaluators pointed out that this statement does not include any reference to “cultural relevance”. As one evaluator states, “It should be stronger on cultural relevance... there should be an explicit statement about cultural relevance in the context of evaluation.”
Similarly, an additional interviewee mentioned the importance of including a principle related to cultural relevance.

“I do think a stand-alone principle around cultural respectfulness, appropriateness, inclusivity, relevance. It could be a combination of any of them. Culture should appear here. A principle could be that IHS will embrace and support evaluation that is culturally reflective and respectful.”

Furthermore, one evaluator went on to describe the importance of specifically stating that the evaluator carrying out the evaluation should be culturally competent. As they describe,

“I’m not sure about the ‘diversity among those carrying out the evaluation.’ In many ways, they’re homogenous communities in the sense that they are all tribes. So, it’s not diversity in that sense... It’s important to know how to go into a community in a good way, but is that reflected here? It’s a little nebulous.”

According to this interviewee, knowing “how to go into a community in a good way” is what is important in these contexts. In all, interviewees note that the alignment to culturally responsive approaches could be strengthened by explicitly stating the importance of culturally relevant evaluation practice.

**Epistemology**

Epistemology is the study of knowledge construction, or thinking and knowing about reality. A study’s epistemological stance provides an indication of whose voices or knowledges are prioritized, and whose are not (Walter & Anderson, 2013). Culturally responsive approaches emphasize that epistemology is culturally positioned. Recognizing the contextualized nature of knowledge, a culturally relevant approach integrates
community stakeholder voices throughout the evaluation process. In the following, I describe the ways in which evaluators and program staff of IHS-funded programs involve community stakeholder in their evaluation studies.

**Community-Based Approaches.** One way to understand community values is through the use of community-based research. In these approaches, the evaluator prioritizes the information needs of the community and program stakeholders are involved throughout the evaluation process. One evaluator describes community-based research as, “There is a saying that’s basically, ‘nothing about us without us.’ And, that’s what community-based research is. To make sure that the community is an integral part of the entire process.”

In practice, evaluators of IHS-funded programs focused the evaluation on the community’s information needs. In addition, evaluators integrated strategies that were compatible with the capacity of the program. One evaluator commented on their evaluation process as,

“First, to really ask them, what do you want to know? And we started with lunchtime trainings where we had somebody come in and talk about a particular topic during lunchtime so people could do a little multitasking. And we spent a lot of time talking about what’s important to know from this training, not only for reporting to IHS but also their own practice.... And then, from there, really help them to define what they want to measure.”

Similarly, another evaluator described the use of community-based participatory models for evaluation and learning about the program stakeholders’ ideas of success.
“I think one thing that we really focus on is doing an Indigenous evaluation and having it be an Indigenous led. We use a community participatory based approach in all of our work. In the beginning of our projects, what I always ask sites to do is when they’re defining success is bring it back to your community. What does success look like to your community? Because then that’s what we want to report out on.”

Both of these evaluators spoke to the importance of involving the community in determining the direction of the evaluation and how success is measured.

Another evaluator reflected on community-based approaches as providing information that will benefit the community. They describe their process of reporting evaluation findings as,

“We really engaged the communities in this research… we presented regularly to the community through community meetings. So, we were able to give them regular snapshots about what was going on in their community, over and above the psychiatric issues. Again, it was engaging the community and giving back to them in a real, meaningful and important way so that they could serve their communities better, to use that information to go after more grants, and that kind of thing along the way.”

For program staff and evaluators, integrating a community-based approach means including the community throughout the evaluation process, developing questions and measures that are relevant to their information needs, and reporting information in a way that is useable.
In reflecting on the importance of community-based approaches, the evaluators noted that “there's no reference to it” in the evaluation policy. Furthermore, there wasn’t a reference to “how much knowledge that the community has.” The interviewees suggest integrating the use of community-based approaches and community knowledge as important areas of evaluation practice to include in the evaluation policy.

**Methodology**

Methodology relates to how evidence or knowledge is gathered. In cross-cultural contexts, evaluators must often balance competing information needs from the funder and community. To do so, evaluators can integrate both Indigenous and non-Indigenous evaluation approaches to develop knowledge that will be relevant to both parties. Further, the evaluator may serve as an advocate for the community by explaining the values and concerns of the community to the funder (Grover, 2010).

Similarly, evaluators of IHS-funded programs commented on adapting Western forms of evidence to Indigenous contexts to facilitate data collection and the importance of being inclusive of multiple methodological approaches. Further, given the limited evaluation capacity of grantees, they often advocated on their behalf to ensure that the evaluations requested are relevant to their information needs. While interviewees explained the importance of tailoring methods to culture to facilitate buy-in to the evaluation process, culturally responsive researchers caution against using methodological techniques to bridge funder and community needs without examining the underlying epistemological and ontological issues (Cram & Chouinard, in press). By doing so, the study runs the risk of not addressing the evaluation needs of the community and, instead, prioritizes dominant narratives (Cram & Chouinard, in press).
Tailoring Methods to Culture. Program evaluators spoke of the ways in which they tailored their methodological approach to their program’s cultural context. One program staff described that their approach is to ask grantees to “tell your story”. As they describe,

“We’re not calling it evaluation. We’re actually calling it ‘tell your story’. So, it’s not so intimidating for the new folks who are coming in. I think it makes more sense to people, especially those who are in public health, that were really interested in asking you to tell your story. How many people participated when you had an event? What were some of the things that you learned? I think that’s a little more palatable for the kind of folks we work with.”

This approach was developed from the desire to be responsive to the program context. According to the interviewee, this would facilitate buy-in, by lessening the intimidation to evaluation, and data collection. As the program staff put it,

“A lot of tribes, but not every tribal member, are into storytelling. Storytelling is a big part of traditional Indigenous culture. So, not only does saying “tell your story’ knock it down a notch as far as intimidation, but I think they can then start to thing, okay what do I want to include in my story? I think it has to do with tailoring to culture. And for really framing it for up-take and buy-in.”

As this interviewee notes, tailoring the evaluation to culture encourages stakeholder buy-in to the evaluation process.

The majority of evaluators and program staff note the importance of using logic models in their evaluation practice. However, when working with Indigenous communities, there’s a need to translate the use of these forms of evidence in their evaluation activities.
“I’m a fan of logic models in my planning process. Then, I can go backwards and look at the evaluation component and what my plan looks like. Trying to explain that concept to a population that has no idea what I’m doing is the challenge. It’s the construct of planning, indicating why we are using a linear model. And, applying a more Indigenous focused model that they may look at. For instance, we have an Indigenous model on how to prevent inbreeding and that's by clan. And, I cannot marry into these four clans that I belong to and that was created to prevent some health issues down the line. So again, it goes back to translating how and why. And sometimes, when one individual in the crowd may understand, you focus on that individual’s knowledge and how to have them help you make that translation. I find I do that a lot. How can you help me translate your understanding so that everyone can help understand it from your perspective? But sometimes they don’t understand the value of a logic model. It’s very, very hard.”

In this description, the evaluator commented on their combining of Western and Indigenous forms of evidence to translate the importance of logic models.

**Inclusive of Multiple Methodological Approaches.** Along the same lines, program staff caution against being overly reliant on quantitative measures of success. One grantee commented on the importance of including qualitative data to supplement the quantitative data. As they put it,

“*I think it’s important to think outside of the box of it just being something that’s quantitative. There’s a lot of great qualitative information that informs learning. Particularly, when you’re thinking about practice-based measures or*
traditional practices that are supporting people who have suicide ideology. So, being able to have the other component of the grant as far as evaluation is concerned to pull that information in too is important. Not just the number of people given some treatment or services.”

In this quote, the program staff is indicating the usefulness of qualitative measures for learning about program functions. Rather than simply tracking the counts of participation or treatment, quality can be examined through qualitative data collection.

Similarly, another evaluator commented on the use of mixed methods to provide findings relevant to the funder and the community.

“We have the performance measures that we report back in the evaluation to the funder. And I would say that those tend to be very quantitative, not Indigenous-based at all, or focused. But we also want that Indigenous evaluation as well. I think we really focus on kind of marrying the two and making sure that the data and the evaluation is very useful on the community side as well as the funding side. I would say the way that we do that the most is a really mixed-methods approach. In an Indigenous culture, it’s very important that we capture the stories of our communities, of our tribes. And so that’s definitely the approach that we tend to take.”

In these cases, the grantees use a mixed methods approach to develop evaluations that will meet funders’ as well as the community’s information needs.

However, the IHS evaluation policy doesn’t include language about valuing diverse methodological approaches. In contrast, the IHS evaluation policy defines “rigor” as “requires ensuring that inferences about cause and effect are well founded.” Further, in the
list of relevant definitions, the evaluation policy only defines “experimental randomized designs” as a form of data collection. One interviewee noted the inconsistency in including this definition with how evaluation is conducted at the IHS.

“They talk about the designs that aim to establish causal attribution. That's great, but this is far beyond the current evaluation capacity and to the scope of funding. IHS has never really sought to undertake even outcome monitoring, much less outcome evaluation. This is far beyond the scope of all the funding that they've been providing.”

Rather than encouraging the tailoring methods to the culture and capacity of programs, the current policy maintains a view of rigor that favors causal methodological techniques.

**Relevant Measures.** In addition to tailoring methodological approaches to context, interviewees comment on the importance of determining relevant measures of program progress and outcomes. Due to the issues around program capacity for evaluation, programs have started to be selective in the type of data that is asked of grantees.

One program describes their strategy as “quality over quantity” meaning that new grantees are asked to “pare down their activities, so that they're very focused and that they include evaluation. And then taking the time to do the evaluations with our external contractor”. Another program describes this in the way that they advocate on their grantees’ behalf.

“That is something that we are trying to push, to try to minimize the extra reporting that granting staff do and try to keep it as simple as possible. Because grantees don’t want to report anything... So, we try to make that as easy on them as possible. It’s kind of a stance.”
Similarly, DPER evaluators describe working with programs to develop a compromise with the amount of data asked of grantees.

“A lot of the comments we get from programs is, we don’t want to tax the tribes with all the extra data requirements. We don’t want to because it’s a lot on them. Most of the time, they might not have the infrastructure and everything set up. They may not even have enough human resources to do the extra. So, we take that into consideration in terms of the type of data that we require in the Notice of Funding Opportunities. We always have to discuss and come up with some compromise so that we are able to show we are at least achieving something.”

By being selective in determining what to evaluate, evaluators try to keep measures relevant and minimal.

**Axiology**

Axiology refers to ethical considerations when conducting the study. In regard to ethics, the IHS evaluation policy states that IHS evaluations will “safeguard the dignity, rights, safety, and privacy of participants” and will comply with “regulations governing research involving human subjects.” However, with Indigenous contexts, the evaluator must be “relationally accountable” to the community. In this way, the evaluation should be reciprocal in developing knowledge that is for, and in, Indigenous interests (Walter & Anderson, 2016). In other words, the evaluator should ask themselves, “what am I contributing or giving back to the relationship? Is the sharing, growth, and learning taking place reciprocal?” (Wilson, 2003, p. 77).
Being relationally accountable means not doing harm to the community. As one interviewee describes,

“I'm always aware of the potential to create something that is going cast a community or organization in a bad light. And that's definitely not something I want to do. My perspective, you need to be careful about confidentiality, but also all of the things that could potentially cause problems for the community.

And that is certainty not my intention.”

This interviewee notes that, while confidentiality and standard ethical procedures are important, it is imperative that the evaluation does not complicate things for the community being evaluated. In the following, I discuss the importance of respecting tribal processes for evaluation. Then, I speak to the importance of developing a program’s capacity to do and use evaluation information for their own community’s betterment.

**Respecting Tribal Evaluation Processes.** Being aware of Indigenous peoples’ history with research and honoring tribal sovereignty means respecting their processes for evaluation. IHS program staff and evaluators commented on the importance respecting tribal processes for evaluation, ownership of data, and confidentiality. As one program staff explained,

“You have to be cognizant of the way or the history of how Native Americans have been evaluated and sometimes against their own knowledge. Sometimes they didn’t even know they’re being evaluated. So definitely being super aware of that and going through any of their tribal processes. There’s the federal process of getting OMB clearance, but then also a tribe may have their own as
far as evaluation. You have to be sure that you aren’t coming at them with these evaluations, but really honoring their processes for evaluation.”

According to this program staff, conducting an ethical evaluation involves understanding the tribal processes and not imposing research or data collection onto a community. An additional grantee commented on the need to include language around data sovereignty in the evaluation policy.

“There needs to be something in here about data ownership and sovereignty. You would have to go through them and before releasing any data publishing any data, they would need the express written consent of the tribe, you know, at some kind of language. And some of that language can appear in a notice of award. That’s definitely missing.”

Although the evaluation policy comments on the importance to “safeguard the dignity, rights, safety, and privacy of participants”, it does not go as far as to state that evaluators working with Indigenous population should respect both their processes for data collection as well as their right to retain ownership over the data.

Despite the specific considerations needed when working with Indigenous communities, the evaluation policy maintains standard “ethics” language found in the evaluation policies of other federal agencies, such as the Department of Labor and Administration of Children and Families. There remains a need to recognize the specific data requirements needed when undertaking an evaluation with Indigenous communities.

**Building Program Evaluation Capacity.** As described in the previous chapter, programs face barriers to collecting and using evaluation information. These barriers include the ability to collect evaluation data, but also to use evaluation findings. Despite
these challenges, programs are devising strategies to address the limited capacity. A key way that programs facilitate this is through hiring external evaluators or contractors to assist grantees with their data collection. Rather than putting the burden on the tribe to collect this information, interviewees noted the importance of contracting external evaluators to provide technical assistance as well as helping tribes to do and use evaluations. Another program notes,

“I would say capacity is probably our biggest challenge and requiring evaluation seems like a huge ask when you are starting from scratch. But, to meet those challenges, what we do is hire an outside entity to provide technical assistance to the tribes... they really customize their technical assistance for each of the grantees that helps us to address some of these challenges.”

However, the majority of grantees do not currently have this kind of technical assistance. One interviewee also commented on the importance of having an external evaluator, but that not all IHS-funded programs have them.

“Ideally, they would have an external evaluator or someone in their organization that has evaluation skills, understands it, and knows what to do. I don’t think even half of them did have a local evaluator”

As a result, interviewees noted the need for additional funding for grantees that would cover the cost of these external contractors.

“A lot of them were trying to do this work on their own.... Some sites were, really towards the end, really into understanding, but just not having the capacity or bandwidth to be able to carry it out. So, the idea of identifying or having a budget for an evaluator is needed.”
However, this language isn’t present in the evaluation policy. One program staff noted that the policy focuses on the development of evaluations, but that programs need their capacity needs met before being able to implement the evaluation. In their words,

“I see planning, implementation analysis, but at this stage, I think evaluation capacity building would have been a welcome addition.”

Further, another program staff spoke of the need to build program capacity to use existing data systems.

“The one thing that’s in here that I don’t see is like what they have around capacity building for existing data systems so that people can make better use of those for their own evaluations. Because sometimes there is stuff that they would want to be quantitative whether that’s the program or IHS and if it is something that’s going to be a goal for folks, it would be nice to see what I adjust is going to do around that.”

Although the evaluation policy includes activities to strengthen the capacity of IHS, such as through the development of the work group and strategies for using evaluation information, it does not speak to the ways in which program capacity could be developed. According to grantees, a key method is through the hire of external evaluators, or setting aside additional funds for the program to evaluate. Without first developing evaluation capacity for programs, their ability to do and use evaluations is limited. The current goals of the evaluation policy, couched in accountability purposes, assist federal decision-makers, they do not satisfy the needs of Indigenous groups.

The methodological implications of the five dimensions where culture and evaluation intersect can be expressed in Figure 3 below.
Overall, one evaluator commented that the policy wouldn’t restrict their conduct of culturally responsive approaches to evaluation, but it wouldn’t facilitate it. As they put it,

“I don’t think it hinders it at all. As long as I think you have kind of that, that knowledge of culturally responsive evaluation. But, if you don’t, then I can see how it would be a very kind of Western view of how to approach evaluation even with the tribal community. I do think it misses kind of an Indigenous lens that I think is really important, especially in funding from Indian Health Service.”

As demonstrated above, program staff and evaluators comment on the importance of implementing culturally responsive methods to facilitate data collection. Furthermore,
these techniques are needed to develop evaluations that support community betterment. The integration of these methods into the evaluation policy could lead to increased buy-in and use of evaluations by program stakeholders.

**Implications for How Data is Gathered, Analyzed, and Used**

Although evaluators and grantees do not see the evaluation policy as directly informing their work, they spoke to the implications of how it might influence their practice if implemented as intended. Interviewees identified two, corresponding, concerns about how the policy may influence their evaluation practice. First, grantees commented on the need for additional funding or capacity support if additional evaluation requirements were made. Additionally, complications could arise if common measures were asked across all grantees because of their diverse evaluation capacities and program needs. Therefore, grantees stress the importance of maintaining a level of generality in the policy content. Each of these concerns and their implications on how evaluation is practiced are outlined below.

**Increase Capacity for Evaluation**

Much of grantee concerns were around including additional evaluation requirements on grantees without providing capacity support. In particular, grantees point to the need for additional funding to go along with additional evaluation requirements. As one grantee asks,

"My question is how are they going to implement a system that is more comprehensively collecting data across programs with varying capacity without adding more burden to those programs? Is there going to be someone funded to work on this at IHS?"
The challenge around program capacity needs to be addressed if additional evaluation requests are made of programs. This extends beyond funding too. As the grantee went on to explain, “I think that it’s a bi-directional responsibility from IHS to provide technical assistance and support, and sometimes even analysis support... When requests just show up in a grant, it makes it look very easy, but that’s not the case.”

Along the same lines, the grantees found that the policy put too much of the evaluation responsibility on the grantee. For instance, the evaluation policy states that it is the funding recipients’ responsibility to “develop plans for dissemination and use of evaluation findings to maximize program improvement for health impact (including how the dissemination effort will be evaluated).” In response, one grantee commented, “If you’re already submitting data on a topic to IHS as part of a funding agreement, they should be publishing your results, why should the analysis burden be on the grantee? Or, sometimes the programs have their own portal so they can see the data, but it’s hard for the program to use. Why is it the funded recipients’ responsibility to improve that capacity?”

Implementing the current evaluation policy without addressing these issues could result in an added burden on programs.

**Cautions Against Overly Specific Measures**

In interviews, DPER evaluators and policymakers described the movement towards collecting common outcomes measures across grantees within a program. However, grantees note that complications could arise if the program asked for the same type outcomes across the grantees. The current, unspecific, grantee evaluation requirements allow each grantee to tailor their programs to their specific goals and purposes. Therefore,
finding common measures across all may be a challenge without changing how programs function. As one program staff described,

“That funding goes out to hundreds of tribes and the funding itself does not have a lot of required grantee activities. And so, whereas that is absolutely appropriate and in line with tribal sovereignty, what it does is it creates such a diverse array of activities being implemented. At the tribal level, it becomes extremely challenging to create a standardized set of measures or indicators.”

Importantly, providing flexibility in evaluation requirements can allow programs to tailor their program activities to the needs of their communities. The same program staff went on to explain,

“As much as I believe in evaluation and understand the value of it, I think the tribes need to have that freedom. And there’s so little access that tribes have to funding. So really the funding that they get from IHS, they can use it for what they know they need to, rather than what is prescribed to them. Because they may not have the opportunity to access more funding to address their issues and needs. Above and beyond just addressing tribal sovereignty, which is wholly important tribes, just need the opportunity, the taxes, the resources they need to address their own concerns, which for them.”

Overly specific evaluation requests could result in programming that is less relevant to the particular needs of the community.

Requesting common measures could prove to be a challenge because of the varying evaluation capacity across programs. As a result, programs may need to expel valued resources to develop systems to collect measures that they do not find useful.
“The capacity is almost a bandwidth issue. We could theoretically propose all these things to improve the evaluation system for one type of measurement. But, at that point, is it worth both our time trying to implement that across a lot of sites, as well as, everyone else’s time to figure out the measurement question versus all these capacities more broadly”

Furthermore, grantees caution against selecting programs based on their ability to provide evaluation information.

“Programs are at different levels of capacity to do, even to understand how to collect certain data from a project. So, I would just say for them to be mindful of that aspect and hoping that doesn’t also reduce the number of programs that are eligible to meet the criteria for a grant.”

In all, grantees foresee issues if the request for common measures limits the type of program activities that could conduct and the types of programs that could be funded.

**Maintain Level of Generality**

Given the diverse range of program funded by IHS, as described above, program staff and evaluators note the importance of maintaining a level of generality in the policy content. One grantee describes the importance in maintaining generality to account for the diversity of programs capacity as well as to respect tribal sovereignty.

“I think that the funded recipients’ responsibilities are so general and high level that I don’t think it would necessarily be a struggle with them. And I’m okay with that. When you start to mandate things, then you do infringe upon tribal sovereignty.”
Likewise, another program staff commented on the need to be able to tailor the evaluation requests to fit the needs of the program.

“The policy is general so that it can be tailored and customized to meet the needs of smaller programs, like ours. And I think that is satisfactory. Otherwise, that can make it harder for programs to really do evaluation that fits their needs and that makes sense for their program.”

As interviewees describe, negative implications could result from a policy that is too restrictive on program practices. Therefore, grantees recommend that the policy maintains a level of generality so that it can be adapted to fit the needs of the program.

**Conclusion**

Program leads, evaluators, and grantees do not see the evaluation policy directly influencing how they conduct evaluation. However, they offer examples of how the evaluation policy could be modified to reflect their culturally responsive evaluation practices. Program stakeholders identify these practices as essential to conducting evaluation with Indigenous communities. This includes not only facilitating the trust and buy-in needed to begin data collection, but also creating evaluations that are relevant and useful to the communities that they serve. Although the evaluation policy does not restrict culturally responsive practices, program stakeholder caution against an overly specific policy that would limit their evaluation practices. Further, additional evaluation requirements must be met with additional evaluation support and capacity building if these requirements are to be met.
CHAPTER 8
DISCUSSION

Introduction

This dissertation sought to understand how the Office of Indian Health Services developed and implemented its evaluation policy and its consequences on evaluation practice. While existing literature on evaluation policy is mainly theoretical, this study provides an empirical account of the process for developing an evaluation policy and how policy can influence how evaluation is practiced in a cross-cultural context. The following research questions guided the investigation:

1. What are the key elements of the Office of Indian Health Services’ evaluation policy?
2. How was the evaluation policy developed?
   a. What was the motivation for the development of the evaluation policy?
   b. How was the evaluation policy content determined?
   c. How do IHS programs operationalize the evaluation policy?
3. When examining the policy in a specific program context, how do evaluators and program staff of IHS-funded programs interpret the evaluation policy?
   a. How might the evaluation policy change current evaluation practice?
   b. In what ways does the policy facilitate or constrain the conduct of culturally responsive forms of evaluation?
   c. What are the implications of the evaluation policy on how data is gathered, analyzed, and used by IHS programs?
This study integrated multiple data sources and perspectives in an exploratory single case study of the Office of Indian Health Services. The implications of the study, the limitations, and directions for future research are discussed.

**Review of the Findings**

**The Key Elements of the Evaluation Policy**

The first research question of this study focused on the critical elements of the evaluation policy. Specifically, I examined what the policy says about various aspects of evaluation practice and the extent to which policy messages were aligned with particular evaluation theories and culturally responsive approaches. Infusing evaluation theory into evaluation policy could clarify policy objectives and definitions to meet intended policy purposes (Christie & Lemire, 2019). For instance, culturally responsive evaluators provide various considerations that the evaluator could employ to develop a credible and useful study for the community. This includes involving the community stakeholders throughout the evaluation process so that the study is reflective of their values.

A text analysis of the evaluation policy reveals an alignment with methods-oriented theorists. For example, the stated goal of the evaluation policy was to adhere to accountability mandates, demonstrate program effectiveness, and inform management decision-making. Likewise, the policy defines rigor in internal and external validity, focusing on ensuring the evaluator’s impartiality to limit bias.

Additionally, although the policy includes aspects around how the evaluations should be used and how evaluation capacity can be fostered, these pertain to IHS management and program leadership rather than grantees. Along the same lines, the policy fails to integrate the rich literature on evaluation theory fully. That is, the policy speaks to
the importance of evaluation use. Still, it doesn’t go far enough in explaining how use may be facilitated, such as by increasing program evaluation capacity or meaningful stakeholder involvement (see Patton, 2008). Even less policy text reflected valuing-oriented or culturally responsive approaches to evaluation. More direct integration of evaluation theories into the evaluation policy could facilitate particular policy goals, such as encouraging evaluation use. Thus, inherent in this recommendation is expanding ideas around the purpose of evaluation beyond an accountability-based paradigm.

Theorists claim that evaluation theory must be aligned with the culture of the program (Kirhart, 2010). Validity doesn’t lie within the theory or method itself but its application in context. In this way, “evaluation theory supports validity when the theory is congruent with cultural context” (Kirhart, 2010, p. 410). When working with Indigenous communities, evaluators argue the need to develop culturally responsive evaluation approaches that honor tribal sovereignty, promote evaluation as learning, and recognize that knowledge is place specific (Bowman, 2018; Chouinard & Cram, 2020). Doing so can create evaluations that are grounded in Indigenous values and ways of knowing. While evaluation theory should be made more explicit in evaluation policy, careful thought should be taken regarding which approaches are included and why.

**Policy Development and Implementation**

The second research question explored why and how the IHS developed its evaluation policy and how the policy was implemented. Several significant findings are highlighted here. First, I argue that the federal context influenced the resulting policy content. That is, IHS policymakers were pressured by external stakeholders, like Congress, to demonstrate program impacts. As a result, IHS officials sought to develop a policy that
would meet accountability demands. Then, I discuss the importance of an inclusive policymaking process to develop policies that extend beyond Congressional demands and meet the program community's needs. Finally, the ways that policy implementation may influence its use are examined.

**The Imposition of Federal Accountability Demands.** Interviews and a review of critical documents demonstrated that Congress repeatedly pressed the IHS for information about its programs' impacts. However, inconsistent evaluation requirements to grantees left the agency without data to report back to Congress. Motivated by these Congressional calls, the IHS sought to standardize evaluation requirements across grantees. In theory, this would allow them to aggregate measures to demonstrate overall program impact. Thus, congressional views of evaluation as a tool of holding agencies accountable influenced how the IHS developed its evaluation policy.

Additionally, policy development is influenced by other federal agencies and resources. For example, the Office of Management (OMB) developed a set of tools to assist federal agencies in meeting the Evidence-Based Policymaking Act requirements. Specifically, the OMB (2020) encourages agencies to create policies that contain language around five principles; rigor, relevance, independence and objectivity, transparency, and ethics. Although the OMB does not provide exact language for policymakers to use, the IHS was influenced by the HHS, who was also developing an evaluation policy as well as by other federal agencies. As a result, the five principles embedded within the IHS evaluation policy are similar to agencies with existing policies at the time, such as the Department of Labor and the Administration for Families and Children. Agencies have benefited from peer-to-peer learning (Fierro et al., in press). However, the inclusion of organization-
specific evaluation standards must be considered. Although the IHS works only with
Indigenous communities, the evaluation policy lacks content around considerations when
working with these communities, especially important because of their unique historical,
political, and cultural context.

**Who is at the Policymaking Table?** The IHS evaluation policy was primarily
developed through feedback from IHS leadership. The resulting policy maintain a focus on
using evaluation as a tool for assisting with leadership decision-making. In contrast, IHS
program leads, evaluators, and grantees note an issue of their programs’ capacity to
conduct evaluations. According to these stakeholders, limited evaluation capacity will
influence how programs can collect evaluation information to report back to the IHS.
Without addressing these concerns, pragmatically, interviewees note that it will be difficult
to provide additional evaluative details back to the IHS.

An Indigenous research paradigm frames the purpose of evaluation as promoting
community betterment. Interviews with IHS program staff demonstrate how they would
modify the evaluation policy to be more inclusive of Indigenous knowledge. However, by
excluding these stakeholders in the policymaking process, this perspective is missed.
Communication with tribal leaders, program staff, and evaluators could shed light on the
necessity of culturally responsive content and how it could be included in the evaluation
policy.

Policy analysts argue that Indigenous stakeholders must be integral participants in
developing policies affecting their communities (Maaka & Fleras, 2009). This conviction
stems from a history of top-down federal approaches that did not include Indigenous
peoples’ input, leading to the loss of land, community, and cultural vitality. The passage of
the Indian Self-Determination and Education Assistance Act of 1975 signaled a movement towards a federal policy agenda of supporting Indigenous peoples’ right to self-determination. The right to self-determination must extend to research and evaluation practices conducted with Indigenous communities. However, the lack of tribal consultation and the imposition of an accountability-based model restricts tribes’ control over evaluation processes.

**Policy Implementation.** Another issue examined in this question was how the policy was implemented. This analysis revealed that, although the policy contains stipulations around various components of the evaluation process (see Chapter 5), the executed pieces directly relate to the identified problem. That is, the IHS determined that insufficient and vague evaluation requirements led to an inability to demonstrate their programs’ effectiveness. Therefore, the two components of the evaluation policy that are implemented are the requirement of a robust program theory and standard outcome measures across grantees. Interviewees noted that other components of the evaluation policy were actions that the agency strove to achieve were not quite ready to implement because of their current capacity for evaluation.

Policy messages were primarily communicated to evaluators and grantees through their integration into the NOFO. DPER evaluators worked with the programs to integrate components of the policy into their grant announcements. Some program leads were unaware that the IHS had an evaluation policy. Others knew that the IHS had published a procedure but lacked awareness of the policy’s content. Given the lack of program staff knowledge of policy messages, it is the responsibility of DPER evaluators to ensure that the
messages are translated into practice. In doing so, they also determine which policy pieces need to be implemented and which do not.

Key to the impact of the evaluation policy was institutionalization of policy messages into their organizational functions. That is, those within the central evaluation office must now approve grant requests before they are released. By institutionalizing messages, the policy can have consequential effects on how evaluation is practiced. For example, as DPER evaluators note, the one consequence of not following evaluation messages is that the grant request would not be released. Further, although program stakeholders are unaware that a policy was passed, they were aware of this new procedure in the NOFO process.

This finding demonstrates that only specific components of the evaluation policy are enforced, with some not implemented at all. Further, the lack of awareness of the evaluation policy puts the responsibility on DPER evaluators to determine how and to what extent the policy will be implemented. This suggests that the act of publishing the policy and requiring DPER approval may be more consequential than what the policy says about how to conduct evaluations. Further, IHS policymakers stressed that the policy was a working document, and additional changes to the procedure and how it was implemented would be made in time.

**Influence of Policy on Evaluation Practice**

**The Policy and Evaluation Practice.** The evaluation policy was primarily implemented through NOFOs. An examination of NOFOs published in 2020, the first year of the policy’s implementation, demonstrated more robust evaluation requirements for two out of the six programs from previous years. Rather than simply asking the grantee to
describe how they will evaluate their programs, the new evaluation requirements asked for evaluation plans that included process and outcome measures. For example, rather two out of the six programs, the program description section word count increased from previous years. In one case, the grantee was now required to provide a logic model depicting their program model. In the other, the grantee was asked to develop activities that pertained to six specified program goals.

However, interviews with program staff, evaluators, and grantees revealed that they did not view the evaluation policy as influencing their evaluation practices. When asked how, if at all, their evaluation practices have changed since the policy’s passage (i.e., during the fiscal year 2020 grant cycle), all evaluators and grantees commented that there were no changes from previous years. Furthermore, program evaluators and grantees were unaware of the policy’s passage.

This finding suggests that if the agency wants evaluators and grantees to follow their evaluation policies, they need to be widely communicated. Although evaluators and grantees were unaware of the evaluation policy, IHS officials commented on its ability to strengthen evaluation capacity at IHS. Simply having an evaluation policy signaled to internal stakeholders that evaluation was an essential part of the organization’s values and could help bring it to the forefront of agency priorities.

**A Culturally Responsive Evaluation Policy.** Evaluators and program staff describe how culturally responsive approaches could be infused into the existing evaluation policy. Culturally responsive components could be introduced into five critical dimensions where evaluation and culture intersect; ecology, ontology, epistemology, methodology, and axiology. *Ecology* refers to the historical, political, social, and cultural context that the
evaluation is situated in. In this regard, interviewees note that evaluators must be aware of Indigenous peoples’ history with colonization and, resulting from this, build trust and meaningful relationships before data collection begins. Further, they recommend that the policy include a guiding principle around building relationships and being mindful of the broader historical context.

The dimensions of ontology and epistemology are related to the nature of reality and how that reality is known. To develop relevant studies to those that the program seeks to serve, evaluators and program staff use community-based approaches that involve the community in each step of the evaluation process. Further, they note a need to explicitly point to “cultural relevance” in the evaluation policy. From ontology and epistemology comes methodology – how knowledge and evidence are gathered. In this regard, interviewees point to the need to tailor methods to culture, such as how evaluation techniques are translated to Indigenous audiences. Additionally, the evaluators caution against stipulating specific methodological approaches over others. Specifically, they note the need to be inclusive of qualitative methods, in addition to quantitative.

Last, axiology refers to ethical considerations when conducting a study. In this regard, as sovereign nations, evaluators and grantees stress the need to respect tribal evaluation processes. This includes any additional clearances required by the tribe before starting data collection and respecting tribal ownership over the data collected, including seeking permission before publishing any data. However, language around respecting tribal data sovereignty is not included in the existing evaluation policy. Additionally, Indigenous research frameworks stress that ethical studies are reciprocal in that they seek to give back to the community in meaningful ways. Central to this is developing the
community’s capacity to do and use evaluations. Likewise, interviewees commented on the need to include language around strengthening the program’s capacity for evaluation within the policy.

Due to the history of evaluation with Indigenous people, interviewees note that culturally responsive approaches are pragmatically necessary to build the trust and relationships to get any sort of evaluation accomplished. Therefore, these approaches are imperative to the IHS evaluation practices. Not accounting for them in the evaluation policy, or hindering their conduct, could lead to either a policy that is not directly followed or could create studies that are not viewed as valid to the community (Kirkhart, 2010).

Taken together, this study sheds light on the competing interests that must be accounted for in the policymaking process. For the IHS, this included Congressional demands, OMB guidance, and parent federal agencies, such as HHS. Like evaluators developing culturally responsive evaluations, culturally component policymakers may face challenges in developing a responsive policy to the needs of those being affected. As Cram (2018, p.132) comments,

“Stepping into space where evaluation is a tool for decolonization can be like stepping into a fast-flowing stream and trying to walk or swim against the current of what is often wanted/demanded by government or philanthropic funders or initiatives in Indigenous communities.”

Findings suggest that evaluation policies, like evaluations, should reflect diverse stakeholder needs, including those of the funder and the community.

**Implications for How Data is Gathered, Analyzed, and Used.** Although the policy does not currently influence evaluation practice, grantees comment on the complications
that could arise if the policy were to be implemented as written. First and foremost, grantees stressed that additional data collection requirements would need to be met with extra capacity for programs. At the current level of funding, programs are already hard-pressed to provide evaluative information.

Further, the call for standard measures across grantees could lead to less relevant programming. By keeping what is asked of grantees broad, programs have the opportunity to adapt services to meet the specific needs of their communities. Therefore, one danger of making program and evaluation requirements more specific is limiting the types of programming that grantees can develop.

Additionally, grantees caution against policies that are overly specific, as to hinder their ability to tailor the evaluations to both their programs’ unique goals as well as the level of capacity. For example, although the current policy is broad enough to integrate culturally responsive strategies, an overly specific approach could hinder the ability to conduct these evaluations.

**Study Significance**

The findings in this study illustrate why and how one federal agency, the Office of Indian Health Services, developed an evaluation policy and its impact on evaluation practice. As such, this study has important implications for future policy development and advances our knowledge of the relationship between evaluation policy and practice.

A significant contribution of this study lies in its empirical examination of the relationship between evaluation policy and evaluation practice. To date, the research on evaluation policies have been largely theoretical. Two existing studies empirically examine evaluation policies and demonstrate that there is not a one-to-one translation of policy and
practice. In particular, Christie and Fierro (2012) found that tensions existed in the evaluators’ interpretations of the evaluation policy and when they found it appropriate to implement in their specific organizational context, leading to differences in how the evaluation policy was written and how it was implemented. Similarly, in Dillman and Christie’s (2017) study of the implicit evaluation policy of one foundation, the researchers found that while components such as the policy goals were implemented consistently, operational policies were implemented on a case-by-case basis.

Christie and Lemire (2019) propose that evaluation theory is, intentionally or unintentionally, embedded in evaluation policies thereby influencing evaluation practice. However, a mismatch between “the cultural location of theory and the cultural characteristics of context” can lead to invalid study findings (Kirkhart, 2010, p. 406). Culturally responsive evaluators advocate for the inclusion of evaluation theories that follow Indigenous research paradigms when working with Indigenous communities (Chouinard & Cram, 2021). This study extends the findings of previous empirical studies on evaluation policy and evaluation practice by examining the consequences for implementing an evaluation policy with a culturally incongruent theory.

Findings point to the political nature of policy development. That is, federal policymakers are pressured by Congress to prove their programs’ effectiveness and impacts. Motivated by Congressional calls for increased accountability, the IHS developed their evaluation policy. As a result, the policy content is framed from a Western research perspective and positions evaluation as a tool for accountability. However, program evaluators and program staff stress the importance of culturally responsive methods with working with IHS-funded programs. According to these interviewees, culturally responsive
approaches are pragmatically necessary to get any sort of evaluation accomplished. Therefore, a policy that restricts these approaches will not be implemented as intended. It is the recommendation that policymakers incorporate various interests into the evaluation policy, extending the purpose beyond accountability functions. In this way, policymakers should design policies that meet the unique needs and cultural context of their organization. By tailoring to context, the policies have great potential to increase the usefulness of evaluation work in these settings as well as promote evaluations that are viewed as credible and useful to the program community, in addition to meeting accountability demands.

In addition to a critical analysis of the IHS evaluation policy, this study offers a transformative lens by providing suggestions for how policies can be made more culturally responsive. In particular, interviewees comment on the ways in which the policy could be more inclusive of cultural context along the five dimensions where culture and evaluation intersect; ecology, ontology, epistemology, methodology, and axiology. It is the hope that by providing suggestions for a culturally responsive evaluation policy, this study can aid in future policy development.

**Implications**

**Federal Agencies**

Federal agencies will continue to develop evaluation policies following the Evidence-Based Policymaking Act. However, we know little about how existing policies were developed and implemented and their consequences for how evaluation is practiced. The Office of Indian Health Services offers a site to examine the effects of an evaluation policy on programs serving Indigenous communities. Findings reveal that overly specific
policies rooted in post-positivist worldviews can restrict the conduct of evaluations with Indigenous communities.

An inclusive policymaking process that extends beyond the interests of agency leadership can lead to policies that reflect the values of the program community affected by the policy. In particular, program stakeholders and evaluators can provide insights into the realities of data collection and evaluation at a given organization. For instance, the IHS program staff and evaluators stressed that culturally responsive methods were pragmatically necessary to conduct evaluation. In this way, evaluation policies should be specific to the organizations they are embedded within, including the agency’s culture and organizational capacity. Evaluation policies that are inclusive of worldviews beyond Western notions of accountability can assist organizations in conducting effective and valuable evaluation work.

**Evaluation Practice**

For evaluators contracted to conduct evaluations, knowledge about the existence of an agency’s evaluation policy may help them enhance their evaluation practice. Understanding how evaluation policies influence requirements stipulated in NOFOS, or RFPs, can demonstrate why specific requests are made of evaluators and can help evaluators tailor their approach to agency guidelines. Further, understanding the underlying values around the agency’s views of evaluation could help evaluators challenge those assumptions. For example, an evaluator may see an evaluation policy that is rooted in an accountability-based paradigm. Acknowledging the misalignment of funder and community values around evaluation and knowledge of culturally responsive approaches to evaluation can help the evaluator advocate for the community’s information needs.
Understanding agency demands for evaluations can better assist evaluators in balancing their two, at times, competing for information needs.

**The Field of Evaluation**

This study demonstrated that the IHS evaluation policy was developed through peer-to-peer learning from other federal agencies, such as in borrowing language from other federal evaluation policies. Although policymakers noted some reference to evaluation theory, this connection could be strengthened through interactions with experts in the field. The lack of integration of culturally responsive forms of evaluation into the evaluation policy could be, in part, due to a lack of knowledge of valuing-oriented and social justice evaluation theories and their importance when working with Indigenous communities. This study demonstrated a lack of integration in this area and an opportunity to grow this connection. As the American Evaluation Association continues to expand its work in evaluation policy, this study could be helpful to understand both the need for culturally responsive evaluation policies and strategies for integrating inclusive ideas into both policy development and policy content.

**Limitations**

This investigation has limitations worthy of mention. First, methodologically, a case study approach is often critiqued for its inability to generalize to other times and contexts. The IHS is an agency with particular resource constraints, political considerations, not to mention serving a population with specific historical, legal, and cultural concerns. Although this makes it an ideal site to examine the extent to which evaluation policies are culturally responsive, it is challenging to transfer findings beyond the IHS at a granular level. This case study provides a snapshot of the IHS evaluation
activities at this particular time. However, the more significant conclusions shed light on how evaluation policies, broadly, might influence evaluation practice and the importance of inclusive policymaking processes.

Similarly, in this study, I spoke with a select group of IHS officials and a subset of programs implementing the policy. Additionally, participation in this study was voluntary. As noted earlier, the IHS was extremely busy during this time dealing with issues related to the coronavirus pandemic. Officials indicated that they were unable to participate in interviews because of other obligations. The IHS officials’ decision not to participate may be related to the intended outcomes of the study. Interviews with IHS officials revealed that because the evaluation was historically siloed by program, each program had differing levels of capacity for evaluation. Not including voices from all programs impacted by the policy during the first year of its implementation could lead to a biased view of the policy’s impact. For instance, programs that decided not to participate in interviews might be less versed in evaluation practices. As a result, my study could overestimate the agency’s evaluation practices.

Additionally, a critical evaluation firm decided not to participate in the study because of an ongoing contract with the IHS. It is likely that this firm would provide unique insights into how evaluations with IHS-funded program are conducted and reactions to the evaluation policy. Other evaluators and grantees may have been reticent to critique the IHS because of their ongoing relationship with the agency. Therefore, the ability to generalize these findings within the organization is of concern.

If more time were available for this study, additional interviews would be conducted with grantees to gain a diverse perspective of the policy’s impact. For this study, I focused
on grantees who participated in dual capacities, providing direct services and technical assistance to other IHS programs. In this way, these grantees offered a unique perspective regarding IHS evaluation efforts in addition to being highly knowledgeable about evaluation practices. However, other IHS grantees who may not have the same capacity level could offer direct insights about their evaluation efforts, challenges experienced, and perspectives about the evaluation policy.

Finally, this study focused on the first year of the policy’s implementation. Consequently, it is likely too soon to determine the policy’s effects on how the agency practices evaluation. Therefore, the implications of the policy’s results should be understood as initial or potential outcomes. Additional study designs to understand the long-term impact of the policy is discussed below.

**Directions for Future Research**

To date, there is little empirical work investigating evaluation policies. This study examined the IHS evaluation policy from development to implementation with a look at its initial consequences. Findings suggest that an approach that is not aligned with the values and needs of the populations it intends to serve will lead to challenges to its integration. However, this study focused on the first year of the policy’s implementation. Empirical research beyond the first year of a policy’s implementation could provide more telling insights about a policy’s effects on evaluation practice. Therefore, I encourage researchers to continue to examine the performance and consequences of the IHS evaluation policy.

Furthermore, this study reveals that the cultural context that a policy is developed and implemented in matters. In this case, evaluators utilized Indigenous research methodologies within their evaluation practices and recommended that these techniques
be reflected in the evaluation policy. Empirical studies examining of evaluation policies developed in different cultural contexts could be beneficial in determining how culture influences the ways in which policies are implemented in practice. Likewise, researchers have found that the evaluation policies of foundations are more inclusive of different evaluation theories than those of federal agencies (Christie & Lemire, 2019). Additional studies could examine how a more inclusive, culturally responsive evaluation policy is implemented and potentially increased the use of that policy.

Last, this study revealed that evaluation policies are considered working documents. That is, policymakers are open to changing the content as the evaluation needs of the organization change. Additional studies could examine how evaluation policies change over time, why changes are made, and their impacts on how evaluations are practiced. For the IHS, modifications could be needed because of complications with evaluation use due to the mismatch between the policy content and how the organization practices evaluation.

**Final Thoughts**

Policymaking is a complex process that reflects a confluence of opinions situated within a particular social, historical, and political context. In this dissertation, I have argued that for evaluation to be responsive to the needs of Indigenous peoples, it must be tailored to account for their particular histories, political status, and relationships to the federal government. Imperative to this is the inclusion of Indigenous voices in the policymaking process. Historically, federal policymakers who did not incorporate Indigenous people's insights led to policies that promoted a colonial agenda, infringed upon tribal sovereignty, and sought to restrict communities' cultural vitality. Evaluation in the federal sector is often rooted in notions of accountability with a focus on demonstrating program impact. In
contrast to an accountability agenda, evaluation policies affecting Indigenous communities must center on Indigenous issues. This means that it should conform to principles outlined in Indigenous research methodologies, defined as "research by or for Indigenous peoples, using techniques and methods that draw from the traditions and knowledge of those people" (Denzin et al., 2008, x). From an Indigenous standpoint, evaluation policy must transcend the federal accountability model.
APPENDICES

Appendix A: DPER Evaluator Interview Protocol

Introduction

1. To start, could you tell me a bit about your role at the Office of Indian Health Services?
   a. How did you come to work at the IHS? What year did you start?
   b. Can you describe your training in evaluation?

Organizational Context

2. From your perspective, what purpose does evaluation serve at IHS?
   a. What do you see as the key challenges to conducting evaluations at the IHS?

Policy Motivation

3. To your knowledge, why did IHS decide to develop an evaluation policy?

Content Determination

4. What was your role in developing the evaluation policy?

5. Who else was consulted when creating the policy?
   a. What feedback did you receive from internal stakeholders? External?
   b. How, if at all, were tribal members involved in policy development?
   c. Given the unique cultural, legal, and political status of tribes, were there any considerations specific to IHS as an organization that influenced policy development?

6. What challenges, if any, arose when developing the policy? How did you overcome them?

7. In your opinion, what additional changes, if any, would you like to see in the evaluation policy?

Policy Operationalization

8. How is the policy communicated to those responsible for carrying out the evaluation?

9. Can you describe how you integrate policy messages into grant requests?
   a. Which aspects of the policy have been the easiest for you to implement?
      Which have been the most difficult?
Policy Consequences

10. What changes do you hope to see as a result of implementing the policy?
   a. In what ways do you see the evaluation policy changing how your office conducts evaluation?
   b. In what ways do you see the evaluation policy changing how your office uses evaluation information?

11. What has been the impact, if any, of the 2018 Evidence-Based Policymaking Act on how your Office conducts evaluation?
Appendix B: Program Lead Interview Protocol

Introduction

1. Could you tell me a bit about your role at the Office of Indian Health Services?
   a. How did you come to work at the IHS? What year did you start?

Organizational Context

2. From your perspective, what purpose does evaluation serve at IHS?
   a. What do you see as the key challenges to conducting evaluation at the IHS?

Policy Motivation

3. To your knowledge, why did IHS decide to develop an evaluation policy?

Policy Operationalization

6. How were you informed about the publication of the evaluation policy?
   a. What were your initial reactions to the content of the policy? What stood out to you the most?

7. Can you describe how you integrate policy messages into grant requests for your programs?
   a. Which aspects of the policy have been the easiest for you to implement? Which have been the most difficult?

Policy Consequences

8. What changes do you hope to see as a result of implementing the policy?
   a. How, if at all, does your process for commissioning evaluations change as a result of the evaluation policy?
   b. In what ways do you see the evaluation policy changing how your program conducts evaluation?
   c. In what ways do you see the evaluation policy changing how your program uses evaluation information?

9. What has been the impact, if any, of the 2018 Evidence-Based Policymaking Act on how your program conducts evaluation?
Appendix C: Contracted Evaluator Interview Protocol

Introduction

1. To start, could you tell me a bit about your role at {INSERT EVALUATION FIRM NAME}?
   a. How did you come to work here? What year did you start?

Evaluative approach

2. Could you describe your most recent evaluation project with IHS?

3. How did you determine the evaluative approach for this project?
   a. What informed your design/methods choices?
   b. To what extent was the design informed by the Office of Indian Health Services?
   c. In what ways, if at all, do you integrate culturally responsive approaches?

4. To your knowledge, how were the evaluation findings used by IHS? By program staff?

Evaluation policy

5. How familiar are you with the IHS evaluation policy?
   a. How, if at all, were you informed about the publication of the evaluation policy?

Policy and practice

6. Reading through the policy, what are your initial reactions to the content of the policy? What stands out to you most?
   a. What do you like about the evaluation policy? Which components, if any, do you see as potentially problematic?
   b. Interviews with IHS officials revealed a movement towards requiring common outcome measures across programs. Do you see any complications with this approach?

7. If you were to revise any components, how would you change it?

8. Do you think there is any benefit to having an evaluation policy?

9. If there are changes in your evaluative approach, how do you see them impacting how programs use evaluation information?
   a. To what extent, if at all, do you see IHS evaluative guidelines facilitating or hindering the conduct of culturally responsive approaches to evaluation?
Appendix D: Grantee Interview Protocol

Introduction

1. To start, could you tell me a bit about your role at the {INSERT PROGRAM NAME}?
   a. How did you come to work here? What year did you start?

Evaluative approach

2. Could you describe your most recent evaluation project with IHS?

3. How did you determine the evaluative approach for this project?
   a. What informed your design/methods choices?
   b. To what extent was the design informed by the Office of Indian Health Services?
   c. In what ways, if at all, do you integrate culturally responsive approaches?

Evaluation policy

4. How familiar are you with the IHS evaluation policy?
   a. How, if at all, were you informed about the publication of the evaluation policy?

Policy and practice

5. Reading through the policy, what are your initial reactions to the content of the policy? What stands out to you most?
   a. What do you like about the evaluation policy? Which components, if any, do you see as potentially problematic?
   b. Interviews with IHS officials revealed a movement towards requiring common outcome measures across programs. Do you see any complications with this approach?

6. If you were to revise any components, how would you change it?

7. Do you think there is any benefit to having an evaluation policy?

8. If there are changes in your evaluative approach, how do you see them impacting how programs use evaluation information?
   a. To what extent, if at all, do you see IHS evaluative guidelines facilitating or hindering the conduct of culturally responsive approaches to evaluation?
Appendix E: Interview Coding Framework

Motivation
  External
    Congress
    HHS
  Internal
    Prioritize evaluation
    Need for standardization

Purpose of evaluation
Evaluation context
  Grantee capacity
  Data access
  Funding
  IHS infrastructure for evaluation
  New push for evaluation

Policy development
  Internal consultation
  Evaluation theory
  Evaluation resources
  Personal experiences
  Tribal feedback
  Organizational context
  Changes to process

Implementation
  Determining implementation
  External awareness
  Internal awareness

Operationalization
  IHS Capacity
    Work group
    Resources
  NOFO
    Standardized measures
    Program theory
    Components not implemented

Culturally responsive strategies
  Tailoring to culture
  Sharing best practices
  External partnerships
  Tribal processes
  Data sovereignty
  Building program capacity
  Relevant measures
  Buy-in
  Building relationships
Community-based approaches
Cultural relevance
Multiple methods
Historical context

Consequences
No changes
Building internal capacity
Potential complications
  Capacity
  Common measures
Generality
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