CONDUCTING ETHICAL RESEARCH AND EVALUATION IN UNDERSERVED COMMUNITIES

Katrina L. Bledsoe and Rodney K. Hopson

Overview of the Issue of Ethical Concerns in Research in Underserved Communities

Underserved communities, such as those that have been considered historically disadvantaged due to social class, ethnic background, gender, disability, and the like, have received secondary consideration in their involvement in the process of research and evaluation. By process, we mean the manner in which the research is conducted, from research question development to utilization of results. We carefully make the distinction between process and content because issues that concern underserved communities have been discussed at length in the literature. For instance, there is a plethora of research on ethnic communities, their purported perspectives, and cultural practices (e.g., Hall, 2001; Smith, 1999; Stanfield

AUTHORS' NOTE: The authors have greatly benefited from the editorial comments of the volume editors, Donna Mertens and Pauline Ginsberg, and our anonymous reviewers. Acknowledgements also go to Mark Bailey of Trenton Central High School, and Dolores Bryant, and Donna Pressma of Children’s Home Society in Trenton, New Jersey.
intentional and unintentional failure to implement a research process that is uniquely designed in conjunction with those who are the focus of the research and the subsequent recipients of the possible benefits and costs of the findings (e.g., Harper, 2006; Washington, 2007). Finally, researchers may be uninformed or may not consider the ethical violations entailed by the inappropriate use of theoretical and methodological perspectives that accurately represent neither the community nor its situation (Bledsoe, 2005b). Such discussions have long been at the forefront of debate in ethnographic research circles. Famed anthropologist Margaret Mead (as cited in Freeman, 1999) has sustained prolonged critique concerning the methodology used in what is still considered a groundbreaking study concerning Samoan culture. Specifically, the ethics of Mead’s ethnographic study of the sexuality of Samoan girls, which was based on four case studies and presented Samoan women, as highly sexualized prior to engaging in marriage and family, has been questioned. For example, Freeman (1999) asserted that Mead’s work was highly subjective and presented to American society an inaccurate, if not biased, perspective of sexuality in Samoan culture tinged with Mead’s own personal agenda. Yet Freeman has sustained a similar critique in his own interpretation of the same research. These debates serve to illustrate that when there is a lack of accountability in theory and method, misinterpretations and misperceptions can occur. Such occurrences can open the door for inaccurate assessment and reporting.

The focus of this chapter is on conducting ethnically sound research with underserved and disadvantaged communities. We believe the need for this emphasis is because, being less powerful than other groups who may also be at risk, underserved and disadvantaged communities are most at risk of being denied access to appropriate services and opportunities due to inaccurate assessment and reporting (e.g., Bledsoe, 2005b). Such communities often do not have the resources (e.g., money, political clout, and representation).
to challenge inaccurate and prejudicial findings. Thus, it is important for researchers and evaluators to consider and diminish the disparity in the power dynamic that often exists between researcher and participant.

In this chapter, we discuss the consequences of inappropriate theoretical and methodological perspectives, and why their use not only violates ethics in the social sciences but also violates norms of social justice and human rights. Additionally, we underscore the necessity of capacity and relationship building as part of the social responsibility of researchers. Thus, our discussion centers on the following: developing appropriate community relations, determining appropriate research questions, using representative methodology, accurately reporting results, assisting in the appropriate use of results, and considering the researcher/evaluator as social justice advocate. Finally, in understanding the ethics associated with conducting research in underserved communities, we seek to broaden the view of ethics and research participation within these communities.

We acknowledge that some of the more frequently documented ethical violations have occurred, not in social science research, but in clinical trial studies such as the infamous Tuskegee Study of Untreated Syphilis in the Negro (Washington, 2007). The study, which was focused on the effects of syphilis, was to last a few months. However, it lasted 40 years, with researchers deliberately refusing to provide proper medication, information, or treatment of the disease. Only when the story was leaked to the news media in 1972 was the study discontinued. Yet the damage had already been done: A scant 74 of the 600 participants were remaining. Several had died from the disease; many died with complications associated with the disease; family members were infected; and the number of congenital syphilis births skyrocketed.

Despite the development of institutional review boards (IRBs), which were formed in response to unethical medical experimentation under the Nazi regime (Cozby, 2007), the violation of ethics continues, such as coercion to participate in study procedures and not obtaining consent in classroom settings. This continued trend illustrates that despite documented principles for conducting ethical research, within each discipline and subspecialty (e.g., American Educational Research Association [AERA], 2008; American Evaluation Association [AEA], 2008; American Psychological Association [APA], 2008), questionable ethical research practices and violations continue to occur. Although the codes seem to clearly articulate the responsibility of the researcher to the participant, when they are carefully analyzed, it is arguable that the ethical principles are more concerned with the responsibility of the researcher in a leadership position rather than the egalitarian relationship that should exist between researchers and participants (see also Chapter 6, this volume). Nowhere is this gap in ethics more apparent than in underserved communities.

The major questions are then, (a) for whom is the research process designed and
(b) who benefits most from current sets of ethical principles? We might argue that much of social science research is designed to answer questions in the manner most beneficial to the researcher and, perhaps, in response to some organizational or community political agenda (e.g., the needs of dominant culture-resourced community) rather than addressing the needs of underserved communities. What are the erroneous assumptions? And what else is needed to ensure accurate research development and reporting for socially compromised communities such as communities of color and those of low socioeconomic status? We explore these issues in the following sections.

Ethical Issues in Working With Underserved Communities: The Assumption of Homogeneity

To understand the limitations of established ethical principles in the social sciences, especially as they relate to the needs of underserved and historically disadvantaged groups, the assumption of universality (the belief that all groups and communities inherently share similar characteristics and values) in research must be explored. Universality is the principle on which most research in the social sciences rests (e.g., Guba & Lincoln, 1989).

The scientific method itself assumes objectivity, neutrality, and rationality. The "realist" and "rational" positions (most often associated with control) provide an illusion of all-knowing objectivity concerning what should be the fate of the participant, if any. This generalized view can be conceived of as based on a white male-dominant culture perspective that purports to be participant and community focused but may also reflect a paternalistic outlook. Such a perspective also assumes that ethical practice will be based on a generalized belief that respect for the human condition and social justice is similar in every cultural setting (Guba & Lincoln, 1989). Yet historical debacles such as the Tuskegee Syphilis Study (Washington, 2007) dispute this assessment: The general prejudices and segregation concerning African Americans during Jim Crow were instrumental in the ethical violations that occurred. Additionally, the lack of cultural competence, and a general denial of "other" perspective provided a venue for which disregard of alternative perspectives could and did occur.

Finally, this realist perspective does not take into consideration that the assumption of homogeneity ultimately distances the researcher from the methodology chosen to ascertain "truth" for a specific group, the kinds of relationships that one will and can develop with participants, the dissemination of results, and the care for the participants. Such a universal and control-focused perspective (e.g., Lane, 2005) precludes the fact that the concept of universality itself is culturally determined by those of the dominant culture and is shaped by the myth that all are afforded the same rights as those who conceived of this universal perspective. Factors that challenge this universality such as cultural background, social class, and the participant's experiences within society are diminished or dismissed (e.g., Berry, Poortinga, Segall, & Dasen, 1992; Lane, 2005).

Mertens (2007); Greene, Millet, and Hopson (2004); and others (e.g., Bledsoe, 2005b; Hopson, Greene, Bledsoe, Villegas, & Brown, 2007) suggested that this perspective of research is exclusive, without consideration of moderating factors such as the abovementioned. Mertens (2007) further suggested that, by extension, what is considered ethical practice in the realist perspective is skewed because ethical practice varies from context to context.

Harper (2006), in her article focusing on ethical multiculturalism, argued that researchers should consider three perspectives in terms of ethics. On one end, fundamentalism views ethics as universal and
assumes participants and communities share more basic similarities than differences. On the opposite end of the spectrum is *multiculturalism*, which holds that ethical principles are culturally bound and context dependent (Harper, 2006). Finally, the emergence of a midpoint would be *ethical multiculturalism* perspective, which purports to combine both a *fundamentalist* and a *multiculturalist* perspective. Harper suggested that much of the biomedical and social sciences have a stake in an *ethical multiculturalism* that addresses issues such as, but not limited to, cultural awareness, knowledge, sensitivity, and beneficence. Nonetheless, the struggle to maintain this perspective is difficult, and issues such as the reporting of race and ethnicity in research continue to illustrate the fundamentalist perspective (e.g., continued reliance on “collapsed” categories that focus on race, particularly in data analysis and interpretation).

Hall (2001) argued further that cultural factors and beliefs influence the participation of participants, as do misperceptions and misconceptions of research. Additionally, participants who may be more “collective” rather than “individualistic” in orientation may not participate (Markus & Kitayama, 1991) or may provide data that are only partially representative of the context, based on thoughts of the outsider or observer. For instance, in some distinct Asian cultures, the value of “collectivism” might preclude individualized consent and subsequent participation, without first considering the issues that might affect the family or community at large (Markus & Kitayama, 1991).

The authors here do not dispute that there are shared similarities across cultures. But should it be taken for granted that all communities, and hence, future participants, underserved or not, fit under the same Western-dominated perspective of research and ethics? We suggest that in considering research from a holistic perspective (e.g., considering issues related to contextual factors and shared relationships), we consequently encourage ethical practice.

**The Role of Ethics in Social Science Research With Underserved Communities**

Although there are many shared ethical principles in conducting research across researchers and evaluators, perhaps none is more shared than the principle of undertaking research that ultimately serves the human good. For instance, the preamble of *Ethical Principles for Psychologists and Code of Conduct* states,

> Psychologists are committed to increasing scientific and professional knowledge of behavior and people’s understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. (APA, 2008, p. 2)

Other disciplines, such as education, espouse similar rhetoric:

> Education, by its very nature, is aimed at the improvement of individual lives and societies. Further, research in education is often directed at children and other vulnerable populations. A main objective of this code is to remind us, as educational researchers that we should strive to protect these populations. (AERA, 2008, p. 3)

Similar principles are embraced by the AEA:

> Evaluators have obligations that encompass the public interest and good. These obligations are especially important when evaluators are supported by publicly-generated funds; but clear threats to the public good should never be ignored in any evaluation. Because the public interest and good are rarely the same as the interests of any particular group (including those of the client or funder), evaluators will usually have to go beyond
analysis of particular stakeholder interests and consider the welfare of society as a whole. (AEA, 2008, p. 1)

Despite these declarations, however, the manner in which research is conducted generally serves the researcher, and the ethical standards essentially are directed toward the researcher collecting data in a distanced manner so as not to disturb the natural setting in which behaviors, programs, and phenomena occur. We contend that such a process and, hence, the ethical standards on which the codes rest, may not be appropriate in working with underserved communities. Furthermore, we assert that issues of profound importance to understanding underserved communities that are often considered as confounds in research and evaluation such as history of the communities' experiences, self versus community orientation, culture, and literacy, must be considered. For example, in a study focusing on obesity prevention, assumptions concerning the rationale behind perceived high rates of obesity among urban high school students were based on high-level stakeholder (e.g., teachers, researchers, community partners) program theory that was loosely informed by the literature. This theory emphasized an individual deficit model that was anchored by variables such as low self-esteem, poverty, and educational deficiency. Yet pre-research design discussion groups with students identified contextual factors such as cultural identity and cultural socialization to determine one's views of nutrition and body esteem (Bledsoe, 2005).

PERSPECTIVES TOWARD HUMAN CONDITION ISSUES WITHIN UNDERSERVED COMMUNITIES

Generally, social and medical issues in Westernized communities tend to be viewed from an individual deficit model perspective (Treloar & Holt, 2006). For example, it has been documented that certain cultures may consider mental illness as a natural progression in life, one that is not worthy of worry (e.g., Walker, 2001). Although one could consider using a more mainstream definition of mental illness, it may be more appropriate to consider how disease and mental illness and subsequent treatment are viewed in the society. Hall (2001) noted that there was little evidence that empirically supported therapies (ESTs), which were developed and based on dominant culture definitions of mental illness, are effective with minority and underserved populations.

MODERATING ISSUES OF HOMOGENEITY

Across disciplines, research studies share similar processes both methodologically and ethically. Common practices include what we refer to here as “compassionate objectivity”9: maintenance of professional relationships with participants, accurate and unbiased data collection and the use of reliable and valid instrumentation, appropriate compensation for research, and proper and responsible utilization of results. Yet this perspective does not consider aspects such as close relationships between the researcher and participants, values of communities, and the general context in which potential participants reside. Consideration of contextual and relationship factors, including socioeconomic status, respect, and partnerships between researcher and participants, will likely generate more accurate data.

HISTORY OF THE PARTICIPANTS AND THEIR CONTEXT

For many communities, consideration of the history of the community and its context is essential for designing the appropriate research to answer key questions. For example, in one evaluation research study, service providers attempted to encourage participants to participate in a
community-based prenatal program in New Jersey. The participant turnout was unusually low. On further investigation of the city’s socioeconomic and cultural history, the researchers found a substantial history of racism among general medical practitioners and service providers within the city, dating back from the late 1960s. Thus, when the sponsoring organization designed an intervention to combat the city’s high rate of sudden infant death syndrome (SIDS) among African American women (the rate was 1 out of every 2 infants who died from SIDS; Division of Family Health Services, 1998), they had little response. Researchers later found that African American mothers were less likely to seek services due to perceived discrimination based on race and, instead, relied on family members to provide needed advice about care. This example underscores the need for understanding historical and contextual factors within community settings.

CONSIDERATION OF CULTURE

Hall (2001) noted that conducting research in underserved communities requires more than simply making sure that these communities are reflected numerically in sampling. Inclusion alone is not likely to yield significant information on the relevance of theories and interventions as there is much heterogeneity among categorized ethnic groups on issues such as socioeconomic status, acculturation, and the like (Hall, 2001). Additionally, the use of broad terms such as ethnic minority is too often considered a euphemism for “deficit” in comparison with the dominant cultural group.

Beiser (2003) suggested that culture not only shapes the nature of the problem and the community’s view of it, it also shapes the structure of the research paradigm and one’s interpretation of how best to approach it. Thus, culture may have a significant effect on the variables chosen and how to best measure those variables. MacQueen and Buehler (2004) found in their research with HIV-positive participants that it is difficult to divorce the variables of stigma, poverty, discrimination, and other social issues from the epidemiology of the disease. Rather than focus on measurement of these issues as moderating factors, the variables should be considered in the research design itself in terms of types of methodology used, data collected, and relationships developed. For example, methods such as storytelling or community groups can be used to flesh out rich contextual information on issues such as discrimination and political factions within the community.

CONSENT OF THE COMMUNITY

In accordance with the IRB guidelines, researchers attempt to define what the risks may be for respondents and communities to participate in a research study, and this definition appears to be based on the researchers’ general knowledge of the costs and benefits to the individual. But it is difficult to consider hidden factors that may render the situation as more egregious for individuals who are connected to, for example, a collectivist community in which the tribe, clan, or family takes precedence over individual concerns. For instance, Molyneux et al. (2005) found in their study with Kenyan participants that community leaders made decisions about participation in research. Thus, in the case of working with a collectivist community, consultation with community members regarding potential risks and benefits of specific research can provide enhanced benefits and legitimacy (e.g., Mertens, 2007).

Consider the case for the most basic aspect of the research process, that of informed consent. The APA’s principle of informed consent states,

(a) When obtaining informed consent as required in Standard 3.10, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline
to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants’ rights. They provide opportunity for the prospective participants to ask questions and receive answers. (APA, 2008, p. 8)

Yet, in contrast, Dawson and Kass (2005) noted that many groups and communities do not make decisions about participation in research in a vacuum. In some cases, individual participants consider factors not related to the preservation of the self, but instead to the preservation of the larger community. Dawson and Kass suggested that rather than assuming that informed consent is negotiated at the individual level, instead, relationships need to be formed with whole communities and oftentimes on more than one occasion. Such communities influence the participant’s decision-making process; therefore, it is reasonable to assume that informed consent should be an intertwined process (see also Chapter 19, this volume.) Finally, researchers must also consider the possibility that in some communities, signing an informed consent is not necessary, if the bond with the researchers is developed, respected, and maintained (see also Chapters 9, 19, 26, and 27, this volume).

CONSIDERATION OF LITERACY

Literacy continues to be one of the greatest challenges in conducting research with underserved communities. For instance, Dawson and Kass (2005) noted in their research, with 387 participants conducting research in international collaborative research, almost half of those surveyed acknowledged that the informed consent forms were highly technical, hard to read, and not useful to those who had limited literacy in the language, or not at all. Additionally, they felt that the language related to literacy of informed consent should also consider dialect.

THE NOTION OF RESPECT

Although ethical standards in the social sciences generally focus on respect for the participant, respect does not specifically consider aspects such as trust within the community. Weijer (1999) suggested that a new principle of respect for communities should be included and that respect does not negate the individual’s right to decision making in this context. Dawson and Kass (2005) echoed this sentiment: Just because the focus is on gaining trust of the community within the research setting, this does not negate or necessarily influence the individual’s right to make self-preserving decisions.

SOCIAL RESPONSIBILITY AS A FACTOR IN WORKING WITH UNDERSERVED COMMUNITIES

It is arguable that social responsibility of the researcher and evaluator is generally associated with maintaining the integrity of the ethical principles of disciplines. However, we propose that in working with underserved communities, social responsibility may need to be conceptualized beyond a fundamentalist/realist paradigm (which ensures that one maintains a logical and rational perspective). If we redefine the meaning behind social responsibility in underserved communities, we need to consider it less in terms of maintaining the established ethical principles and consider it in the exact denotative sense: that contribution to the welfare of society would include the building and maintenance of relationships so that the achievement of a
common goal can be obtained (Webster's Dictionary, 2008).

The Researcher as an Invested Relationship Partner in Underserved Communities

Although ethical principles across the social sciences acknowledge a relationship between the researcher and the participant (e.g., AEA, 2008; AERA, 2008; APA, 2008), the relationship seemingly falls into one of two categories: that of the paternal parent, in which the researcher/evaluator determines the parameters of the research based on superordinate knowledge or informed judgment (e.g., Scriven, 1991), or that of the respectful observer, who is not necessarily invested or connected to the participants and their community but is an intrigued visitor (e.g., Scriven, 1991). Although ethically, these relationships seem to maintain the integrity of the data collected, we consider the usefulness of developing close relationships with participants and stakeholders and inviting them to make an equal investment in the research development and process (e.g., Greene et al., 2004; Mertens, 2007). By building relationships in which researchers, stakeholders, and participants are all equally invested, we encourage and foster inclusion and, in turn, generate data that best represent the context, community, and its situation.

BUILDING COMMUNITY RELATIONS BETWEEN RESEARCHER AND PARTICIPANTS

The concept of relationship building with participants is not new and has evolved throughout history (e.g., Cozby, 2008). Yet in underserved communities the recall of broken relationships between researcher and community seems continuous, and the trust level overwhelming. Two questions researchers and evaluators often address are (a) what amount of time they plan to stay and (b) in what community agenda (if any) they are invested. Such questions are not unusual. Similar to a love relationship, communities who feel they have much to lose, may consider the relationship in terms of social equity: What are the costs and benefits to investment in the "love relationship" (i.e., research program), and what will be received in return for that investment (Walster, Walster, & Berscheid, 1978)?

Researchers and evaluators such as Mertens (2007), House and Howe (2000), and Greene et al. (2004) most notably have discussed the importance of relationship building in the research setting, especially with those communities that are often disenfranchised or unheard. For instance, Mertens (2007) noted that inclusiveness is a cornerstone to beginning meaningful relationships and to generating data reflective of the context and the situation. Mertens' inclusive evaluation, within the transformative paradigm, assumes that knowledge and, hence, behaviors and programs are not neutral but instead reflect the power structure and interests of society. Therefore, inclusiveness provides the opportunity to offer a voice to those who would otherwise be rendered voiceless by the research process (e.g., Bledsoe, 2005b) and to equalize the power structure.

House and Howe (2000) have discussed the issue of democracy in evaluation research, both democratic evaluation and deliberative democratic evaluation, as a mechanism to promote equity and inclusion in research for participants that might otherwise be passive in the process. In deliberative democratic evaluation, dialogue is the foundation to reconciling the values and desires of all stakeholders, including those who are yet to be identified. Such a dialogue can assist in establishing a superordinate agenda in which all, including the researcher, are invested (House & Howe, 2000).
IDENTIFYING UNDESERVED STAKEHOLDERS

As in any research and evaluation process, identification of affected stakeholders is necessary to target populations and communities. In many cases, identification of the stakeholders, even within advantaged communities falls to those who can be easily communicated with and to those who are the most vocal or visible community members (e.g., Bledsoe & Graham, 2005). This is even more pronounced in underserved communities (Scriven, 1991). We contend that the blueprint for working ethically in underserved communities is to fully identify even those who are not originally specified as stakeholders. Identification of who is considered an unintended stakeholder is important primarily because that person will likely be a recipient of the interventions or programs that may be instituted based on identified stakeholders. Only in asking all possible stakeholders to participate and in attempting to address the values and issues most important to them in a deliberative, inclusive manner can a representative perspective of the community, its context, beliefs, and values be generated (e.g., Bledsoe, 2005a).

