

# Analysis of Health Equity Learning Labs Evaluation Surveys

Allison Krusky, MPH

Thomas M. Reischl, PhD

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## Workshop Date

		Date of the workshop			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	11/27/12	48	100.0	100.0	100.0

The first Health Equity Learning Lab was attended by 48 participants from various workplaces. Of these 48 participants, 39 worked at MDCH. The remaining participants were from local WIC agencies or Other. There were 2 groups (AM/PM) which participated in 3 half-day sessions.

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

		Job Title			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Administrative/Management	9	18.8	19.6	19.6
	Program	13	27.1	28.3	47.8
	Coordinator/Specialist				
	Program Consultant	8	16.7	17.4	65.2
	Administrative Support	5	10.4	10.9	76.1
	Other	11	22.9	23.9	100.0
	Total	46	95.8	100.0	
Missing System		2	4.2		
Total		48	100.0		

Most program attendees identified themselves as a Program Coordinator/Specialist. The second largest group selected "Other". There were roughly equal numbers of Administrative/Management, Administrative Support and Program Consultants.

**2. What is your primary workplace? (Check one answer.)**

**Main Division (MDCH Staff Only)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	MDCH	39	81.3	83.0	83.0
	Local WIC Agency	4	8.3	8.5	91.5
	Other	4	8.3	8.5	100.0
	Total	47	97.9	100.0	
Missing	System	1	2.1		
Total		48	100.0		

*Note: Missing did not have pre-tests.*

Most of the Health Equity Learning Lab Session 1 Participants were from the MDCH. The remaining participants were either from a Local WIC Agency or Other.

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

**WIC Section**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nutrition Program and Evaluation	13	27.1	39.4	39.4
	Vendor Management	7	14.6	21.2	60.6
	Data and Systems Management	8	16.7	24.2	84.8
	WIC Administration	5	10.4	15.2	100.0
	Total	33	68.8	100.0	
Missing	None	9	18.8		
	System	6	12.5		
	Total	15	31.3		
Total		48	100.0		

*Note: Missing- None are those who worked in another MDCH Division or worked outside MDCH.*

The largest proportion of Health Equity Learning Lab participants were from the Nutrition Program and Evaluation Section within the WIC Department. The next two highest sections were Data and Systems Management and the Vendor Management Section. The remaining participants were from the WIC Administration or worked outside of WIC.

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

		Hispanic			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	46	95.8	97.9	97.9
	Yes	1	2.1	2.1	100.0
	Total	47	97.9	100.0	
Missing	System	1	2.1		
Total		48	100.0		

*Note: Missing did not have pre-tests.*

Most Health Equity Learning Lab participants were non-Hispanic.

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

		Arab or Chaldean			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	46	95.8	97.9	97.9
	Yes	1	2.1	2.1	100.0
	Total	47	97.9	100.0	
Missing	System	1	2.1		
Total		48	100.0		

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

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

**Race (MDCH Staff Only)**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	28	58.3	59.6	59.6
	Black or African American	12	25.0	25.5	85.1
	Asian	2	4.2	4.3	89.4
	American Indian/Alaskan Native (AIAN) and White	1	2.1	2.1	91.5
	Black or African American and White	1	2.1	2.1	93.6
	Other and White	1	2.1	2.1	95.7
	Asian and White	2	4.2	4.3	100.0
	Total	47	97.9	100.0	
Missing	System	1	2.1		
Total		48	100.0		

*Note: Missing did not have a pre-test.*

The majority of Health Equity Learning Lab participants were White (58%), with Black/African American (25%) as the next largest group. A select few identified themselves as Asian or bi-racial.

## 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=41)</i>					
7. Identify my unique skills to contribute to the equity building process at MDCH.		3.80	.72	4.12	.51	-3.13**
8. Identify individual strengths and weaknesses with respect to teamwork, out-of-box thinking, and change at MDCH.		3.85	.62	4.05	.63	-1.75
9. Identify collective strengths and weaknesses with respect to teamwork, out-of-box thinking, and change at MDCH.		3.55	.82	3.98	.66	-3.19**
10. Articulate what I can do at my job to change social determinants of health (SDOH) that affect women and children.		3.78	.65	4.00	.63	-2.04*
11. Identify opportunities at my job to address health inequities.		3.83	.77	4.15	.57	-3.33**
12. Describe models and frameworks of social determinants of health equity (SDOHE).		3.49	.79	3.92	.62	-3.32**
13. Articulate an understanding of how social determinants of health equity (SDOHE) can affect women’s lives and health.		4.01	.69	4.24	.54	-2.04*
14. Articulate an understanding of social determinants of health equity (SDOHE) within MDCH and the WIC program that can effect women’s lives and health.		3.73	.74	4.15	.57	-3.43*
15. Make changes(s) in my own work to address social determinants of health (SDOH).		3.80	.78	4.12	.64	-2.57*

\*  $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

Participants showed statistically significant increases in most of the reported self confidence ratings. There was not a significant increase in one self confidence rating, “identifying individual strengths and weaknesses with respect to teamwork, out-of-box thinking, and change at MDCH.”

# Workshop Evaluation Questions

**10. 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 most frequently listed ideas for action to better address disparities at their work. Several participants mentioned engaging native and minority populations in decisions and program development. Other staff mentioned reviewing policies and procedures, while keeping health equity as a work priority. A few participants were unsure of how the workshop will help them to address racial health disparities.

**(37 responses)**

- **Action**

Provide additional awareness to co-workers when seeing racial health disparities

Make more suggestions that are thinking out of the box in terms of serving underserved clients

Advocate for getting the right staff involved with the right activities within their division

We are working on "client-centered" approaches that involve continually, consistently inviting and encouraging the client identify their relevant issues and interest

Identify opportunities/segments to improve or impact any determinants I may be able to or have control over-IE- ensure the quantity and type of food available to WIC participants

Identify opportunities to learn how to structure program initiatives to address needs of specific populations

Begin by talking with the rest of local agency staff-what they see. Assess what we are doing and what could be done differently

My first step is to become more educated on the true history of why races were classified and also Native American history in America

Pull in others to our work group (FAC-food authority committee) to get their input for food choices

- **Reach out and engage minority groups**

Follow-up on Native-American contacts

Go out and "seek" input from different races, nationalities, ethnicities, etc on how they like or dislike our services and for what changes we can make to better our services to them

Get input from targeted groups

Commit MDCH Diversity Council to add native people to representation

invite representatives of groups most affected by health inequity to participate in decision making discussions

Find opportunities to look for input from wide variety of voices

Do more outreach with the tribal community

- **Review and/or change policies/procedures**

ID what federal solicitation/comment period addresses equity

Do a review of all of our policies that affect clients, beginning with getting clients enrolled in the program and promoting client-centered services Interaction/Training for local WIC Coordinators

Look at policies that could be more human. Include "seeking" as a part of ME's-program evaluation.

Optional training specific as to how WIC can better address racial disparities

Include concepts in training

Start utilizing focus groups

Consider that we are asking those to drive to certain meetings/trainings. What impact might this have on them

- **Uncertain of Learning Labs impact**

I am not sure what the labs will help me do differently

Don't know, may have a better understanding when all 3 labs are done

This was not an actual focus of this lab. It may have been the intentions but was mostly generic lecturing on theory Not sure-new tools and ideas didn't get around, but we have been working on

- **Increased Awareness**

Greater Awareness

Become more sensitive to diversity and cultures

Increased my consciousness of impact of decision-making.

Understanding different cultures and background and how it affects their health, historical trauma

Greater Education

- **Prioritize Health Equity at work**

Bring these things to forefront when considering my work

I make a personal commitment to improving health equity and social justice too

- **Utilizing data**

1. Identify opportunities to improve health disparities by looking at WIC data among different WIC populations 2. Develop tools where data can be shared more freely at a level for coordinates to review

I can look at ways data can contribute to changes on a state agency level

this for several years

- **Other**

In my current job I don't think we have racial health disparities

Lynda

N/A

Interested in practical, successful applications/strategies for applying health in my work

Have to see based as we haven't had a chance to go back to assess what has been learned

Not sure yet

- **Unsure**

I am too new to answer this

## 11. Describe the most useful or valuable outcomes of the Health Equity Learning Labs.

**Summary: Participants listed knowledge of history, and awareness as the most valuable outcomes of the Learning Labs. Participants appreciated the Native American speaker, and learning about Native American history. Several participants enjoyed being able to discuss Health Equity with their colleagues.**

**(37 responses)**

- **General Knowledge**

Increased knowledge base

Understanding the racial disparities all over the world. Other countries seem to have this

History

Understanding social determinants of health epigenetics

Eye-opening info and data given from the leaders of labs

History of "ism"

I felt the presentations on the history of the inequities for the various groups.

The lab sessions provided an arena for me to learn more about disparities and how I am able to contribute to change

Awareness of the SDOH

Gave me more insight into the communities we serve, to keep in mind their needs while serving them

Awareness

More awareness of health equity is needed in today's society

Raising my awareness

I feel the most valuable outcome of these learning labs are the change in perspectives of others and the lives they've lived

Becoming more aware of health inequities among races

More time "absorbing" the cultural differences and how significant they are therefore the complexity of supporting and absorbing into policy, program design, etc

- **Knowledge of Native Americans**

Info on the background/history of Native American experience

The information on the Native American Culture

Awareness of Native Americans

- **Discussions**

Exchange of ideas among participants

Wrap-up discussion was most valuable

Being able to hear the stories of others

Sharing

The networking/sharing opportunity

Became aware of thoughts, ideas, and perspectives and others that I might be able to use. Many good ideas were shared.

Discussion for potential health equity leverage points

- **Native American Speaker**

Increased understanding of historical trauma and of Native American culture/considerations (much needed)

Personal experiences detailed by Linda and video clips

Linda's story

Listening to Linda and the NA/AN experiences

- **Workshop Content**

I appreciated the lectures, exercises

The typology exercises was great for beginning the application process of these ideas

I felt that the most impactful was the Brooks survey as it really helped hit home the reality of what I do or how I feel

The panel was very knowledgeable and willing to engage any questions in a positive manner

- **Waiting to see outcomes**

TBD-I'm excited to see where things stand with next session

TBD

N/A We haven't been through all the labs so I unsure of what the most valuable outcome will be

**Other**

Same as 10 (My first step is to become more educated on the true history of why races were classified and also Native American history in America)

Break down of lives, work, etc and what really affects decisions and outcomes (positive and negative)

Resources in MI

Offer options on how to evaluate program efforts

I look forward to working more closely with staff from MDCH

I find it hopeful that MDCH has such committed staff willing to make change

Everything

All of it

**12. How did these learning labs 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 listed improved knowledge of Native American history and culture, along with the history of the Michigan Department of Community Health. Some participants reported an increase in awareness of health equity issues, and a sense of empowerment. However, there were a few participants who did not feel that the Learning Labs improved their knowledge or skill base.**

**(33 responses)**

- **Knowledge: Native American History**  
Gave me a historical perspective of MCH and of the Native American Indian  
  
Specific history that impacts our diverse populations health (i.e. Native Americans)  
  
See 11 (Increased understanding of historical trauma and of Native American culture/considerations (much needed))  
  
I specifically increased my knowledge of the Native American culture. I really appreciated Linda sharing
- **Ideas for Change**  
Makes me rethink how I gather information, who and what is considered  
Gave me strategies for affecting change  
  
I believe so. I need to include this way of thinking as I do my work.  
  
Policy/training development strategies. Puts this in the forefront again; I hope it helps us all in WIC to prioritize this area.  
  
Policy development training  
  
Improved awareness of health determinants that I have potential impact over, such as food deliveries, policies and vendor communication standards
- **General Knowledge**  
The learning labs increased my awareness more insight into barriers within WIC  
  
More cognizant of background of racism in US  
  
SDOH-I so buy into the addition of the green boxes especially the seek help
- **Empowerment**  
Helped me realize the power I do have even though I feel discouraged in many ways.  
  
Getting me to really start thinking about what we can do in small steps  
  
Gave ideas that can be used to improve and reduce disparities
- **New perspectives**  
I'm able to approach my work differently after the discussion about walking in other people's shoes and understanding the background and being conscious about a client's history  
  
There is always more than meets the eye. Brought up knowing this...better am now more aware of the background or meaning behind that phrase

- Focus on Client-Centered Services**  
 Develop and make effort to understand the clients' needs instead of just providing what we think is right.

Involve communities to help make policy decisions

Contacts to do outreach within the state
- Knowledge: History of MDCH**  
 Understanding the hx of MCH

Able to describe privilege, social determinants of health, interdisciplinary stresses, opportunity for change to normalize services
- No Improvement**  
 Already well versed

They haven't yet  
 Unfortunately not much
- No Disparities**  
 I feel my job doesn't have a lot of disparities
- Other**

Same as 10 (My first step is to become more educated on the true history of

why races were classified and also Native American history in America)

N/A

Not sure yet

Infant mortality difference awareness drive the question "WHY"

Typology tool-while needs further development (reliability, validity) good multi-level beginning overview. Like idea of global do you do or see this personally/work/institution. Would prefer to do rank for each domain separately

Reinforced my beliefs on how to treat people and how you see others

Understanding different variables

The labs have improved my ability and awareness to see opportunities. I work with data so on an interpersonal level I'm limited with what I can do. However, I am open for opportunity

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

**Summary: The most commonly reported disappointment was the lack of concrete examples and ideas for how to enact effective change. Other participants provided suggestions for improving the workshop itinerary and facilitation. Several participants desired more participant interaction and discussion.**

**(35 responses)**

- **Implementation Ideas**

Concrete ideas in each of our roles/opportunities to decrease health disparities. I suspect more of this to come with future trainings

I would like to see more application activities-perhaps that is coming in future sessions

I would like to move more toward application in the work world

Looking for ways to move forward with implementing ways to institutionalize incorporation of SDOH in allocating resources, determining policy

Not sure may be needing more emphasis on what staff can use/do to address equity.

I would like to work more in coming up with ideas or next steps in helping to make the changes needed...particularly between the state wic office and local wic offices

Wanted more examples of what others (states, cities, organizations) are actually doing are health equity application

Expressed the desire for discussion/brainstorming around focuses, strategies

- **Facilitation Processes**

Build in a break

Day 1 seemed to be lacking in things I could ID as accomplishments; which is a major focus within MDCH culture

The BET modified exercise may need some tweaking

Not real focused on tools for addressing state functions and responsibilities

The facilitation was lacking. Participants were just allowed to talk with no real guidance or redirection took away from learning about real issues.

Please do not force people to comment if they are not ready or don't have anything different to add to the conversation. Just because people don't speak every time does not mean they are not participating mentally

Many definitions were given that I didn't necessarily agree with that were over generalizations. This led to my mindset being in debate over the subsequent subject matter-IE. institutions, gatekeepers, etc.

Need to allow more time

Did not like the scheduling of the workshops

- **Want more interaction**

Speak at you rather than get interactive

Seemed more lecture based. Limited sharing of experiences.

A little too much lecture

Not enough group activities

Have more interaction between people

- **No Disappointments**

I was not disappointed at all.

Found it useful-beyond what I expected  
No disappointment

- **More background information**

I was expecting more "lecture" type of learning. I am not very familiar with social justice and hope to learn more.

- **Whole picture**

Need a "road map" where prime training is now, and where we "plan" to go.

- **Other**

Didn't know what to expect

N/A (6)

Didn't know what to expect...seems more accepting from previous training

Can't answer this until I have done all the labs. I would feel better to answer then

It was great in terms of the knowledge shared/presented

## 14. What would have made these learning labs more successful?

**Summary: Most participant responses focused on the format and content of the workshop. Participants suggested better organization of materials, and more awareness among the facilitators about WIC staff's previous training. Additionally, participants suggested more data as concrete examples.**

(25 responses)

- **Workshop Agenda & Content**

Incorporate 2- 5 minute breaks...I know we are pushed for time, but it's nice to leave without feeling like I missed something during the presentations

Clearer introductions, explorations of activities and break outs

Maybe it would have been more helpful if facilitators would have been able to be more knowledgeable about what types of trainings and concepts participants already have gone through. This would help cut down on redundancy.

Would like the slides to be in the same order they were presented. Sometimes it was a lot of information to present in a short time

Better use/tabs to have slides looked at by us as presenter was talking (helps to take notes). Staff had to hunt what pages in the binder presenter was on

1st day seemed like a refresher of social justice workshop-almost somewhat wasted time. Good material and discussion and exercises on 2nd and 3rd day could be expanded upon. Keep working on developing tools

Some feelings that NA viewpoint was dominant when AA Arabic, immigrant populations were not as representative

Same as 13 (Not sure may be needing more emphasis on what staff can use/do to address equity).

I really appreciated the different perspectives everyone brought from different workplaces, though.

- **More data/information**

More information regarding the "isms- Racism, sexism, gender inequality etc. Everyone in the room didn't have an understanding of the history

Perhaps pointing out successful programs/initiations that we can use for inspiration.

I like the combination of learning/reviewing history and concepts I feel that it better focuses the discussion

For the clinicians in the room, it would have been helpful to have more scientific data background specific to infant mortality, racial disparities in Michigan-maybe this will come later

More about epigenetics

I think more scientific information about genetics would be helpful, one question I have is how long would it take to turn off their genetic switch...

- **More interaction**

More interaction, brainstorming what we can do at work

More group exercises, change format

Small groups sessions

Right now we need more interaction with the people in the room

- **More time to process**

Having more time to read and answer questions

Sometimes it felt rushed and I didn't have a lot of time to process the material. I wish there would have been more time for personal thought and reflection

- **Other**  
Don't know

This was a great lab-I appreciate your efforts. Thank you so much!!

They were very good

N/A

Not sure

Will have a better idea after the sessions have been completed.

**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 Health Equity Learning Labs: 3.68  
 Mean Rating for the WIC Health Equity Social Justice (HESJ) Workshop: 4.23  
 Mean Rating for the HESJ Workshop: 4.14  
 Mean Rating for the Undoing Racism (UR) Workshop: 3.96  
 Standard Deviation: .94 (UR: .93; HESJ: .85; WIC HESJ: .91))

Participants of the Health Equity Learning Labs rated the usefulness of the workshop on average as 3.68 on a 5 point scale, with 1 being 'Not at all useful' and 5 being 'Extremely Useful'. Participants in the AM session rated the workshop higher on average (4.00) than the PM session (3.25).

**Comparison of this Mean Usefulness Rating of the 2 Learning Lab (LL) groups (AM/PM) with Mean Usefulness Ratings among 13 other PRIME training events:**



15. 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	0.0%	41.7%	58.3%

58.3% of the participants would recommend this workshop without reservations. Comparison of the percent of participants who would recommend this workshop without reservations of the 2 Learning Lab groups (AM/PM) with percent recommendations without reservations among 13 other PRIME training events:

