

Analysis of Health Equity Social Justice Workshop Evaluation Surveys

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Workshop Date

Date of the workshop

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 02/28/13	20	30.8	30.8	30.8
03/14/13	20	30.8	30.8	61.5
04/04/13	25	38.5	38.5	100.0
Total	65	100.0	100.0	

The Health Equity Social Justice workshop was attended by 65 participants. Of these 65 participants 51 reported working for MDCH. There were three Health Equity Social Justice workshops; each consisting of 2 workshop days followed by a few weeks break with a half day follow-up session.

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

What is your job title? (MDCH Only)

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Administrative/Management Program	8	15.7	15.7	15.7
Analyst/Specialist/Consultant	24	47.1	47.1	62.7
Administrative Support	12	23.5	23.5	86.3
Other	7	13.7	13.7	100.0
Total	51	100.0	100.0	

The largest proportion of program attendees identified themselves as a Program Analyst/Specialist/Consultant. There were roughly similar numbers of Administrative/Management and Other.

2. What Division/Section do you work in? (Check one answer.)

Which MDCH Division do you work in?

	Frequency	Percent	Valid Percent	Cumulative Percent
Division of Family & Community Health	2	3.9	3.9	3.9
WIC Division	2	3.9	3.9	7.8
Children's Special Health Care Services	36	70.6	70.6	78.4
Division of Health Wellness and Disease Control	2	3.9	3.9	82.4
Other	9	17.6	17.6	100.0
Total	51	100.0	100.0	

Most of the Health Equity Social Justice MDCH participants were from the CSHCS Division. There were equal number of participants from the Division of Family & Community Health, WIC Division, and Division of Health Wellness and Disease Control. There were 9 participants who selected "Other" for their division.

What CSHCS area do you work in? (CSHCS Only)

	Frequency	Percent	Valid Percent	Cumulative Percent
Policy & Program Development Section	5	13.9	13.9	13.9
Quality & Program Services Section	7	19.4	19.4	33.3
Customer Support Section	22	61.1	61.1	94.4
CSHCS Administration	1	2.8	2.8	97.2
Other	1	2.8	2.8	100.0
Total	36	100.0	100.0	

Most participants from CSHCS Division worked in the Customer Support Section. There were approximately similar number of participants from the Policy & Program Development Section and the Quality & Program Services Section.

3. 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 Percent	Cumulative Percent
Valid	No	52	80.0	91.2	91.2
	Yes	5	7.7	8.8	100.0
	Total	57	87.7	100.0	
Missing	System	8	12.3		
Total		65	100.0		

Note: Missing did not have pre-tests.

Slightly less than 10% of participants reported being of Hispanic, Latino, or Spanish origin.

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

What is your race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	40	61.5	72.7	72.7
	Black or African American	14	21.5	25.5	98.2
	Asian	1	1.5	1.8	100.0
	Total	55	84.6	100.0	
Missing	System	10	15.4		
Total		65	100.0		

Note: Missing did not have pre-tests or did not report.

The majority of MDCH participants were White (73%), with Black/African American (26%) as the next largest group. One individual identified themselves as Asian.

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?

<i>I am confident I can...</i>		<i>Assessment</i>				<i>Paired t-test</i>
		<i>Pretest</i>		<i>Posttest</i>		
		<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
<i>(1= Strongly Disagree to 5=Strongly Agree)</i>	<i>(n=43)</i>					
5. Articulate an understanding of target identities and non-target identities.		3.33	1.11	4.63	.45	-8.07***
6. Articulate an understanding of the four levels of oppression and change.		2.95	1.07	4.51	.55	-9.92***
7. Articulate of the difference between health disparity and health inequity.		3.35	1.04	4.16	.75	-5.57***
8. Articulate an understanding of social determinants of health.		3.53	1.01	4.26	.66	-5.72***
9. Articulate an understanding of cultural identity across target and non-target groups.		3.07	.99	4.28	.67	-9.52***
10. Articulate an understanding of public health's historical role in promoting social justice.		3.35	.97	4.07	.63	-5.94***
11. Articulate an understanding of the root causes of health inequity.		3.28	1.03	4.14	.77	-5.70***
12. Analyze case studies in a social justice/health equity framework.		3.16	1.05	4.12	.70	-.658***
13. Identify opportunities for advancing health equity at my workplace.		3.19	.92	3.98	.72	-6.05***

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Participants showed statistically significant ($p < 0.001$) 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.

Knowledge Question	Correct Answer	n	Testing Period		P-Value ¹
			Pretest	Posttest	
14. Men are the “non-target” group for identifying gender oppression and privilege.	True	42	19.0%	85.7%	<.001
15. The experience of oppression and privilege can change frequently based on our target and non-target group identities.	True	40	65.0%	92.5%	.007
16. Nearly everyone experiences some form of unearned privilege, regardless of how hard they work to achieve success.	True	42	40.5%	66.7%	.007
17. One way health departments can address the social determinants of health is by promoting healthier eating habits.	False	43	25.6%	34.9%	.125
18. The field of public health developed in response to social injustice brought about by the industrial revolution.	True	41	31.7%	68.3%	<.001
19. The social justice framework for public health practice suggests that health problems are primarily caused by lower-income individuals making bad health choices.	False	42	64.3%	71.4%	.549
20. The social justice movement in public health is an attempt to shift focus from health inequities to health disparities.	False	42	19.0%	50.0%	<.001
21. The term “health disparities” refers to the underlying causes of “health inequity.”	False	39	25.6%	35.9%	.219
22. Thoughts, beliefs, and values held by an individual are examples of the <i>cultural level</i> of oppression and change.	False	43	18.6%	74.4%	<.001
23. The <i>institutional level</i> of oppression involves rules, policies, and practices that advantage one cultural group over another.	True	43	69.8%	97.7%	.002
24. The <i>personal level</i> of oppression involves actions, behaviors, and language.	False	42	0.0%	69.0%	---
25. Eliminating <i>interpersonal level</i> oppression involves change in community norms and media messages that reinforce stigma and negative stereotypes.	False	43	7.0%	62.8%	<.001

1. McNemar Test

Participants showed significant increases in their content knowledge for a majority of content knowledge questions from the pretest to the posttest. There were three content knowledge questions which did not show a significant increase. Two of the non-significant questions had low post-test scores compared to the other questions: “One way health departments can address the social determinants of health is by promoting healthier eating habits” and “One way health departments can address the social determinants of health is by promoting healthier eating habits.”

Workshop Evaluation Questions

26. In what ways will this workshop 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 this workshop brought attention to incorporating health equity into policies and practices. Participants also mentioned they felt more comfortable having difficult conversations about health equity. Other participants struggled to understand how the workshop applied to their job; some needed more time to digest the workshop content whereas others did not feel the workshop helped them to address health disparities in their job.

(39 responses)

Include Health Equity in practices and policies

When creating or changing policy, take time to consider if it will unintentionally marginalize a target group

Ideas presented in this workshop can be integrated into the strategic planning processes I'm a part of

Identify gaps based on race disparities among the population I serve/work with; develop plans/policies based on the root causes of disparity so that change can be more directive

Reinforces the importance of addressing health equity and social determinants

Considering disparities in tobacco use and program participation

I'm still quite new in my position as this just growing to learn about it...we could communicate and fund programs that effectively target better populations disproportionately affected.'s

In my job there is already an explicit focus on racial health disparities and inequities, but I think the workshop has focused my

lens more directly on root causes and systemic pressures that all of us face. Intentionally addressing and challenging oppression is always something I can work on and strive forward in my work

Leave race off application

Improved communication skills

I'd be more likely to try to change the conversation around and bring it back to the positive

It will give me a better understanding and to be more considerate when understanding and to be more considerate when speaking to others

Will help to know how to have difficult discussions productively

Talk

Listen-be open

Participants are better able to confront health inequity issues

Strategies on how to confront a person

It will help me identify oppressive situations easier and confront them

mini-conversations with other co-workers;
challenging oppressive institutional norms

The most important idea I am taking away from this workshop about racial health disparities is that when highlighting these differences, having conversations about why they exist to stream factors that have the biggest impact (moving away from personal behavior/decisions)

Wow, it will really allow me to focus on applying the knowledge I learned to better help minorities that struggle with kidney disease. To advocate for them

Need more time to process

won't change me right away

I am more of racial health disparities but I am not sure how to address them yet. I am still thinking and want to be involved

Don't know that this makes a direct difference in being able to address disparities, but it has helped me understand the disparities within the patient population. The population I see is the end result of the disparity

Unclear

Uncertain

Workshop did not help participant to address disparities at job

It won't

It will not. Nothing different

It doesn't affect my job at the level I am at.

None

Trying to translate workshop lessons into job

In my position I do not have the ability to address disparities, however I am able to

share the knowledge obtained in this workshop and have discussions with the representatives on the county level.

I will make sure that whatever I do, I am thinking about social justice and make sure that social justice is addressed

This workshop made me more aware of unearned privilege although I don't work directly with public I can apply this knowledge to situations in the workplace

It opens my eyes to what I deal with on daily level

more aware of inequities and causes

Include all staff in Health Equity training

Involve everyone

Have more workshops that brings everyone together to talk about these issues

Have other staff attend this workshop, consistent health equity and social determinants training for staff, include health equity training in employee objectives

Other

When a co-worker says something that they know may not know is oppression

I would like people to see how certain people have been stuck that moved up when they clearly deserve it

I understand better what health equity means so would focus more on measuring ladder then people on ladder. Changes individual work plans but also changes priorities for data development what will be harder, how to continue discussions on social justice with other staff. Will be forming group on floor but also talking with fellow managers-maybe more role playing possible

My role as lead for nutrition increased awareness of health disparities helps me more critically examine what health messages we present, how we present them, why we present them, and most importantly how we create fair positivity for others to receive services. I'm involved in a shift from content to client-centered services that this workshop will impact

CSHCS helps the families after the child is born. It has opened my eyes to the problems that still exist and can affect births

I would love to have this conversation with our management team without the fear of repercussion

27. Describe the most useful or valuable outcomes of this workshop.

Summary: Participants felt that learning about health equity terminology, and power and privilege were valuable outcomes of this workshop, along with developing communication skills. Participants also reported that this workshop was a good opportunity to hear opinions and personal stories from co-workers which lead to a sense of camaraderie among participants.

(43 responses)

Health Equity Terminology

The identification of and labeling of terms

The 6 emotions. Labeling the levels of where -isms occur in order to exact change

Non-target groups and target groups

Learning about the 4 levels of oppression

Target-non target group and labeling everyone

Understanding key terms

Health inequity vs. health disparity/target vs. non target groups

Understanding the 4 levels of oppression

Techniques for improved Communication

The guidelines are awesome. I feel when people learn to listen to one another, respect differences, agree to disagree and do self reflection, things can move forward

Starting difficult conversations with goal of listening instead of arguing

Brought to my attention how people may offend with careless words.

dialogue

having conversations on an interpersonal level

Communication should flow more fluid

observation of effective interpersonal communication with persons in 'power' positions, removal of fear of discussing the hard stuff

Built camaraderie among participants

Opportunity for co-workers to interact in a different environment and see each other as "people" with a variety of different experiences

That there is a need to be able to talk about the fact that racism and oppression is still occurring without being judgmental

Personal aspect (opinions, stories, etc)

An eye opener to how people perceive the existence of racism in our communities

The communication held with everyone and learning what others think about the racial disparities.

The enormous impact from the participants and the opportunity to honestly and openly have this dialogue with people of all target groups

Development of common experience and expectation among participants. I am hoping a network develops

Recognition of power and privilege

become more open with co-workers, when necessary (power)

understanding power
(Learning) about power

The discussion of power

The discussion of power and how to use it

It created awareness of unearned privilege

Greater awareness of my power and/or
connection to those with power

Opening my awareness of oppression and
privilege in my daily life. The identification of
the power that I have to change systems is
powerful

The fact that I do have some type of power,
I am to use it to benefit mankind as a whole

understanding of my own power and
privilege and how I can affect change.

Opportunity for reflection

self-evaluation

Time and encouragement to think critically
about equity

Being able to re-evaluate my thoughts and
feelings

becoming more self-conscious

All of it was good for me-helped me
understand others feelings and my own

[understanding] my role, what I can do,
seeing discrimination

Interactive activities

role playing

role playing and thinking about ways to act
and react in tense complicated racial
situations

Small groups discussion/dialogue and then
reporting to the large group

Analyzing case studies, thinking through the
levels of oppression and how privilege all
impact decisions

Other

Not over till done talking

Everything! I hope and am excited to make
a difference and get people to wake up to
the truth

I really liked it all honestly.

be more vocal in disparities and how these
can be changed

Awareness

I received the greatest value from more
knowledge. New information helps me see
things more broadly and with less
immediate judgment and wanting to ask
questions and understand better

28. How did this workshop improve your specific knowledge or skills you use for your job? Please list the specific areas of knowledge or skill development that improved.

Summary: Participants reported improving their knowledge of target groups and health equity terminology. Again, several participants felt that they had improved their communication skills. Others reported improving their ability to identify problems, and identify power and privilege.

(44 responses)

Knowledge of target groups

Those of other race, class, culture, speak other than English are targeted daily and have struggles I was currently unaware of

I deal with many different populations and it has opened my eyes to how people in target groups may end up where they are because of that

Working a lot with our CHC's I see a lot of individuals that are lower income target groups. helping them by promoting social learnings will benefit both

Awareness of target groups and non target groups will help me to better approach communities and law makers when making policy changes

Understanding of target and non target oppression

Aware of more target groups than I previously was

help to identify and learn about target and non target groups.

Understanding target and non target groups a little better.

understanding of target/non-target; how to get more knowledge

Non-targets vs. target groups

I never knew about target groups or underlying 4 levels of oppression

Knowledge of Health Equity Terminology

levels of oppression

understanding social justice definition and 4 levels of oppression

Knowledge of 4 levels of oppression.

levels of oppression, power

The intent vs. impact will be an incredible benefit.

Identification of the root causes. Knowledge that the privileged don't know of their power

Specific areas: intent and impact/self focus

Communication skills

Improved interpersonal communications skills to have conversations that might seem uncomfortable but helpful for other party to know

Language to speak on these issues, strategies to approach oppressive behaviors on an interpersonal level

Other than being able to communicate 'open mindedly' with other co-workers

Being able to move freely and converse about differences.

When talking to others, knowing what is or to say, and what is not. When to speak to others about a conversation they may have had

communication

A new way of facilitating discussion better use of scenarios

how to engage in difficult conversations; how to be an ally

It made me more aware about my impact on people. Sometimes I do and say things meaning well but the impact comes off negative so I'm working on it

I learned my listening skills could use some more work. I had the opportunity for insight and practice

The feedback from others was very welcome-also time to listen and think made me realize how little this is done.

learning about this and how to use dialogue to address health inequities

With answering phones I will be more aware of the language and way/tone of my words and tone

Developed knowledge and skills to identify problems

Role playing was helpful to understand what is not working.

case studies and working through these problems

It was extremely helpful in determining/visualizing oppression and how this impacts institutional policies and statutes

Making connections between determinants of health and health

Thinking more and asking more questions; better understanding and realizing there are social and economic factors in health that I have never considered before

It has made me more aware of the population that we serve and understand as to why I see common diagnosis amongst certain races

Knowledge of personal power

Learned how to make use of personal power in improving/changing culture

thoughts about power/I am very powerful

Unsure

I need to wait to see

Still reflecting on this

not sure yet, skill in how to speak up were good, not sure how it will work at my workplace

Unclear at present

It Did Not Improve Knowledge or Skills

n/a

It didn't (2)

Did not-old knowledge

Other

Allowed me to understand the struggles in accessing healthcare as a result of perception

I don't come to face to face contact with people on my job other than fellow employees

I am getting the equity pictures and posting. Readings will be important to share

By allowing me not to stereotype people upon meeting them.

To use interpersonal relations with people

My awareness improved, which will help me improve my job and program

increased awareness

It will make me more tolerant at work

My thoughts and feelings vary and vary in depth. I truly enjoyed everything that was discussed. I hope as well as pray Doak Bloss and Val Smith are able to continue their work. We as a state and a people need this positive change

29. In what ways did this workshop disappoint you or fail to meet your expectations?

Summary: Most participants reported not being disappointed with the workshop or having their expectations exceeded. However, those who were disappointed wanted more time in general and more time to allow for richer discussion with co-workers, along with additional guidance for how to apply health equity in their jobs.

(39 responses)

Did not disappoint

not disappointed at all

Not disappointed

None (3)

N/A (4)

N/A all good

It didn't disappoint me (2)

It didn't (2)

No disappointment. I had no firm expectations coming in. After hearing so much negative from the first two groups I had decided to wait and see. Glad I did

Expectations were met

I thought it was great!