As an example, let us return to our earlier discussion concerning the prenatal program developed to specifically target African American women in a small city in New Jersey. Program-level stakeholders noted that they did not understand why low-income African American women who had complained about the lack of services available to them were not taking part in the program. When potential clients were asked to articulate the reasons they did not take part in the services provided, several enlightening perspectives emerged. First, participants noted that the city's history of racism made it difficult to obtain services; second, participants noted that the medical community's history of racism toward African Americans essentially reflected the city's attitude thereby making it difficult to get reliable trustworthy care; third, potential participants noted the use of what were considered effective home remedies and solutions that were passed from healthy family members and finally, participants also noted the "see-saw" nature of the provision of program services: Here today, gone tomorrow, often under mysterious circumstances.

This example demonstrates that by not including all stakeholders (and perhaps the most important ones), several critical contextual aspects had not been recognized. Hence, data that would be generated in this situation would produce inaccurate judgments about the values and circumstances of the most underserved (e.g., "inappropriate" values of African Americans and low socioeconomic status community members; Fitzpatrick & Bledsoe, 2007). If African American stakeholders are not asked about their attitudes, then the reasons for nonuse of services would not have been known and community members' motivation would have been misunderstood.

One of the concerns of researchers is how to effectively identify underserved stakeholders. Possible venues include attending community gatherings and organizations, schools, home visits, and important community milestones. In these cases, more convenience/availability/haphazard/snowball sampling might be more likely to provide access to hard-to-reach community members.

We acknowledge that using these sampling methodologies essentially increases the risk of bias in realist circles (e.g., Lipsey, 1989). Much of the purported "gold standard" in research implies that a fundamentalist perspective that looks at averages across groups (e.g., comparisons by collapsed racial/ethnic groups) is the best way to determine causality and program effectiveness. But excluding whole groups of community members who may need programming or research results may not be feasible or ethical (e.g., Dawson & Kass, 2005). Additionally, the realist/fundamentalist perspective assumes that (a) heterogeneity does not exist between populations and (b) confounding and extraneous
factors such as racism, discrimination, gender, low socioeconomic status, and the like have no effect on the participants and the type of information they will provide or the questions they might answer.

Finally, we believe that researchers must consider that the realist perspective is not necessarily valued by the participants themselves. One of the frequent research assumptions is that communities will immediately see the value of what is being accomplished. Such valuing only occurs when a history of trust between the researcher and community has been developed.

Ethical Research With Underserved Communities: The Research Process and Outcomes

In this section, we consider the research process, including the determination of research questions, methodology, analyses, and utilization of results and capacity building.

DETERMINATION OF APPROPRIATE RESEARCH QUESTIONS

There is little dispute among researchers residing anywhere on the philosophy of science continuum that appropriate questions are necessary for research (Morgan, 2007). However, the determination of such questions largely depends on the researchers themselves or, at the very least, on high-level stakeholders such as funding agencies. (For another point of view, see Chapter 22, this volume.) These questions are often determined in a vacuum with little input at the formative or implementation stages from potential participants and/or communities and often reflect the values of the researchers and powerful others. Additionally, the questions developed are often considered objective, rational, and representative of the "universal." Yet as House (as cited in Hopson et al., 2007) has noted, researchers and evaluators are imbued with their own beliefs and values. Thus, such biases are apparent in the development of research questions. When communities are asked to participate, they are largely asked to react rather than develop. Such reaction without ownership or agreement of the purpose of the research can foster inaccurate research questions leading to, in the long run, inaccurate results and assessment of those results.

Greene et al. (2004) and Hopson et al. (2007) have demonstrated that democracy and inclusion in the research process can produce applicable and measurable questions. For example, in a project that included an intervention to reduce obesity among urban black and Latino adolescents in New Jersey (Bledsoe, 2005b), the evaluation team was asked to participate not as objective and distanced researchers, but as community stakeholders that included the school district, the state government department of health, and local community-based organizations. Each stakeholder was asked to address personal interests in the project, how those interests might benefit the community, and in what ways. Thus, as invested stakeholders, the evaluation team had to assume responsibility to provide truthful, invested interest beyond the need to provide credible scientific evidence.

When the high-level stakeholders (including the researchers) had established questions in tandem with one another, the team then asked the student participants for feedback as to the kind of questions they felt should be considered. Since these were high school students, the most feasible way for dialogue and discussion to take place was through focus groups. In this case, focus groups allowed for the creation of a bond with the students who began to feel (a) that they had some control about what
they would be asked to disclose and in what manner and (b) that they had ownership in the development of the project itself.

DETERMINATION OF APPROPRIATE RESEARCH METHODOLOGY AND DESIGN

Much of social science research has debated the effectiveness of quantitative versus qualitative methodologies (e.g., Guba & Lincoln, 1989; Morgan, 2007). Since the focus of some research is on demonstrating causality (rather than correlation, which is more tentative and allows for the introduction of factors beyond the control of the researcher; Davidson, 2000), the belief in experiments as the most appropriate way to determine exact factors that define the human condition and, by extension, the environment is strong (e.g., Cozby, 2008; Lipsey, 1989). Yet belief in the objectivity, rationality, and logic of experimental design can be inappropriate in underserved communities. For instance, the randomized control trials (RCTs) often recommended in educational research do not always account for contextual factors such as culture or social class. Due to the need to isolate and/or hold constant variables (often for the sake of determining effectiveness of an intervention), the RCT might miss moderating variables such as the abovementioned. Therefore, an RCT may be able to identify differences in performance among these groups but it may not be able to provide answers beyond this finding (e.g., Hall, 2001). Researchers such as Beiser (2003) have found that, in many cases, experimental research designs, purportedly making use of what are considered validated and reliable instruments are neither competent nor sensitive enough to pick up information that truly represents the situation. In these cases, it is the inappropriate use of the design that fails to generate information that describes the context, again, often due to the need to hold constant factors that may confound

the results. Beiser (2003) admitted that aspects such as culture can influence the manner in which questions are answered on seemingly universal issues. For instance, for the obesity prevention project, ethnic identity questions from supposedly reliable and validated measures by Phinney (1992) and Oyserman, Gant, and Ager (1995) were interpreted by student participants as being racist and dominant culture focused, although this was not the intention.

How is the abovementioned alleviated? In her work evaluating a family literacy program, Bledsoe (2007) found it best to first consider the historical context of the situation as well as the psychological perspectives of the communities who were the focus of the evaluation. Understanding the historical context (and by context, we mean considering aspects such as the history of racism and discrimination in the area and state), as well as understanding the impact of that context on the program staff and consumers, helped in the development of a more accurate and useful design. Specifically, Bledsoe (2005b) chose to expand the use of qualitative methodology to accommodate the general cultural milieu of storytelling. Finally, understanding the historical perspective allowed the research team to tailor surveys and other quantitative assessments to better capture the environment and community setting.

DETERMINATION OF APPROPRIATE ANALYSES

The determination of the kind of analyses that should be conducted is inherently tied to the kind of methodology that is used and how the results generated by that methodology will be used (Morgan, 2007). As mentioned previously, in many underserved communities, storytelling and context are instrumental to understanding the situation, and statistical analyses may not represent the true nature of the data. Additionally, it may limit the kind of information provided by participants. The first
Conducting Ethical Research and Evaluation in Underserved Communities 403

Admittedly, it is difficult to influence the narrative without a comprehensive understanding of the situation at hand. For instance, a project recently initiated in a rural community aimed at improving educational outcomes for underprivileged children. However, the project faced several challenges, including unreliable data collection methods and a lack of sustained engagement with the community.

In this case, the project needed to adapt its approach to better align with the local context. The team recognized the importance of building trust and collaboration with community leaders and members. They worked closely with local stakeholders to design culturally relevant interventions that are sustainable and replicable.

Utilization of Results and Capacity Building

In many cases, communities are unaware of how the research will be used and to what end (e.g., Bledsoe, 2005b). Earlier we established that basic ethical principles encourage researchers to use their results for the betterment of the human condition and for those who might be most affected by them (AEA, 2008; AERA 2008; APA, 2008). Indeed, it is hoped that such results will provide the foundation for communities to build capacity to maintain, sustain, and thrive. But what is the personal responsibility of the researcher to ensure the utilization of results in a manner that is conducive to improving the lives of the participants and community? We contend that championing the use of results in a manner that encourages and uplifts the environment must be a cornerstone in working with underserved communities.

Many communities are reluctant to use results because of the belief that the interpretations of those results will be pathologized, thereby confirming observer stereotypes of its members (Hall, 2001). In the first author's work with a leadership group for African American managers, the research team was asked to assume an advocacy role to assist in encouragement of the utilization of results by the organization, its constituents, and its membership at large. Such a request assumed that (a) the evaluators were as invested in the research as the participants, (b) they were willing to provide long-term advice and consultation, and (c) they were interested in becoming spokespersons on behalf of the community, participants, and/or organization. The question is, Did this encourage bias, rendering the researcher/evaluator powerless in truth-telling? The team believed it did not, because it had developed a partnership and provided an arena that allowed for truth-telling both positive and negative within the context of the research.

Concluding Thoughts

We have discussed why the perspective of a universalist/realist approach to research is not always the most appropriate for working with underserved communities. Yet, in some cases, this perspective is considered the most appropriate for establishing issues such as causality and for demonstrating accountability (e.g., Davidson, 2000). We wish to note, however, that larger and sometimes global concerns present an interesting quandary for researchers. For instance, concerns such as educational accountability
through the No Child Left Behind Act of 2002 in the United States puts pressure on researchers to determine a "gold standard" of best practices (and by extension, ethics) that provide the most bulletproof method of determining what works.

We write this chapter not with the intention to discredit the research and ethics of the fundamental and realist perspectives; we uphold the belief that researchers are dedicated to conducting rigorous and honest research. The chapter serves to illustrate that the ethical principles we use are inherently tied to the methodology we value and use (e.g., Guba & Lincoln, 1989; Hopson et al., 2007; Mertens, 2007). In admitting this, we suggest several plausible strategies in working with underserved communities. First, although we do not insist on abandoning more quantitative/realist perspectives, we do encourage the continued more consideration of qualitative approaches in working with underserved communities. The nature of the term underserved means, in many situations, being underserved in the information provided and underserved in one's right to determine the design of the research. We also encourage consideration of some non-conventional questions. When might a community-focused consent be most appropriate? When is it appropriate to be the advocate, or to stand by as a respectful but supportive and invested observer? We hope that researchers will not associate the consideration of these questions with abandonment of conducting good research.

The acknowledgement of expanding ethical principles and research approaches signals that research, and the way in which we conceptualize the researcher and participant relationship, is representative of a much more global and larger issue: that society, with its vast and diverse populations, must broaden its perspectives on how it will treat its citizens and the manner in which it will contribute to the betterment of these communities.

♦ Notes

1. Comments concerning this chapter should be sent to the first author via e-mail: katrina.bledsoe@gmail.com, or via land mail: P.O. Box 41495, Arlington, VA 22204.


3. The Stanford Prison study continues to be the most often cited (Cozby, 2008). Zimbardo’s study (1971, as cited in Cozby, 2008) created a climate of coercion for participants involved in a study focusing on the perils of prison life. Participants continued in the study despite growing emotional instability. Additionally, researchers became so immersed themselves that they were reluctant to release participants in a timely manner.

4. We use the term broadly here, rather than as a solo reference to race and ethnicity.

5. The authors define compassionate objectivity as a perspective that allows the researcher to empathize with the participants while still using the tools often associated with the universalistic perspective such as judgment and conclusions based only on observable phenomena, and not influenced by one's emotions, values, or personal biases.

6. The terminology to define the researcher/participant relationship has evolved over time. Participants have previously been referred to as experimentees, volunteers, and subjects. The term participant is used to denote the collaborative relationship between the participant and the researcher (Cozby, 2008).

♦ References


Guthrie, R. V. (2003). Even the rat was white (2nd ed.). New York: Allyn & Bacon.


Additionally, themselves that participants in a re, rather than hnicity. ussionate objects s the researcher ants while still with the univers- and conclu- phenomena, and v values, or persen referred to d subjects. The the collabora- participant and the


Molyneux, C. S., Wassenaar, D. R., Peshu, N., & Marsh, K. (2005). “Even if they ask you to stand by a tree all day, you will have to do it (laughter). . . . !”: Community voices on the notion and practices of informed consent for biomedical research in developing countries. *Social Science and Medicine*, 61, 443–454.


