**Culturally Appropriate, Rigorous Evaluation of Tribal Services: Mount Sanford Tribal Consortium Healthy Relationships Project Evaluation**[[1]](#footnote-1)

By

Terry Cross[[2]](#footnote-2)

**Abstract:** *This study describes an evaluation of the Mount Sanford Tribal Consortium (MSTC) Healthy Relationships Project undertaken by the National Indian Child Welfare Association (NICWA). MSTC approached NICWA to provide evaluation services for the Healthy Relationships Project when their initial evaluator proved a poor fit and the need for a culturally competent evaluator became evident. When NICWA stepped in to provide MSTC evaluation services, they proposed a new, culturally-appropriate methodology for the process evaluation (providing evidence of completion) and outcome evaluation (examining evidence of worth). The outcome evaluation relied on a mixed method design which included group discussions, surveys, individual interviews, and individual case studies. The process evaluation relied on mixed quantitative and qualitative methods, including: systematic document review, staff and management interviews, on-site observations and participant reaction, and satisfaction surveys and participant and staff interviews. The process evaluation outcomes for the project are described in detail.*

**Part I: A Challenge for the Mount Sanford Tribal Consortium**

**Introduction**

The Mount Sanford Tribal Consortium (MSTC)[[3]](#footnote-3) is a tribal consortium of two federally recognized Tribal Councils, Chistochina and Mentasta, located in eastern south-central Alaska; it has a combined population of about 250 people. In 2005, MSTC received a U.S. Department of Health and Human Services, Administration for Children and Families (ACF) grant through the Administration for Native Americans’ (ANA) Healthy Marriage Initiative (HMI) to improve child well being by fostering healthy partnerships within their member communities.

The grant supported activities to:

* Increase tribal members’ awareness of the benefits of healthy relationships, marriage and two-parent families for children, families, and communities;
* Provide adults with the opportunity to acquire the skills necessary to promote and maintain healthy relationships; and
* Provide a culturally appropriate abstinence education program for youth to teach risk elimination, increase healthy relationship skills, and reduce teen sexual activity.

Workshops included content on managing finances, effective communications, and living well. The program also included a *Train the Trainers* program for participants who wanted to help sustain the program within their communities. Educational curricula used for workshops and training included Active Relationships, Native Wellness Institute Healthy Couples, and Prevention and Relationship Education Program (PREP). These guides were chosen on the advice of the funder because they included credible, up-to-date information; were easy to read; and work sessions could be conducted in a safe environment by certified instructors. Sessions were based on the individual needs of participants and held on a schedule that honored the local subsistence culture. The program was dedicated to reaffirming traditional Athabascan family values while providing healthy relationship skill-building activities for adults and abstinence education and healthy relationships training for youth. In addition to classes, MSTC regularly published tips for community members in newsletters and on their website.

**The Challenge: An Inappropriate Evaluator**

At the grantee orientation meeting held in Washington, DC, MSTC learned that one of the requirements of this grant was the use of an outside evaluator. Several consulting firms that provide evaluation services were present at the grantee orientation. While the funder gave no endorsement for any of the firms present, MSTC felt some degree of confidence in choosing an evaluator who was present at the meeting and who was also at a feasible geographic distance for the available budget.

Unfortunately, the relationship with this evaluator showed signs of difficulty beginning early in the relationship due to the evaluator’s lack of experience with and sensitivity to Native culture. Problems began when the evaluator, a non-Native who was unfamiliar with the Native culture, came to the community. He violated cultural protocols, criticized the program for allowing people who were not married to participate, and openly offered his religious opinions to members of the community. MSTC attempted to correct the behavior, and out of respect and deference for a well-educated guest, they tolerated unprofessional behavior for several months.

The suggested evaluation measures were seen as offensive by community members. Standardized measures that did not fit culturally resulted in an unwillingness of program participants to participate in the evaluation. The ultimate result was that no data was gathered. When asked for new measures, the evaluator provided none, and the pre-post test design had to be abandoned. MSTC management created their own survey so they could collect some data. The agreed-upon products from the contract with the evaluator included the receipt of an evaluation manual; evaluation protocols, including instruments; and training of local data gatherers. None of these were delivered. Additionally, the evaluator asked for data and access to the MSTC community that went beyond the scope of the agreement. As an example, the evaluator wanted tapes of actual educational sessions. MSTC was billed for the outside evaluator to learn about their culture. While they commended the evaluator for making active efforts to become familiar with the culture, they did not believe that they should pay for the evaluator’s learning time. They also noted that they were charged for administrative tasks, such as setting up files, and for development of evaluation protocols and instruments that were never delivered.

MSTC was left unsure how to solve the problem with the evaluator they had hired.

**Proceed with Part I: Discussion Questions/Group Exercise (See teaching notes).**

**Part II: MSTC Responds to the Challenge**

In response to their problems with the evaluator, MSTC sought the help of the National Indian Child Welfare Association (NICWA). NICWA conducted an on-site review of the contract, related documents, and status of the project and discussed the role of evaluation and the importance of a community-based participatory model of research in Native communities. NICWA’s conclusion was that MSTC had a good working knowledge of evaluation and that a plan to terminate the contract with the evaluator was justified for several reasons.

Based on the review, MSTC came to the conclusion that the level of trust and communication needed to complete these projects in a timely way was lacking. After careful consideration, MSTC decided to terminate the contractual relationship with the evaluator. Upon conclusion of the review, MSTC asked if NICWA, a culturally-based Native organization with dozens of years of experience with tribal program evaluation, could step in and conduct a credible evaluation in the remaining time with the remaining budget. NICWA agreed to take on the project and created a work plan (see Appendix A).

**NICWA’s Evaluation**

## When NICWA stepped in to provide MSTC evaluation services, a new methodology was proposed. The methodology for this evaluation included both a process evaluation (evidence of completion) and an outcome evaluation (evidence of worth). The process evaluation relied on mixed quantitative and qualitative methods, including: systematic document review, staff and management interviews, on-site observations and participant reaction, satisfaction surveys, and participant and staff interviews. The outcome evaluation relied on a mixed method design which included group discussions, surveys, individual interviews, and individual case studies. Due to the personal nature of findings shared by participants in the outcome evaluation, results are not presented in this case study. However, the methodology is discussed.

***Outcome Evaluation***

Outcome evaluation is the aspect of evaluation that examines evidence of worth, or what changed as a result of the project. This portion of the evaluation attempted to identify observable outcomes that can be associated with a project. It relied on the self-reporting of the people who participated in the project. The new evaluation team used a participatory model of research in which the community and individuals participating in the evaluation have a role in shaping the ultimate design. A preliminary design was developed with the project staff’s participation, and this preliminary design was adjusted and modified with staff and management input. In this case, training participants helped choose the outcomes to be measured through a focus group conducted on-site at a healthy relationship training event.

Two types of questions were addressed through the outcome evaluation: quantitative and qualitative. The outcome evaluation was designed to answer the following questions:

* To what degree did tribal members generally acquire or develop positive attitudes about the benefits of healthy relationships and marriage as a result of the project?
* To what extent are ongoing cost-effective healthy relationship services available in each community as a result of this project?
* To what extent are youth making positive choices regarding relationships that are aligned with traditional values?
* To what extent have training participants developed the necessary skills to maintain healthy relationships?

The evaluators used ethnographic methods including self-report retrospective narratives (storytelling) in small groups and in individual interviews with general community members, training participants, management, and staff.

Using an ethnographic sampling technique, training participant representatives were selected for single subject design interviews or case studies. These case studies were structured using the Relational Worldview method designed for specific application in Native settings (Cross, 1995).

The interview guide for the case studies was developed based on the focus group conducted earlier in the project.

Interviews were conducted with the following groups:

Group 1: MSTC managers and project director (management)

Group 2: Healthy Relationship trainers (staff)

Group 3: General community members (whether or not they attended training events)

Group 4: Participants in the training events

Group 5: Select couple for a case study

Again, due to the personal nature of findings shared by participants in the outcome evaluation, results are not presented in this case study.

***Process Evaluation***

Process evaluation is the aspect of evaluation that examines performance. It informs the project staff and funders about how the implementation went and how it can be improved for future projects. It lets the funder know if deliverables or performance goals (indicators) that were planned were actually met, and if so, how well. It also tells how the services were viewed by the participants and/or the community. This process evaluation was designed to assess whether the MSTC Healthy Relationships Project was implemented in the way it was intended and what results or outputs were observable.

There were two levels of questions addressed through the process evaluation: program and participant. The process evaluation was designed to answer the following questions:

* Was the project implemented as designed? If not, why not, and what adjustments were made?
* Were the performance indicators (deliverables or goals, desired outputs, and results) met?

To address the process evaluation questions, the evaluators conducted a systematic document and file review, examining pertinent documents to: a) determine the number and character of services recorded in logs and/or reports, and b) track the history of the project implementation. The evaluators interviewed project management and staff both in groups and individually to collect first-person impressions of implementation successes and barriers. Finally, the evaluators interviewed trainers, training participants and community members individually and in small groups using a discussion guide approved by the project director to determine impressions about the project.

**Proceed with Part II: Discussion Questions/Group Exercise (See teaching notes).**

## Part III: Conducting the Evaluation

## Process Evaluation: Performance Indicators

Were the performance indicators (deliverables or goals, desired outputs, and results) met?

Document Review

To determine whether the performance indicator had been achieved, the evaluation team conducted a site visit. Two data gathering methods were used. First a grant file audit and document review was conducted to examine products, logs, correspondence and reports for evidence of the project outputs. Second, an interview with the project director was used to answer any outstanding questions.

*Results*

|  |  |
| --- | --- |
| Number of staff and volunteers trained in facilitating healthy relationships | 5 |
| Number of and nature of community education materials produced[[4]](#footnote-4) | 3 |
| Number of skill building healthy relationship workshops conducted | 124 |
| Number of staff trained in abstinence education | 5 |
| Number of partnerships formed[[5]](#footnote-5) | 10 |
| Number of people successfully completing workshops | 385 |
| Number of children, youth, elders or families assisted | 872 |
| Percent of adult village population reached by the project | 95% |
| Number of volunteer hours contributed to the project[[6]](#footnote-6) | 556 |

Based on these results, it was the conclusion of the evaluation team that the performance targets for this project were met or exceeded.

**Process Evaluation: Project Implementation**

Was the project implemented as designed? If not, why not, and what adjustments were made?

As stated above, to address the process evaluation questions, the evaluators interviewed project management and staff both in groups and individually to collect first-person impressions of implementation successes and barriers. In addition, the evaluators interviewed trainers, training participants and community members individually and in small groups using a discussion guide approved by the project director to determine impressions about the project.

Management Interviews

NICWA conducted a site visit to gather data for the MSTC Healthy Relationships Project. During the events of the day the project director was interviewed regarding the project, how it was implemented, the degree to which the project objectives were achieved, the barriers that had to be overcome, and any changes that would be made if MSTC were to do such a project again. The findings below represent a composite of conversations with the MSTC president, the project director, and the MSTC health director.

*Results*

1. What was the most rewarding thing about this project?

MSTC Management, including the project director, presented a very positive picture of the project, the achievement of the objectives, and the community impact. “People comment that they wish they had it (the training) earlier.” “We now have five trained trainers who can carry on with the training.” They reported that by training the staff in various agencies and programs in the community, the resource is now cost-effective and will be sustained because the community wants the services.

All three managers commented on the feedback received from the community at a board meeting: “People were standing up and endorsing the program without being asked,” and “People were asking for the program to continue.” These two sentiments were affirmed across the interviews. This information was confirmed by a survey conducted at the same board meeting by MSTC which is summarized later in this report.

Managers also commented on several activities during which community members discussed the project. At the annual Culture Camp people reportedly traded stories about their experience, telling stories about their learning to others who had not attended. At a staff meeting one staff member commented, “I understand and I get it.” At one of the community workshops young people were asking staff to recruit other young people to come to workshops because they believed it would help their friends. Managers reported that people took the materials from the workshop and that they liked lots of handouts.

Managers offered several observations about the positive impact of the project in the community including:

* “Positive learning in communication.”
* “Communications have improved not just between couples but with children and with others in the community.”
* “People are learning how to have awareness of what is going on in their own head, not making assumptions or jumping to conclusions.”
* “People are recognizing that blaming is not helping.”
* “People are hungry for it and want more information.”
* “People have hope now that their relationships can be better.”
* “Even one member of a couple who comes can change the dynamics of the relationship.”
* “People are learning to talk about what bothers them.”
* “There used to be pattern of being ‘in love’ then fighting and ‘break ups’ we see that this cycle declining.”

Managers were clear that the quality of the project rested on the quality of the Native Wellness Institute curriculum that was acquired late in the second year.

* “Humanity in general would benefit from the NWI curriculum.”
* “NWI asks people what their ways are; it can be used in diverse cultures because it gets at the ways people do things.”
* “Participants are the ones that guide the discussion.”
* “With the earlier curriculum there was not discussion. With the NWI curriculum there is a lot of discussion.”

One of the managers also reported that trainers have given presentations on the Healthy Relationships Project to others in the state and they were well received.

1. What barriers did you encounter in implementation?

Managers reported that the project had difficulty initially. The first two curricula selected were not useful and not well received by the community. The project director went to train-the-trainer workshops for both Active Relationships and PREP. Neither curricula was useful, and providers argued with MSTC about how to implement the training. The trainer found only parts of the curricula were relevant and even these needed to be adapted. The providers did not want users to adapt the materials because their products are evidence-based, and they require people who use them to sign a pledge to implement them exactly as written. These curricula were acquired at the ACF Healthy Marriage Conference which was not culturally relevant. As was previously noted, the project director felt pressured to use the curricula presented and to hire an evaluator who was at the same conference.

Secondly, management reported that their first evaluator was not helpful. As discussed above, they reported that they wished that the Administration for Native Americans (ANA) could have provided resources on evaluators that have experience in working in and sensitivity to Native culture. Unfortunately, evaluation measures that were suggested by the first evaluator were seen as offensive by community members. He used standardized measures that did not fit culturally, and as a result no data were gathered. When asked for new measures the evaluator did not provide them and the pre-post test design had to be abandoned. Management reported creating their own survey so that they could at least collect some data. After several attempts to correct the performance problems of the contractor, the contract was terminated and a new contract was developed.

Additional challenges that the management team encountered and were eventually able to solve included the following:

* Timing with grant, seasons, when to do services in rural Alaska where subsistence activities and weather limit training schedules
* Carryover problems (not being able to hire, impact on another program)
* Administrative problem with ANA (lost report), staff changes at ANA, time spent on changing requests, poor communication regarding what is required
* Negative communications with TA provider
* Lack of people to staff the project—used volunteers
* Lack of expertise—used resource to overcome
* High match rate—request for reduction was declined, a partner was disallowed as match, whole partner thing changed because of the match issues
* Late start caused a problem with carry-over
* Travel was a challenge
* Schools were reluctant to participate in the project

Based on this evidence, the evaluation team concluded that despite numerous challenges the project was implemented fully and the objectives were accomplished within the grant period.

1. What would you do differently if you were planning the same project again?

The managers reported that they had not planned for the degree to which historic trauma and grief would become an issue in the training. “We had to bring on a traditional person to handle issues that came up.” (unresolved trauma and grief) Managers said that in the future they would build more mental health and behavioral health resources into such a project.

Managers also stated that they would seek reviews of curricula from other tribal grantees and would ask ANA for cultural resources earlier in the project. They reported that they would avoid using an evaluator who is not grounded in the culture and would have spent more time capturing more of what people said as part of the evaluation process.

Finally, they reported that they would not spend resources on advertising, brochures, or a website which no one can access. Their best communication is word of mouth and “door hangs,” both of which are inexpensive and effective.

Trainer Interview

NICWA conducted individual interviews at Mt. Sanford Tribal Consortium, Chistochina, Alaska. Two interviews were conducted with the trainers who had implemented the curriculum. The purpose of the interviews was to get a first-hand account of how the curriculum was implemented and whether the trainers felt equipped to present the materials based on the training they had received. The interview participants were asked the following questions:

1. Are you from one of the villages or from outside?
2. About how much training did you receive (prompt: hours? days?)
3. How well did the training that you received prepare you for the job of being a trainer?
4. Tell us about your Healthy Relationships training.
5. What did you like and what didn’t you like about being a Healthy Relationships trainer?
6. Tell me about the training materials.
   1. Were they easy to use?
   2. Did participants like the materials?
7. Did you also become a trainer for Abstinence Education (AE)? If yes:
   1. How did that training go?
   2. Did you get the training you needed to become an AE trainer?
   3. How did teens respond?
   4. Were the training materials (curriculum) useful?
8. Do you think you will continue this training when the project is over? How?

*Results*

Interview 1:

The trainer respondent was from outside the village but his co-trainer was from the village. He reported receiving approximately four days of training to prepare to be a trainer. He also reported that he was an experienced trainer and brought presentation skills even though the content was new to him. He felt the training he received from the Native Wellness Institute prepared him well for the training and he spoke very highly of the NWI trainers.

The trainer reported that the training sessions went very well, with lots of interest. He reported that participants really liked the NWI curriculum and that there was usually lots of talking, laughing, and conversation. He and his co-trainer have modified the lessons to last for two sessions instead of one because of the degree of participation and the need to take more time. He reported that the materials are easy to use and clear. “The (NWI) curriculum gives a framework which makes the material easy to teach.”

He reported that he has observed that the people who participate in the classes develop more open communication and talk about their relationships more positively than before. The only problems for him concerned talking about sexuality with people he knows.

He reported that he did not have the opportunity to become a trainer for abstinence education.

He felt that the curriculum needs to be repeated or that refresher classes could be held for people. He did feel that the training would continue beyond the life of the grant. They community likes and wants the training to continue, and the organization has empowered staff to provide this training on an ongoing basis. His feeling is that the community members will not let the classes end if they can influence the leadership.

Interview 2:

The trainer respondent indicated she was from the Chistochina village, which is one of the villages served by this grant. She reported that she received one week of training to use the NWI healthy relationship curriculum. She indicated that during this time she also received training that helped her to improve her public speaking skills. She indicated that previous to the training she had a fear of speaking in public, but that the NWI training helped her to overcome her fear, as well as use the curriculum. She shared that she especially enjoyed the “hands on” approach used by the NWI trainers. The training included opportunities to “practice teaching a section” to other attendees of the training and then receive performance feedback from the NWI staff and other attendees. She compared this to her experience at the PREP training and responded that the PREP training was “too impersonal” and intended for “a mass group of people.” She felt that the PREP training did not allow for in-depth question-and-answer opportunities versus the “community” feel of the NWI training.

With regards to the curriculum materials, she shared that the PREP videos were helpful, but that she didn’t feel the PowerPoint presentations were practical for use in her community. She reported that the community enjoyed the NWI material, especially the discussion topics. Overall, she believed that community attendees enjoyed the NWI material more than other material because it was culturally relevant and made more sense to the participants. In addition, she believed the NWI curriculum engaged participants in a greater level of “self-exploration” and led people to “find their own answers” versus having answers provided by the material.

In all, the trainer reported that she felt the project led individuals to find hope with regard to their own relationships. She noticed that the term “Indian love,” which is understood as a relationship that includes physical and emotional abuse, was not used much in the community. She attributed this to changes in how community members conceptualize relationships. Through this project individuals have learned the difference between a healthy and an unhealthy relationship.

This trainer was not trained in the abstinence education curriculum because she does not believe in teaching young people abstinence and felt that it would be “hypocritical” to teach something she does not personally endorse.

Community Interviews

NICWA conducted one focus group (seven Mentasta participants) and one individual interview (Chistochina) with community members who attended the healthy relationships workshops. The purpose of these interviews was to gather participants’ views on the process of providing the healthy relationships workshops within the villages of Chistochina and Mentasta.

*Results*

The curriculum led participants to learn how to make positive changes in their relationships with spouses and family members. In addition, experiencing the sense of community and learning the struggles of others also helped people make changes. Participants enjoyed having a trainer from their community. The trainer knew how to explain the material in a manner that fit the community members’ needs and would often use local humor to keep the discussions from getting too serious or “boring.” Additionally, the trainer made personal phone calls and house calls to remind individuals of the classes and even provide transportation. The trainer also knew what types of foods to provide that would make it more appealing for community members to attend.

Most participants received a phone call at their home and many others learned about the classes through word of mouth. Another individual heard about the classes at a community dinner. During community dinners, individuals will often stand up and make announcements regarding upcoming events or celebrations. This would not necessarily have been appropriate for an outsider to do. Since the healthy relationships classes began, there have been changes in how community members interact with each other. Their communication has become more positive, even when discussing not-so-positive issues. The classes have also taught people how to seek out help for problems in their relationships, as well as provide a sense of trust within the community. The classes have also helped to reduce the amount of depression experienced by community members. Weekly classes during winter time give people a reason to gather at the community hall and interact with others, rather than getting cabin fever, which often leads to depression. Community members were initially not comfortable with attending classes; however the provision of meals motivated participants to attend.

For most participants, the material in the curriculum fit their lives or situations. They especially enjoyed learning about healthy relationships from a Native American worldview. Many participants learned about historical trauma and its effects on relationships in Indian Country. This was the first time most of the participants had heard this information. It was validating for individuals to learn that Native American families and marriages were not always dysfunctional. It empowered individuals to strive for making changes in their lives. A few individuals did not like the two-spirit material and argued that they didn’t believe that their tribe accepted (or had) two-spirit people[[7]](#footnote-7) in the past.

All participants felt the quality of the classes was high. The only suggestion made by interviewees was that the classes be held more consistently. Classes started out being offered weekly and tapered off recently. This caused to participants feeling as though they had to develop trust with other participants all over again. The trainer from Mentasta was highly praised. The participants enjoyed her balance of humor and instruction. They felt she was able to read the needs of the group and allowed them to stray from the curriculum if the group needed to do so. They did not feel the same about the trainers who substituted. They felt these trainers did not really want to be in Mentasta teaching the material and didn’t appear to really enjoy teaching the classes. All of the material in the curriculum was rated high by participants.

The evaluation team found a high degree of agreement between the management staff and the trainer interviews, which was backed up by data from the community survey conducted by the project director. Each data source reported initial challenges that were overcome when the project adopted the Native Wellness Institute curriculum. The community interviews indicate that all of the participants reported a high level of satisfaction with the Healthy Relationships Project (curriculum and facilitators) and believe that it was executed in a manner that met the needs of the community. One area of concern brought up by participants is that they would like to have the healthy relationships workshops occur more frequently than originally planned.

**Proceed with Part III: Discussion Questions/Group Exercise (See teaching notes).**

**References**

Davis, J.D. and Kelly, K. (2002). A brief history of and future considerations for research

in American Indian and Alaska Native communities. In *Work Group on American Indian Research and Program Evaluation Methodology, Symposium on Research and Evaluation Methodology: Lifespan Issues Related to American Indians/Alaska Natives with Disabilities*. Flagstaff, AZ: Northern Arizona University, American Indian Rehabilitation Research and Training Center, pp. 9-18.

Fisher, P. and Ball, T. (2002). The Indian family wellness project: an application of the

tribal participatory research model. *Prevention Science*, 3, 235-240.

Fisher, P. and Ball, T. (2003). Tribal participatory research: mechanisms of a

collaborative model. *American Journal of Community Psychology,* 32, 207-216.

Fisher, P. and Ball, T. (2005). Balancing empiricism and local cultural knowledge in the

design of prevention research. *Journal of Urban Health*, 3 Suppl, iii44-55.

Israel, B., Shulz, A., Eng E., and Parker, E. (2005). *Methods in community based*

*participatory research*. San Francisco, CA: Jossey-Bass.

National Congress of American Indians Policy Research Center. (2009). *Research that*

*benefits Native communities: A guide for tribal leaders*. Washington, DC: National Congress of American Indians Policy Research Center. Retrieved on 11/01/11 from <http://www.ncaiprc.org/research-curriculum-guide>.

Norton, I. and Manson, S. (1996). Research in American Indian and Alaska Native

communities: navigating the cultural universe of values of process. *Journal of Consulting Clinical Psychology,* 64, 856-860.

Rhoades, E.R., Rhoades, D.A., and Freeman, W. (2000). Research ethics and the

American Indian. In *American Indian Health: Innovations in Health Care, Promotion, and Policy*. Johns Hopkins University Press, pp. 426-433.

Sahota, P.C. (2007). *Research regulation in American Indian/Alaska Native*

*communities: Policy and practice considerations*. Washington, DC: National Congress of American Indians Policy Research Center. Retrieved on 11/01/11 from <http://www.ncaiprc.org/files/Research%20Regulation%20in%20AI%20AN%20Communities%20-%20Policy%20and%20Practice.pdf>

Sahota, P.C. (2008). *Research regulation in American Indian/Alaska Native*

*communities: A guide to reviewing research studies*. Washington, DC: National Congress of American Indians Policy Research Center. Retrieved on 11/01/11 from <http://www.ncaiprc.org/files/Research%20Regulation%20in%20AI%20AN%20Communities%20-%20Guide%20to%20Reviewing%20Research%20Studies.pdf>

Sahota, P.C. (2010). *Community-based participatory research in American Indian/Alaska*

*Native communities*. Washington, DC: National Congress of American Indians Policy Research Center. Retrieved on 11/01/11 from <http://www.ncaiprc.org/files/CBPR%20Paper%20FINAL.pdf>

Smith-Morris C. (2007). Autonomous individuals or self-determined communities? The

changing ethics of research among Native Americans. *Human Organization*, 66, 327-337.

Smith L. (1999). *Decolonizing methodologies: Research and Indigenous peoples*.

London; Dunedin: University of Otago Press, Distributed in the USA exclusively by St. Martin's Press.

**Appendix A: NICWA’s Evaluation Scope of Work for the MSTC Healthy Relationships Project**

NICWA will provide consultation, training, and evaluation services and ensure the successful completion of the Healthy Relationships Project evaluation at least 10 days before the due date of the final report. NICWA will complete the following activities and deliverables within the dates specified below.

Activity Deliverable Date

|  |  |  |
| --- | --- | --- |
| 1. Conduct a document review and content analysis of the project files, correspondence, and project reports, and prepare an interim report on evidence of results and benefits to date | Results and benefits to date report | May 31 |
| 2. Review and modify existing outcome evaluation plan for the available timeframe and resources | Project outcomes evaluation plan | June 10 |
| 3. Produce data collection instruments and data storage documentation, and transfer protocols and procedures for MSTC approval | Draft evaluation instruments, protocols, and procedures document | June 15 |
| 4. Conduct on-site meeting for approval of evaluation instruments, etc. | Approved evaluation instruments, protocols, and procedures document | June 30 |
| 5. Train local data collectors identified and hired by MSTC | On-site training event | June 30 |
| 6. Conduct on-site data collection events (to be approved by MSTC) | On-site support of data collectors as needed | July and August |
| 7. Data analysis | Preliminary report | September 15 |
| 8. Conduct community-based review | On-site meeting (review findings and seek feedback, etc.) | September 30 |
| 9. Produce final report | Final report | October 15 |

1. Copyright (2011) held by The Evergreen State College. Please use appropriate attribution when using and quoting this case. Cases are available at the Native Cases website at http://nativecases.evergreen.edu/. This material is based upon work supported by the National Science Foundation under Grant No. 0817624. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation. [↑](#footnote-ref-1)
2. Terry Cross, an enrolled member of the Seneca Nation of Indians, is the developer, founder, and executive director of the National Indian Child Welfare Association. [↑](#footnote-ref-2)
3. To learn more about the consortium, see <http://www.mstc.org/community.html>. [↑](#footnote-ref-3)
4. Number of and nature of community education materials produced: Three types of community education materials were reviewed by the evaluators: brochures, newsletters, and a website. Each was of high quality and informative; however, project staff found them of limited value in the small rural community. [↑](#footnote-ref-4)
5. Partnerships documented as of 3rd quarter 3rd year. [↑](#footnote-ref-5)
6. Volunteer hours documented as of 3rd quarter 3rd year. [↑](#footnote-ref-6)
7. “Two-spirit people” is a term that describes Indigenous peoples who serve in one of many mixed gender roles found traditionally among First Nations, American Indian, and Alaska Native groups. Historically these roles encompassed wearing the clothing and performing the tasks associated with both men and women. [↑](#footnote-ref-7)