Wanted opportunity for richer discussion

If we could have brought out more individual opinions for more in depth discussion, it would have been very helpful

Would have liked more discussions

I was disappointed by the lack of discussion-this workshop could have been so much more

Same dialogue not always (illegible). Discussion with peers who disagree would be more effective

Wanted next steps

Not understanding the applicability of the effort to current priorities, I don't see this changing what I do or how I do it
no plan set to help infant mortality

Didn't provide techniques to intervene in our personal thoughts/bias about others. Only made us aware that these thoughts existed

Personally, I see how this workshop has empowered me to make change more strategically. I was hoping there would be more focus on explicit approaches that are work related (beyond having conversations, that is)

No discussion/information sharing at the end on next steps with PRIME and its involvement

Felt uncomfortable

Feelings of us vs. them

The circle was not always/didn't feel open to my feelings of feeling guilt about my unearned privileges. At times I didn't feel as though my feelings would be well-received

Our section (CSHCS) was divided and the divisiveness was apparent. I wish more management was present to enter into dialogue with their subordinates.

More time

too short

It was too short. A follow up opportunity would be good-find out what others have done for ideas

Could have been longer and more in depth. Better than expected

Other

This is the first time I have been through a social justice workshop so I didn't have any expectations

?

I feel that the workshop was great but I'm sad because I feel some will walk out the same way they came in, taking nothing with them

Willing to offer my time to brainstorming ways to evaluate success/effectiveness of the workshop

Food

Talked mostly about African Americans not much about other target groups

Not enough group participation.

It's very difficult to truly speak about the gorilla in the room especially without turning people off completely. I think Doak and Carlton did a good job walking that line

I wasn't sure about it-I thought it was going to start conflict between people and was glad it helped teach me not to be afraid to communicate

30. What would have made this workshop more successful?

Summary: Those participants who provided suggestions recommended providing an overall sense of how this workshop fits into the ultimate plan and goals of PRIME. Participants suggested including more individuals to participate in discussion. Participants wanted more time for discussion and for the overall workshop in order to delve into topics more thoroughly.

(40 responses)

None

N/A all good

N/A (2)

Can't think of anything

I don't know of anything else

can't identify

Want to see how this workshop fit into the big picture

Understanding what the objective was and how it is to relate to my position

Showing participants the result/outcome of previous workshops. In addition to closure activities, re-iterate the purpose and objectives of the PRIME workshops

Giving a big picture of where this workshop fits into the entire project and how this is just one component of a bigger project

Make changes to discussion: More time, participation

more discussion among participants.

More scenarios and discussions around them

Everyone show up and attend the discussions together

more people talking

More structure during dialogue. I know discussions are important to the workshop; however I think we did waste some time with hypothetical stories and off topic questions

see #25 (If we could have brought out more individual opinions for more in depth discussion, it would have been very helpful)

Have more discussions in the large circle instead of breaking into small groups

More time

more days; more in depth on subjects that are relevant to community health work

More time

again could have used more time

longer time frame, more days

Need support to discuss difficult topics openly

If same forum allowed for real honest discussion and participation from everyone

Able to say what you feel without fear of being retold at work

Participants should not know each other. Having colleagues/managers present together really limited the discussion

Not having managers present

Include others from MDCH

Might be better to show the group with more people from the areas of mdch

Incorporating 3-4 participants from previous workshops to also continue to challenge our thinking around these issues

Workshop Logistics

Feed us lunch on the last day. I am hungry

better chairs and a snack in the afternoon

Review of point-materials; list of participants

Being more comfortable-hated the chairs

Shorter, concise, updated materials

Workshop was successful

The workshop was great

I thought it was great!

It was very informative

I thought it was very successful-phase 2 would make it more successful truly inter [sic]

Other

in everyway

not holding it

People's mindsets and ability to change is what makes this workshop successful so the tools are there. It's what people do with them that counts.

Although I did not sense this problem in our group, allowing folks to attend and complete the workshop in 2 different groups may hinder participation

Examples/Scenarios not so blatant/one-sided

more diversity

I appreciated the case studies...perhaps more of those

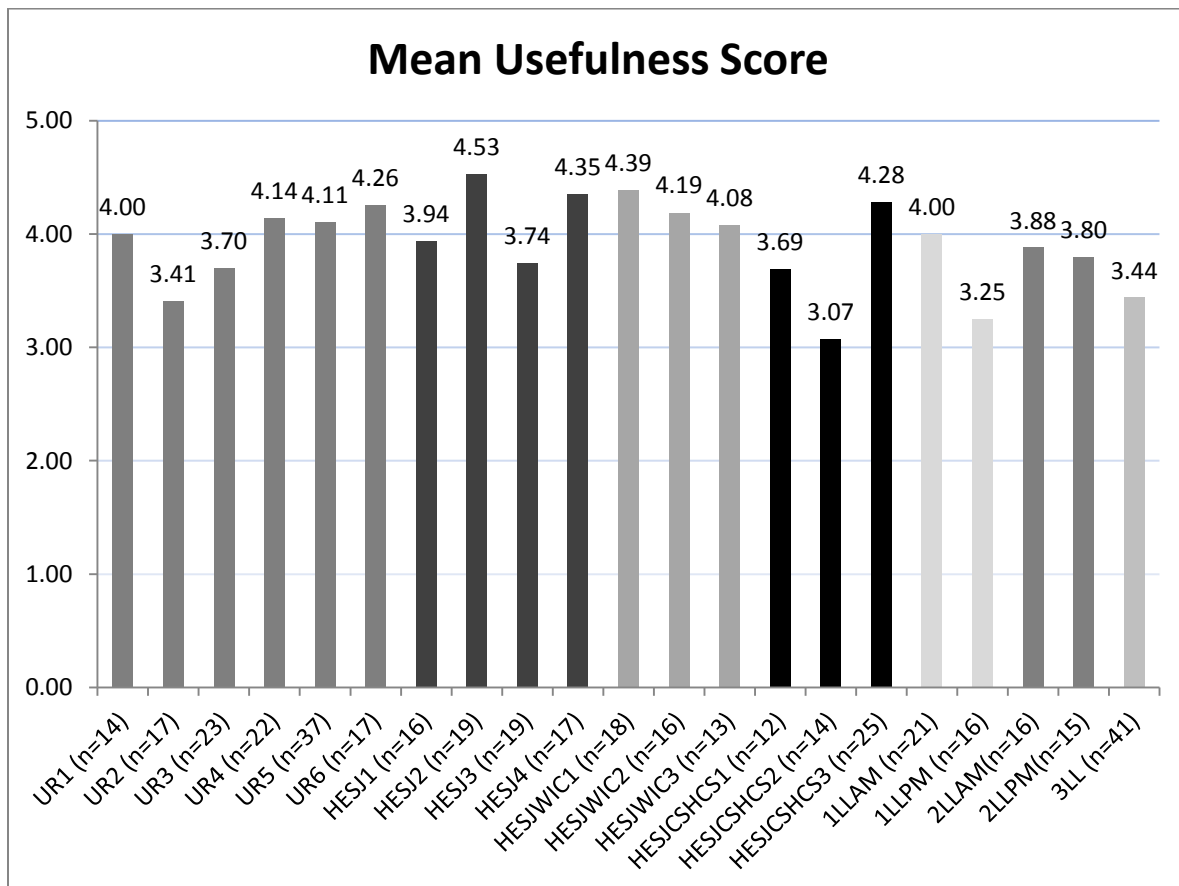
group size was good

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

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

Mean Rating for the CSHCS HESJ Workshop: 3.81
 Mean Rating for the WIC HESJ Workshop: 4.18
 Mean Rating for the HESJ Workshop: 4.14
 Mean Rating for the Health Equity Learning Lab 3: 3.44
 Mean Rating for the Health Equity Learning Lab 2: 3.84
 Mean Rating for the Health Equity Learning Lab 1: 3.68
 Mean Rating for the UR Workshop: 3.96
 Standard Deviation: 1.14 (UR: .93; HESJ: .85; WIC HESJ: .91)

Comparison of this Mean Usefulness Rating of the three CSHCS HESJ Workshop sessions with Mean Usefulness Ratings among 18 other PRIME training events:



31. 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	5.8%	40.4%	53.8%

53.8% of the participants would recommend this workshop without reservations, Comparison of the percent of participants who would recommend this workshop without reservations of the three CSHCS HESJ Workshop groups with percent recommendations no reservations among 18 other PRIME training events:

