

Analysis of Health Equity Learning Labs 2 Evaluation Surveys

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Workshop Date

Workshop Attendance

	Frequency	Percent	Valid Percent	Cumulative Percent
A.M. Session	28	56.0	56.0	56.0
P.M. Session	22	44.0	44.0	100.00
Total	50	100.00	100.0	

There were 2 groups (AM/PM) which participated in 3 half-day sessions which were held February 11-13th, 2013. The second Health Equity Learning Lab was attended by 50 participants from various workplaces. Of these participants 38 were from MDCH.

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

		Job Title			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Administrative/Management	9	23.7	23.7	23.7
	Program	8	21.1	21.1	44.7
	Coordinator/Specialist				
	Program Consultant	8	21.1	21.1	65.8
	Administrative Support	5	13.2	13.2	78.9
	Other	8	21.1	21.1	100.00
	Total	38	100.00	100.00	
Missing System					
Total					

There were roughly equal numbers of staff members representing all positions, except Administrative Support. There were slightly fewer staff who identified themselves as having an Administrative Support role at MDCH.

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

		Main Division			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	MDCH	38	76.0	92.7	92.7
	Local WIC Agency	1	2.0	2.4	95.1
	Other	2	4.0	4.9	100.0
	Total	41	82.0	100.0	
Missing	System	9	18.0		
Total		50	100.0		

Note: Missing did not have pre-tests.

Almost all of the Health Equity Learning Lab Session 2 Participants were from the MDCH. There were three participants who listed either the Local WIC agency or Other as their primary workplace. There were 9 participants who did not report their primary workplace.

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

		WIC Section			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nutrition Program and Evaluation	12	31.6	34.3	34.3
	Vendor Management	9	23.7	25.7	80.0
	Data and Systems Management	7	18.4	20.0	54.3
	WIC Administration	7	18.4	20.0	100.0
	Total	35	92.1	100.0	
Missing	None	3	7.9		
	System				
Total	Total	38	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. There were similar proportions of participants from the Data and Systems Management, WIC Administration, and the Vendor Management Sections.

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

		Hispanic			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	36	94.7	94.7	94.7
	Yes	2	5.3	5.3	100.0
	Total	38	100.0	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	37	97.4	100.0	100.0
	Yes	1	2.6	2.1	100.0
	Total	38	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	23	60.5	62.2	62.2
	Black or African American	7	18.4	18.9	81.1
	Asian	4	10.5	10.8	91.9
	American Indian/Alaskan Native (AIAN) and White	1	2.6	2.7	94.6
	Other and White	1	2.6	2.7	97.3
	Asian and White	1	2.6	2.7	100.0
	Total	37	97.4	100.0	
Missing	System	1	2.6		
Total		38	100.0		

Note: Missing did not have a pre-test.

The majority of Health Equity Learning Lab participants were White (62%), with Black/African American (19%) 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?

		Assessment				Paired t-test
		Pretest		Posttest		
<i>I am confident I can...</i>	(n=29)	Mean	SD	Mean	SD	
7. Recognize contextual and environmental issues that impact on equity in specific health outcomes		3.93	.663	4.14	.891	-1.063
8. Understand the interconnections and relationships between individual outcomes, socioeconomic context, and upstream/gatekeeper actions		3.90	.557	4.10	.724	-1.535
9. Envision and articulate what equity would look like at multiple levels across social ecological framework		3.59	.733	4.03	.680	-2.451*
10. Assess, modify, and articulate and promote new policies, procedures, and work plan activities		3.52	.785	3.76	.830	-1.070
11. Develop personal action plans for addressing equity in specific health outcomes		3.76	.577	4.00	.756	-1.367

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

Of the 38 MDCH participants, nine did not complete either the pre-test or post-test. All five competencies showed increased mean scores from pretest to posttest. One self confidence rating had a statistically significant increase, “Envision and articulate what equity would look like at multiple levels across social ecological framework.” The other four ratings had more modest increases and (with the small sample size) these increases were not statistically significant.

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 reported an increased awareness of disparities, and opportunities to address health equity within the department and among clientele. Participants felt the workshop helped them to have a better understanding of how to use data, and change policies to better address racial health disparities. Participants also reported an interest in better engaging the community to inform policy and procedures.

(27 responses)

- **Increased Awareness**

Ideas on how to support equity, efforts within the department

Awareness of ethnicities we are missing and need to outreach to them.

Better equipped to recognize disparities and opportunities and understand causal relationships. Identify and use numerous opportunities to communicate these issues to our external customers and recommend actions to be taken
I will focus on racial disparities during functions on my job and try to implement

Being constantly vigilant

Looking at access for clients- what, how, etc

The labs have helped me recognize health disparity opportunities.

The labs have helped me to identify health disparities and opportunities to promote equity in my daily routine.

Understand everyone has a story.

Continue to be aware of health disparities work with other areas

- **New Ways to Analyze and Use Data**

Develop training for LA to understand data better.

Use and interpretation of data in planning and policy development. IM dashboard. Title V MCH block grant application/report

Look at data in WIC to identify the areas of disparities.

Review data, see if service are being given to high risk population.

Highlight health disparities and provide relevant data to our community.

In technical (?) accept (?) team contribute to develop data trend analysis report

- **Ideas for Policy and Systems Changes**

Brainstorm system change possibilities to support flexible clinic scheduling and identification and support of PG women that are "precontemplating" breastfeeding

Using HE principles in policy development

Look at health impact assessments in more of the planning and implementation of policies, programs, and technical assistance

Awareness and Understanding equity vs equality and consider these within the projects I'm leading policy reform, client-centered training-pull MI-WIC data

These labs make it more socially acceptable to bring up these issues in meetings that may decide policy. They also plant ideas of projects we could launch and their potential influence

Gave me concern to include in all my designs to address any of these equity issues

- **Increase Outreach Efforts**

Work to better include the community to help identify barriers

include (representation) community advocacy groups which address equity in population we serve.

Bring in additional stakeholders and community members when establishing project plans

Work with outreach workgroup more on what is going on in their areas for addressing any racial disparities

Focus groups with moms why contact years/why not. Improve services based on moms recommendations

Reminded me to involve those most impacted by the work I do (and how to do that) and to make use of my colleagues and resources around me. 1. Involve others more

- **Deeper Discussion with Colleagues**

Began discussing with co-workers

Following the action plan, talk and mentor WIC staff and come up with ideas

Including in meetings a piece on equity

Collaboration from my group and brainstorming within the team would be most valuable to address opportunities.

- **New Ways to Work with Vendors**

Thinking of ideas on how the vendor unit can address inequities

consider policy flexibilities, utilize already existing structures like vendor trainings

- **Not Sure**

Not sure how I can apply what I can do since I am limited with what I can say to public

My job doesn't really deal with racial health disparities. The only thing I do (sometimes) is answer the help line phone to accommodate clients to the

proper clinics based on their needs. To be courteous helpful and kind

feel with current management very limited opportunity

- **Other**

Look at all the work and do differently by all staff.

Include areas of major barriers: Food access, transportation linkages/advocacy.

Incorporate leaders as arenas (?) for disseminating breastfeeding information

Job description

Better articulation

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

Summary: Participants enjoyed being able to discuss ideas and problem solve within smaller groups of colleagues. Additionally, several participants reported that they would be more aware of health equity in their job or have begun to think of how they can apply health equity principles to their daily work. Participants also valued the Health Equity tools, appreciate understanding the difference between health equity vs. equality, and enjoyed the opportunity to problem solve within the Learning Lab.

(36 responses)

- **Opportunities to apply learning to job tasks**

Awareness raised -> impact on process

Having a plan and having an idea of what to do and how to do it

Identifying equity items and developing a plan.

Idea on process change to create equity

Look and think in the direction of Health Equity. Look at ways to implement in my job.

Putting focus on how to look at applying funding based on equity not equality. Focus on breastfeeding now. How everyone in WIC can be engaged to get a different perspective

Appreciation and understanding of the issues and relevance to everyday living and in our work environment.

To get me thinking about how my job can fit into promotion of equity

I really enjoy the learning of the application process in making

changes...not just talking about the issues.

Taking our far-fetched ideas and making them more tangible. Helped us to understand how to begin

- **Discussion opportunities with colleagues**

Working in small groups

Group Discussions (2)

Sharing ideas with group

Getting to work in a small group with my colleagues to discuss broad and focused ways we can address HE in our roles/jobs (and learn how to work across the division). I have a clearer picture of how I can address HE which was a desired outcome for me.

Discussion of ideas across areas in workplace

Conversations with co-workers in a "safe" environment which serves as a bridge between the labs and work

Break down into groups with members of our own team (vendor) and focus on our particular problem: breastfeeding

- **Tools and Resources**

The presentation and various tools I was introduce to were very valuable.

Some of the tools and resources provided

the "tools" provided.

Concept mapping process.

- **Understanding difference between equality and equity**

Learning the difference between equality and equity

The most valuable outcome for me was learning the difference between equity and equality

Understanding equity vs equality

Equity vs. Equality.

- **Opportunity for creative problem solving**

Made me think out of the box.

Thinking in more creative ways- how to take down barriers

Discussing the case studies was very helpful

I love the case scenarios and breaking them down

- **Empowered to enact change**

More knowledgeable, will voice opinions and ideas.

Equips us to be ambassadors on the subject as well as identify and pursue institutional changes and other opportunities to promote equity and address disparities

- **Other**

Concrete

What is needed vs. what is possible

Will have to see how concepts are applied.

(down arrow) IM

Knowledge gained from listening to people

Support and educate IT people who needs help

Increase recognition that what works for one group may not work for another- need flexibility in resource allocation

hearing about the Native American experience.

To determine how to recognize racial disparities and to help correct 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 reported beginning to process the concepts of health equity into their daily work. Participants appreciated the tools and conceptual models that were provided in the training. Participants also left the Learning Lab understanding the difference between equity and equality. Additionally, some participants felt they were more comfortable in understanding and using data.

(39 responses)

- **Sparked reflection of how to include Health Equity ideas in job**

Got me thinking about my specific work that would be good areas to make improvements.

Made me start look at health equity, prior I was basing services for all moms.

I better understand how we can address vendors about equity issues and appeal to their many roles (hats)

It improved how I view my job and the ways we can foster change from our employment positions. I learned about the food cooperative we are contracted on the WIC program and why it was not successful

The labs and break out small group sessions challenge me to approach my job differently. I now have a new lens to look through.

Recognize areas to address HE in our program, as a program.

- **Tools and Conceptual Models**

The tools like concept mapping and BET. I will be able to share these tools

with others who would like to add equity goals in their workplans

It's given me some tools to look at things more critically.

Tools to assess

The equity action plan will help us a lot

conceptual modeling as action-orient tool

Application of models helped to identify how to incorporate health equity into policy development, planning, and data use

- **General Awareness and knowledge**

Awareness about the issue.

More awareness

Increased awareness.

awareness of equity issues

Knowledge of health disparities

Learned more about MDCH and work in health equity

Increased knowledge base

- **Differentiating Equity with Equality**

Defn of equality vs. equity

Being able to identify the difference b/w equity v. equality

Understand the difference between equity and equality

understanding the difference between equality and equity

Assuming the need of equity, understanding it better

- **Data Interpretation and Use**

Data interpretation and evidence

Learning about data trends

As a WIC-developer I can provide to data trends analysis reports to clinics. Where clinic are direct contact to the people. Based on the trend reports they can educate and support people.

Identify opportunities for data research.

- **Concrete Examples**

Examples, levels. Boxes at the Ball Game picture to articulate the issue concretely. Focus on what is possible within our control.

Making the theory applicable through case studies.

- **Awareness within work**

Being more aware of underrepresented groups and their needs from a system standpoint

To be aware of clinics that need assistance and support in risk areas.

- **Confirmed Knowledge**

In part it pointed out what I thought was happening or being done and the fact that participants in the lab seemed unaware of activities that exist.

supportive- already had background

- **Still Developing**

not sure yet

Still working on this list-have to do a lot of thinking in this area.

- **Other**

N/A (2)

Make network across entities.

Knowing what the differences were

Will use these skills as I learn and advance.

Emphasis placed on action.

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

Summary: Participants reported difficulty in applying health equity concepts from the Learning Lab to their daily work, along with how to make a change that will make an impact. Participants also disliked the feeling of being rushed throughout the Lab. Participants reported some suggestions for the workshop format, such as: sharing small group discussions with the group as a whole, more discussion, and mixing up work sections within the group discussions.

(32 responses)

- **Difficulty making connection to work**

It was difficult at times to re-visit breastfeeding to our every day jobs in the vendor unit and how to promote it in our jobs

I'm still having a hard time seeing specific changes I can make which are measureable to make change.

Some of the material for consideration does not apply to my day to day functions.

Still challenged to identify disparities and inequities but much more knowledgeable and aware of subject matter than before. Also, still challenged to identify specific opportunities in daily work

Trying to come up with information for the next lab when my job doesn't deal with a lot of this and to come up with a plan of action and information I'm not that familiar with.

jargon -> application to job

- **Needed more time for group activities**

felt really rushed, wasn't able to fully process all of the concepts.

Rushing through the session. Not enough time for long discussions

Appreciate the more interactions-didn't like the feeling of rushing

Some areas are gone over quickly, would have liked more time on R4P.

Too rushed with presentations, group activities.

- **Workshop format**

It seemed to take a long time to reach a point where we discuss specific details. Could have had less lecture the first day and expand the discussions from the third

The ability to share as a larger group after small group work would've been helpful

Instead of separating group of like sections should have mixed people up - more like a "WIC" team not separate units.

The focus on one program was useful for demonstrating how to apply these principles but it inhibited thinking more broadly-system level

- **More concrete examples**

Need better identification of pathways and resources to achieve objectives

I'm outcome/action driven-need to see how change translates beyond problem identification. I would like greater portrayal of some effective programs and models at all levels local state nationally

- **None**

not at all (2)

Can't say it did

N/A (7)

None (3)

- **Other**

More in this case...my initial concerns were addressed in this new lab.

Making the connections between upstream and downstream issues

Too academic at times

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

Summary: The majority of participants who responded to this question did not have any suggestions. However, some participants did suggest more time for discussion, and time to work on developing next steps. Participants would have also liked more direction in problem solving, and more concrete examples/information.

(29 responses)

- **Needed more time for activities**

More time

Possibly more time at each session to allow for more discussion.

allowing more time

Less packed agenda so more time was available for discussion

- **Develop Action Plans**

Method to do this within sections and across sections. Need to build internal consensus on work priorities and allocate time

Activities where group action plans are developed.

more focus on application

- **Workshop format**

A better space for meeting.

To be more involved in what this class is teaching

The ability to share as a larger group after small group work would've been helpful

It would have been good to have other DCH programs here so we can discuss how to make this work. Love to see BF a priority in all DCH programs.

- **More Direction**

Specific approaches to the same case studies in break out group #2 Not necessary but may help people focus.

Assistance with specific work and identifying specific actions to take. Understand labs needed to be general for all in attendance. However could have localized a little more.

- **More information and examples**

I would still like more examples of how and what people/agencies put in place to improve equity

In WIC point of view- provide statistics per county

- **Collaboration**

I think it's a great idea and concept. I think I need to collaborate with my supervisor to maximize what I've learned and figure out specific goals.

having people work together as a team

- **Other**

?budget

LL #2 definitely are improvement (style, timing, and format) over LL #1

Confidence in material/more thorough knowledge of presentations. Sometimes it seemed like we were listening to information the presenter was unsure about which did not help our appreciation of missing

- **None**

N/A (3)

None (2)

Nothing

I think you did a very good job.

No new ideas for now

Nothing at this time

Nothing. It was a good balance of lecture, group participation, and interaction

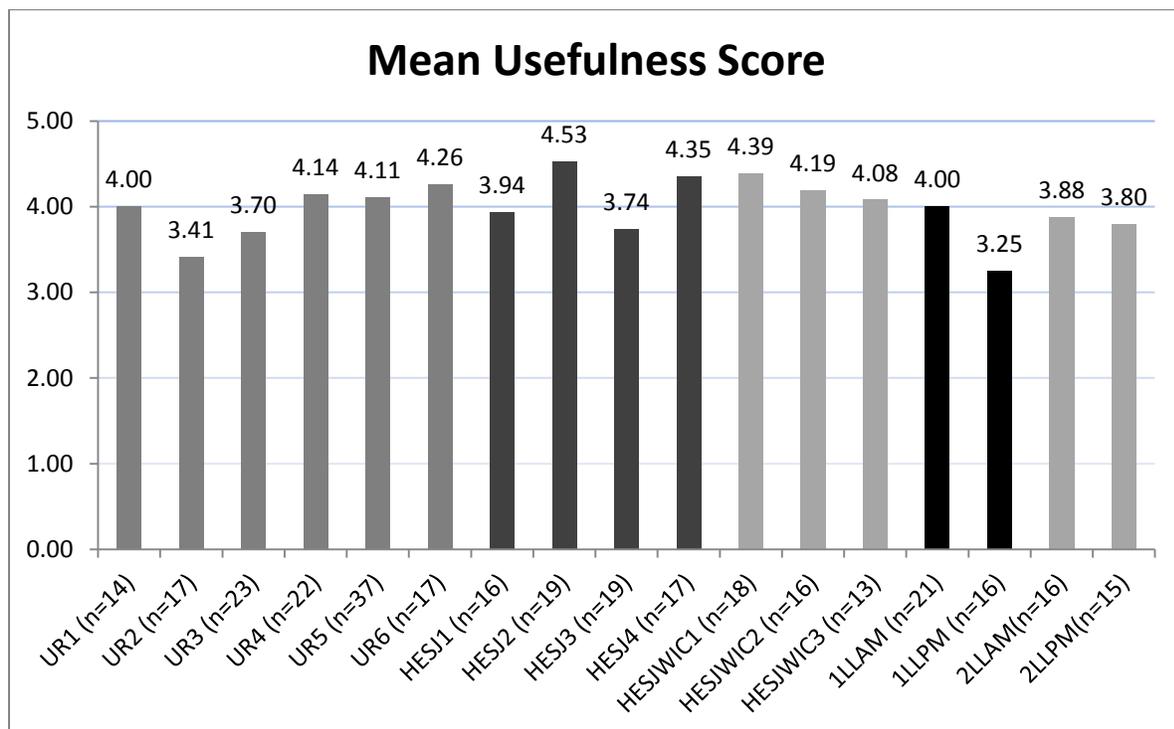
**On a five-point scale, how useful was this workshop for your work?
Circle one answer:**

- | | | | |
|-----------------|-----------------|-------------|------------------|
| 1 | 2 | 3 | 4 |
| A little Useful | Somewhat Useful | Very Useful | Extremely Useful |

Mean Rating for the Health Equity Learning Lab 2: 3.84
 Mean Rating for the Health Equity Learning Lab 2: 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 Lab 2 rated the usefulness of the workshop on average as 3.84 on a 5 point scale, with 1 being 'A little Useful' and 5 being 'Extremely Useful'. Participants in the AM session rated the workshop slightly higher on average (3.88) than the PM session (3.80).

Comparison of this Mean Usefulness Rating of the 2 Second Learning Lab (LL) groups (AM/PM) with Mean Usefulness Ratings among 15 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"/> Recommend with reservations	<input type="checkbox"/> Recommend with reservations	<input type="checkbox"/> Recommend with NO reservations
Percent	0.0%	33.3%	66.7%

66.7% 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 Second Learning Lab groups (AM/PM) with percent recommendations no reservations among 15 other PRIME training events:

