Practices to Reduce Infant Mortality through Equity (PRIME)* Organizational Assessment with Children's Special Health Care Services (CSHCS) Division, January/February 2013

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EXECUTIVE SUMMARY

The **Practices to Reduce Infant Mortality through Equity** (PRIME) Organizational Assessment is intended to identifying strengths, challenges, and areas for growth related to the capacity of the Michigan Department of Community Health's (MDCH) Bureau of Family, Maternal and Child Health (BFMCH) and its staff to address and eliminate infant mortality disparities in Michigan, specifically focusing on reducing infant mortality rates among African Americans and American Indians.

The results of this assessment will inform the development of the PRIME intervention, which will provide resources, staff training, technical assistance, practice and policy changes, building on resources and lessons learned from collaborations with local public health, professional consultant and university partners. The organizational assessment will allow the intervention components to be customized to fulfill the needs of different groups within the Bureau and of the Bureau as a whole. In addition, the organizational assessment will provide a baseline for the PRIME intervention. The assessment can be modified and replicated with staff in other State Health Department bureaus focused on other racial health disparities.

The Children's Special Health Care Services (CSHCS) Division was the second group to complete the organizational assessment. All staff were asked to complete a confidential online survey assessing basic demographic data and perceptions of organizational capacity and practices. Forty-two of the 45 staff completed the assessment between January 14 and February 7, 2013.

The organizational assessment gathered self-rated perceptions from CSHCS staff about organizational capacity and practices by asking questions which were grouped into seven competency areas. Summaries of the findings for these seven areas are listed below:

- **Cultural competence:** The African American Cultural competence subject area received the highest overall rating. Staff tended to agree that they understood how a variety of topics influenced African American culture. Staff reported lower American Indian cultural competence. Staff was more likely to disagree that they understood how culture impacts American Indian health on most topics listed.

- **Perspectives of Bureau programs and services:** This subject area received the second highest overall rating. CSHCS staff were more likely to agree that the Bureau's programs and services were designed to build capacity of local health departments to reduce racial health disparities. They were less likely to agree that the Bureau's programs addressed racial health disparities.

- **Information Sources Used:** Staff were most likely to agree that they used other staff within BFMCH or outside BFMCH, but within MDCH to gather information about racial health disparities. Webinars and staff at other Health Departments were less likely to be used as information resources.

- **Division's Application of Key Concepts:** Staff responded to 4 questions about staff's understanding of racial health disparities; whether staff discussed racism as a barrier to racial health disparities; and if staff applied a social determinants of health perspective or life-course perspective to the racial health disparities in their work. Staff were more likely to disagree or strongly disagree that these key concepts were being applied.

- **Knowledge and skills:** Most staff disagreed that they used epidemiological data, program evaluation data for program development. Most staff also disagreed that they used electronic databases to learn about effective racial health disparities reduction programs. This section received the second lowest overall rating. Staff were slightly more likely to agree that they read publications about racial health disparity reduction programs.

- **Division's community engagement:** This section received the lowest overall rating. Roughly a quarter of staff reported that they engaged key partners from the African American community to develop new services, programs, or policies. Even less (12.5%) agreed they engaged the Native American population.

The organizational assessment provides CSHCS staff perceptions on a variety of topics, and how those perceptions relate to health equity and racial health disparities. The results from this assessment will be used by PRIME staff to tailor future health equity trainings to the needs of CSHCS staff. The results will also assist PRIME in identifying CSHCS staff needs to better address health disparities in infant mortality.

OBJECTIVES

Members from the Practices to Reduce Infant Mortality through Equity (PRIME) project distributed an organizational assessment survey to staff in the Children's Special Health Care Services Division of Michigan Department of Community Health's (MDCH) Bureau of Family, Maternal and Child Health (BFMCH). Staff used the organizational assessment to identify strengths, challenges, and areas for growth related to the capacity of the Bureau and its staff to address and eliminate infant mortality disparities in Michigan.

The results of this assessment will inform the development of the PRIME intervention, which will provide resources, staff training, technical assistance, practice and policy changes, building on resources and lessons learned from collaborations with local public health, professional consultants and university partners.

METHODS

Assessment Tool Description

The organizational assessment was developed by members of the PRIME Intervention Workgroup in collaboration with staff from the University of Michigan Health System's Program for Multicultural Health. The PRIME Intervention Workgroup included representatives from BFMCH, MDCH Health Disparities Reduction and Minority Health Section, the University of Michigan School of Public Health, and a local Health Department.

Although the organizational assessment was designed for the PRIME project to gauge the capacity of the BFMCH to address disparities in infant mortality, it was developed so that is can be modified and replicated with staff in other State Health Department bureaus in Michigan and elsewhere which may be focused on addressing racial health disparities other than infant mortality. Since the original development of the organizational assessment, a shortened version has also been developed with half the number of questions (49 vs. 100). This shortened organizational assessment was used with the CSHCS Division.

The original organizational assessment collected basic demographic information about participants, their employment characteristics, and their self-rated perceptions of organizational capacity and practices in seven areas:

- Bureau programs and services
- employee engagement in addressing racial health disparities
- cultural competence for African American and American Indian cultures
- knowledge and skills
- professional development: information sources used and Division support
- Division's community engagement in general and of African Americans and American

Indians
- Self-rated and Division staff's collective understanding and application of key concepts

In the organizational assessment, racial health disparities was defined as "differences in health outcomes that exist among racial/ethnic groups in the U.S., and that have roots in unequal access or exposure to social determinants of health such as education, healthcare, and healthy living and working conditions."

The shortened organizational assessment survey contained questions from all of the areas listed above except "Division support" from the Professional Development section. The survey was web-based and was developed using Qualtrics software. The shortened organizational assessment included 49 close-ended items and was designed to take 15 minutes to complete. Participants could skip questions if they chose. All items, except for the demographic questions, had response options ranging from 1 = Strongly Disagree to 4 = Strongly Agree. Some items provide the additional response option of "Don't Know," for when respondents are asked to provide factual information they may not know or for which the "Don't Know" response option provides useful information for analysis.

The survey was confidential but not anonymous, and this was clearly communicated to participants in the e-mail invitations sent to CSHCS staff. University of Michigan staff were the only people with access to individual responses. Results were (and will be) shared with MDCH staff only in aggregate form. University of Michigan research staff were able to track who had and had not completed the assessment through Qualtrics. The UM research staff sent reminder e-mails through Qualtrics to non-respondents to prevent managers from knowing which staff had and had not participated. The decision to make the assessment confidential but not anonymous was made to balance the desire for participants to be comfortable providing honest responses with a need for a high response rate so the findings can confidently be interpreted as representative of the group surveyed.

Data Collection

In January 2013, the PRIME shortened organizational assessment was used with the Division of Children's Special Health Care Services (CSHCS). The PRIME Team created a communication strategy to raise awareness about the assessment before distribution and while the organizational assessment was available for staff to complete. The CSHCS Division Director sent an email to staff informing them of the PRIME project, future trainings, and the organizational assessment.

University of Michigan (UM) staff sent an invitation to complete the assessment (written by the CSHCS Director), along with a unique survey link to the organizational assessment through Qualtrics. The CSHCS Director explained the value and anticipated benefits of staff input. Additionally, the CSHCS Director explained the confidential nature of the assessment and anticipated time commitment. Management, including Bureau and Division Directors and other managers, expressed their support of the assessment and encouraged all staff to complete the

assessment, which was described as “required.”

UM staff entered the names and email addresses of CSHCS staff into the Qualtrics program. Qualtrics emailed each participant a unique link to access and complete the assessment at his or her leisure. Participants were able to return to an uncompleted assessment as often as needed. UM staff used Qualtrics to send reminder e-mails to staff who had not responded within the given timeframe.

PRIME staff provided the CSHCS staff with eight business days to complete the s organizational assessment. UM staff kept the organizational assessment open on Qualtrics for an additional 12 business days while they encouraged non-responders to complete the assessment.

The PRIME organizational assessment will be used with other Divisions later in the PRIME project, and may be used as a tool to measure changes in staff perceptions over time.

Data Analysis

UM staff downloaded all respondent data from Qualtrics and transferred the data to the quantitative software program, SPSS 20. For each question, UM staff calculated the number of respondents, average score, standard deviation, and the percentage of participants who selected each response category (i.e. Strongly Agree, Agree, etc.). In addition, UM staff calculated mean scores for several topic areas. All topic area questions prompted participants to provide self-rated assessments or personal perceptions of Division and Bureau activities. The topic areas are as follows:

- Personal competence of African American culture and American Indian culture (11 questions for each population)
- Staff perspectives of bureau programs (4 questions)
- Information sources that staff use to gather information on racial health disparities (6 questions)
- Perception of the division’s application of key concepts to reduce health disparities (4 questions)
- Self assessment of the staff member’s knowledge and skills to assess their capacity to use data and other resources to reduce racial health disparities (3 questions)
- Division’s community engagement with African American and American Indian populations (2 questions)

Each topic area was composed of two to 11 items. These average scores corresponded to the average level of agreement staff had for the topic area, and ranged from 1.0 (low agreement) to 4.0 (high agreement). UM staff also investigated if responses varied among administration/ management staff and non-management staff. UM staff conducted t-tests among the two groups for all topic areas, and each individual question. UM staff found no significant

differences among the groups. More in-depth results of the CSHCS Organizational Assessment are provided below.

Next Steps

The results from this organizational assessment will provide PRIME staff with insight on how to best tailor the health equity trainings for CSHCS. The results will also assist PRIME in identifying CSHCS staff needs to better address health disparities in infant mortality. In addition, the organizational assessment provides a baseline measure for the PRIME intervention. PRIME staff will share the results of the CSHCS Organizational Assessment with CSHCS staff.

FINDINGS

Participant Demographics

Forty-two of the 45 staff members in the Children's Special Health Care Services (CSHCS) Division participated in the CSHCS Organizational Assessment between January 14th and February 7th, 2013. Ninety three percent completed the survey in 20 minutes or less, and 79.5% completed in 15 minutes or less. The CSHCS survey participant's self reported racial and ethnic background are listed in Table 1. Survey participants also reported their job classification and whether they were employed full or part-time (Table 2).

Table 1. Count and Percent of Participant race/ethnicity*

Race/ethnicity	n	%
White (includes Hispanic, and Non-Hispanic)	28	63.6
Black, African-American (Non-Hispanic)	12	27.3
Asian	0	0.0
Pacific Islander	0	0.0
American Indian or Alaska Native	0	0.0
Other (Hispanic and Non-Hispanic)	3	6.8
Latino	3	7.1
Arab/Chaldean	0	0.0

*Column may not total to 100% as some respondents may have chosen more than one category

Table 2. Count and Percent of participant employment characteristics

Description	n	%
Administration/Management	7	16.7
Administrative Support	14	33.3
Analyst/Specialist/Consultant	21	50.0
Full-time	42	100.0
Permanent	39	92.9

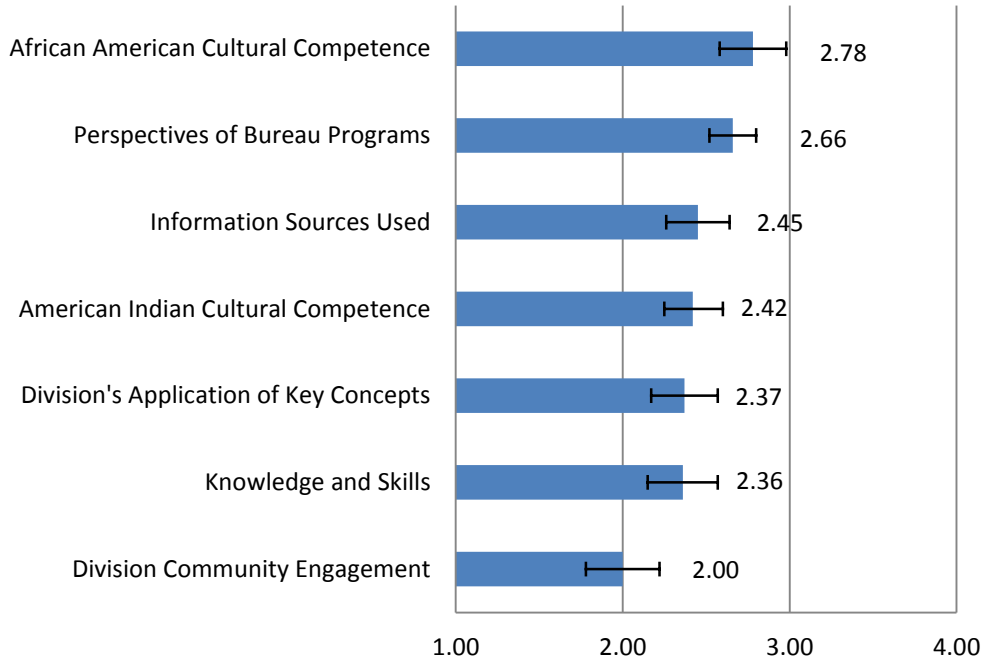
Average Topic Area Ratings

There were 7 different topic areas addressed within the CSHCS Organizational Assessment. These topic areas contained between two to 11 questions. All topic area questions prompted participants to provide self-rated assessments or personal perceptions of Division and Bureau activities. The topic areas are as follows:

- Personal competence of African American culture and American Indian culture (11 questions for each population: 2 separate topics)
- Staff perspectives of bureau programs (4 questions)
- Information sources that staff use to gather information on racial health disparities (6 questions)
- Perception of the division's application of key concepts to reduce health disparities (4 questions)
- Self assessment of the staff member's knowledge and skills to assess their capacity to use data and other resources to reduce racial health disparities (3 questions)
- Division's community engagement with African American and American Indian populations (2 questions)

Average scores could range from 1.0 to 4.0 (1= Strongly Disagree, 2=Agree, 3=Disagree, 4=Strongly Agree), with higher scores representing more agreement for questions within a topic/subtopic. The average scores by topic area are listed on the next page in Figure 1.

Figure 1. Average score by Topic Area (1= Strongly Disagree, 4=Strongly Agree) with 95% Confidence Intervals



Staff had higher agreement that they understood African American culture (2.78) and that Bureau Programs are designed to address racial health disparities (2.66). Staff on average were more likely to disagree that CSHCS engaged with African Americans and American Indians communities (2.00); that they personally had knowledge and skills to address racial health disparities (2.36)/ and that the Division's applied key concepts to address racial health disparities (2.37). Average ratings from administration/management staff were not significantly different from non-management staff ratings. It should be noted that one question (Work contribution, p21) was not asked as part of a set of questions and is not represented in Figure 1.

Staff's average agreement was significantly lower in the topic area 'Division Community Engagement' compared to the topic areas 'African American Cultural Competence' and 'Perspectives of Bureau Programs'. There were no other significant differences between topic areas. Each topic area is discussed in greater detail on the following pages.

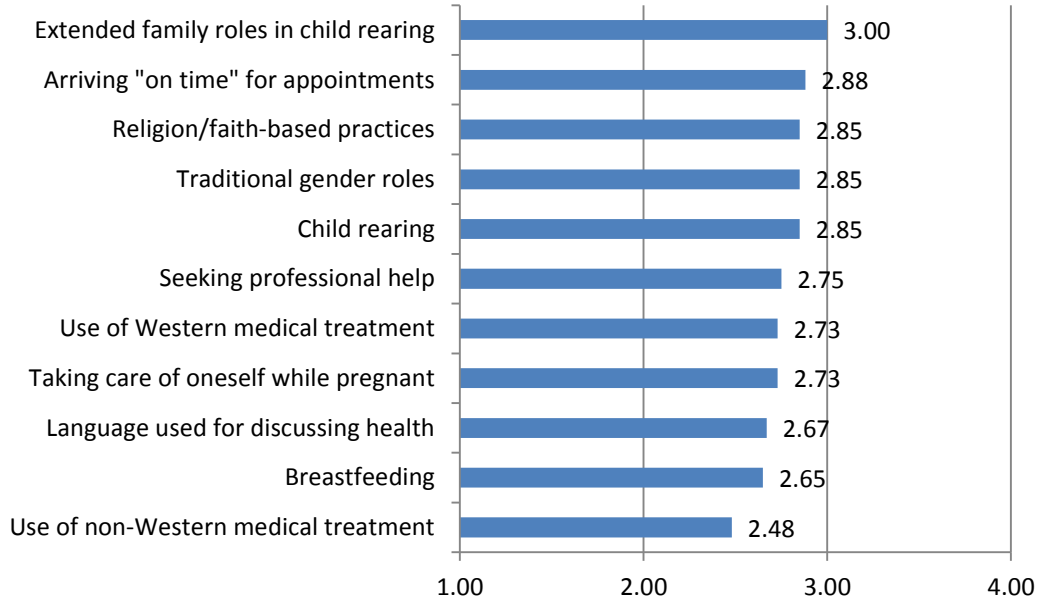
Cultural Competence

This topic includes two subsections assessing staff members' self-rated understanding of how culture affects different aspects of African Americans' and American Indians' lives, respectively.

African American Cultural Competence

African American Cultural Competence was measured by asking 11 questions assessing staff members' self-rated understanding of how culture affects different aspects of African Americans' lives. Questions were framed as, "I understand 'cultural norms' among African Americans regarding…" with 11 different activities or 'norms' listed (see the left side of Figure 2 for listed activities or norms).

Figure 2. Average Agreement of Participant Self-Rated Understanding of African American Culture on Life Activities (1= Strongly Disagree, 4=Strongly Agree)



The average score for all African American cultural competence questions was 2.78 (SD: 0.63), which was the highest average score of all the topics assessed. This indicates that overall, staff were more likely to agree that they had an understanding of African American culture compared to other topics relating to racial health disparities.

- Average scores from administration/management staff did not significantly differ from average scores from non-management staff.
- CSHCS staff had higher average scores on the African American cultural competence topic area compared to American Indian cultural competence. Staff tend to agree that they understand a variety of cultural factors relating to African Americans, except for use of non-Western medical treatment.

Table 3. Count, Average Rating, and Percentage of Participants by Response Categories

I understand how culture impacts African Americans' lives, such as:	n	Average^ (SD)	Strongly Disagree	Disagree	Agree	Strongly Agree
Non-use of non-Western medical treatment	40	2.48 (0.784)	7.5%	47.5%	35.0%	10.0%
Breastfeeding	40	2.65 (0.770)	2.5%	45.0%	37.5%	15.0%
Language used for discussing health	40	2.67 (0.730)	2.5%	40.0%	45.0%	12.5%
Taking care of oneself while pregnant	40	2.72 (0.716)	2.5%	35.0%	50.0%	12.5%
Non-use of Western medical treatment	37	2.73 (0.652)	0%	37.8%	51.4%	10.8%
Seek professional help	40	2.75 (0.707)	0%	40.0%	45.0%	15%
Traditional gender roles	40	2.85 (0.802)	2.5%	32.5%	42.5%	22.5%
Child-rearing	40	2.85 (0.736)	0%	35.0%	45.0%	20%
Arriving on-time for appointments	40	2.88 (0.791)	2.5 %	30.0%	45.0%	22.5%
Religion/faith based practices	40	2.95 (0.714)	0%	27.5%	50.0 %	22.5%
Extended family roles	40	3.00 (0.716)	0%	25.0%	50.0%	25%

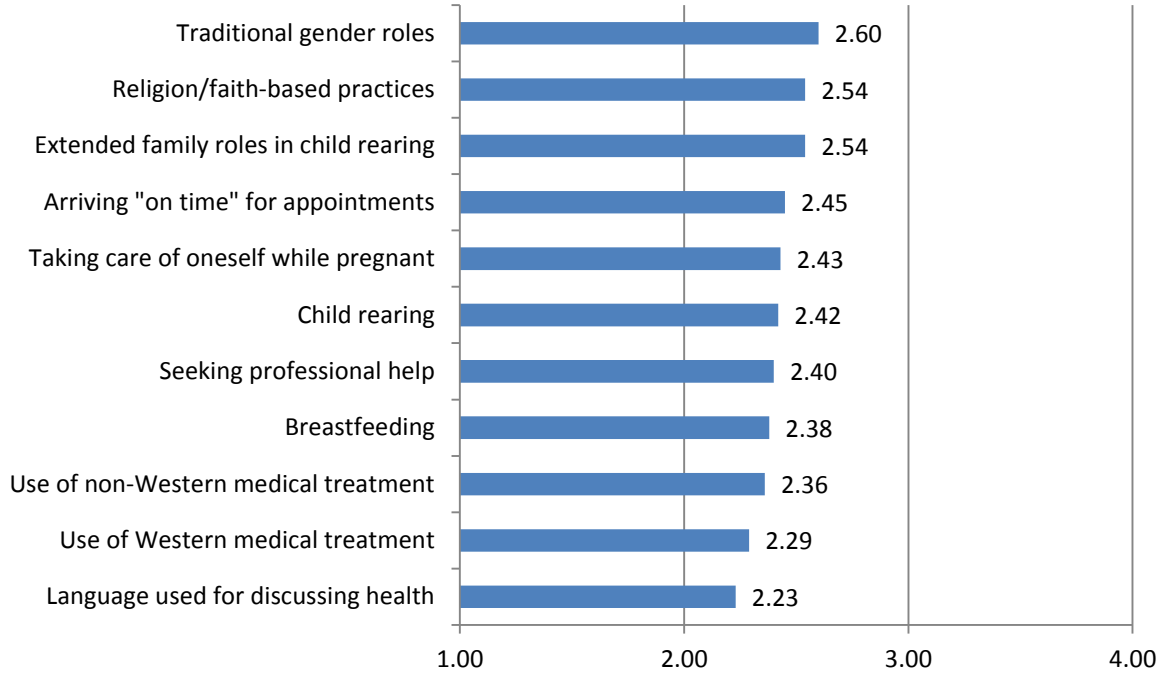
Note: 1-4 scale, with 1 indicating strongly disagree and 4 indicating strongly agree.

There were 40 survey participants who responded to questions within the African American cultural competence topic area. One question, understanding how African American culture relates to the non-use of Western medical treatment, had 3 fewer respondents. This may suggest that the question was unclear or that participants did not know and therefore refused to answer the question and skipped it. Overall, respondents were likely to agree that they understood how African American culture impacts 10 out of 11 activities.

American Indian Cultural Competence

American Indian Cultural Competence was measured by asking 11 questions assessing staff members' self-rated understanding of how culture affects different aspects of American Indians' lives. Questions were framed as, "I understand 'cultural norms' among American Indians regarding…" with 11 different activities or 'norms' listed (see the left side of Figure 3 for listed activities or norms).

Figure 3. Average Agreement of Participant Self-Rated Understanding of American Indian Culture on Life Activities (1= Strongly Disagree, 4=Strongly Agree)



- The average score for all questions within this subtopic area was 2.42 (SD: 0.55).
- Average scores from administration/management staff did not significantly differ from average scores from non-management staff.
- The 4 highest rated competencies of American Indians were the same as the top 4 in African Americans, but in a different order.
- CSHCS scored lower on all American Indian cultural competences than African American cultural competence. This suggests that staff may benefit from more exposure to American Indian culture and societal norms to feel competent.
- Staff members agreed that they were on average, the least competent in American Indians use of Western medical treatment and language used for discussing health.

Table 4. Count, Average Rating, and Percentage of Participants by Response Categories

I understand how culture impacts American Indians' lives, such as:	n	Average^ (SD)	Strongly Disagree	Disagree	Agree	Strongly Agree
Language used for discussing health	39	2.23 (0.536)	2.6%	74.4%	20.5%	2.6%
Non-use of Western medical treatment	38	2.29 (0.611)	5.3%	63.2%	28.9%	2.6%
Non-use of non-Western medical treatment	39	2.36 (0.668)	5.1%	59.0%	30.8%	5.1%
Breastfeeding	39	2.38 (0.673)	5.1%	56.4%	33.3%	5.1%
Seek professional help	40	2.40 (0.632)	2.5%	60.0%	32.5%	5.0%
Child-rearing	40	2.42 (0.636)	2.5%	57.5%	35.0%	5.0%
Taking care of one-self while pregnant	40	2.43 (0.712)	5.0%	55.0%	32.5%	7.5%
Arriving on time for appointments	40	2.45 (0.714)	5.0%	52.5%	35.0%	7.5%
Religion/faith-based practices	39	2.54 (0.643)	2.6%	46.2%	46.2%	5.1%
Extended family roles	39	2.54 (0.643)	0.0%	53.8%	38.5%	7.7%
Traditional gender roles	40	2.60 (0.632)	0.0%	47.5%	45.0%	7.5%

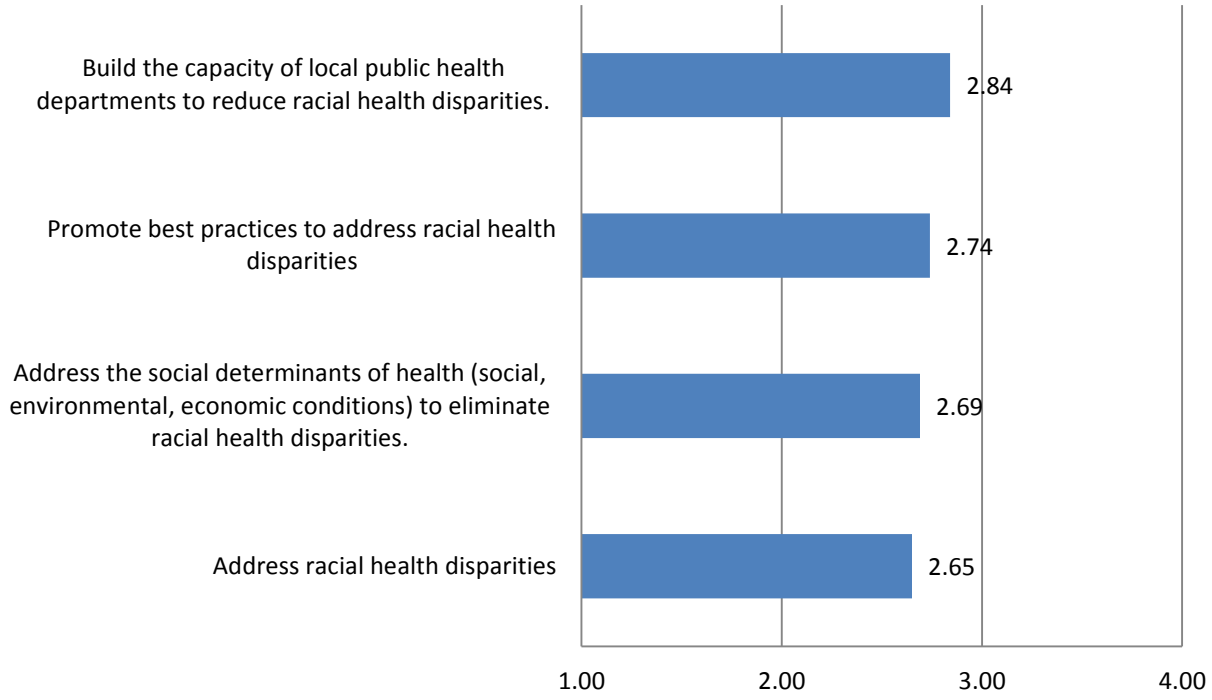
Note: 1-4 scale, with 1 indicating strongly disagree and 4 indicating strongly agree.

Both questions regarding staff's understanding the non-use of Western medical treatment and understanding American Indian's use of non-Western medical treatment both received lower average scores. Staff may find it beneficial to learn more about how American Indian culture influences the decision to use Western and non-Western medical treatment. Additionally, three out of 4 respondents did not agree that they understood how American Indian culture impacts the language they use for discussing health. Additional educational opportunities to expose staff to Michigan's American Indian population may assist staff to increase their understanding.

Perceptions of Programs and Services within the Bureau of Family, Maternal and Child Health

This set of questions ascertains staff perceptions of whether Bureau programs are designed to meet the needs of Michigan residents generally and address racial health disparities in particular. The questions were framed as "Indicate your level of agreement with each of the following statements: The Bureau's programs…" with 1 being strongly disagree and 4 being strongly agree.

Figure 4. Average score by Topic Area (1= Strongly Disagree, 4=Strongly Agree)



- The average score for all questions within this topic area was 2.66 (SD: 0.42).
- This topic received the second highest average score out of all the topics assessed.
- CSHCS staff had the highest average agreement that the Bureau's programs and services are designed to build the capacity of local public health departments to reduce racial health disparities.
- Average scores from administration/management staff did not significantly differ from average scores from non-management staff.
- CSHCS staff were less likely to agree that BFMCH programs were designed or intended to address racial health disparities.

Table 5. Count, Average Rating, and Percentage of Participants by Response Categories

The Bureau's programs and services are designed to:	n	Average^ (SD)	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know
Address racial health disparities	41	2.65 (0.734)	7.3%	19.5%	51.2%	4.9%	17.1%
Address the social determinants of health	42	2.69 (0.668)	2.4%	28.6%	47.6%	7.1%	14.3%
Promote best practices to address racial health disparities	41	2.74 (0.701)	4.9%	19.5%	53.7%	7.3%	14.6%
Build the capacity of local public health departments to reduce racial disparities	42	2.84 (0.688)	4.8%	9.5%	52.4%	7.1%	26.2%

Note: 1-4 scale, with 1 indicating strongly disagree and 4 indicating strongly agree.

This is the only topic area which provided the response option of "Don't Know." PRIME team members, with the input of MDCH staff, decided that adding this response option would provide a more accurate depiction of the staff's perception.

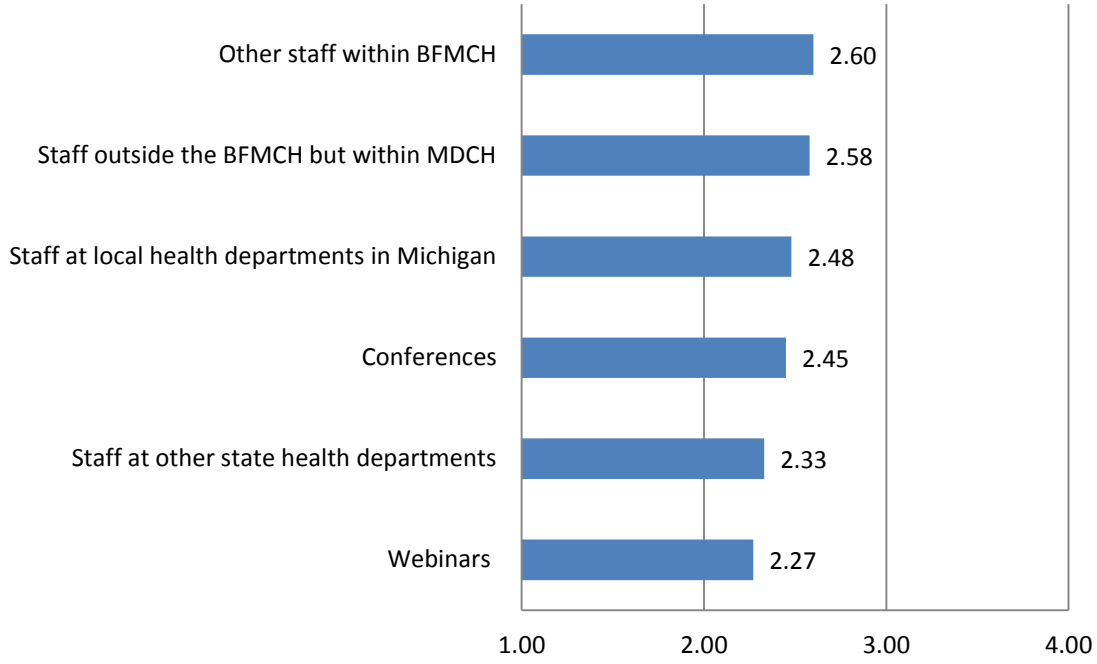
This topic area received the second highest average score, meaning that staff who responded and did not select "don't know" were more likely to agree that the Bureau was addressing these issues. This high average agreement suggests that staff who are aware of the Bureau's programs and services are likely to agree that they do address racial health disparities and social determinants of health.

However, there is also a proportion of respondents who selected "Don't Know" for all four questions. In fact, a quarter of respondents did not know if the Bureau's programs and services are designed to build capacity in local public health departments to reduce racial disparities. This lack of awareness may be improved with increased communication about the Bureau's programs and services, along with tying in how they are designed to address racial health disparities and social determinants of health.

Information Sources Used

Questions in this section ask participants what type of resources they use to gather information about racial health disparities. Information sources used was assessed by asking participants to indicate their level of agreement with various statements. The questions were framed as "Indicate your level of agreement with each of the following statements: To do my job, I use…" with 1 being strongly disagree and 4 being strongly agree.

Figure 5. Average score by Topic Area (1= Strongly Disagree, 4=Strongly Agree)



- The average score for all questions within this subtopic area was 2.45 (SD: 0.59).
- Average scores from administration/management staff did not significantly differ from average scores from non-management staff.
- More CSHCS staff agreed that they used internal staff most when they gather information about racial health disparities. Using staff at other state health departments and webinars were the least likely source of information on racial health disparities for survey respondents.

Table 6. Count, Average Rating, and Percentage of Participants by Response Categories

To do my job, I use information about racial health disparities from:	n	Average ^ (SD)	Strongly Disagree	Disagree	Agree	Strongly Agree
Webinars	40	2.27 (0.784)	15.0%	47.5%	32.5%	5.0%
Staff at other state health departments	40	2.33 (0.764)	10.0%	55.5%	27.5%	7.5%
Conferences	40	2.45 (0.815)	10.0%	45.0%	35.0%	10.0%
Staff at local health departments in Michigan	40	2.48 (0.784)	7.5%	47.5%	35.0%	10.0%
Staff outside the BFMCH but within MDCH	40	2.58 (0.712)	7.5%	32.5%	55.0%	5.0%
Other staff within BFMCH	40	2.60 (0.632)	5.0%	32.5%	60.0%	2.5%

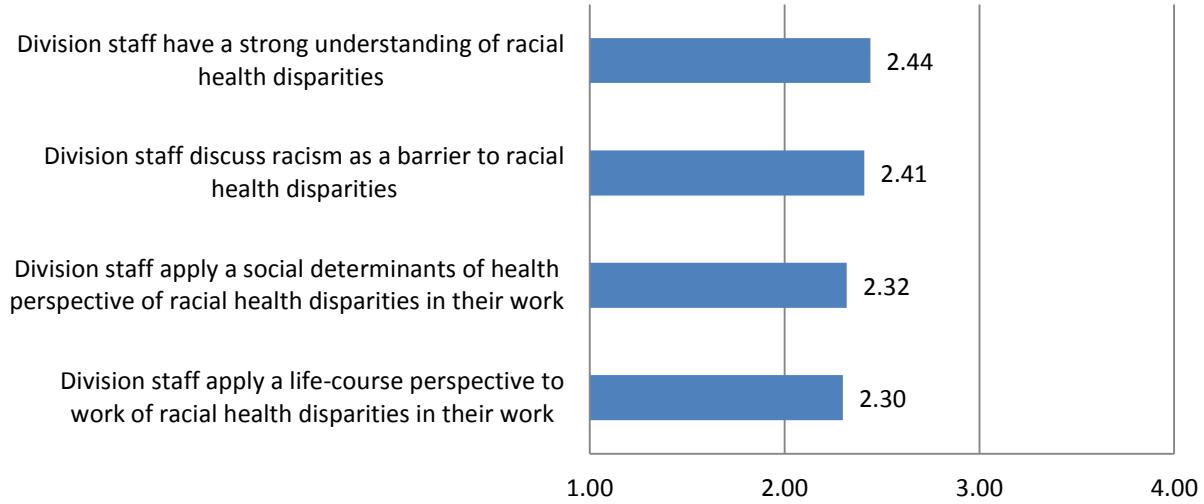
Note: 1-4 scale, with 1 indicating strongly disagree and 4 indicating strongly agree.

Most staff agree that they gather racial health disparities information from staff within BFMCH. This suggests that developing the capacity of BFMCH staff will likely impact a large portion of members within this division. Respondents were less likely to agree that they used webinars for information on racial health disparities. This may be because staff are unaware of webinars which focus on racial health disparities, or it may suggest that staff prefer more tailored information focused on their area of work which would be available within BFMCH. Speaking with staff about their preferences and reasons for using resources would help to clarify these questions.

Division's Application of Key Concepts

In order to assess Division staff's application of key concepts, participants were asked to indicate their level of agreement with various statements. The questions were framed as "Indicate your level of agreement with each of the following statements: Division staff…" with 1 being strongly disagree and 4 being strongly agree.

Figure 6. Average score by Topic Area (1= Strongly Disagree, 4=Strongly Agree)



- The average score for all questions within this subtopic area was 2.36 (SD: 0.63).
- Average scores from administration/management staff did not significantly differ from average scores from non-management staff.
- This section received the second lowest average rating among CSHCS staff.
- There was little variation in the average scores within this section of questions (2.30-2.44). Over half of CSHCS staff disagreed that division staff as a whole had the knowledge and skills to understand, discuss and address racial health disparities or social determinants of health.

Table 7. Count, Average Rating, and Percentage of Participants by Response Categories

Item	n	Average ^ (SD)	Strongly Disagree	Disagree	Agree	Strongly Agree
Division staff apply a life-course perspective to work of racial health disparities in their work	40	2.30 (.687)	10.0%	52.5%	35.0%	2.5%
Division staff apply a social determinants of health perspective of racial health disparities in their work	41	2.32 (0.789)	14.6%	43.9%	36.6%	4.9%
Division staff discuss racism as a barrier to racial health disparities	39	2.41 (.715)	7.7%	48.7%	38.5%	5.1%
Division staff have a strong understanding of racial health disparities	41	2.44 (0.709)	4.9%	53.7%	34.1%	7.3%

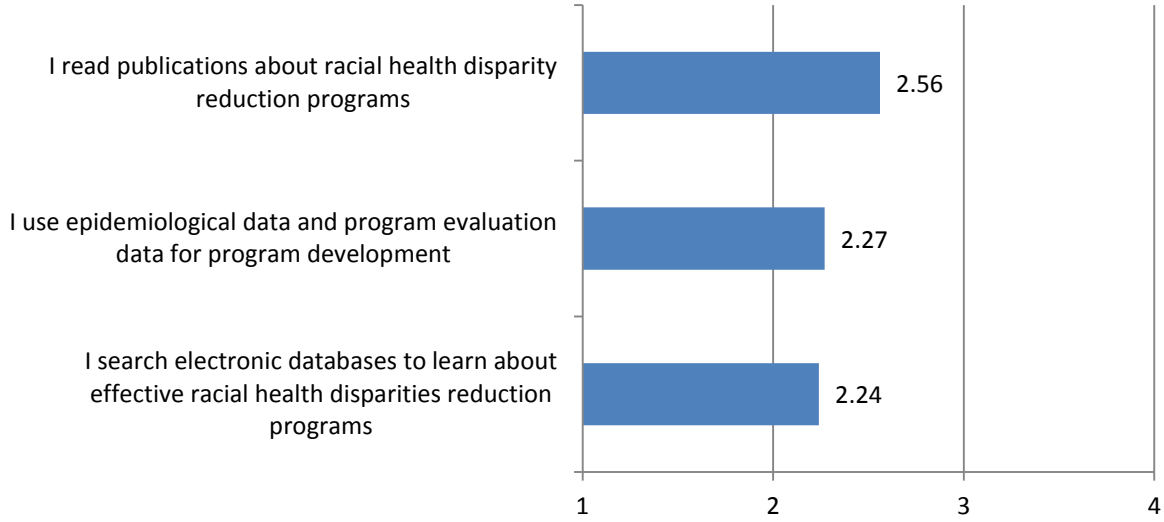
Note: 1-4 scale, with 1 indicating strongly disagree and 4 indicating strongly agree.

Within this topic area those questions relating to action received the lowest level of agreement. Staff are more likely to agree that staff understand racial health disparities, and discuss racism. Respondents are less likely to agree to statements regarding taking action and addressing racial health disparities. The declining agreement among respondents follows a pattern of knowledge (highest agreement) to dialogue to action (lowest agreement). This suggests that staff may benefit from education and trainings which will empower them to discuss and enact change to impact racial health disparities.

Knowledge and Skills

This set of questions asks respondents about their capacity to use data and other published resources to learn about and inform the planning and evaluation of programs to reduce racial health disparities. In order to assess participants' capacity to use data and other published resources, they were asked to indicate their level of agreement with the statements listed in Figure 7, with 1= strongly disagree and 4= strongly agree.

Figure 7. Average score by Topic Area (1= Strongly Disagree, 4=Strongly Agree)



- The average score for all questions within this topic area was 2.36 (SD: 0.67).
- This question set received the second lowest average score compared to other topics assessed.
- Most respondents disagreed that they use epidemiological data and program evaluation data for program development. Most respondents also disagreed that they search electronic databases to learn about effective racial health disparities reduction programs.
- Average scores from administration/management staff did not significantly differ from average scores from non-management staff.

Table 8. Count, Average Rating, and Percentage of Participants by Response Categories

Item	n	Average ^ (SD)	Strongly Disagree	Disagree	Agree	Strongly Agree
I search electronic databases to learn about effective racial health disparities reduction programs	41	2.24 (0.767)	12.2%	58.5%	22.0%	7.3%
I use epidemiological data and program evaluation data for program development	41	2.27 (0.775)	9.8%	63.4%	17.1%	9.8%
I read publications about racial health disparity reduction programs	41	2.56 (0.838)	9.8%	36.6%	41.5%	12.2%

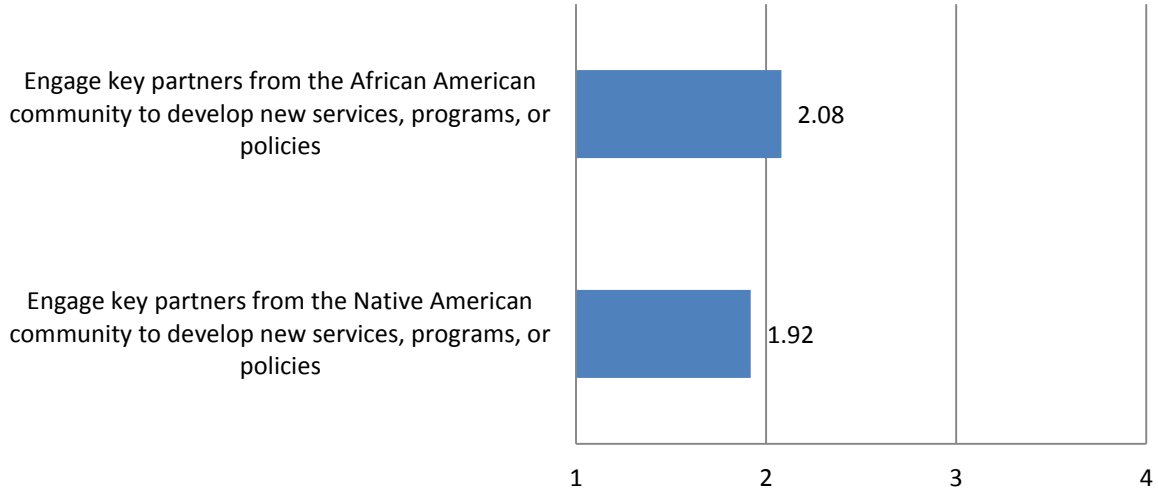
Note: 1-4 scale, with 1 indicating strongly disagree and 4 indicating strongly agree.

Staff were more likely on average to disagree that they search electronic databases to learn about effective racial health disparities, or that they use epidemiological data and program evaluation data for program development. These low average responses may be due to the respondent's job responsibilities not encompassing program development. If that is not the case then it may be valuable to make these two resources more easily available to staff, or to promote their usage to assist staff in program planning.

Division's Community Engagement

This topic area assesses participants' perspectives on their Division's community engagement efforts with African Americans, and with American Indians. In order to assess participants' perspectives, participants were asked to indicate their level of agreement with various statements. The questions were framed as "Indicate your level of agreement with each of the following statements: As part of my job, I engage key partners from…" with 1 being strongly disagree and 4 being strongly agree.

Figure 8. Average score by Topic Area (1= Strongly Disagree, 4=Strongly Agree)



- The average score for all questions within this subtopic was 2.00 (SD: 0.69).
- Average scores from administration/management staff did not significantly differ from average scores from non-management staff.
- This section received the lowest overall average score among CSHCS staff.
- The vast majority of staff disagree that they engage key partners from the African American or Native American community to develop new services programs, or policies. Only 12.5% of CSHCS staff agree that they engage the Native American community.

Table 9. Count, Average Rating, and Percentage of Participants by Response Categories

As part of my job:	n	Average^ (SD)	Strongly Disagree	Disagree	Agree	Strongly Agree
I engage key partners from the Native American community to develop new services, programs, or policies	40	1.92 (0.656)	22.5%	65.0%	10.0%	2.5%
I engage key partners from the African American community to develop new services, programs, or policies	40	2.08 (0.764)	22.5%	50.0%	25.0%	2.5%

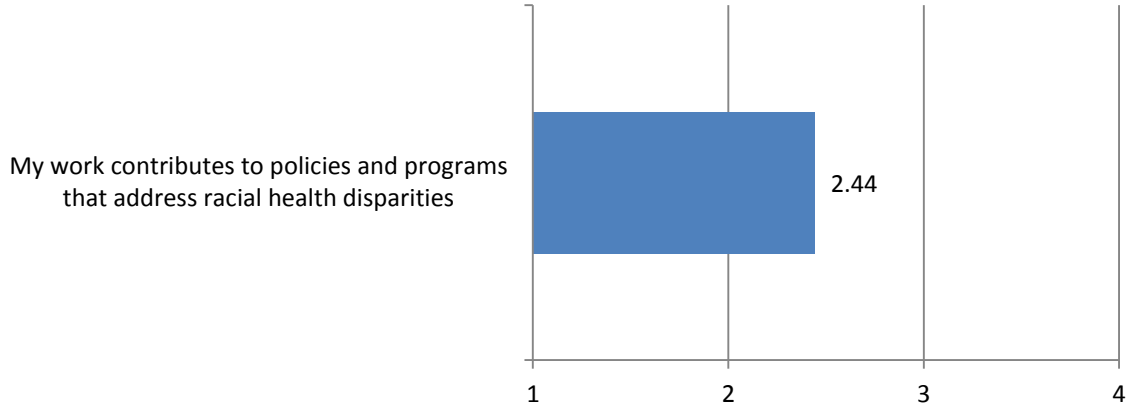
Note: 1-4 scale, with 1 indicating strongly disagree and 4 indicating strongly agree.

Not only did most staff disagree that they engage African American and Native American communities when developing new services, programs or policies, but almost a quarter of respondents strongly disagreed. Those participants who do agree to engaging these communities are more likely to engage with African American communities than Native America communities. This suggests that there is opportunity for more staff to engage both of these communities in the development of services, programs and policies.

Work Contribution

In order to assess how participants feel their work contributes to policies and programs that address racial health disparities; they were asked to indicate their level of agreement with question. Since this question did not have other related statements, it was not included in the comparison of the topic areas listed above. The question was framed as "Indicate your level of agreement with the following statement: My work contributes to policies and programs that address racial health disparities" with 1 being strongly disagree and 4 being strongly agree.

Figure 9. Average score by Topic Area (1= Strongly Disagree, 4=Strongly Agree)



- This question was originally part of a set of 3 questions in the WIC Organizational Assessment.
- Again, this question was not included in the comparison of topics listed above since it was one question. If one were to compare the average of this question to the topics above, it would have the fourth highest average rating.
- Average scores from administration/management staff did not significantly differ from average scores from non-management staff.

Table 10. Count, Average Rating, and Percentage of Participants by Response Category

Item	n	Average ^ (SD)	Strongly Disagree	Disagree	Agree	Strongly Agree
My work contributes to policies and programs that address racial health disparities	36	2.44 (0.74)	8.3%	36.4%	41.7%	5.6%

Note: 1-4 scale, with 1 indicating strongly disagree and 4 indicating strongly agree.

This question provides some background information for the responses to the previous topic areas which ask participants about developing policies and programs. Slightly more than half of participants agreed or strongly agreed that their work contributes to policies and programs that address racial health disparities.

This question does not specify whether disagreement mean that respondents may not be directly involved in program and policy development, or if program and policy development are within the respondent's job description but they disagree that their work contributes to addressing racial health disparities. For those respondents who are not directly involved in program and policy development, it may be helpful to discuss different ways to view work contributions and assist staff to discover linkages so they can impact racial health disparities.

Appendix A

Organizational Assessment Instrument and Process Changes

The original organizational assessment was directed by the PRIME Intervention Workgroup, and distributed to the Women, Infant and Children (WIC) Division. In December of 2012, the PRIME Evaluation Workgroup took responsibility of the organizational assessment. The PRIME Evaluation Workgroup reviewed the results of the WIC Organizational Assessment and selected questions with the highest likelihood to capture organizational change over time and created a shortened organizational assessment.

The shortened organizational assessment, like the original organizational assessment, also collects basic demographic information about participants, and their employment characteristics. Participants are asked for their perceptions of organizational capacity and practices in seven areas:

- Bureau programs and services
- employee engagement in addressing racial health disparities
- cultural competence for African American and American Indian cultures
- knowledge and skills
- information sources used
- Division's community engagement of African Americans and American Indians
- Self-rated and Division staff's collective understanding and application of key concepts

Changes made to the original organizational assessment include:

- Adjustments to job classification to match CSHCS Division staff positions
- A question asking if the survey participant was a person of Arab, or Chaldean origin was added
- Removed questions regarding the allocation of resources to enhance staff's skills.
- Questions about cultural competence among African Americans and Native Americans were rewritten to be less ambiguous including:
    - Self-help skills: rewritten to 'seeking professional help'
    - Communication: rewritten to 'language used for discussing health'
    - Family roles: rewritten to 'extended family roles in child rearing'
    - Gender roles: rewritten to 'traditional gender roles'
    - Perception of time: rewritten to 'arriving "on time" for appointments'
    - Pregnancy: rewritten to 'taking care of oneself while pregnant'
- Questions originally asking about the Division's engagement of key partners in African American and Native American communities were altered to ask staff about their personal engagement with key partners.
- Questions were altered to be action oriented
    - E.g., "I have the ability to search" was changed to "I search"
- Questions which were ambiguous or had little variation in responses were removed

The original organizational assessment contains 100 closed-ended items and is designed to take 20-30 minutes to complete. The shortened organizational assessment contains 49 close-ended items and is designed to take 15 minutes to complete.

For the original assessment, University of Michigan staff provided managers with a list of individuals who may benefit from additional encouragement to participate. The shortened organizational assessment with CSHCS sent reminder e-mails through Qualtrics to those non-respondents to prevent managers from knowing which staff had and had not participated.

For the original organizational assessment, WIC staff were initially given two weeks to complete the survey, and those who did not complete the survey during this time were given an additional two weeks. The shortened survey gave eight business days to complete the organizational assessment. PRIME staff kept the organizational assessment open on Qualtrics for an additional 12 business days while they encouraged non-responders to complete the assessment.

The attached report provides the results of the data analysis of the Children's Special Health Care Services Division. Results from the Women's, Infant, and Children Division are provided in a separate report.

Appendix B

PRIME Organization Assessment Instrument

Q1.1 INTRODUCTION You are being asked to complete this survey as part of the Practices to Reduce Infant Mortality through Equity (PRIME) project. The goal of PRIME is to create a comprehensive strategy and skill building program that can help BFMCH more effectively reduce racial disparities in infant mortality in Michigan. PRIME focuses on African Americans and American Indians because infant mortality rates in Michigan for these groups are significantly higher than the rate for whites and other racial/ethnic groups. In this survey, racial health disparities refers to differences in health outcomes that exist among racial/ethnic groups in the U.S., and that have roots in unequal access or exposure to social determinants of health such as education, healthcare, and healthy living and working conditions. Your responses to this survey will help BFMCH evaluate its progress and develop its capacity to address racial disparities in infant mortality. You will be asked to share your perspective on BFMCH programs and services, cultural competency, knowledge and skills, and your demographics. This survey will take approximately 20 minutes to complete. If needed, you may start, then return to the survey at a later time by using the link you received by email. Your responses are automatically saved. Please complete this survey by noon (12pm) Wednesday, January 23rd, 2013.
CONFIDENTIALITY All surveys will be confidential. Only University of Michigan staff will have access to your individual responses. Results will be reported in an aggregate format only. We will not report information in a way that makes an individual identifiable (for example, we would not report something like “one Pacific Islander man indicated…” when there is only one Pacific Islander man in the division).

Q2.1 In this section, we ask that you provide us with some basic information about yourself that will help us group responses according to division, job type, and race/ethnicity for analysis. Please answer all questions to the best of your ability.

Q2.2 What division are you in? (Check one answer)
- ❍ Women, Infants & Children (WIC) (1)
- ❍ Division of Family and Community Health (2)
- ❍ Children's Special Health Care Services (3)

Q2.3 What is your classification? (Check one answer)
- ❍ Administration/Management (1)
- ❍ Analyst/Specialist/Consultant (2)
- ❍ Administrative Support (Secretary/General Office Assistant/Departmental Technician) (3)

Q2.4 Are you full-time or part-time? (Check one answer)

- ❍ Full Time (1)
- ❍ Part Time (2)

Q2.5 Is this position permanent or temporary? (Check one answer)

- ❍ Permanent (1)
- ❍ Temporary (2)

Q2.6 Are you a person of Hispanic, Latino or Spanish origin? (Check one answer)

- ❍ Yes (1)
- ❍ No (2)

Q30 Are you a person of Arab, or Chaldean origin? (Check one answer)

- ❍ Yes (1)
- ❍ No (2)

Q2.7 What is your race (Check all that apply)

- ❑ White (1)
- ❑ Black, African American (2)
- ❑ Asian (3)
- ❑ Pacific Islander (e.g. Hawaiian, Samoan) (4)
- ❑ American Indian or Alaska Native (5)
- ❑ Other Race Group: (6) _____

Q3.1 In this section, we ask for your perspectives on the Bureau's program and services by considering BFMCH as a whole, including all three divisions. Please answer all questions to the best of your ability.

Q3.2 Indicate your level of agreement with each of the following statements. The Bureau's programs and services are designed to:

	Strongly Agree (8)	Agree (9)	Disagree (10)	Strongly Disagree (11)	Do Not Know (12)
address racial health disparities. (1)	❍	❍	❍	❍	❍
promote best practices to address racial health disparities (2)	❍	❍	❍	❍	❍
address the social determinants of health (social, environmental, economic conditions) to eliminate racial health disparities. (3)	❍	❍	❍	❍	❍
build the capacity of local public health departments to reduce racial health disparities. (4)	❍	❍	❍	❍	❍

Q5.1 In the following two sections, we ask that you share your familiarity with African American and American Indian cultures. We are seeking your understanding of these cultures to help us determine the collective capacity of Bureau staff to consider and address cultural differences. Please answer all questions to the best of your ability.

Q5.2 Indicate your level of agreement with each of the following statements. I understand "cultural norms" among African Americans regarding:

child rearing. (1)
seeking professional help. (2)
language used for discussing health. (3)
extended family roles in child rearing. (4)
religion/faith-based practices. (5)
traditional gender roles. (6)
arriving "on time" for appointments. (7)
use of Western medical treatment. (8)
taking care of oneself while pregnant. (9)
breastfeeding. (10)
use of non-Western medical treatment. (11)

Q5.3 Indicate your level of agreement with each of the following statements. I understand "cultural norms" among American Indians regarding:

child rearing. (1)
seeking professional help. (2)
language used for discussing health. (3)
extended family roles in child rearing. (4)
religion/faith-based practices. (5)
traditional gender roles. (6)
arriving "on time" for appointments. (7)
use of Western medical treatment. (8)
taking care of oneself while pregnant. (9)
breastfeeding. (10)
use of non-Western medical treatment. (11)

Q4.1 Your response to the following question will help us to understand how well MDCH engages staff in efforts to reduce racial health disparities. Please answer the question to the best of your ability.

Q4.2 Indicate your level of agreement with each of the following statements.

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
My work contributes to policies and programs that address racial health disparities. (1)	❍	❍	❍	❍

Q6.1 In the next two sections, we ask that you evaluate your knowledge and skills on several topics. Your responses will help us understand overall knowledge and skill levels among Bureau staff. Please answer all questions to the best of your ability.

Q6.2 Indicate your level of agreement with each of the following statements.

I search electronic databases to learn about effective racial health disparities reduction programs. (1)
I use epidemiological data and program evaluation data for program development. (2)
I read publications about racial health disparity reduction programs. (3)

Q7.1 In this section, we ask that you indicate where and how you acquire new knowledge to fulfill your work obligations and roles. Please answer all questions to the best of your ability.

Q7.2 Indicate your level of agreement with each of the following statements. To do my job, I use information about racial health disparities from:

other staff within BFMCH. (1)
staff outside the BFMCH but within MDCH. (2)
staff at other state health departments. (3)
staff at local health departments in Michigan. (4)
Webinars (5)
Conferences (6)

Q33 Indicate your level of agreement with each of the following statements regarding community engagement of African Americans and Native Americans.

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
As part of my job, I engage key partners from the African American community to develop new services, programs, or policies. (1)	❍	❍	❍	❍
As part of my job, I engage key partners from the Native American community to develop new services, programs, or policies. (2)	❍	❍	❍	❍

Q9.1 In this section, we ask that you share your perception of knowledge and skills of the Division staff, as a whole. Notice that these questions are the same as those previously asked about yourself. Please answer all questions to the best of your ability.

Q9.2 Indicate your level of agreement with each of the following statements.

	Strongly Agree (1)	Agree (2)	Disagree (3)	Strongly Disagree (4)
Division staff have a strong understanding of racial health disparities. (1)	❍	❍	❍	❍
Division staff apply a social determinants of health perspective of racial health disparities in their work. (2)	❍	❍	❍	❍
Division staff apply a life-course perspective to work of racial health disparities in their work (3)	❍	❍	❍	❍
Division staff discuss racism as a barrier to racial health disparities. (4)	❍	❍	❍	❍

Q10.1 You have completed the PRIME Organization Assessment survey. Thank you for your time.