

Analysis of Health Equity Learning Labs 3 Evaluation Surveys

Allison Krusky, MPH

Thomas M. Reischl, PhD

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Workshop Date

Workshop Attendance

	Frequency	Percent	Valid Percent	Cumulative Percent
Total	41	100.00	100.0	

The 2 groups (AM/PM) from Learning Labs 1 & 2 were merged for Learning Lab 3 to form one group. There were 41 participants in the 3 half-day sessions which were held over three days, April 23- 25th, 2013. Of these 41 participants 37 were from MDCH.

1. What is your job title? (*Check one answer.*) MDCH Only

	Frequency	Percent	Valid Percent	Cumulative Percent
Administrative/Management	8	21.6	21.6	21.6
Program Analyst/Specialist	5	13.5	13.5	35.1
Valid Program Consultant	10	27.0	27.0	62.2
Administrative Support	5	13.5	13.5	75.7
Other	9	24.3	24.3	100.0
Total	37	100.0	100.0	

There were roughly equal numbers of staff members holding administrative/management, program consultant, or “other” positions. There were slightly fewer staff who identified themselves as having an Administrative Support or Program Analyst/Specialist role at MDCH.

2. What is your primary workplace?

(Check one answer.)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid MDCH	37	90.2	90.2	90.2
Local WIC Agency	1	2.4	2.4	92.7
Other	3	7.3	7.3	100.0
Total	41	100.0	100.0	

Almost all of the Health Equity Learning Lab Session 3 participants were from MDCH. There were four participants who listed either a Local WIC agency or Other as their primary workplace.

3. Which WIC Section do you work in? *(Check one answer.)*

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Nutrition Program and Evaluation	14	34.1	38.9	38.9
Vendor Management	5	12.2	13.9	52.8
Data and Systems Management	10	24.4	27.8	80.6
WIC Operations Unit	7	17.1	19.4	100.0
Total	36	87.8	100.0	
Missing None	5	12.2		
Total	41	100.0		

Two thirds of Health Equity Learning Lab participants were from either the Nutrition Program and Evaluation Section or the Data and Systems Management Section. There were similar proportions of participants from the WIC Operations Unit and the Vendor Management Sections.

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

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	39	95.1	95.1	95.1
Valid Yes	2	4.9	4.9	100.0
Total	41	100.0	100.0	

Most Health Equity Learning Lab participants were non-Hispanic.

5. Are you a person of Arab, or Chaldean origin? (Check one answer)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	40	97.6	97.6	97.6
Valid Yes	1	2.4	2.4	100.0
Total	41	100.0	100.0	

Most Health Equity Learning Lab participants were not of Arab, or Chaldean origin.

6. What is your race? (Check all that apply)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid White	27	65.9	67.5	67.5
Black or African American	7	17.1	17.5	85.0
Asian	2	4.9	5.0	90.0
American Indian Alaskan Native	2	4.9	5.0	95.0
AIAN and White	1	2.4	2.5	97.5
Asian and White	1	2.4	2.5	100.0
Total	40	97.6	100.0	
Missing System	1	2.4		
Total	41	100.0		

The majority of Health Equity Learning Lab participants were White (65.9%), with Black/African American (17.1%) as the next largest group. A few identified themselves as Asian, American Indian Alaskan Native or bi-racial.

Learning Lab Activities Usefulness

Please rank order the following Learning Lab activities. Write “1” for the most useful learning activity, and “2” for the next most useful learning activity, and so on.

	N	Minimum	Maximum	Mean	Std. Deviation
Equity vs. Equality	39	1	9	3.44	2.954
Brooks Equity Typology Tool	40	1	9	3.82	2.601
Case Studies Activity	37	1	9	4.76	2.891
Concept Mapping	38	1	9	4.76	2.399
R4P Framework and Discussion	38	1	9	4.79	2.693
Appreciative Inquiry	38	1	9	4.95	2.416
Equity Action Plan Presentation	39	1	9	4.95	2.856
Development/Implementation Science Format	39	1	9	5.00	2.956
Expert Panel Discussion	36	1	9	5.67	2.757
Connection Grid Activity	34				
Valid N (listwise)					

Participants ranked each Learning Lab activity from 1 to 9 in their level of usefulness with 1 as the most useful, and 9 as the least useful. These rankings were averaged, so that those activities with the lowest mean were considered more useful, whereas activities with higher means were considered less useful.

Participants ranked the discussion of equity vs. equality as the most useful activity of the learning labs, followed by the Brooks Equity Typology Tool. Participants felt that the Case Studies Activity, Concept Mapping and the R4P Framework and Discussion were about the same usefulness. The connection grid activity was deemed the least useful activity overall, it also had the fewest number of respondents which may suggest that participants did not remember this activity or connect the name with the activity.

Workshop Evaluation Questions

7. What, if anything, do you still need to incorporate equity into your workplans?

Summary: Participants reported needing additional and continued support in order to incorporate equity into their workplans. Participants would like support from management and MDCH, and funders. Participants would like leadership to guide them, keep the focus on equity and to provide resources (funding, technical assistance). Along these same lines, participants would like continued follow-up on projects from the Learning Labs.

(28 responses)

- **Support and leadership from Management/Department**

management support and buy-in

More direction and guidance

Continual reinforcement and support from managers and administration.

Reminder when overwhelmed with assignments and priorities

department support-ongoing

cross connect work of WIC with other MDCH divisions to leverage work outcomes/advocacy connections by title

- **Follow through on activities from Learning Labs**

need to revisit aspects of daily work and add equity lens

Planning and implementing the qualitative study

health equity needs assessment of local agency by title WIC staff and coordinators

Follow-up sharing on progress of our action plans

- **Keep the big picture in mind**

Be conscious of the larger goal to reduce infant mortality

A more explicit acknowledgement of structural racism and its impact on communities and people

Keep working together to make the steps to make it to the goal.

- **Additional resources and outside support**

Full support of the gatekeepers, i.e. USDA

Resources-funding, staffing, USDA approval

Resources

Ongoing knowledge and technical assistance

- **Include partnership with Local Agencies and community**

Buy in from LA's

Identify the need/concerns of LA staff and clients

Further work with locals/community

- **Increase confidence to make health equity changes**

The courage to pursue making change in the workplace and areas in which we function in our jobs

Confidence in my ability to change and sustain the concepts I have learned

more practice

- **Assist others**

Try to be available to help groups

keep in mind (larger goal to reduce infant mortality)and reach out to underserved

- **Personal reflection on health equity**

Start with myself and examine my own thinking process

Daily reflection

- **Other**

N/A (2)

ongoing journey

Incorporating racial aspects-just gender inequity

Being more sensitive to all ethnic groups

how to address internal oppression, expressed as racism/classism to others of same race

8. What items did you place in your portfolio to mark your progress toward incorporating equity in your work? Please list your ideas of how the portfolio helped you.

Summary: Participants reported selecting newspaper articles, and academic resources to fill their portfolio, along with using the portfolio as a personal journal for thoughts and observations. Participants collected information based on location (e.g., Michigan counties, MDCH) and topic (specifically Native American issues). Participants reported that the portfolio assisted with keeping health equity on the forefront in-between Learning Lab sessions, and in evaluating health equity information.

(33 responses)

- **Newspaper Articles (print and online)**

newspaper and online articles; inequity with Native Americans; health inequities

newspaper articles, etc

newspaper articles

newspaper clipping from grand rapids press re: kent co. efforts to address health equity

I retrieved articles over the web regarding discrimination and inequity and put them in my portfolio to view now and later to keep my focus and goal on instituting our equity plans

various articles

newspaper clippings

items from media that affect equity

- **Personal notes and reflection**

Recent experiences where I found myself reflecting on equity and disparity issues

Have continued to jot down an idea of bringing equity discussion, awareness, tools as work plan actions unfold and occur

Observation of people in general and their comments

Used more as journal notes re: activities, observations, actions, opportunities

notes on what we have done since the first lab

- **Portfolio provided structure for evaluating health equity**

Provided roadside and resource for evaluating information

Listen/look at info from equity lens; evaluate information

Materials most focused on objective selected most useful and helpful; early collection very diverse not helpful; interesting table conversation, but no time to discuss work

Folded piece of paper exercise shows children how you can't take back the impact of your words/actions.

BET,R4P

- **Portfolio increased awareness of health equity issues outside of Learning Labs**

it helped me open my eyes when performing even basic daily tasks

These exercises helped me to see that we often inadvertently discriminate in areas that we are not aware of Portfolio helped me to keep in touch with PRIME thinking while away from PRIME

Awareness of issues of health equity

- **Academic Resources**

poster session write-up re: WIC and Native Americans (association conference)

Note from MSU professor that noted actual eating behavior changes (positive) after WIC food package changed (policy)

I also collected scientific studies of stress on the body and its effects

Multiple articles referring to inequity, inequality and racism

- **County and MDCH Information**

Wayne County infant mortality info CDC teen repeat birth info in Black & Native American these all reinforced what we

had learned with the labs and gave ideas for change in MI

past publications produced by WIC r/t racial inequities

meetings, trainings, current events that outline structural issues

Examples of LA staff and clients

- **Information on Native Americans in Michigan**

indicators by race, ethnicity for IM-related measures; thoughts about issues specific to Native American IM

An Article on NPR, that talked about disparities in NA comm in Michigan(aired 4/24/13);come up with a website/place where LA can share ideas that work or don't work

Tribal information for Michigan maps of MI tribes linked to local WIC agency

- **Other**

N/A

I didn't have one

not sure

Discrimination.

numerous

9. In what specific ways will these learning labs help you better address racial health disparities at your job? Please list your ideas of what you could do or would like to do in your job that is different from what you are currently doing.

Summary: Participants reported that the Learning Labs help them to better address racial health disparities at their work by increasing their willingness to address issues that affect health equity, engage in conversations about health equity and providing tools and information. Participants also reported that the Learning Labs increased their awareness, and changed or broadened their perspective on health equity issues.

(32 responses)

- **Desire to implement changes to impact health inequities**

We will pursue our VMO Action plan and go beyond

Increased awareness will allow me as well as team to quickly focus attention on equity considerations in all equals of institutional management-from policy development, to having evaluation practices, to having evaluation practices, training, etc

Do research

Implement BET R4P

We already have plan and agenda outlines with meeting schedule

how to address, how to work toward active intervention

helped me ID key areas needing to be prioritized

change service delivery in certain areas

Volunteer to help other groups implement these disparities.

Think before we make a change to anything

- **Tools and knowledge to help address health inequities**

Excellent tools

Boxing tools for addressing the inequities in health care

Better understanding of equity vs. equality

Better knowledge to include equity in all the work we do

Knowledge

Provided background

experience trying to develop equity plans

- **Desire to engage in dialogue**

To have the "hard" conversations to invoke change

Use this shared experience as a platform to open dialogue about inequity perceptions- previously I lacked the

courage and venue to do so, so opportunities just passed

When I'm uncomfortable I need to share what's on my mind and hopefully it will be resolved

Remembering everyone has a story- they are who they are from that story; treat all with that in mind, never know/understand until you listen; and ask. Don't just give speech on what you want

- **Increased consciousness of health inequities**

Helps to raise awareness

Makes me more aware of how various factors can impact the health of individuals and how it can affect change to impact those factors

more awareness

Awareness

- **Learning Labs have broadened or changed participants viewpoints**

Increased sensitivity and understanding of perspectives

I think perspective gained is most important and an openness to see things differently

New perspective especially with the box picture. Really put it in perspective

increased sense of need for further understanding

- **Value the input of community members and minorities to better understand need**

Obtain input from downstream-listen to others' perspectives and incorporate

Outreach and research of American Indians' needs

Incorporating minority perspectives into all projects going forward

NEED to reach out and understand others

- **A desire to develop closer relationship with Local Agencies**

Being a report specialist, I can help provide information re various underserved populations to our local agencies to increase outreach; Provide reports on obesity, infant mortality, breastfeeding rates across state to LA to help identify the underserved populations and to improve the rates Work more closely with local agencies on building good community networks/programs

Share concepts in the training I impact for local agencies to move implementation forward.

- **Other**

illustrate challenges of training of this type especially in working with government

incredibly important that the end game was a plan to change something in the real world-made it all mean something and drove home that it is possible to make change in our lives

Being mindful even of people don't treat you right; treat them how would want to be treated

10. In what ways did these learning labs disappoint you or fail to meet your expectations?

Summary: Participants were disappointed that the communication and direction of the Learning Lab was not clear and at times did not account for the busy schedules of the participants. Participants would have liked having a better sense of the direction of the Learning Labs and more communication during and in-between Lab sessions. Participants also noted some suggestions on content and format of the Learning Labs. However, almost half of respondents did not report being disappointed.

(26 responses)

- **Needed more communication**

Sometimes there was a lack of communication between labs

Maybe I missed it, but at the first lab a little greater "roadmap"/vision or where we were going might have been helpful.

In lab 3, day 1, I was disappointed that we spent 3 hours on work we already had completed. It would have been better to have been provided with that information prior to or when being informed of the presentation

I thought at times the last minute additions, changes disvalued the importance/time sensitive component of our jobs. For instance telling us the day before the presentation that it needed to be in a certain format. That evening I stayed late to get it done before the next day

The first one was difficult in it was hard for me to find where it was going

- **Format of the Learning Labs**

Need more time to allow for discussion and processing throughout labs for participation

and the rushed lack of breaks

Could have a little less history on development of inequity. Society will always be stratified to some degree.

A lot of theory vs. application-jargon; I appreciate concrete application vs. theory

- **Panel**

Panel from day 2 of 3-some of the comments were really because they didn't understand

The panel. Don't believe they truly listened to us. Believe they came in with preconceived notions on what they wanted to say about topic and then incorporated in their responses

- **None**

none (4)

N/A (5)

no disappointment at all

They exceeded them

I don't feel I was disappointed and there was no failure

- **Other**

I don't believe they will be exhibited in our work place

I thought we were addressing racial disparities and there were times I didn't feel a part of the team and wasn't included but an after thought

one size does not fit all

The definition of food deserts needs to be perfected and further universally accepted or universally dumped

Guinea pigs; some tools BET and all 2 questions given at lab 3 needed to be field tested or tried out before giving (some redundancy); give modified 2 questions to help consider preparation; probe then consultation where not well developed

11. What would have made these learning labs more successful?

Summary: Participants suggested including a wider variety of participants outside of MDCH in the Learning Labs. Participants also recommended better organization of the workshop (e.g., increasing time for activities and discussion), increasing the participation of the panel and creating follow-up sessions.

(34 responses)

- **Include others (community members, local agency employees, etc.) in Learning Labs**

Include us as native people in from the beginning. I appreciate how you fit us in where you could

infuse lessons learned from others trying to do this work

Would have liked to see more local agency representation

Actually bring in people instead of case studies

I think had we worked more with community members. Perhaps more real life instances of client experiences

Be more inclusive and not so academic

Getting feedback from WIC dept on what they can do within our dept regarding improving equity

- **Better organization of the workshop**

small groups needed more privacy; too noisy all in one room

For long trainings, more people replenish beverages/have enough beverages

Improve logistics

The slides did not always follow the handouts

Some way to present the material in less time so that staff time is optimized

Stick to time frames so all aspects get time they need. Felt some areas were given less attention because they were at end of discussion

- **Needed more time for activities**

maybe more lecturing and information on the 4rps and BET to ensure we all understood the concepts

more time to strategize and collect data

more use of scenarios and eval tools

Simple formatting changes (more info we can use, less lengthy history discussions and ramblings about "feelings") would make it perfect

need more time to process the exercises

- **More group discussion**

more group discussions

Longer days which would have allowed for more discussion and maybe not so rushed

may be longer time-for discussions

- **Follow-up sessions**

Need follow up LAB in 3 months

I would like to see a lab number 4 or 5 to follow up with progress on our action plans

- **More involvement from the panel**

Bring in the panel earlier to get their tools and thoughts sooner in the process

panel here the whole time to see how we've developed

- **Better communication of expectations**

Please provide the 2 questions before the day before the presentations. These should have been distributed at the February workshops. Also, please suggest a time limit (5min) for each panel member's comments on the presentation. If we have to work under a time limit so should they

A little bit more explanation prior to the presentations so they would not have to be re-done

- **None**

excellent job

Hmmm- not sure. I think they were very successful in retrospect.

Thank you all of the facilitators did a wonderful job

Nothing. They were great

n/a

- **Other**

If I had been able to attend lab 2

You've already received my feedback by email

In the social justice workshops to not be so focused on political correctness but instead use these opportunities to create dialogue and address scenarios that may lead to politically incorrect remarks. We are human and are likely to always be somewhat politically incorrect but should not be chastised for it but instead just appreciate and understand others perspectives as well

I was really disappointed in a comment made by the panel-breastfeeding. It's discouraging to hear the comments that were made

12. If we offered this workshop again in the future, would you recommend it to a colleague? *Check one answer:*

Response	<input type="checkbox"/> No	<input type="checkbox"/> Recommend with reservations	<input type="checkbox"/> Recommend with NO reservations
Percent	2.4%	9.8%	82.9%

82.9% of the participants would recommend this workshop without reservations. Comparison of the percent of participants who would recommend this workshop without reservations of the Third Learning Lab group with percent recommendations no reservations among 17 other PRIME training events:

