# **Analysis of Health Equity Social Justice Workshop Evaluation Surveys: DFCH, WIC and CSHCS Divisions**

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#### 1. What is your job title? (Check one answer.)

#### Job Title- Management

		Frequency	Percent	Valid Percent	Cumulative
					Percent
	Non-Management	159	74.6	82.8	82.8
Valid	Management	33	15.5	17.2	100.0
	Total	192	90.1	100.0	
Missing	System	21	9.9		
Total		213	100.0		

The largest proportion of program attendees identified themselves as non-management staff (e.g., Program Consultant, Program Coordinator/Specialists, Administrative Support and Other). Roughly 20% identified themselves as Administration/Management.

#### What Division do you work in?

#### (Check one answer.)

#### **Division**

		Frequency	Percent	Valid Percent	Cumulative Percent
	DFCH	64	30.0	42.1	42.1
	DHWDC	11	5.2	7.2	49.3
Valid	WIC	40	18.8	26.3	75.7
	CSHCS	37	17.4	24.3	100.0
	Total	152	71.4	100.0	
Missing	System	61	28.6		
Total		213	100.0		

Note: Missing did not have pre-tests.

Most of the Health Equity Social Justice MDCH participants were from the Division of Family and Community Health. There were roughly the same number of WIC and CSHCS participants. A smaller group of members from the Division of Health Wellness and Disease Control also attended.

#### 2. Are you a person of Hispanic, Latino, or Spanish origin? (Check one answer.)

Are you a person of Hispanic, Latino, or Spanish origin?

		Frequency	Percent	Valid	<b>Cumulative Percent</b>
				Percent	
	No	184	86.4	94.8	94.8
Valid	Yes	10	4.7	5.2	100.0
	Total	194	91.1	100.0	
Missin	Syste	19	8.9		
g	m				
Total		213	100.0		

Note: Missing did not have pre-tests.

Almost all MDCH participants were non-Hispanic.

## 3. What is your race? *(Check all that apply)*Race including those with multiple responses

				Valid	Cumulative
	_	Frequency	Percent	Percent	Percent
	White	133	62.4	69.6	69.6
	Black or African	41	19.2	21.5	91.1
	American				
	Asian	5	2.3	2.6	93.7
	Other	4	1.9	2.1	95.8
	American Indian	1	.5	.5	96.3
	Alaskan Native and				
Valid	White				
	Black and White	1	.5	.5	96.9
	Asian and White	2	.9	1.0	97.9
	Black/AA and AIAN	1	.5	.5	98.4
	White/Asian/Pacific	1	.5	.5	99.0
	Islander				
	Other and White	2	.9	1.0	100.0
	Total	191	89.7	100.0	
Missing	System	22	10.3		

Total	213	100.0			l
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Note: Missing did not have pre-tests or did not respond.

The majority of MDCH participants were White (70%), with Black/African American (21%) as the next largest group. A select few identified themselves as Asian, multi-racial or other.

### **Pretest and Posttest Self-Rated Competencies**

How much do you agree or disagree with the following statements about your level of confidence in successfully conducting these specific tasks?

			Assessment			
I am confident I can		Pret	est	Postt	est	
(1= Strongly Disagree to 5=Strongly Agree)	(n=154)	Mean	SD	Mean	SD	Paired t-test
<ol> <li>Articulate an understanding of target identities and non-ta- identities.</li> </ol>	arget	3.25	1.07	4.65	.51	-15.66*
<ol><li>Articulate an understanding of the four levels of oppression change.</li></ol>	ng of the four levels of oppression and		.97	4.52	.65	-20.86*
<ol><li>Articulate of the difference between health disparity and h inequity.</li></ol>	e between health disparity and health		1.05	4.31	.78	-11.72*
7. Articulate an understanding of social determinants of hea	llth.	3.60	.94	4.36	.68	-9.58*
Articulate an understanding of cultural identity across target non-target groups.	get and	3.02	.91	4.32	.69	-16.66*
<ol> <li>Articulate an understanding of public health's historical repromoting social justice.</li> </ol>	ole in	3.25	.97	4.19	.70	-11.63*
10. Articulate an understanding of the root causes of health in	nequity.	3.38	.96	4.30	.71	-11.67*
11. Analyze case studies in a social justice/health equity fram	nework.	3.10	1.0	4.26	.66	-14.67*
12. Identify opportunities for advancing health equity at my w	orkplace.	3.20	.86	4.17	.65	-13.53*

<sup>\* &</sup>lt;u>p</u> < .001

Participants showed statistically significant increases in all reported self confidence ratings in understanding social justice and health equity/disparities terminology, and in their ability to identify opportunities for addressing health equity.

### **Pretest and Posttest Content Knowledge Items**

Please circle True or False or Not Sure for the following statements.

riease circle True of Paise of Not Sure it		mg cu.		Period	
Knowledge Question	Correct	_	Dustast	Daattaat	D. Valera
Men are the "non-target" group for identifying gender oppression and privilege.	Answer True	n 150	Pretest 24.7%	Posttest 86.7%	P-Value <.001
14. The experience of oppression and privilege can change frequently based on our target and non-target group identities.	True	150	62.0%	92.0%	<.001
<ol> <li>Nearly everyone experiences some form of unearned privilege, regardless of how hard they work to achieve success.</li> </ol>	True	152	50.7%	73.0%	<.001
16. One way health departments can address the social determinants of health is by promoting healthier eating habits.	False	151	30.5%	52.3%	<.001
17. The field of public health developed in response to social injustice brought about by the industrial revolution.	True	147	34.7%	74.1%	<.001
18. The social justice framework for public health practice suggests that health problems are primarily caused by lower- income individuals making bad health choices.	False	149	73.2%	83.9%	.014
<ol> <li>The social justice movement in public health is an attempt to shift focus from health inequities to health disparities.</li> </ol>	False	149	34.9%	66.4%	<.001
20. The term "health disparities" refers to the underlying causes of "health inequity."	False	149	24.2%	40.9%	<.001
<ol> <li>Thoughts, beliefs, and values held by an individual are examples of the <i>cultural level</i> of oppression and change.</li> </ol>	False	150	17.3%	72.0%	<.001
22. The <i>institutional level</i> of oppression involves rules, policies, and practices that advantage one cultural group over another.	True	154	26.6%	95.5%	<.001
23. The <i>personal</i> level of oppression involves actions, behaviors, and language.	False	153	5.2%	60.8%	<.001
24. Eliminating <i>interpersonal level</i> oppression involves change in community norms and media messages that reinforce stigma and negative stereotypes.	False	153	7.8%	62.7%	<.001

Participants showed statistically significant increases in knowledge for all 12 content knowledge questions. Pre-test scores ranged from 5.2% to 73.2%, with post-test scores ranging 40.9% to 92.0%.

## On a five-point scale, how useful was this workshop for your work? Circle one answer:

1	2	3	4	5
Not at all	A little	Somewhat	Very	Extremely
Useful	Useful	Useful	Useful	Useful

Mean Rating for the HESJ Workshop: 4.06 Mean Rating for the UR Workshop: 3.96

Standard Deviation: .97 (UR: .93)

Participants of the Health Equity Social Justice Workshop rated the usefulness of the workshop as 4.06 on a 5 point scale, with 1 being 'Not at all useful' and 5 being 'Extremely Useful'. This rating is higher than the average usefulness rating of 72 other professional training events.

Comparison of this Mean Usefulness Rating with Mean Usefulness Ratings of 72 other professional training events:

colleague?		Sworkshop again in the future, would you recommend it to a Check one answer:					
Response		No		Recommend with reservations		Recommend with NO reservations	
Percent		3.0%		22.8%		74.3%	

74.3% of the participants would recommend this workshop without reservations, versus 73.8% of Undoing Racism Workshop Participants.